



Integrated Delivery

Report



August 2023

(Reporting period
June/July 2023)

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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 2023/24 operational planning requirements; this encompasses a wide range of recovery objectives as well as some NHS Long Term Plan (LTP) and NHS People Plan commitments. The report is discussed in detail at the Finance Performance and Investment Committee and the Quality and Safety Committee. The report is also received by the ICB Executive Committee and the NENC ICB Board.

Reporting period covered:

July 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services.

June 2023 – all other standards unless otherwise specified

Finance is at month 4 (July 23).

Key changes from previous report

CQC	<p>North East Ambulance Service NHS FT - Independent Review The Report of the Independent Review into alleged failures of patient safety and governance at the North East Ambulance Service (NEAS) written by Dame Marianne Griffiths DBE was published on 12 July 2023. NENC ICB has complied an assurance statement and fully accept the findings of the report, acknowledging the work in investigating the serious issues identified. The North East Ambulance Services leadership team continue to work hard to address the serious findings detailed within the report and the ICB will continue to support them, alongside having oversight of their progress with the delivery of an improvement plan created to address the recommendations in the report and the CQC inspection findings.</p> <p>Update to CQC ratings The CQC has found some improvements following an unannounced inspection of Emergency and urgent care services run by NEAS NHS FT in April and May. Following this inspection, a report published on 7 July 23 notes that the overall rating for Emergency and Urgent Care has improved from Inadequate to Requires Improvement.</p> <p>North Cumbria Integrated Care NHS FT (NCIC) - The CQC carried out an inspection of maternity services at NCIC, West Cumbria and Penrith sites in March 2023. An inspection of Emergency Dept & Medical wards was carried out on the 5 – 9 June 2023, with the Well-Led interviews taking place 4 – 6 July 2023. The publication of the report is awaited.</p> <p>Newcastle upon Tyne Hospitals NHS FT – The CQC commenced an unannounced inspection of UEC, medicine, surgery and North East and Cumbria Transport and Retrieval (NECTAR) services. The well-led inspection was held at the end of July 2023. Publication of the report will follow in due course.</p>
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<p>Children and Young People's waiting times for MH Services</p>	<p>An initial review of waiting times has been completed this was received by the MH and LD Sub-Committee on 18 August where recommendations were agreed in advance of the report going to the Finance Performance and Investment Committee on 7 September. Key points are noted below:</p> <ul style="list-style-type: none"> • The current national data set for mental health services does not easily allow visibility of length of wait by pathway and locality. Providers have been asked to provide local data flow to enable this until such a time that this can be done via the nationally submitted data. • Across NENC the average monthly referrals have increased from 4,546 in 2019/20 compared to 7,042 in 2022/23. • A large proportion of referrals do not meet referral criteria and are sign posted to more appropriate services after triage. • Recent local data indicates 1,438 children and young people waiting beyond 104 weeks across the ICB and 980 over 78 weeks. • Long waits are predominantly for autism and ADHD pathways. The localities most impacted are Durham, Newcastle, Gateshead and North Cumbria. <p>There is a broad range of service improvement and transformation work already underway. The MH and LD Sub-Committee approved a range of short term actions linked to oversight and, as a matter of urgency, agreed to develop an overarching programme of transformation to work towards delivery of sustainable services in the longer term.</p>
<p>Primary care dentistry</p>	<p>Concern remains about access to NHS primary care dentistry; some communities have very limited, or even no, access to NHS primary care dentistry within a reasonable traveling distance. This is typically worse in areas with higher rates of socio-economic deprivation, meaning there is a real issue of inequality of healthcare delivery. This can have a very real impact on oral health and implications for broader physical and mental health and wellbeing. It also leads to pressure in other services.</p> <p>The ICB is developing an overall oral health strategy with three elements:</p> <ul style="list-style-type: none"> • An initial dental recovery plan to stabilise services • A medium term strategic plan to transform dentistry services • A longer term oral health improvement plan building on each of the local authorities' oral health strategies. <p>The short term recovery plan for 2023/24 has been developed and will be received by the ICB Executive Committee in September for approval. Short-term actions to date have included additional resources for 2023-24 for:</p> <ul style="list-style-type: none"> • the NHS 111 Clinical Assessment Service • out of hours Dental Treatment Services • access sessions, to be used by Practices for Patients requiring urgent or emergency dental care treatment and patients presenting with high oral health needs
<p>A&E 4 hr waits</p>	<p>A&E performance remains above the national average and is slightly short of the NENC July plan (78.6%) at 78.3%. Work continues across NENC to understand and reduce variation in performance between sites. In addition, NENC remain in the top 25% of performing ICS's ranking 7th out of 42 ICS's in July. NENC has been recognised nationally as one of 4 ICS's noted as having "best practice" on UEC based on a combination of quantitative and qualitative measures by the National Clinical Advisor to Hospitals. It should be noted however that this recognition is relative to other areas in the</p>

	country and NENC continues to strive towards and recover the national ambition of 95% performance.
12 hour delays from decision to admit	July data (254) shows a continued decrease from June (270) for 12 hour delays from decision to admit, this sustains the marked decrease from May (420).
Ambulance Handovers	NENC has a local target to minimise handovers over 59 minutes and performance against this metric is showing an improving trend with only 1.7% of ambulance arrivals in July 23 having a delay of 60+ minutes. Work continues with outlier trusts to improve positions.
Waiting List	NENC waiting list continues to increase once again recording the highest waiting list size on record and is likely understated due to an under reporting error at North Tees NHS FT. Notable increase of circa 5,000 in the waiting list due to a corrected RTT reporting error at NUTH.

Elective long waits

Progress in reducing 78 week waits has stalled over the last two months with the majority of patients at NUTH NHS FT. Pain management pressures at South Tees NHS FT are contributing to the backlog also.

NENC continues ahead of plan in June on reducing the number of people that wait over 65 weeks for an elective procedure, with 1620 vs 2,118 plan. Only South Tees NHS FT are notably adrift of plan.

More recent unpublished data indicates that the number of people waiting beyond 65 weeks is growing and there is a risk that in coming months as a system the ICB will not achieve its plan. Industrial action is hampering elective activity and there are some specialty specific pressures that have emerged. Despite this, all trusts are making every effort to achieve their plan.

There continues to be a significant number of 52+ week waiters with 8630 at the end of June, and this is above the plan of 7,850 for June.

Other areas of note/risk

NHS Oversight framework segmentation

NHS England has reviewed segmentation of trusts and it has been recommended that Gateshead Health NHS FT be moved from SOF 2 to SOF 3 and that a supporting monthly finance meeting be established with NHS E.

NHS E escalation – elective/ cancer

NUTH remains the only NENC trust in the elective tiering system, currently in Tier 1 for elective care.

NHS England is currently reviewing trusts that are not in the Tiering system but that are well behind plan, South Tees FT is one of these trusts and whilst they have not been recommended for Tier 2 support, it has been agreed to establish a monthly monitoring meeting.

Outpatient transformation

NHS E wrote to trusts on 4 August about protecting and expanding elective capacity. Trusts have been asked to review their outpatient transformation

plans and complete a self-certification to be signed off by CEO and Chair following discussion at Board.

Cancer Stage at Diagnosis

Stage at diagnosis 2020 data was published in July 2023. There has been a drop-in early diagnosis rate between 2019 (51.95%) – 2020 (49.83%) of approximately 2%, this was expected and is largely due to the pandemic. The National Cancer team are using Rapid Cancer Registration Data (RCRD) from 2021 onwards to determine if programmes are improving early diagnosis rates. Within the Northern Cancer Alliance (NCA) this is being used as a general marker, showing improvement in early diagnosis rates in both 2021 and 2022. However, there is still a significant way to go to achieve the ICB ambition of 75% early diagnosis by 2030.

Changes to cancer waiting times

Changes from October 2023, include the removal of the two-week wait standard in favour of a focus on the new Faster Diagnosis Standard, with the intention of earlier treatment for those who need it and reassurance for the majority of people who do not have cancer. The existing 62 and 31 day standards are to be rationalised into two headline measures.

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)
- Additionally mandating consultant upgrade at the point of referral to a cancer MDT.

Cancer 28 day faster diagnosis standard

Performance continues to do well - 80% in June 23 with 6 of the 8 providers achieving the 75% target. NENC performance continues above the England position (73.5%) and has improved on the previous month (77.8%).

Waits for tooth extraction

During July media reports indicated that children in some areas of England were waiting up to 18 months on average for dental general-anaesthetic treatment and teeth extractions. Review of waiting list data in NENC showed that there were ten under 18s that have been waiting more than a year for dental extraction, the majority of these had a treatment date scheduled. The longest wait was 69 weeks.

Mental health services

The numbers of people accessing Talking Therapies for anxiety (TTAD) and use of out of area placements are well behind plan.

Gender dysphoria services

NENC ICB has requested waiting times data from NHS England as commissioner for gender dysphoria services

Healthier Fairer Workstream

The development of a NENC Health Inequalities Dashboard covering a range of measures has been undertaken. Many of the national objectives do not state specific dates or targets and therefore a NENC approach to develop a defined trajectory to measure the overarching programme against is underway. Work has commenced across the programme with strategic managers and clinical network leads on developing metrics across all domains. Outputs from this work have been published in the dashboard within this report and continues to develop.

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 2023/24. 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 2023/24

These are the key metrics specified in the 2023/24 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 2023/24

These metrics are also specified in the 2023/24 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.

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 2024 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 2024	<p>NENC's plan for end of March 2024 (From the final operational planning submission in May 2023)</p>						
Plan – month	<p>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</p>						
Actual	<p>This number represents the actual performance in the most recent reported month. In this report it is July data for Urgent and Emergency Care and learning disability and autism service metrics and June data for other standards unless otherwise specified. 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" data-bbox="397 1059 876 1133"> <tr> <td style="background-color: green; width: 20px;"></td> <td>Met – well ahead of plan</td> </tr> <tr> <td style="background-color: red; width: 20px;"></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" data-bbox="397 1538 1046 1644"> <tr> <td style="background-color: green; width: 20px;"></td> <td>NENC compares favourably</td> </tr> <tr> <td style="background-color: red; width: 20px;"></td> <td>NENC does not compare favourably</td> </tr> <tr> <td style="background-color: gray; width: 20px;"></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						

Please note - data flow is not yet established against some of the new objectives and will be included as soon as possible.

