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**JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH &
CENTRAL ICPS**



Meeting on Monday, 20 November 2023 at 2.30 pm in the Bridges Room - Civic Centre

Agenda

- 1 Apologies**
- 2 Minutes** (Pages 3 - 8)
The minutes of the meeting of the Joint Committee held on 25 September 2023 are attached for approval.
- 3 Role of the Area ICPs** (Pages 9 - 22)
Report of Councillor Caffrey, Gateshead Council, and Councillor Chequer, Sunderland City Council.
- 4 Access to critical paediatric beds in the region and the step-down arrangements** (Pages 23 - 34)
Presentation by Julie Bloomfield, Network Manager, North East & North Cumbria Paediatric Critical Care & Surgery in Children ODN.
- 5 Children's Mental Health Provision - update on current ICB performance and future provision** (Pages 35 - 58)
Report of Kate O'Brien, NENC ICB.
- 6 Work Programme** (Pages 59 - 60)
Report of Grace Anderson, Democratic Services Officer, Legal and Democratic Services.
- 7 Date and Time of Next Meeting**
The next meeting of the Joint ICS OSC will be held on 22 January 2024 at 13:30 in the Bridge's Room, Gateshead Civic Centre.

Contact: Grace Anderson, Tel: 0191 433 4635, Email: democraticservicesteam@gateshead.gov.uk, Date: 06/11/2023

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS MEETING

Monday, 25 September 2023

- PRESENT:** Councillor M Hall (Chair)
- Councillor(s): V Andrews, S Dean, G Kilgour, B Jones, J Usher, P Ezhilchelvan, J O'Shea, J Shaw.
- IN ATTENDANCE:** Councillor(s):
- APOLOGIES:** Councillor(s): W Taylor (Vice Chair), J Green, J Wallace, D Haney, P Jopling, P Hay, M Bond, T Prestwell, R Dodd, K Nisbet, I Patterson.

12 DECLARATIONS OF INTEREST

The following declarations were made:

- Councillor Beth Jones – Employee at NENC ICB
- Councillor Shumel Rahman – Employee of North East Ambulance Service
- Councillor Hall – Director of Prism Care and a CNTW Governor.

13 MINUTES

The minutes of the meeting held on 3 July 2023 were agreed as an accurate record.

Matters arising:

- John Costello reported on a development session that was held on the NENC Joint Forward Plan. It was noted that the next review of the Plan will take place in March 2024.

14 NEAS CQC INSPECTION / INDEPENDENT REVIEW OF NEAS

The Board received a presentation on the North East Ambulance Service (NEAS) Care Quality Commission Inspection and independent review of NEAS.

CQC Inspection

The ratings for Ambulance Headquarters, Bernicia House, and ambulance services were provided in the presentation. The ratings for Resilience and Patient transport services were all 'good'.

There were 17 'must do' and 'should do' CQC actions. 16 were assured as amber, indicating that an action has progressed but there is still progress to be made. 1 action is assured as green, which the Trust has robustly addressed.

There are 62 actions in the Trust CQC workplan:

- 50 actions to close and move to business as usual
- 12 actions to remain open and audited

The presentation detailed progress on medicine management, incident reporting, governance, and culture. It was also reported that CQC has formally closed its regulation 29 warning notice.

Independent Review

The OSC was told that the NEAS Board have fully accepted the findings of the review and are wholly committed to delivering on the improvements outlined in the recommendations. It was reiterated that the NEAS Board offers their unreserved apology for the distress caused to the families who have lost loved ones.

17 actions have been identified in the Independent Review. 9 are amber, indicating that an action has progressed but that there is still room for improvement. 8 are assured as green which the Trust has robustly addressed. A new combined action plan has been agreed by the Trust Improvement Group

The OSC discussed medicine management and concerns that Paramedics do not always have a full kit of necessary drugs available to them. An update was given that Paramedics are now able to access drugs from any station rather than being limited to their dispatch station which should support the resolution of this issue. The only exception to this is when a Paramedic is dispatched to a Category 1 patient without all drugs needed and these will be brought to the scene separately.

It was noted by the OSC that NEAS is the fastest responding ambulance service in the country to Category 1 patients, and that work still needs to be done to improve response times for Category 2. There have been recruitment efforts to support this, including the recruitment of:

- 50 Paramedics in 2023
- 50 Paramedics in 2024
- 20 Call Handlers in 2024

Recommendations 8 and 9 had been addressed before the review was published, and NEAS is confident that the service will be able to move to greens across the board.

REVOLVED:

- i. The OSC noted the presentation.

15 STRATEGIC OPTIONS FOR NON-SURGICAL ONCOLOGY SERVICES

The OSC was given a presentation on non-surgical oncology out-patient transformation. The strategic review had specific principles which were outlined for this project and adopted for future work. The development of the strategic model included:

- Whole day meeting with all stakeholders – providers, commissioners, public in 2019.
- Steering group of all key stakeholders
- Task and Finish groups with relevant expertise to assess and evaluate the potential options
- Public Engagement through whole process

The preferred model proposed was option 4 (out of 4 options presented). This was to develop clinical networks with tumour specific hubs and treatment as close to home as possible.

- This was developed in conjunction with the oncologists and met the core principles agreed at the onset of the NSO review process.
- The main priorities were ensuring equity across the whole region in terms of service provision, the optimum use of the limited oncologist resource whilst most importantly guaranteeing that patients would continue to have their treatment and review as close to home as possible.

The presentation covered potential hub locations and the benefits of a tumour specific hub, as well as: the outcomes from a peer review; engagement and communications; and feedback to date. The North East are the first region to explore this model.

The peer review was conducted with other services, with peer review from non-surgical oncologists from Cumbria, South Yorkshire, Humber and North Yorkshire. The OSC queried whether the preferred model could dilute the available Oncologists in the region. It was reported that this model would use an interdisciplinary team to improve patient experience. The addition of Nurses, Pharmacists and other health care professionals creates a more rounded experience and has been well received thus far.

The Northern Cancer Alliance will partner with Daft as a Brush to support patients in more rural areas to access the hubs, as they have expertise in working with cancer patients. Appointments are expected to be face-to-face, with virtual appointments being an available accommodation as agreed on a case-by-case basis.

The next steps following this meeting include the further updating of the travel and impact assessments as required, a 5 key test regional assurance process by NHS England, formalising the changes and implementation of the new out-

patient clinical model. This model is likely to see minor revisions as it is implemented.

RESOLVED:

- i. The OSC endorsed Option 4 of The Northern Cancer Alliance's strategic review.
- ii. The Northern Cancer Alliance will share impact assessments of this model with the OSC.
- iii. An updated could be provided to the OSC in 2024 on progress in implementing the model.

16 DIGITAL STRATEGY PROGRESS UPDATE

An update on Digital Strategy Progress was given to the OSC. NENC ICB engaged with over 400 organisations to understand what we needed to include in a data technology strategy. The strategy vision continues to be relevant, with some adjustments to governance and inclusivity to be added.

The progress update covered:

- Drivers
- Strategic programme alignment
- Engagement and approval
- Data
- DDaT delivery programmes and governance
- People

The next steps include:

- Joint Forward Plan delivery (annual iterations)
- Regionwide DDaT strategy engagement event October 2nd 2023
- NENC ISDN Conference October 12th/13th 2023 – Strategy launch

The OSC commended the quality of the strategy, including its focus on digital inclusion. The need to ensure sufficient resources across the different levels and components of the strategy was raised and it was noted that there has been benchmarking done to support this. There is also a front-line digitisation agenda with significant investment. Social care providers are also given access to information and data.

RESOLVED:

- i. The OSC noted the Digital Strategy Progress update.

17 WORK PROGRAMME

The views of the Joint Committee were sought on any additional items it may wish to consider as part of the 2023/24 work programme.

It was agreed that an item on the proposed review of the NENC Joint Forward Plan would be added the work programme for the next municipal year.

18 DATE AND TIME OF NEXT MEETING

The next meeting of the Joint ICS OSC will be held on 20 November 2023 at 14:30 in the Bridges Room, Gateshead Civic Centre.

Chair.....

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ICP Update

November 2023

Cllr Lynne Caffrey
Cllr Kelly Chequer

What's the difference between an ICS, an ICB and an ICP?

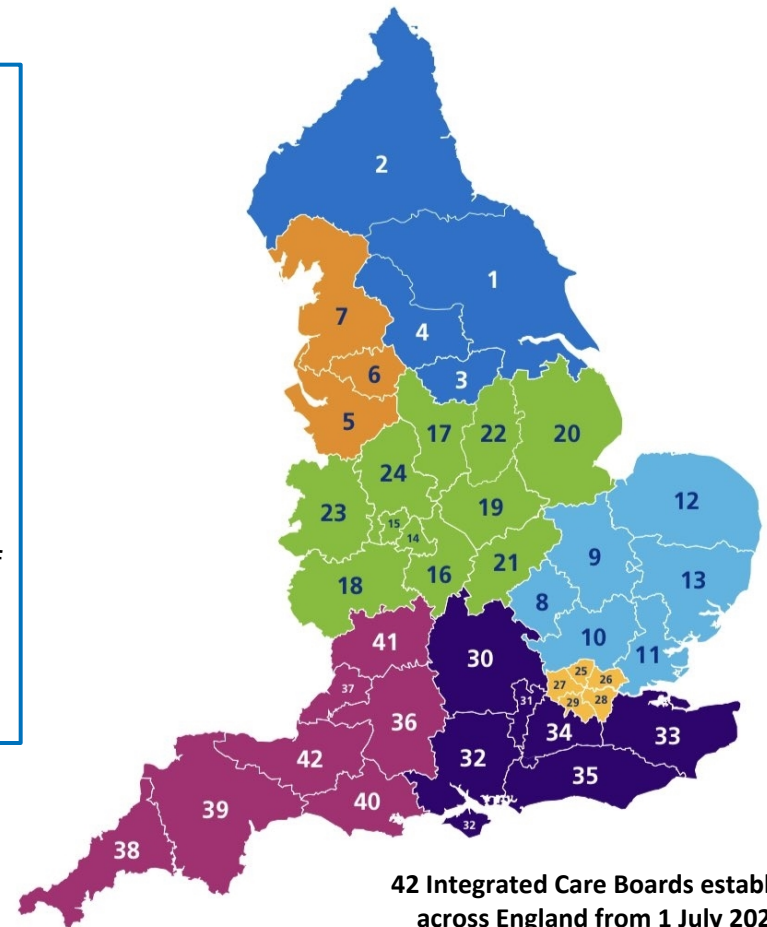


Integrated Care System (ICS) – includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities.

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is not an organisation but works through the following bodies:

Integrated Care Board (ICB) – a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB will also work with a range of partners at 'place level' in each of the 14 local authority areas in our region.

- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 14 local authorities in the ICS area – plus other invited partners - responsible for developing an **integrated care strategy** for the ICS.



42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs

Our patch: the North East and North Cumbria

SIZE & SCALE



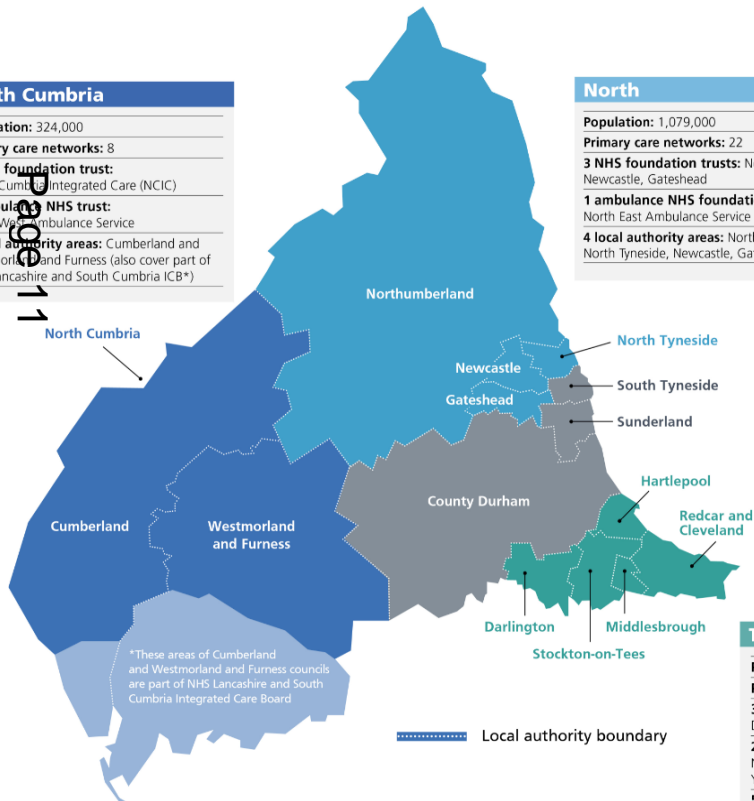
North Cumbria
Population: 324,000
Primary care networks: 8
1 NHS foundation trust: North Cumbria Integrated Care (NCIC)
1 ambulance NHS trust: North West Ambulance Service
2 local authority areas: Cumberland and Westmorland and Furness (also cover part of NHS Lancashire and South Cumbria ICB*)

North
Population: 1,079,000
Primary care networks: 22
3 NHS foundation trusts: Northumbria, Newcastle, Gateshead
1 ambulance NHS foundation trust: North East Ambulance Service
4 local authority areas: Northumberland, North Tyneside, Newcastle, Gateshead

North East and North Cumbria
2 mental health NHS foundation trusts: Cumbria, Northumberland, Tyne and Wear, Tees, Esk and Wear Valleys

Central
Population: 997,000
Primary care networks: 22
2 NHS foundation trusts: South Tyneside and Sunderland, County Durham and Darlington
1 ambulance NHS foundation trust: North East Ambulance Service
3 local authority areas: South Tyneside, Sunderland, County Durham

Tees Valley
Population: 701,000
Primary care networks: 14
3 NHS foundation trusts: County Durham and Darlington, North Tees and Hartlepool, South Tees
2 ambulance NHS trusts: North East Ambulance Service (FT) Yorkshire Ambulance Service
5 local authority areas: Hartlepool, Stockton-on-Tees, Darlington, Middlesbrough, Redcar and Cleveland





Our model: one Strategic ICP and four Area ICPs

It was agreed by JMEG that our 'Area' ICPs would be best chaired by an elected member – e.g. a Health & Wellbeing Board chair or Lead Member

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North Cumbria ICP: Cllr Mark Fryer
leader of Cumberland Council



North ICP:
Cllr Lynne Caffrey –
Chair of the
Gateshead Health
and Wellbeing Board



Central ICP:
Cllr Kelly Chequer –
Healthy City cabinet
member on Sunderland
City Council



Tees Valley ICP:
Cllr Bob Cook,
Leader of
Stockton-on-
Tees Borough
Council

North East and
North Cumbria
Integrated
Care
Partnership

Complementary role of Strategic ICP and Area ICPs

The Strategic ICP will:

- Oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs
- Promote a multi-agency approach to population health and wellbeing and the wider social and economic determinants of health for our 3million population
- Consider and suggest ways forward to tackle health inequalities, and improve access to health services at this same population level
- Champion initiatives involving the contribution of the NHS and wider health and care organisations to large scale social and economic development

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The Area ICPs will:

- Develop and strengthen relationships between professional, clinical, political and community leaders
- Provide a regular forum for partners to share intelligence, identify common challenges and objectives and share learning
- Analyse the Joint Strategic Needs Assessments from each of the Health & Wellbeing Boards in their Area to feed into the Integrated Care Strategy setting process
- Ensure the work of the Area ICP is focused on the priorities of local residents and service users to identify those 'supra-place' issues that cut across its constituent places
- Ensure that the Area ICP is a forum that allows for the sharing of best practice and collaboration as part of our 'Learning and Improvement System' in the North East and North Cumbria.

Developing our Integrated Care Strategy

North East
North Cumbria
Health & Care
Partnership



Better health & wellbeing for all

Page 14

A plan to improve health and care in the North East and North Cumbria



We want...