Part 1 Recovering core services and improving productivity – national objectives 2023/24

	National objective 2023/24	March 24 Plan	Plan (month)	Actual	Trend	Benchmark
Urgent and emergency care	A&E waiting times within 4 hours (76% by March 2024)	80.8%	78.6%	78.3%		74%
	Category 2 ambulance response times (average of 30 minutes)	30 min	34.0m	33.2m	Improving	8/11
	*Adult general and acute bed occupancy to 92% or below	92.1%	91.6%	88.5%		93.2%
Community health services	2-hour urgent community response (standard 70%)	70%	70%	79.2%		
	Reduce unnecessary GP appointments: a) Direct referral from community optometrists and b) Self referral routes					
Primary care	a) GP practice appointments within two weeks and b) Urgent appointments the same or next day			81.1%	Worsening	79.6%
				64.2%		63.2%
	More appointments in general practice by March 2024	1.57m	1.52m	1.56m		
	Additional Roles Reimbursement Scheme by March 2024	1526		1388		
	Improving units of dental activity (to pre-pandemic levels)	100% 2.13m		May 23 74.4%	Improving	76.8%
Elective care	*Eliminate waits of over 104 weeks (by July 2022)	0	12	8		
	*Eliminate waits of over 78 weeks (by April 2023)	0	62	91	Improving	
	*Eliminate waits of over 65 weeks (by March 2024)	14	2118	1620	Improving	
	Eliminate waits of over 52 weeks (by March 2025)	5142	7850	8630		
	Deliver 109% value weighted activity * 30/7/23 FOP	109%	113%	100%		
Cancer	Reduce the number of patients waiting over 62 days w/e 30 July23	800	1013	952		
	Cancer faster diagnosis standard 75% by March 2024	77.6%	75%	80%		73.5%
	Stage at diagnosis ambition 75% by 2028					
Diagnostics	Diagnostic test within six weeks 95% by March 2025	89.4%	85.1%	83.3%	Improving	74.8%
	Diagnostic activity levels to support recovery 16/7/23	109%	113%	111%		
Maternity	Maternal mortality rate per 1000					
	Still births per 1000 births			3.39	Worsening	
	Neonatal deaths per 1000 live births			1.86	Worsening	
	Increase fill rates for maternity staff					
Use of Resources	Deliver a balanced net system financial position for 2023/24	£49.87 m	£41.81 m	£48.05m		

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

July 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services.

June 2023 – all other standards unless otherwise specified.

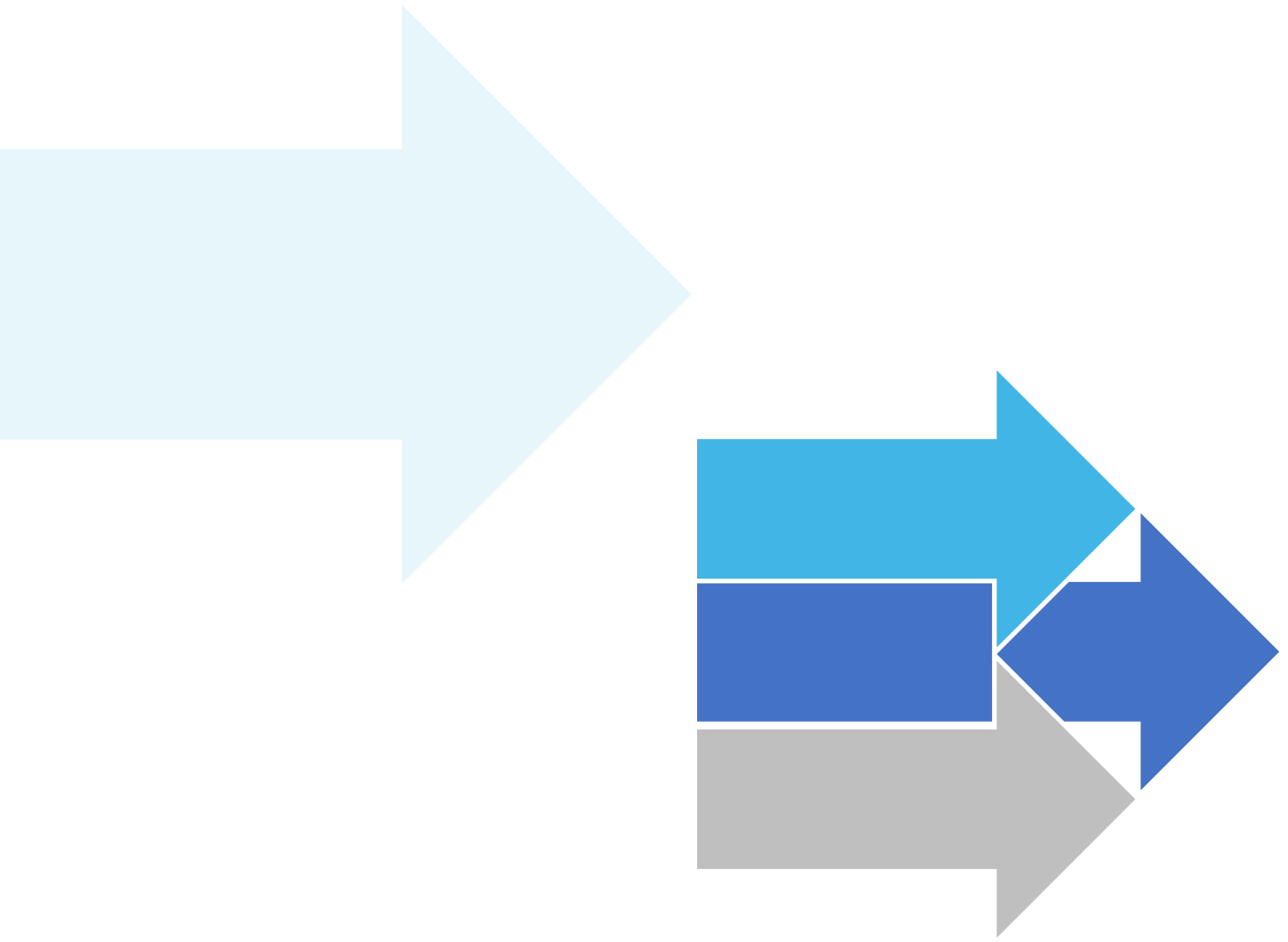
Part 2 NHS Long Term Plan and transformation – national objectives 2023/24

	National objective 2023/24	March 24 plan	Plan	Actual	Trend	Bench mark
Workforce	Improve retention (turnover)	12.1%		10.7%		13.8%
	Improve staff attendance (sickness)	5.6%		5.5%		5%
Mental health	*Improve access to mental health support for CYP	53,245	51,343	54,605	Improving	
	Increase the number of people accessing Talking Therapies for anxiety (TTAD)	22,540	7,246	5530		
	*Community mental health services (5% increase) 2+ contacts	34,855	33,761	37,965	Improving	
	*Total number of inappropriate Out of Area (OOA) Bed days (May)	162	367	960	Worsening	
	Recover the dementia diagnosis rate to 66.7% (July 23)	67%	67%	68.2%	Improving	
	Access to perinatal mental health services			2,285	Improving	
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers (75% March 2024) (Cumulative June23)	77%	11.8%	12%		
	*Reduce reliance on inpatient care -adults (ICB) 28/7/23	52	70	89		
	*Reduce reliance on inpatient care -adults (secure) 28/7/23	61	67	78		
	Reduce reliance on inpatient care – under 18s 28/7/23	8	8	6		
Prevention and health inequalities	Hypertension (77% by March 2024) Dec 22	77%	77%	68%		60.4%
	Use of lipid lowering therapies (60%) Dec 22	60%	60%	61%		
	Increase uptake of COIVD vaccines (Winter programme ended 12/2/23)			64.7%		
	Increase uptake of flu vaccines (65+) Feb 23	85%	85%	83.6%		
	Increase uptake of pneumonia vaccines					
	Increase uptake of SMI health checks (Cumulative)		16,325	14,592		
	% pregnant women from BAME groups on continuity of care pathway by 29 weeks		N/A	11%		
	75% Cancers Diagnosed at stage 1&2 by 2028					
Children & Young People (CYP)	CYP: Asthma – address over reliance of medications					
	CYP: Decrease the number of asthma attacks Proxy: Rate of unplanned admissions for asthma 0-17 yr olds, per 100,000 May 23		N/A	12		
	CYP: Increase access to glucose monitors and insulin pumps					
	CYP: Proportion of diabetes patients receiving 8 NICE care processes for type 2 Q4 23		N/A	46.5%		46.7%
	CYP: Access to epilepsy specialist nurses					
	CYP: Rate tooth extractions due to decay children admitted as IP in hospital aged <10 per 100,000		N/A	11	Worsening	
	CYP: Elective WL <10 awaiting IP tooth extraction.			253	Worsening	
	CYP accessing mental health service for 0-17 years		51,343	54,605	Improving	

*NENC Plan does not meet or exceed the national objective

Part 3 – Core safety metrics – April/May 23

	National objective	Mar 24 plan	Plan (YTD)	Actual Month	Actual YTD	Trend	Benchmark	
Never events	Zero	0	0	0	3			
Serious incidents	Number of SIs reported (July)			81	309			
	Proportion of SIs reported within 2 days	Range from 36.4% to 100% across our FTs						
Infection prevention control	MRSA (June 23)	0	0	2	7			
	C Diff (June 23)		146	50	141			
	E Coli (June 23)		223	78	251			
Mortality		One trust is showing higher than the expected range for SHMI						



System oversight

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. The only change since the last report is the movement of Gateshead to segment 3.

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)
County Durham and Darlington NHSFT	2	ICB led	Removed from Tier 2 Elective (12.4.23).	Good (2019)
Gateshead Health NHSFT	3	ICB led	Enhanced finance oversight/support.	Good (2019)
Newcastle Upon Tyne Hospital NHSFT	2	ICB led	Tier 1 – Elective Removed from Tier 2 Cancer (April 2023) Northern Cancer Alliance and GIRFT support in place.	Outstanding (2019) (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).
North Tees and Hartlepool NHSFT	2	ICB led		Requires improvement (2022)
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provided through the Quality Review Group.	Requires Improvement (2023)
North Cumbria Integrated Care NHSFT	3	NHSE Quality Board	Removed from Tier 2 Cancer to ICB/NCA monitoring and support (May 23). NHS E Intensive Support Team input associated with segment 3.	Requires Improvement (2020)
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 and NHSE	Good (May 2023)
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 now publish 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 as at 21 August 2023

The table below shows the current range of CQC ratings for general practice by area. This is reported on the previous CCG footprints but hopefully will change to align with new ICB arrangements in time.