Longer and healthier lives

Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England.



Fairer outcomes

As we know not everyone has the same opportunities to be healthy because of where they live, their income, education and employment.



Better health and care services

Not just high-quality services but the same quality no-matter where you live and who you are.



Giving our children the best start in life

Enabling them to thrive, have great futures and improve lives for generations to come.

And that's not all...

We will be working together to help people to stay healthy by addressing the causes of ill health and preventing diseases in the first place, and also to improve mental health and wellbeing, so that our communities live healthier and longer lives.

We have set clear goals to tackle the key causes of early death in our region - such as smoking, alcohol, obesity, heart disease, substance misuse and suicide.

Our supporting goals by 2030 are to:

- reduce smoking from 13% of adults in 2020 to 5% or below
- reduce alcohol related admissions to hospital by 20%
- halve the difference in the suicide rate in our region compared to England
- reduce drug related deaths by at least 15% by 2030
- ensure 75% of cancers are diagnosed at an early stage so that more people who have cancer will live for at least five years after their diagnosis

We also want to:

- reduce the number of children, young people and adults who are an unhealthy weight
- reduce social isolation, especially for older and vulnerable people
- reduce the gap in life expectancy for people in some of the most excluded groups within our communities, such as homeless people.



The health of our region...

Across the North East and North Cumbria, we have made advances in health and social care. We have much to be proud of thanks to the strong partnerships and collaborative working which has been built on over many years. But despite this, we still have some of the poorest health outcomes in the country and there is more we can do to improve health and care services.

In nine of our 13 council areas, healthy life expectancy (meaning life without the burden of a chronic condition or disease), is less than 60 years. There are only four such council areas in the whole of the south of England. Other facts about the health and wellbeing of people in our region make for very uncomfortable reading:



Highest rate of drug related deaths in England (North East)



Men spend almost a quarter of their lives in ill-health



2nd highest rates of heart disease in the country



Some of the highest rates of suicide in the country



Respiratory disease rates are much higher than the national average



28% of children live in low-income families - England average 19%



Rates of child poverty are double the England average in some areas



2nd highest rate of liver disease in the country

Behind these numbers are individuals and communities. They are people who could be enjoying longer and healthier lives. They are children who could be thriving – not just surviving.

This is why we are so determined to work together across health and care to achieve better health and wellbeing for all.

Area ICPs – emerging priorities

- **Better Health and Well Being for All** signed off by the Strategic ICP in 2022; updates now being received on the delivery of this strategy as set out in the ICB's Joint Forward Plan
- Updates on the work of the ICB's **Healthier and Fairer Advisory Group** – including from the chairs of the Health Inequalities and Social and Economic inequalities workstreams
- Opportunity to align the Area ICP structure to match the geography of the new **North East Mayoral Combined Authority (NEMCA)**
- Potential areas of focus from the NEMCA devolution agreement for the ICP include **prevention, and work and health**

ICP North

Emerging strategic priorities

- Winter pressures – including pharmacy provision
- Women's health, national and regional strategies
- Suicide and self-harm prevention
- Restructured mental health service priorities
- Prevention priorities
- Healthy weight management
- Healthwatch priorities- GP access, dental services, pharmacy provision, hospital discharge, support for carers

ICP North issues

- Not another set of meetings
- We don't have the resources/time
- We have enough work to do now
- We already have enough area meetings
- Awareness of what's being done already
- Is this duplicating what already happens?

ICP Central

Emerging strategic priorities

- Understanding the work of the ICB's Healthier and Fairer Programme – focus on health inequalities
- Healthwatch – key themes from local public feedback
- Access to dentistry and oral health strategy
- Reduce the impact of alcohol and tobacco harm and healthy weight management
- Improve mental health and emotional wellbeing

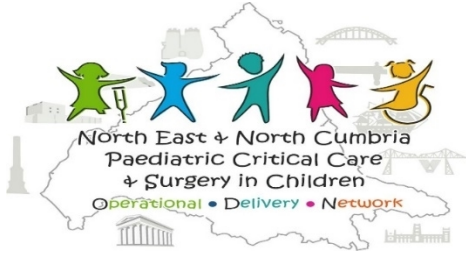
ICP Central issues

- Identifying the issues that need to be coordinated across places and sectors
- Focus on health inequalities and ensuring equitable access to services
- Maintaining strong links with Health and Wellbeing Boards
- Considering how the ICPs will work with the new Combined Authority

Building trust and knowledge

- How do we ensure that the ICPs are forums that shape the strategic priorities for health
- How do they encourage the sharing of best practice and meaningful collaboration?
- How do we ensure it isn't just seen as a 'talking shop'?
- How do we engage the right people ?
- How do we avoid duplication of effort and work together to deliver better outcomes and develop better services?

Questions and Feedback



Paediatric Critical Care Update for the Joint Integrated Care Partnership Overview and Scrutiny Committee

Julie Bloomfield
Yasmin Khan
20 November 2023

INTRODUCTION



What is an Operational Delivery Network

What is Paediatric Critical Care

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Managing winter demand :The North East and North Cumbria Acute in-patient response to winter surge

Questions



North East and North Cumbria PCC + SIC
Operational • Delivery • Network

What is an Operational Delivery Network

- Getting the acute in-patient providers to work together across the North East and North Cumbria
- Brings together clinicians, providers, commissioners and patients to understand the regional needs
- Address variation and improve care quality and outcomes
- Principle – children and young people are treated in the right place, at the right time, by the right people
- Care is delivered close to home as possible: centralisation vs local care
- Sharing good practice and learning

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North East and North Cumbria PCC + SIC
Operational • Delivery • Network

Network Structure

Board – Chair Lyn Simpson CE North
Cumbria Integrated Care Trust

Host: South Tees FT Senior
Responsible Officer Sam Peate

PCC Clinical Lead
Fiona Smith
(Anaesthetist)

PCC Clinical Lead
Rachel Agbeko
(Intensivist)

SIC Clinical Lead
Gareth Hosie (Surgeon)

Lead Nurse
Jo Mulholland

Network Manager
Julie Bloomfield

Educator Louise
Cullen

Project Support Officer Anne Watson
Access to data analyst

Commissioned by NHS England specialised commissioning team



North East and North Cumbria PCC & SIC

Operational • Delivery • Network

WHAT OUR NETWORK IS

What it is	What it is isn't	But
An enabler, facilitator and co-ordinator	A provider	
By working together, we will be able to define what we need for PCC and SIC in our region, we can advise and influence commissioners what to commission	A commissioner	The landscape is changing as we move to the ICS
Makes recommendations to Trusts re good practice	A statutory body - there is no authority over Trusts, which are independent organisations	
A commissioned core team, but our regional scoping exercises will enable us to understand what the needs of the region are	Direct access to funds to allocate	Well placed to identify opportunities from national and regional funding streams to support service development
Raising the profile of hospital based services for children & young people		

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North East and North Cumbria PCC & SIC

Operational • Delivery • Network

What is Paediatric Critical Care

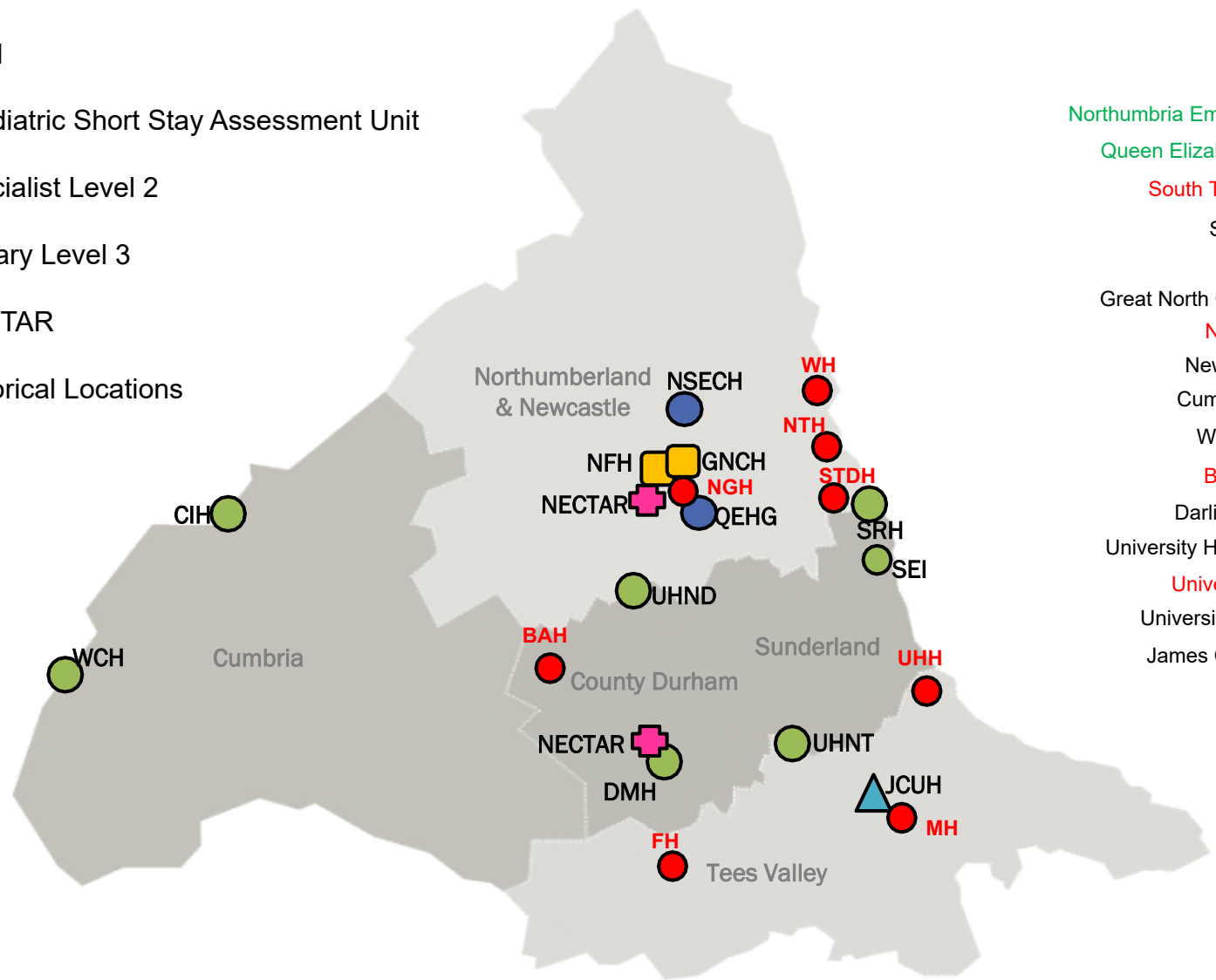
	What is it	Where is provided	Who commissions it
Level 1	Any child who requires a hospital admission e.g. severe asthma	Every unit where acute care is provided i.e. every NHS Trust	ICB/ICS
Level 2	High Dependency Care e.g. A child requiring non-invasive ventilation , associated with speciality activity such as dialysis or complex surgery e.g. spinal scoliosis	James Cook University Hospital- South Tees Great North Children's Hospital – Newcastle	NHS England Specialised commissioning
Level 3	Intensive Care Critically ill children who require mechanical ventilation and advanced critical care such as Extracorporeal Membrane Oxygenation and hemofiltration	Great North Children's Hospital – Newcastle Freeman Hospital – Newcastle	NHS England Specialised commissioning
NECTAR	Specialist Transport and Retrieval service	Hosted by Newcastle upon Tyne Hospitals Trust	NHS England Specialised commissioning