The picture is generally very positive with 34 practices rated as Outstanding, 307 as Good, 2 rated as Inadequate and 6 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
NHS Northumberland	5	32	0	0
NHS North Cumbria	8	25	1	0
NHS North Tyneside	4	19	0	0
NHS Newcastle Gateshead	4	51	1	0
NHS South Tyneside	1	20	0	0
NHS County Durham	6	52	2	1
NHS Sunderland	3	34	1	1
NHS Tees Valley	3	74	1	0
ICB total	34	307	6	2

Residential Social Care Provider Overall Rating by Local Authority as at 21 August 2023

The table below shows the current range of CQC ratings for residential social care provider 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 very positive with 47 LAs rated as Outstanding, 716 as Good and 6 rated as Inadequate and 79 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	5	124	11	1
Northumberland	5	75	14	1
North Tyneside	2	36	4	0
Newcastle upon Tyne	6	51	6	2
Gateshead	4	37	7	0
South Tyneside	1	30	2	0
Sunderland	6	77	1	0
County Durham	10	122	12	1
Stockton-on-Tees	3	39	8	1
Hartlepool	0	24	2	0
Darlington	3	26	3	0
Middlesbrough	2	39	3	0
Redcar and Cleveland	0	36	6	0
Total	47	716	79	6

Community Social Care Provider Overall Rating by Local Authority as at 21 August 2023

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 33 LAs rated as Outstanding, 392 as Good and only 1 rated as Inadequate and 19 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	2	68	4	0
Northumberland	9	38	2	0
North Tyneside	3	22	2	0
Newcastle upon Tyne	5	38	0	0
Gateshead	0	38	3	0
South Tyneside	2	14	1	0
Sunderland	2	39	1	0
County Durham	5	48	1	0
Stockton-on-Tees	1	24	3	1
Hartlepool	0	12	0	0
Darlington	2	16	0	0
Middlesbrough	1	18	2	0
Redcar and Cleveland	1	17	0	0
Total	33	392	19	1

ICB position on oversight framework metrics

The NHS Oversight Framework includes a large number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. ICBs are ranked according to their performance on 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)	7	5	0	1 of 8
People (9)	4	2	2	0 of 0
Quality, access and outcomes (50)	9	28	7	12 of 29
Leadership	0	1	0	0 of 2
TOTAL	20	36	9	13 of 39

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. Work is underway to extend this

mechanism to strategic programmes and places with the intention to begin oversight meetings in quarter 2 now that plans have been developed.

Recent oversight meetings

An oversight meeting was held with Cumbria Northumberland Tyne and Wear (CNTW) NHS FT on 28 July where a positive conversation was held in relation to the strong leadership teams in medical, nursing and therapy and a quarterly programme of well led reviews to focus on any emerging pressures. The challenges in relation to CYP waiting times, including the neuro-development pathway and related actions were discussed and it was agreed there was a need for system transformation. In relation to workforce planning, success was noted in recruitment of young people with innovative use of an incentive programme offering choice of setting to new starters and using a gold standard preceptorship working with academies and local communities. It was suggested the next meeting focus on workforce strategy and health inequalities.

ICB Complaints and Healthwatch Themes

Complaints

The NECS Complaints Team handled a total of 173 new complaints/concerns and 10 compliments during April – June 2023 on behalf of the ICB:

Number of complaints/concerns	Action/outcome
124	complaints were referred to other organisations for investigation and response.
49	complaints/concerns related to ICB actions/decisions
19	ICB cases were managed as formal complaints, the remainder were addressed as informal enquiries or concerns.
16	formal complaints led by the ICB were responded to during the quarter. Of these, 10 were upheld/partially upheld and 6 were not upheld. 1 further complaint was withdrawn.

The main categories of ICB complaints/concerns were Continuing Healthcare (CHC) and Individual Funding Requests/eligibility criteria.

Learning from complaints

Examples of learning and service improvements identified from ICB complaints which were upheld/partially upheld in the quarter are noted below:

- CHC complaints resulted in learning in a range of areas such as referring clinicians completing the Fast Track Tool need to communicate a clear explanation of why the tools is being completed and its purpose, CHC Nurse coordinators keeping patients up to date with expected delays, care providers to offer meetings with family to provide reassurance and a new process for patient handovers due to staffing changes.

Primary care complaints

As a result of the transfer of commissioning responsibility of GP, dentistry, community pharmacy and optometry services from NHS England to the ICBs, complaints managed regarding these services has also transferred. The transfer of accountability of primary care complaints from NHS England to ICBs was effective from 1 April 2023 and staff/resources transferred on 1 July 2023.

The ICB continued to work with NHS England and NECS during the quarter to manage the transition between 1 April and 30 June 2023, including the process for managing the clinical review of complaints about clinical care.

Performance against key performance indicators

All new ICB cases received during the quarter were acknowledged within the 3 working day target.

The ICB aims to respond to single-agency complaints within 30 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 ICB complaints closed during the quarter.

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.

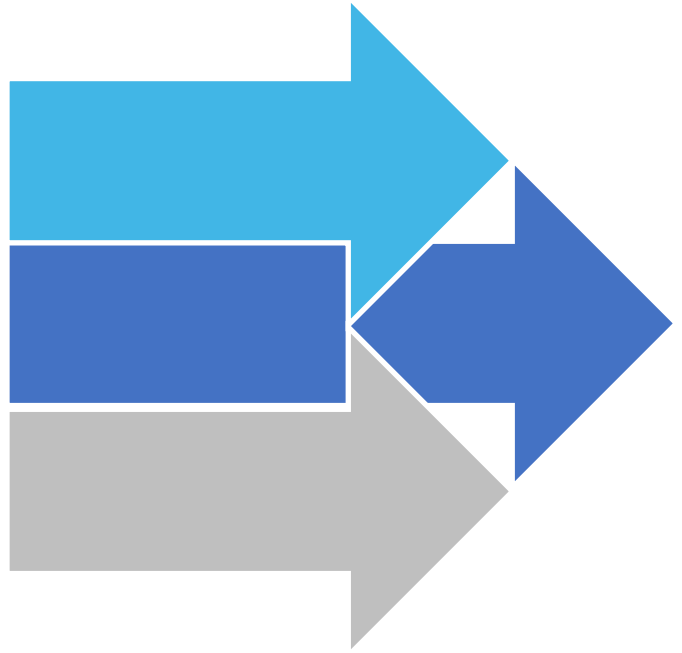
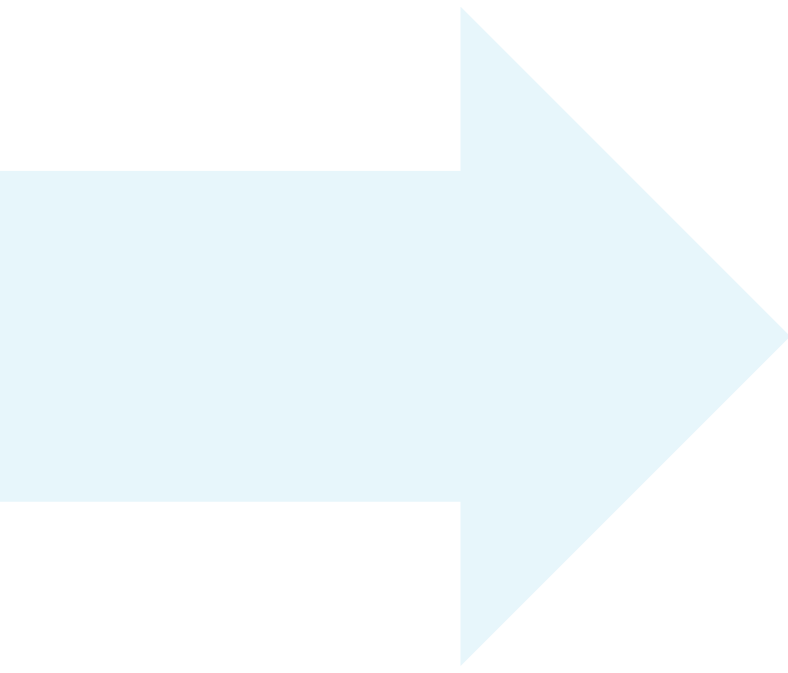
The Network provides an invaluable service throughout the Integrated Care Service in the collation of their priorities by independently representing the voices of those living and working in our communities, whether it be locally, sub-regionally or regionally. A whole range of robust and comprehensive methods of information gathering have been applied, with particular reference to those who are seldom heard and disadvantaged, when determining our areas of work. This will enable meaningful intelligence to be fed into discussions, at all levels, to help shape and develop service provision for all people in our region.

Social Care themes:

- 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. 4 of our Healthwatch organisations (North Tyneside, Northumberland, Darlington and Hartlepool) are looking at the provision & quality of care with Nursing/Care Home settings.
- Domiciliary care - North Tyneside, South Tyneside and Sunderland
- Provision of day care - Newcastle, Gateshead and Stockton
- Assessment of care - Gateshead
- Experiences of carers - Westmorland & Furness

Health Sector themes:

- GP access – majority Healthwatch Organisations have raised concerns relating to GP access.
- Dentistry Access – this is still one of the highest reasons residents are contacting Healthwatch for help & guidance. 7 Healthwatch are looking at this currently and 8 Healthwatch were involved in the previous published consultation (January 2022).
- Hospital discharge - identified by 7 of the Healthwatch and 2 have already published their findings this year based on consultation and research (Hartlepool & Sunderland).
- Community mental health services – 7 Healthwatch continue to look at this area.
- Learning Disability & Autism - there is a great deal of work happening across the Network looking at the provision of services.
- 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 Standards Framework.
- Emotional support to crisis - work continues to engage with Children & Young People given concerns raised.