PCC & SIC Historical & Current Locations

- DGH
- Paediatric Short Stay Assessment Unit
- ▲ Specialist Level 2
- Tertiary Level 3
- + NECTAR
- Historical Locations

- Wansbeck Hospital - **WH**
- North Tyneside Hospital - **NTH**
- Northumbria Emergency Care Hospital - **NSECH**
- Queen Elizabeth Hospital Gateshead - **QEHG**
- South Tyneside District Hospital - **STDH**
- Sunderland Royal Hospital - **SRH**
- Sunderland Eye Infirmary- **SEI**
- Great North Children's Hospital (RVI) - **GNCH**
- Newcastle General Hospital **NGH**
- Newcastle Freeman Hospital - **NFH**
- Cumberland Infirmary Hospital - **CIH**
- West Cumberland Hospital - **WCH**
- Bishop Auckland Hospital - **BAH**
- Darlington Memorial Hospital - **DMH**
- University Hospital of North Durham - **UHND**
- University Hospital of Hartlepool-**UHH**
- University Hospital of North Tees - **UHNT**
- James Cook University Hospital - **JCUH**
- Middlesbrough Hospital-**MH**
- Friarage Hospital - **FH**

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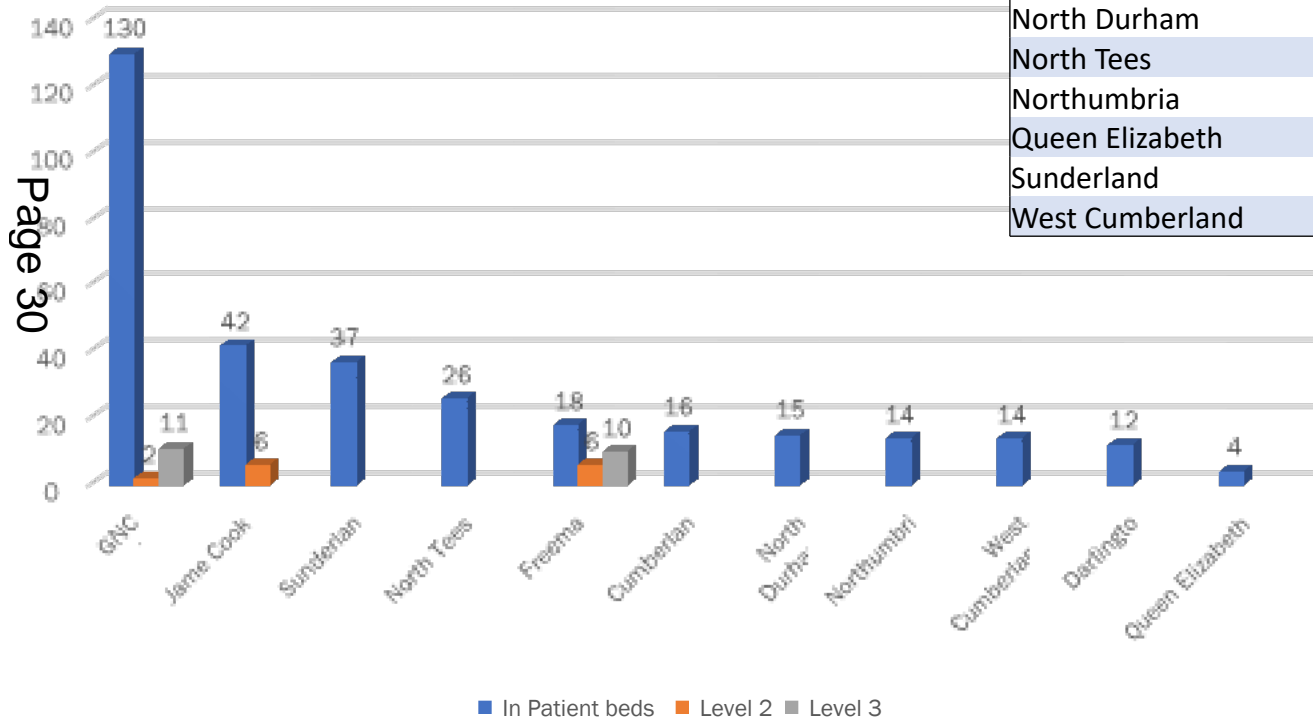
Paediatric Critical Care Beds



North East and North Cumbria PCC & SIC

Operational • Delivery • Network

NENC Paediatric Critical Care beds



Hospital Sites	In Patient beds	Level 2	Level 3
Cumberland	16		
Darlington	15		
Freeman (cardiac)	18	6	10
GNCH	130	2(new)	11(*)
James Cook	42	6	
North Durham	15		
North Tees	26		
Northumbria	14 (SSAU)		
Queen Elizabeth	4 (SSAU)		
Sunderland	37		
West Cumberland	14		