Delivery of 2023/24 objectives

Urgent and Emergency Care - Jun/July23 (except *data)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs - July	80.8%	78.6%	78.3%		74%
Cat2 ambulance response May (NEAS) - July	30 min	34m	33.2m	Improving	8/11
Adult G&A bed occupancy May - July	92.1%	91.6%	88.5%		93.2%
Patients not meeting the criteria to reside (CtR)* w/e31/7/23		9.4%	8.7%	Improving	
Ambulance handovers >59mins:59s*w/e 31/7	0	0	49		
111 Call Abandonment (NEAS plan)	3%	22%	14.4%	Improving	
Mean 999 call answering time*	<10s	<16s	10.5s		9.6

Observations

- **A&E 4 hour performance** at 78.3% remains above the national average and is slightly short of the NENC July plan (78.6%). In addition, NENC remain in the top 25% of performing ICS's ranking 7th out of 42 ICS's in July. *North Tees now included in A&E Data from June 2023.*
- **Handover delays** - improved after a challenged winter period for delays 30-60mins and 60+ minutes. Delays have remained at a lower-level April - July 23, better than the same months in 2022 for both delay categories.
- **NEAS Response Times** – Category 1 – NEAS continues to be strong performer nationally, ranking 1/11 of ambulance providers. Category 2 mean response has improved in July 23 to 33:11 compared to 36:53 in June 23, however, remains a concern. NEAS is ranked 8/11 of ambulance providers for Cat 2.

Actions/learning

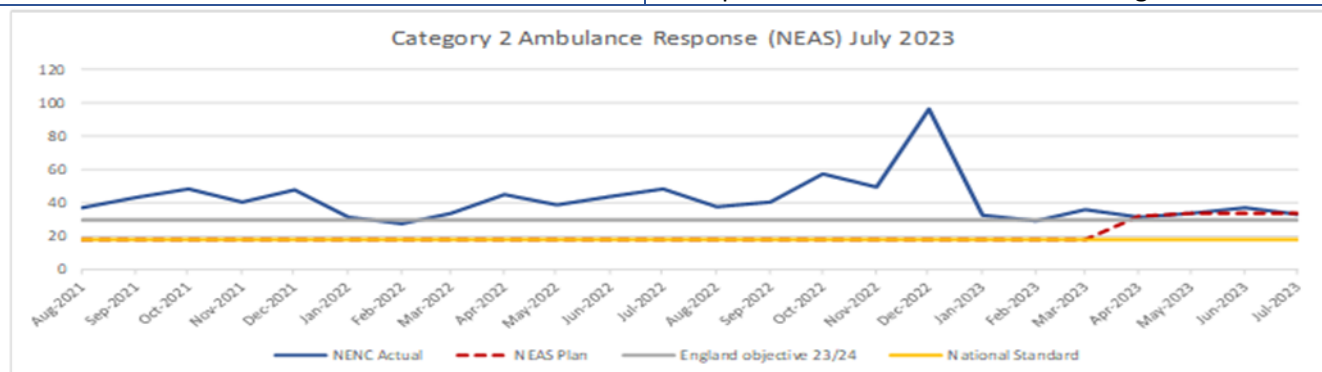
- **National UEC National Ten Point Recovery Framework** now launched. ICB has completed self assessment and nominated UEC Champions to lead peer learning to improve performance. Areas for focused support include Frailty, Intermediate Care, Transfer of Care Hubs and Virtual Wards
- **Variation** - main work area for the ICB across the whole of UEC is to understand and then reduce inappropriate variation through a learning and improvement approach
- **Setting the top 3 system planning priorities** for Winter 2023/24 is now underway with plans for a laser-like focus on what will deliver the best pathways for patients across the system –final report to come to Sept Exec Committee and Sept ICB Board
- **Transfers of care programme** main work areas will be:
 1. Improving joint discharge processes
 2. Scaling up intermediate care
 3. Scaling up social care services
- **Major focus on neuro rehabilitation** to streamline pathways and explore capacity needs.

Quality implications

- Reduction in ambulance handover delays and the improvement in Cat 2 responses will significantly increase the quality and safety of care for patients.
- Reducing patients who no longer meet the CtR will reduce stranded patients in hospital and the harmful effects of long stays; whilst increasing system flow.

Recovery/ delivery

- **Handover delays** - work requires further focus to reduce to 15 minutes national target – working with three outlier Trusts to improve local positions
- **Cat 2 response** – handovers, extra staff and healthcare professional call improvements required
- **Virtual Wards** – plan for improvement supported by NHSE in specific areas and acceleration of digital offer.



Primary and Community Care - June 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
2-hour urgent community response* (UCR)	70%	70%	79.2%		
Reduce unnecessary GP appts: direct referral community optometrists/self-referral					
Proportion of GP practice appointments within two weeks			81.1%	Worsening	79.6%
More appointments in general practice by March 24	1.57m	1.52m	1.56m		
Additional Roles Reimbursement Scheme (ARRS)	1526		1388		
Improving units of dental activity (UDA) to pre-pandemic levels	100%		May 23 74.4%	Improving	76.8%
Proportion of appts the same or next day			64.2%		63.2%
2-hour UCR first care contacts delivered		4160	2515	Improving	

Observations

- Trend in GP appointment numbers remains positive
- NENC remains on trajectory to deliver the 'more appointments' target by March 2024
- NENC performs better than the benchmark for patients seen within 2 weeks for an appointment and is in line with the North East and Yorkshire ICBs average
- Large underspend for ARRS confirmed on 22/23 available funding. An underspend is again expected in 23/24 however it is likely to be less than 22/23 due to increased recruitment.
- Challenges due to dental contracting model leading to reduction in dental UDAs.
- UCR exceeding 70% threshold – all Trusts are now publishing data via the National UCR Dashboard.
- Higher levels of activity reflected in the National UCR Dashboard in April due to the inclusion of additional service type codes, including District Nursing.
- 100% coverage UCR in all clinical conditions, with exception of unpaid carer.

Actions/learning

- Continuing work to improve data quality of GP appt/UCR reporting
- ICB General Practice Assurance Framework to be piloted September in 2 Places
- Challenges to PCNs maximising use of funding (e.g. ARRS) include workforce, estates, clinical supervision requirements, employment models.
- ICB is engaging with national dental reform programme to improve usage and an overall Oral Health Strategy is in development.
- Risk remains of dental contracts being given up where contractual obligations cannot be fulfilled. Any financial resource associated with this will be quickly made available to other providers where there is capacity to deliver.
- Data on UCR 2-hr standard - low data completeness and quality; work ongoing.
- Current focus is around improving the recording of reason and source of and ethnicity.

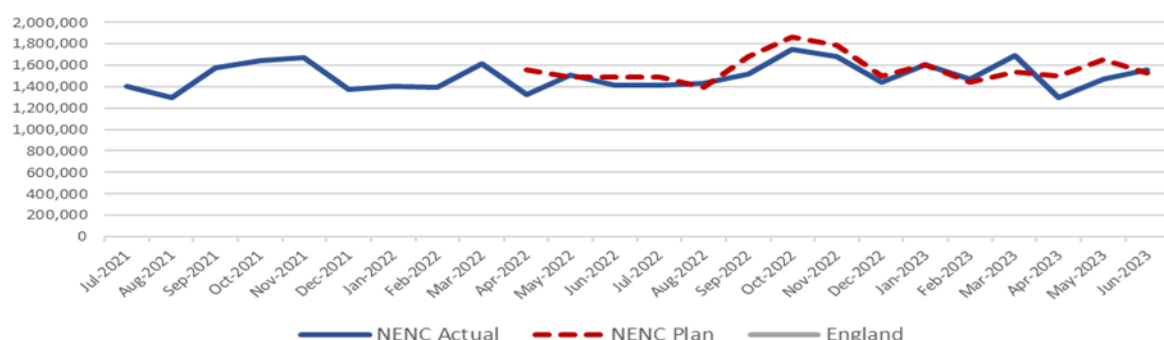
Quality implications

- Project to develop standardised quality metrics in progress.
- Issues with access can result in poor patient experience.

Recovery/delivery

- Work underway to reduce barriers facing PCNS and increase employment in 23/24
- Focus on increasing UCR referrals, including from 999/111, TEC responders and care homes.
- UCR forecast a 13% increase 23/24.

Total Primary Care Appointments June 2023



Elective care – June 23

Objective	Plan Mar24	Plan (Month)	Actual	Trend	Benchmark
52 week waits (eliminate by March 2025)	5142	7850	8630		
65 week waits (0 by end of Mar24)	14	2118	1620	Improving	
Value weighted Activity levels FOP (109%) 30/7/23	109%	113%	100%		
78 week waits (0 by end Mar 23)	0	62	91	Improving	
104 week waits (0 by end of Mar 22)	0	12	8		
Reduce outpatient follow ups by 25% * (6/8/23)	75%	108%	98%		
FFT – outpatients (trust range)			94.7% - 100%		
FFT – inpatient care (trust range)			89.8% - 99%		

Observations

- Waiting list continues to increase. This is likely understated due to an under-reporting error at N Tees FT. Notable step-change up of circa 5,000 in the waiting list due to a corrected RTT reporting error at NUTH.
- Activity on long waiters was affected by Industrial Action and bank holidays in July:
- Impact on elective activity has system value weighted target of 107% at an early risk.
- 104+ week pressures remain at NUTH, a combination of adult spinal, corneal transplant and highly complex.
- 78+ww reduction stabilised, largely due to pressures at NUTH. Pain management at S Tees are also contributing to this backlog.
- Increasing 65ww backlog against a reducing operational plan trajectory implies notable risk
- Following a period of reduction, the 52ww backlog has grown recording the highest position over the last 12 months.

Actions/learning/risks

- **Mutual Support:** framework being developed for Sept sign off.
- **Patient Choice:** Trust leads to be identified to outline sub-contracting arrangements with the IS.
- **Digital:** Trust implementation of Patient Engagement Portals.
- **Outpatient (OP) transformation:** Workshop took place 4 August to share learning, further event planned for September.
- **Excellence in Basics:** Call to arms letter released 4 August – focus on validation and excellence in basics.
- **Clinical alliances:** Preparation ongoing for Gynaecology and General Surgery Alliances being held in September and October.
- **Children and Young People (CYP):** national campaign now underway by Trust specific data to ensure recovery in CYP is equitable to adult services.
- **Spinal services** – An event was held in June to develop a standard Single Point of Access Pathways NENC. Follow up event to review actions planned in Autumn.
- **Dermatology-** Formation of a NENC Dermatology Alliance under consideration through consultation across the system.

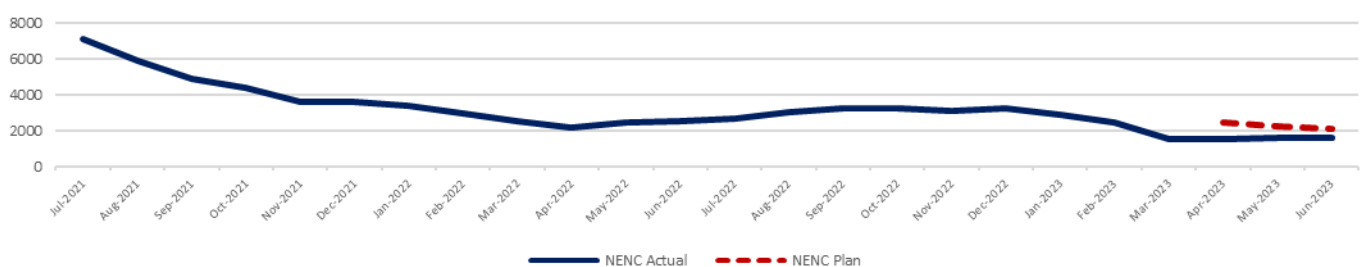
Quality implications

- Patient choice may result in treatment being deferred and impact on the ability to improve the overall waiting list position.
- Patient access policies to be agreed across the system which are inclusive and recognise potential Health Inequalities.

Recovery/delivery

- Recovery impacted by several periods of Industrial action.
- Work on validation continues across trusts. Targeted data quality reviews on longer waiting cohorts underway at S Tees
- Work continues through the Tier 1 elective meetings with NUTH to monitor trajectories to clear 78+ and 104+ waiters throughout 23/24.

Number of patients waiting more than 65 weeks - Jun 2023



Cancer and Diagnostics - June 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Reducing 62 Day Backlog (30/07/23)	800	1013	952		
Faster Diagnosis Standard (FDS)	77.6%	75%	80%		71.3%
Stage at diagnosis ambition 75% by 2028					
Monthly Cancer 62 Day Performance	85%	85%	58%		61%
% Receiving diagnostic test < 6 weeks (by Mar25)	89.4%	85.1%	83.3%	Improving	74.8%
Diagnostic activity against plan *16/7/23	109%	113%	111%		

Observations

- July 2023 ICB continues to be on plan for backlog reduction -challenges in Urology, Upper & Lower GI, Skin.
- FDS performance June at 77.8%, 9 months of achievement of the standard.
- Stage at diagnosis 2020 data published July 2023 showing a drop in early diagnosis rate, approx. 2%, between 2019 (51.95%) – 2020 (49.83%). This was expected and is largely due to the pandemic.
- Rapid Cancer Registration Data (RCRD) 2021, is showing improvement in early diagnosis rates, 2021 and 2022.
- Use of new cancer waiting time targets from Oct23.

Diagnostics

- Slight improvement in May maintained in June
- Deterioration in MRI position, under investigation
- Activity above plan for all modalities except Colonoscopy and Gastroscopy

Quality implications

- Reducing backlog improves quality of life
- Timely diagnosis improves treatment opportunity.
- Removal of the 2ww standard to focus on Faster Diagnosis, enabling earlier treatment and reassurance for the majority who do not have cancer
- Improved equity in access to diagnostic services.
- Availability of diagnostics impacts on cancer waits and elective recovery.

Actions/learning/Risk

- Significant effort in backlog recovery to be sustained into 23/24 with support from NCA,ICB and NHSE.
- No organisations in NHS E tiering system therefore local ICB processes in place to ensure oversight.
- Staging - Rapid Cancer Registration Data (RCRD) is unvalidated and therefore is only used as a general marker for changes in rate by the Alliance.
- Even with increases seen in RDRC data, significant risk to achievement of the 75% ambition by 2030.

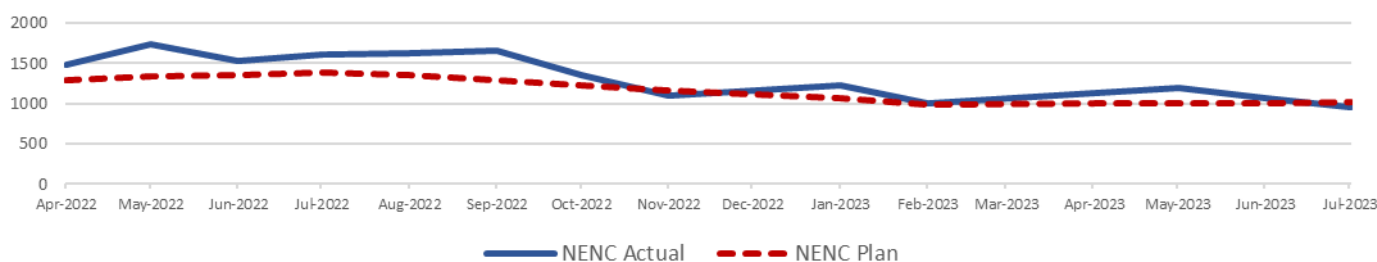
Diagnostics

- NENC audiology group established.
- Focus on mutual aid for large backlogs.
- FT diagnostic recovery plans in place supported by diagnostic performance meetings.
- National Focus on Diagnostics Month – October 23.

Recovery/delivery

- 2022/23 cancer backlog trajectory met in July 23 but behind plan in August - provider assurance of improvement.
- FDS strong performance expected to continue.
- Recovery expected Mar 25 for diagnostics standard.
- Implementation of diagnostic workforce strategies, working to identify expansion in training.
- Improving position expected 23/24.

Proportion of urgent cancer PTL past day 62 target- Jul 2023



Maternity – March 2023

Objective	Plan Mar24	Plan (month)	Actual	Trend	Benchmark
Maternal mortality					
Still births per 1000 births			3.39	worsening	
Neonatal deaths per 1000 live births			1.86	worsening	
Increase fill rates for maternity staff					
Proportion of maternity settings offering tobacco dependence services			50%	Improving	
FFT: Maternity services	Range from 63.6% to 96.6% who would recommend the service across our providers.				

<p>Observations</p> <p>Still births and neo-natal deaths demonstrate a worsening position across NENC. Data at provider level is published through the National Maternity Dashboard on an annual basis and through the NHS OF.</p> <ul style="list-style-type: none"> • Maternity and Neonatal Alliance established and met 14/08/2023. • The response to the Three-Year Delivery Plan for Maternity and Neonatal Care was presented and agreed 18/07/2023. • 4 clinical leads posts advertised by LMNS • A NENC Maternity and Neonatal Training Faculty is being developed • The first meeting of the LMNS Equity and Equality Steering Group took place on the 25/07/2023 which was co-chaired by the NENC ICB Director of Health Equity and Inclusion and the Maternity Voices Partnership Lead for South Tees. • Laptops provided to 9 Service User Representatives to support their roles 	<p>Actions/Learning/risks</p> <ul style="list-style-type: none"> • North Tees & Sunderland & South Tyneside FTs remain under the national Maternity Safety Support Programme. Both units received positive progress reports from NHSE, but no immediate plans to remove from the programme. Five other maternity units in NENC have been inspected in 2023, South Tees awaiting their inspection. NUTH report (May23) received rating of 'Requires Improvement' for maternity, and received 3 'must dos' and 7 'should dos'. • Non-recurrent funding streams require continuous financial planning and modelling and flexible staff resources. • Recruitment and retention of multi-disciplinary team (MDT) staffing across our providers is a pressure –collaboration across NENC in workforce capacity underway. • Task and Finish Group to develop information governance and technical requirements established. • Digital Inclusion Workshop planned October 2023 to understand the impact of digital inequalities in maternity. • Introduction of the Independent Senior Advocate Role in the NENC, a requirement from the first Ockenden Report. Contract awarded to People First Independent Advocacy. The Agency have successfully recruited to the Advocate roles, to commence 29 August 23.
<p>Quality implications</p> <ul style="list-style-type: none"> • 2023 Ockenden visits to Trusts to occur Sept – Nov 23, led by the LMNS with representation ICB, NHSE and peer review teams from FTs. • PSIRF (patient safety incident response framework) maternity and neonatal workshop held 12 July. Actions implemented by the LMNS Quality and Safety Group. • The LMNS planning PSIRF training to support the 8 NENC Provider Trusts. • Listening to women and their families, continues to address inequalities. • Locality workplans approved at the LMNS Board on the 18/07/2023 in relation to service user involvement and engagement. 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> • Individual partner commissioning arrangements until the NENC Maternity & Neonatal Alliance formerly begins. • Continue to the use the learning health system model to combine data, collaboration and quality improvement techniques towards collective improvement. • Work closely with other LMNSs across the country. • Engagement with National Student Council Development which brings together students from a range of clinical professions of which 6 are from maternity.

Use of resources Data period M4 (July 23)

	Month 4 YTD plan	Month 4 YTD actual	2023/24 Annual plan	2023/24 Forecast Outturn
ICS financial position (surplus)/deficit	£41.81m	£48.05m	£49.87m	£49.87m
ICB financial position (surplus)/deficit	(£10.80m)	(£8.85m)	(£32.40m)	(£32.40m)
Running cost position	£19.63m	£19.63m	£58.88	£58.88m
Capital funding	£43.92m	£32.64m	£198.95m	£208.28m
QIPP/Efficiency savings	£103.19m	£101.56m	£408.36m	£405.46m
Mental health investment standard	6.73%	6.73%	6.73%	6.73%

Observations

- As at 31 July 2023, the ICS is reporting a year to date deficit of £48.05m compared to a planned deficit of £41.8m, an adverse variance of £6.2m. The forecast position for the year is a deficit of £49.87m, in line with plan.
- The £6.2m year to date overspend compared to plan includes a £4.3m pressure in provider positions relating to costs associated with strike action, Microsoft licences and pay award pressures.
- The ICB is reporting a year to date surplus of £8.85m, an adverse variance to plan of £1.95m relating to growth in prescribing and continuing healthcare costs, with a forecast surplus for the year of £32.4m in line with plan.
- Running costs - the ICB is reporting a breakeven position against running cost budgets.
- Capital spending forecasts are currently in line with plan, however this includes an allowable 5% 'over-programming', hence the forecast is £9.34m in excess of the ICS capital allocation. This will need to be managed over the remainder of the year.
- The ICS is reporting efficiency savings which are slightly below original planned levels overall, with a forecast under-delivery of £2.9m. The ICB is currently forecasting delivery of efficiencies in line with plan although this remains a considerable risk. The ICB is expecting to achieve the MHIS target for 2023/24 (growth in spend of 6.73%).