Data Source –
NECTAR Bed Report

Managing Winter Demand



North East and North Cumbria PCC & SIC

Operational • Delivery • Network

Communication	Managing Demand	Tools and Resources
<p>Regional bed board x 2 a day</p> <p>Daily review of National bed board</p>	<p>Additional level 1- North Tees 2 level 2 beds at Great North Childrens Hospital</p> <p>Expanding the Long Term Ventilation Team</p>	<p>Adult mutual aid pathway Decompression pathway Pan regional mutual aid</p>
<p>Daily system call across North East and North Cumbria</p> <p>Weekly paediatric system call (Paediatric Regional Update)</p>	<p>Surgical elective Programme rescheduled</p>	<p>Exception reporting</p>
<p>2 x a week call with the network in Yorkshire and Humber and North West (Scotland join when required)</p>	<p>Prevent admissions (not in the scope of this network but linked)</p> <p>111, Primary Care , Healthier Together Website, Immunisation programmes ;flu, measles. palivizumab</p>	<p>Training and Education Webinars</p>
		<p>Plan – with action cards</p>

Visit our website

[Home \(nenc-pcc-sic-odn.org.uk\)](http://nenc-pcc-sic-odn.org.uk)

[Home :: North East and North Cumbria Healthier Together \(nenc-healthiertogether.nhs.uk\)](http://nenc-healthiertogether.nhs.uk)

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Any Questions



North East and North Cumbria PCC + SIC
Operational • Delivery • Network

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Children and Young People's Mental Health Provision

Update on current performance and future provision

Providers for CYPS / ADHD & ASD

Place	Pre School Autism / ADHD	Autism Assessment	ADHD Assessment	ADHD Titration / Monitoring	Other Secondary Care MH&LD CYPS Community Services exc ADHD/ASD
Newcastle	NUTHFT	CNTW	*CNTW / PUK	CNTW	CNTW
Gateshead	GHFT	CNTW	*CNTW / PUK	CNTW	CNTW
Northumberland	NHFT	CNTW / Toby H**	CNTW	CNTW	CNTW
North Tyneside	NHFT	NHFT	NHFT	NHFT	NHFT / CNTW***
North Cumbria	NCIC	NCIC	CNTW / NCIC	CNTW / NCIC	CNTW
South Tyneside	STSFT	CNTW	CNTW	CNTW	CNTW
Sunderland	STSFT	CNTW	CNTW	CNTW	CNTW
Durham	CDDFT	TEWV	TEWV	TEWV	TEWV

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Caveats:

*CNTW Subcontracted to Psychiatry UK CYPS for some ADHD assessments

**Toby Henderson provide post diagnostic support

***Some specialist services such as CYPS Community Eating Disorders

Doesn't include shared care Primary Models

Individual Funding Requests go to straight to ICB

CYP MH national standards summary (July data)

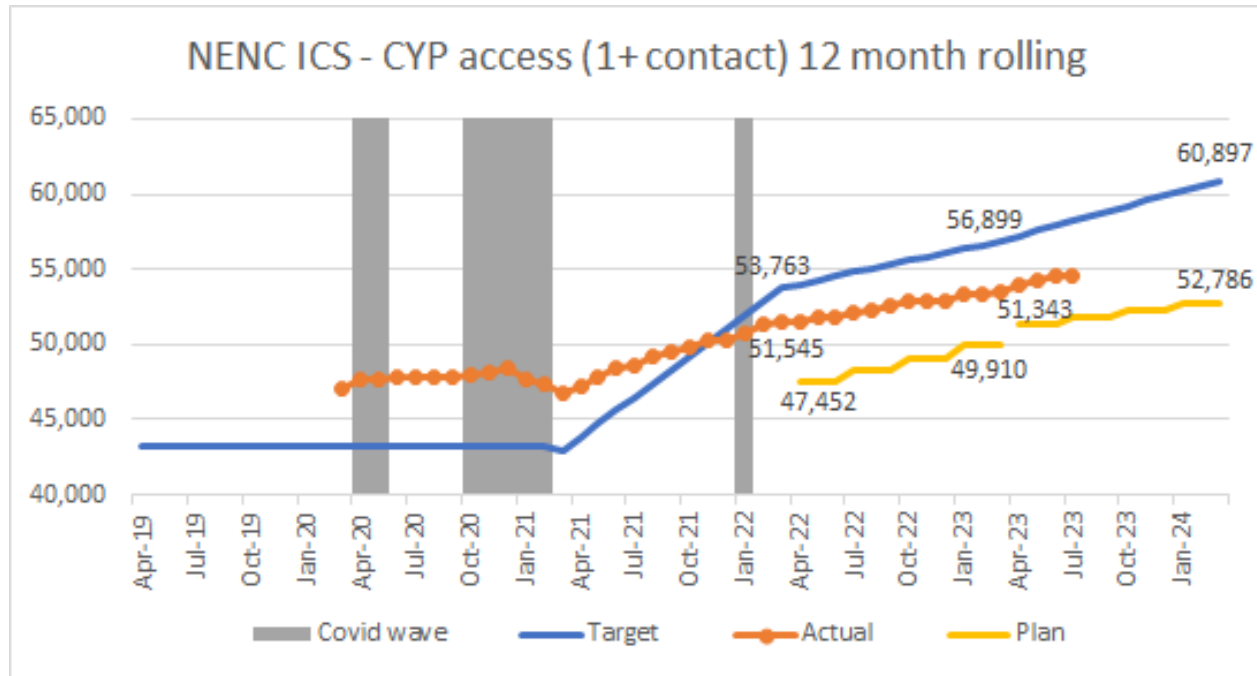
Standard	Definition	NENC	NEY*	England
CYP 1+ contacts (July target 58,232)	The number of CYP aged under 18 supported through NHS funded mental health with at least one contact	54,590		
CYP Eating Disorders Urgent (95%)	The percentage of urgent patients starting treatment within 1 week of referral	82%	87%	67.5%
CYP Eating Disorders Routine (95%)	The percentage of routine patients starting treatment within 4 weeks of referral	66%	81%	71%