Actions/risk

- At this stage of the year there is still limited data available which creates a level of risk and uncertainty in the forecast outturn position.
- The submitted 2023/24 plan included significant unmitigated financial risks across the ICS, which remains the case at month 4.
- At month 4, total unmitigated risks of £96.6m are being reported (compared to £101.6m at month 3). This includes unmitigated net risks of £21m for the ICB, predominantly relating to prescribing, CHC and delivery of efficiencies, along with £75.6m unmitigated net risk across providers.
- In response to these risks, additional financial controls have been agreed by ICB Executive Committee including a pause on discretionary non-staff spend (alongside vacancy controls already in place) and identification of additional risk mitigations
- Across the system, additional financial controls are being reviewed in line with NHSE requirements following submission of a deficit plan.
- Work continues on the development of 'ICB 2.0' in response to the forthcoming 30% real terms reduction in running cost allowances.
- Recurring efficiency plans are currently forecast to under-deliver by £36.9m. This is largely offset by additional non-recurring savings in the current year but will increase the challenge for 2024/25.

Quality implications

- Good financial management supports delivery of high quality services and reduction of health inequalities. All programme areas have a named finance to support programme delivery.

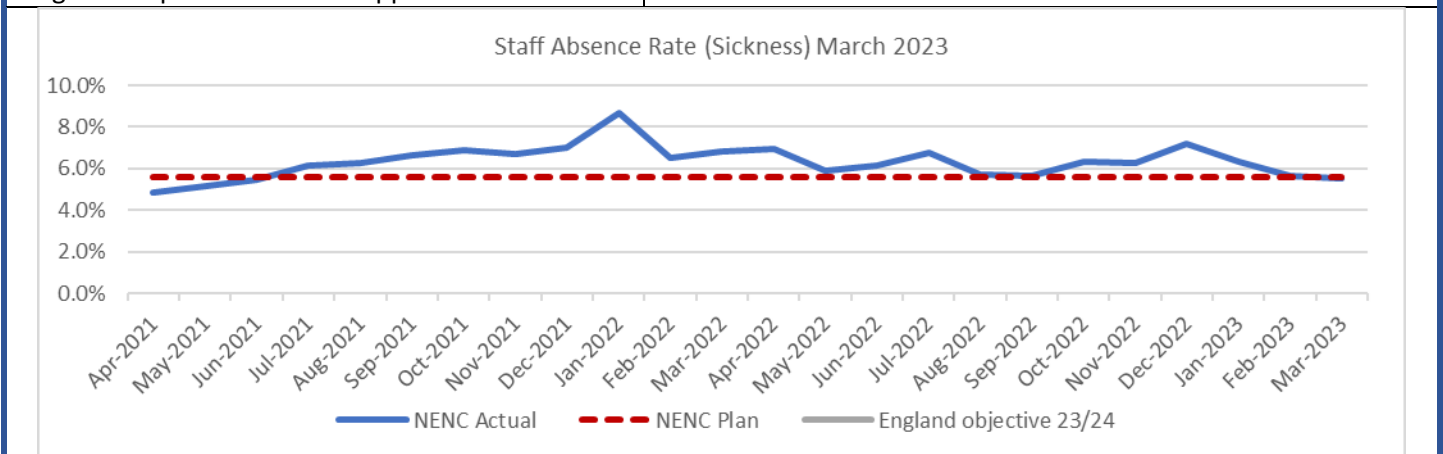
Recovery/delivery

- As referenced above, financial controls are being reviewed across the system, with additional controls implemented where necessary to manage potential financial risks.
- Work is continuing across the system on the development of a medium term financial strategy and appropriate financial recovery plans.

Workforce – March/April 2023

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Improve staff retention (turnover systemwide NENC Providers)	12.1%		10.7%		13.8%
Improve staff attendance (sickness systemwide NENC Providers)	5.6%		5.5%		5%

<p>Observations</p> <p>Sickness</p> <ul style="list-style-type: none"> Published data for March shows a sickness rate of 5.5% whereas more timely in-month ESR recorded sickness rate data for May is 5.0%, down from March and April. May data shows the 12 month rolling position for Trusts in NENC is 0.1% higher than articulated in the workforce plan KPIs. <p>Turnover</p> <ul style="list-style-type: none"> National methodology has changed. 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 are now the lowest across the NEY region currently. 	<p>Actions/learning/risk</p> <ul style="list-style-type: none"> Both sickness and turnover rates continue to be trust priorities for action. An operational planning workshop is being arranged for early October to ensure ongoing dialog across the full financial year, linked to budgets and activity. There is a risk if this work is not taken forward that plans will not be realised. This would be mitigated by a better understanding of the issues affecting sickness and turnover through ongoing dialogue with providers. There is a risk linked to pressure on remaining staff due to sickness and turnover having a detrimental impact on their health and wellbeing. This will be mitigated as staff health and wellbeing has been identified as a key priority within the ICB People Strategy. The NENC People and Culture Strategy is out to consultation with three of the six priorities being supply, retention and health and wellbeing.
<p>Quality implications</p> <ul style="list-style-type: none"> Higher levels of sickness affect patient safety & quality as there are less staff available for duty. Staff turnover will impact on 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. To mitigate the above risks and issues, provider trusts have all articulated they have plans in place to reduce sickness absence, improve retention and reduce turnover and have also agreed to provide mutual support 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> The operational planning round has indicated that overall, the Trusts are aiming from March 23 to March 24 <ul style="list-style-type: none"> to reduce sickness absence by 0.33% to reduce turnover by 0.38% Looking at the current reporting period it would appear that trusts have already achieved the targets set and work will continue to maintain or surpass those levels for the remainder of the year



Mental Health: Adults - June 23

Objective	Plan Mar 24	Plan (month)	Actual	Trend	Benchmark
TTAD access	22,540	7246	5530		
Community mental health (CMH) 2+ contacts 5% increase	34,855	33,761	37,965	Improving	
No. inappropriate out of area (OOA) beddays (May 23)	162	367	960	Worsening	
Dementia diagnosis rate	66.7%	67%	68.2%	Improving	
People with SMI receiving physical health check		16325	14549		
Improve access to perinatal mental health services			2285	Improving	

Observations

- **NHS Talking Therapies for Anxiety and Depression (TTAD) access** remains below plan and target. This is due to workforce pressures, increased acuity, inappropriate referral levels, waiting list backlogs and investment challenges. Strong performance for those starting treatment within 6 and 18 weeks. Waits from 1st to 2nd treatment >90 days remain high and well above the 10% target; moving to recovery is above 50% standard in all places except South Tyneside.
- **CMH** –22/23 targets met across County Durham and Tees Valley and are increasing in the North areas.
- **OOA placements** - Inappropriate bed days remain above the target, this is likely to continue, despite a target of zero by March 2024.
- **Dementia**- improvement throughout 22/23, end of year plan met. 3 places slightly below standard.
- **Perinatal** below plan, demand lower than projections, investment challenges. Inability to recruit and lack of Maternal MH Services.
- **SMI Health checks** have decreased below target in Q1. North Cumbria have seen a large decrease.

Actions/learning

- **TTAD:** Publicity, DNA and waiting list initiatives, recruitment opportunities, engagement with primary care, utilisation of digital sub-contractors and online booking system options. Full NHS TTAD system review project board now active to evaluate all contracts, performance and investment for 24/25.
- **CMH** - Access to community mental health services increasing and growing caseloads. Data and Digital workstream engaging with VCSE organisations through 23/24 to enable flowing of data to MHSDS to further increase performance. In 22/23, trajectories achieved at Place. Likely to see a shift in activity from Trust to VCS in year, now CMHT is being progressed within localities.
- **OOA** Placements pressures within the adult acute pathways. Work currently with partners to facilitate discharges back into the community.
- **Perinatal** staffing pressures and DNAs being reviewed. In the south, 1 vacancy has been filled, recruitment continues and the teams are increasing awareness of the perinatal service to increase referrals into the service.

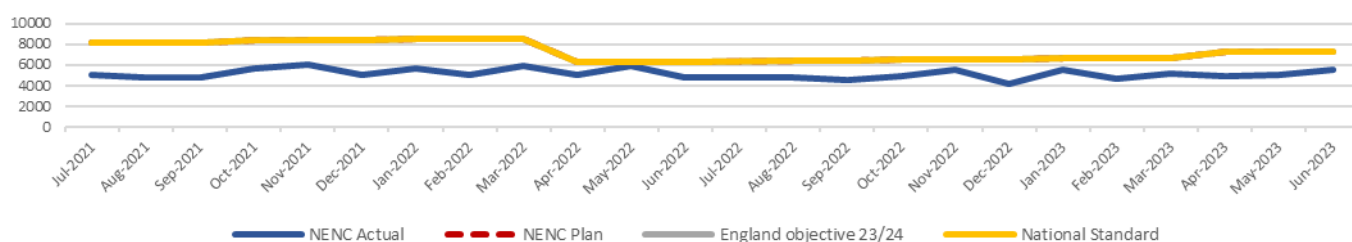
Quality implications

- 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.
- SMI health checks are important to identify physical health needs and support access to services.

Recovery/delivery

- Challenges with key community transformation ambitions in 22/23, linked to financial/workforce pressures, limiting capacity in community to prevent admission and discharge of people ready for discharge.
- NENC working to improve mental health pathways for patients, and continuing to invest in community support.
- NENC making progress in improving services, further work underway to address variation within the region.

NHS Talking Therapies for Anxiety and Depression (TTAD) access: number of people entering NHS funded treatment during reporting June 2023



Mental health: Children & Young People – Mar23/June 23

Objective	Plan 24	Plan (month)	Actual	Trend	Bench mark
Improve access to mental health support for CYP (June 23)	53,245	51,343	54,605	Improving	
CYP Eating disorders (ED) - urgent within 1 week (Mar 23 data)	95%	95%	85.9%		
CYP Eating disorders (ED) – routine within 4 weeks (Mar 23 data)	95%	91.1%	79.6%		

Observations

CYP Access

- CYP access remains above operational plan trajectory but below Long Term Plan (LTP) target.
- Demand has increased beyond LTP projections combined with an inability to recruit and retention of staff. Recovery plan has been submitted.
- Challenges in reporting accurate data
- Services for CYP eating disorders (ED) are not meeting the 95% standard (12 month rolling).
- This pressure has exacerbated since the pandemic, due to the increased demand and the shortage of dieticians in the region.
- Routine CYP ED referrals: Places continue to report below 95%, due to this being a rolling 12-month standard, however 100% of referrals received in February across County Durham and Tees Valley were treated within four weeks, despite underperformance.

Actions/learning

- Place based actions to review pressure points and determine need underway to increase CYP accessing MH services to LTP levels.
- In 23/24 the South Partnership plans to improve patient outcomes for CYP and equity of access across the whole of Tees Valley via a procurement exercise.
- Specific actions in the South for CYP Eating Disorders include:
 - All vacancies have now been filled
 - To address data quality issues, a team briefing and standard operating process has been developed to remind/inform staff of the correct treatment codes.

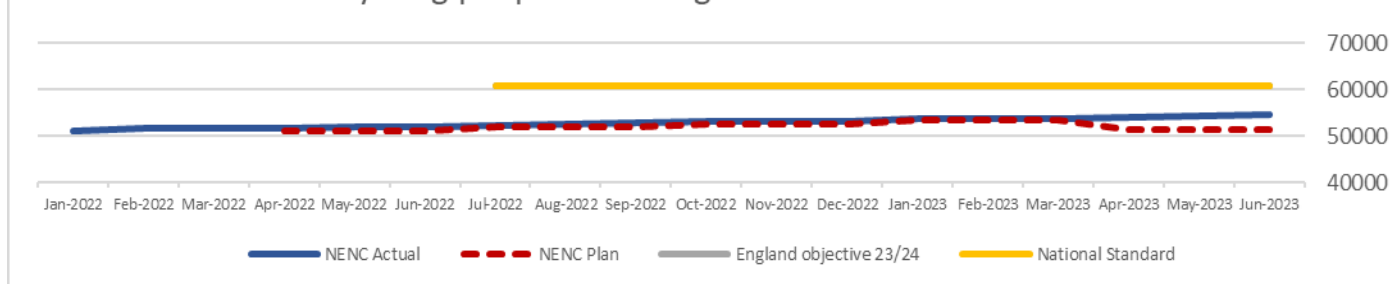
Quality implications

- Children, young people and families may experience exacerbation of difficulties/problems as they wait to start treatment.

Recovery/delivery

- 22/23 performance for CYP patients accessing services is currently exceeding planned operational plan trajectory for 22/23, however Long Term Plan trajectory will not be achieved.
- The ICB is working hard to improve the pathway for our patients, as well as investing in extra support to help children who have additional emotional, mental health and wellbeing needs. The ICB is making progress in improving services, with further work underway to address any variation within the region.

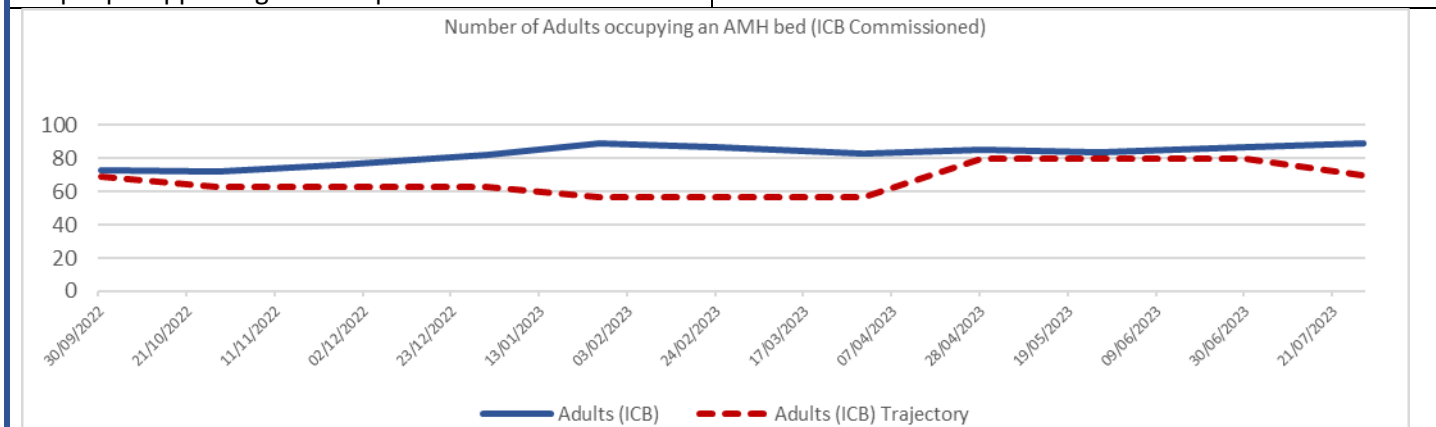
Number of young people accessing mental health services June 2023



People with a learning disability and autistic people - July 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Annual health check and plan for people on GP LD registers (Cumulative 75% March 24)	75%	11.8%	12% June23		
Reduce reliance on inpatient care adults (ICB) – <i>chart below 28/7/23</i>	52 (21.9 per/m)	70 (Q2)	89		
Reduce reliance on inpatient care -adults (Secure) 28/7/23	61 (25.7 per/m)	67 (Q2)	78		
Reduce reliance on inpatient care <18s 28/7/23	8 (13.6 per/m)	8	6		
Care and Treatment Reviews (adults)	Compliant		June 23		
Care Education and Treatment Reviews (CYP)	Compliant		June 23		
Learning from death review (LeDeR) compliance	Compliant				

<p>Observations</p> <p>Reducing reliance on inpatient care - the end of Q1 trajectory was not met. ICB total was 7 over target; secure services total was 6 over target.</p> <p>July 2023 - Adults only</p> <ul style="list-style-type: none"> There were 7 discharges and 10 admissions reported in July 2023. 19 ICB discharges and 11 discharges from secure settings needed to achieve end of Q2 trajectory. 	<p>Actions/Risk</p> <p>June / July 2023</p> <ul style="list-style-type: none"> North East and Yorkshire NHS England CTR KLOE training sessions held June/July 2023 - attended by ICB. Care Education and Treatment Review Oversight Panel workshop held 14th July 2023. Care Education and Treatment Review Oversight Panels: paper going to Sub Committee in October 2023 outlining proposed model for NENC.
<p>Quality implications</p> <ul style="list-style-type: none"> MH and LDA Inpatient Quality Transformation Programme: Commissioning Framework has been published and distributed. Working to framework with all partner agencies (NENC Trusts, NENC Independent Hospitals, Independent Hospitals where placed OOA). LeDeR: Methodology for performance reporting has been updated. LeDeR: The LeDeR workforce proposal to go to ICB Board to request investment. Promotion of Reasonable Adjustments flag: local people appearing on local posters. 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> Revised governance Structure -North Partnership Board established. Forward View - draft has been sent out for comment. Senior Intervenor: First discharge planning meeting held 24th July 2023 for CNTW individuals. Second discharge planning meeting to discuss TEWW individuals planned for 16th August 2023. Regional Commissioning Framework: Board papers and business case currently being finalised to take through internal ICB governance processes for consideration during September 2023.



Prevention and Health Inequalities including Core20+5: Adults - Mar 2023

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Hypertension (77% by March 2024)	77%	77%	68%		60.4%
Use of lipid lowering therapies (60%)	60%	60%	61%		
People with SMI receiving a Health check		16,325	14,592		
Increase uptake of COVID vaccines (winter programme ended 12/2/23)			64.7%		
Increase uptake of flu vaccines			63%		
Increase uptake of pneumonia vaccines					
% pregnant BAME women on continuity of care pathway by 29 weeks		N/A	11%		
75% cancers diagnosed at stage 1 or 2 by 2028					

Observations

- Detection of hypertension has increased and with it the proportion of patients who have controlled blood pressure. Detection and effective treatment rate has improved for both the most and least deprived areas.
- Rate of premature mortality from Cardiovascular disease has continued to increase but the inequality gap between NENC and England has widened.
- Rate of premature mortality from Respiratory disease within the population has reduced but not at the same level as England. This may potentially result in the inequality gap between NENC and England increasing.
- Cancer stage at diagnosis 2020 data published July 2023 showing a drop in early diagnosis rate, approx. 2%, between 2019 (51.95%) – 2020 (49.83%). This was expected and is largely due to the pandemic. Rapid Cancer Registration Data (RCRD) 2021, is showing improvement in early diagnosis rates, 2021 and 2022.
- Detection of cancer at an early stage (stages 1&2) is better in NENC compared to England, the outcomes for those within the ICB are significantly worse.
- SMI Health checks have decreased below target in Q1. North Cumbria have seen a large decrease.

Quality implications

- Coding of ethnicity has improved within hospital trusts and Primary Care, helping the system to better understand the needs of the population and provide more appropriate, health literate material.
- Decrease in SMI health checks – these checks are important to identify physical health needs and support access to appropriate services and improve health outcomes.

Actions/learning

- The first Healthy and Fairer Intelligence Report has been produced which was considered by the Advisory Group at their meeting on the 24th August.
- Coding and system issues are being addressed
- GP clinical leadership and project support in place to link with underperforming PCNs through clinical leads and agree action plans to improve diagnosis and management of Hypertension/Atrial Fibrillation/lipid profile. Pharmacy recruitment underway.
- ICB Senior Responsible Officer identified for CVD Prevention Programme.
- Lipids network - **National Diabetes Prevention Programme (NDPP)** - 9622 referrals (May 2023) for NDPP, with successful recruitment of 4 Engagement Officers to target underreached communities and support low referring GP Practices.
Type 1 Disordered Eating (T1DE) - Superb regional engagement to improve detection and treatment of T1DE patients
- Cancer Staging - Rapid Cancer Registration Data (RCRD) is unvalidated and therefore is only used as a general marker for changes in rate by the Alliance.
- Even with increases seen in RDRC data, significant risk to achievement of the 75% ambition by 2030

Recovery/delivery

- The Healthy and Fairer contribution to the ICB Joint Forward Plan has been reviewed and will support the development of detailed workstream plans that set out goals, performance metrics, and projects.
- Individual plans across the 22 project lines reported into the Healthy and Fairer Advisory Group on a bi-monthly basis, with addition of the Intelligence Report.
- Work to be undertaken to ensure metrics reflect programme goals.

Prevention and Health Inequalities including Core20+5: Children

Objective	Plan 24	Actual	Trend	Benchmark
Asthma – address over reliance of medications				
CYP: Decrease the number of asthma attacks Proxy: Rate of unplanned admissions for asthma 0-17 yr olds, per 100,000 May 23		N/A	12	
Increase access to glucose monitors and insulin pumps				
Proportion of diabetes patients (type 2) receiving 8 NICE care processes		46.5%		46.7%
Access to epilepsy specialist nurses				
CYP: Rate tooth extractions due to decay children admitted as IP in hospital aged <10 per 100,000	N/A	11	Worsening	
CYP: Elective WL <10 awaiting IP tooth extraction.	N/A	253	Worsening	
Improve access rates CYP people`s mental health service for: 0-17 yr olds, certain ethnic groups, age, gender and deprivation.	51,343	54,605	Improving	

Observations

- The development of a NENC Health Inequalities Dashboard covering a range of measures has been undertaken. Many of the national objectives do not state specific dates or targets and therefore a NENC approach to develop a defined trajectory to measure the overarching programme against is underway.
- Work has commenced across the programme with strategic managers and clinical network leads on developing metrics across all domains. Outputs from this work have been published in the dashboard within this report and continues to develop.
- Proportion of diabetes patients (type 2) receiving 8 NICE care processes is at 46.5% almost in line with the national at 46.7%
- CYP MH access remains above operational plan trajectory but below Long Term Plan (LTP) target.
- There is a growing elective waiting list in NENC for children <10 awaiting tooth extraction and the rate of tooth extractions due to decay for the same age cohort is increasing.
- Review of waiting list data in NENC showed 10 < 18s waiting > 1 yr for dental extraction, most of these had a treatment date scheduled. The longest wait is 69 weeks.

Quality implications

- The inequalities for children and young people within NENC appear to be increasing, with an increase in children living in low income families, an increase in primary school children reported as obese.

Actions/learning

- The first Healthy and Fairer Intelligence Report has been produced which was considered by the Advisory Group at their meeting on the 24th August.
- Coding and system issues are being addressed
- Place based actions to review pressure points and determine need underway to increase CYP accessing MH services to LTP levels.
- In 23/24 the South Partnership plans to improve patient outcomes for CYP and equity of access across the whole of Tees Valley via a procurement exercise.

Recovery/delivery

- The Healthy and Fairer contribution to the ICB Joint Forward Plan has been reviewed and will support the development of detailed workstream plans that set out goals, performance metrics, and projects.
- Individual plans across the 22 project lines reported into the Healthy and Fairer Advisory Group on a bi-monthly basis, with addition of the Intelligence Report.
- Work to be undertaken to ensure metrics reflect programme goals.

Safety – June/July 23

	Plan Mar 24	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events * (July)	0	0	0	2		
Serious incidents (SIs)			81	309		
SIs reported within 2 days	Range from 36.4% to 100% across our FTs					
MRSA	0	0	2	7		
C diff		146	50	141		
E coli		223	78	251		
Mortality	One trust is showing higher than the expected range for SHMI					

Observations

- NENC is over trajectory for key HCAI infections and infection control management progress continues as a challenge with a deteriorating national picture.
- NENC is challenged with the number of C-diff cases across the system – 50% FTs over threshold although the FT aggregate is on plan.
- Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals adding to current pressures for infection control management
- One Trust is showing slightly higher than expected for the Summary Hospital Mortality Indicator (SHMI) in March 2023 data. This will be closely monitored. All other Trusts are in the expected range.
- 3 Never Events have been reported since April 2023 from 2 Trusts.

Actions/learning

- Oversight through the NENC Anti Microbial Resistance/Health Care Associated Infections (AMR/HCAI) Subcommittee where learning and good practice is shared for discussion at place and local Quality Review Groups.
- NENC deep dive identified issues around estate and isolation facilities. ICB wide plan on a page developed. Ecoli deep dive planned in October.
- 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.
- All Trusts raising the importance of the fundamental precautions.
- Themes for SIs are monitored through the serious incident process. Work continues to review open caseloads of SIs and Never events across NENC and gain appropriate assurances to ensure learning has been identified and shared.

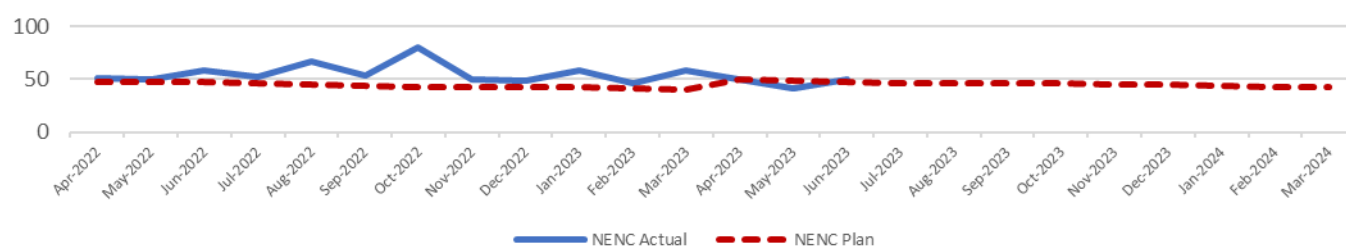
Quality implications

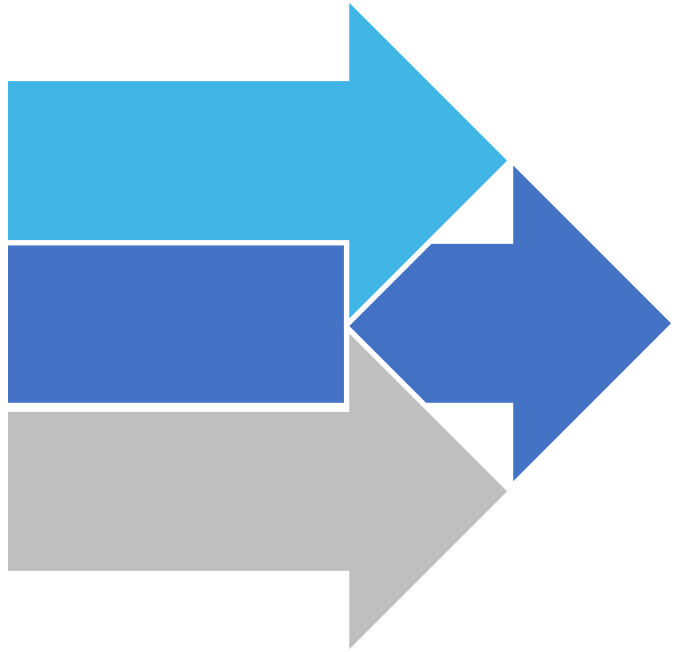
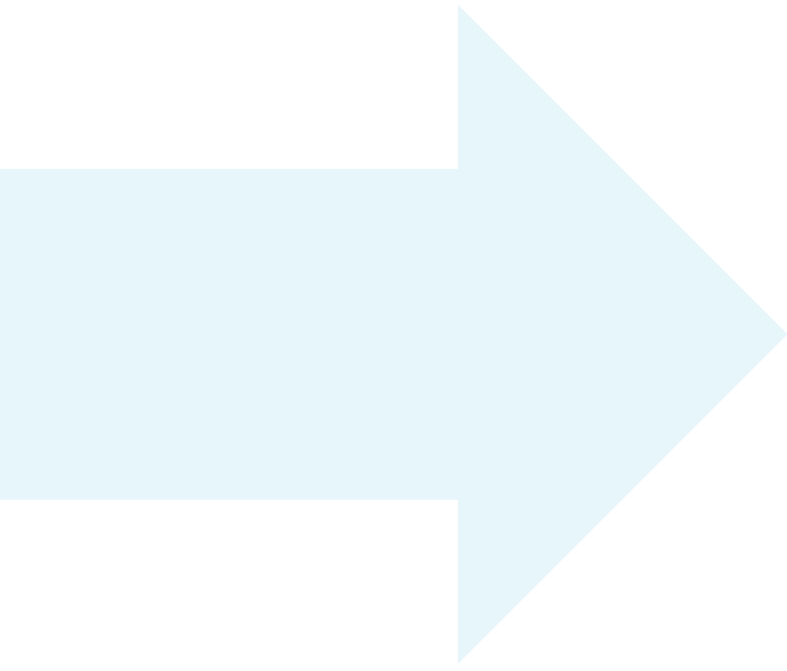
- MRSA cases have been subject to post infection review to explore any lapses in care and learning.
- Impact of increased infection risk on patient safety and length of stay in hospital.
- Never event learning shared through established forums and clinical networks.
- Mortality reviews undertaken, with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

Recovery/delivery

- SIs & Never events – a NENC Patient Safety Network meeting has been established supported by the Academic Health Science Network.
- Work continues to support providers with implementation of patient safety incident response framework (PSIRF)
- Sound risk assessments have been developed by our Trusts for management of HCAI.

Incidence of C.Difficile Vs Plan June 2023





Appendices

Appendix 1 – 2023/24 National objectives description

	Recovering core services and improving productivity
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals: Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, systems are asked to put in place: <ul style="list-style-type: none"> • direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations • self-referral routes to falls response services, musculoskeletal services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of Resources	Deliver a balanced net system financial position for 2023/24

	NHS Long Term Plan and transformation
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults are cared for in an inpatient unit
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	CORE 20PLUS5: Increase uptake of COIVD, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions
	Hypertension case finding and optimal management and lipid optimal management
	Asthma – address over reliance of medications
	Decrease the number of asthma attacks
	Increase access to real time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic backgrounds
	Increase proportion of those with type 2 diabetes receiving recommended NICE care processes
	Epilepsy – increase access to epilepsy specialist nurses and ensure access in the first year of care for those with LDA
	Reduce tooth extractions due to decay for children admitted as IP in hospital aged <+10
	Improve access rates to children and young people`s mental health service for 0-17 year olds, certain ethnic groups, age, gender and deprivation.

Appendix 2 - Supplementary Data Pack attached separately