*North East and Yorkshire

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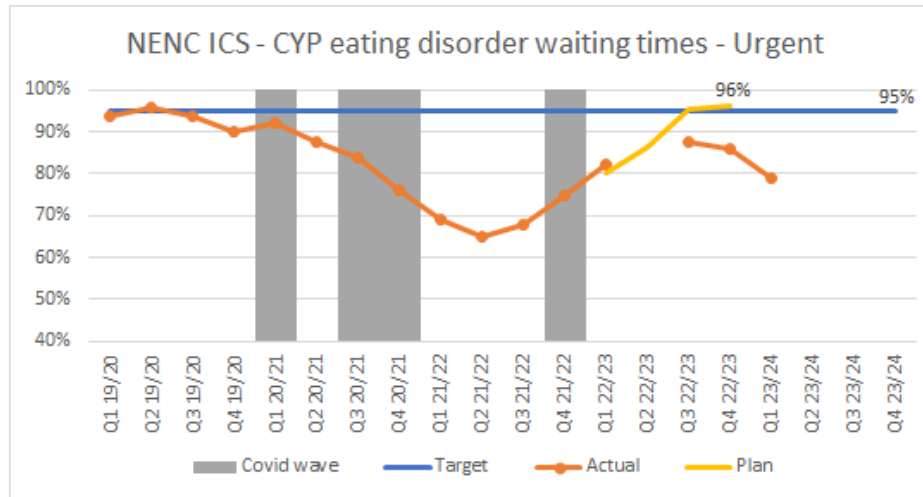
- NENC is not achieving the CYP1+ target but the position is improving
- NENC are not achieving the 95% target for both CYP ED Routine and Urgent metrics, however, neither are NE&Y or England
- NENC are performing better than the national position for CYP ED Urgent referrals, although below the NE&Y position
- For the CYP ED Routine referrals NENC are performing worse than both the national position and the NE&Y position

CYP access (1+ contact)



- The chart above shows the number of CYP aged under 18 supported through NHS funded mental health with at least one contact, rolling 12 month, (orange line) against the CYP targets that have been set (blue line) and the NENC operational plan (yellow line).
- Generally, the number of people aged 0-17 who have had at least one contact (either direct or indirect) in the previous 12 months has been increasing in NENC and July 23 shows the CYP access metric of 54,590 remains above plan (51,793) but below target (58,232).

CYP Eating Disorders (ED) – urgent

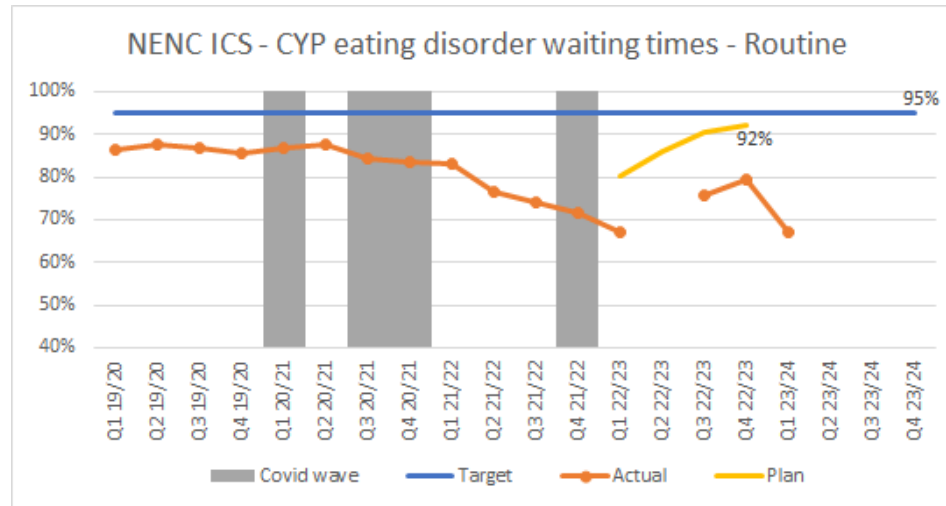


The charts above show the percentage of CYP referred with a suspected ED that start treatment within one week of urgent referral (orange line) against the 95% target (blue line) and the NENC plan (yellow line).

- The CYP ED metrics were not included in the operational planning round 23/24 and therefore no plan is shown from April 2023.
- The percentage of urgent patients across NENC ICS starting treatment within 1 week of referral deteriorated throughout 20/21 and into 21/22. However, this improved from Q2 21/22 and throughout 22/23.
- Q1 23/24 has seen a deterioration and remains below the target at 79%.

**There has been a change in how waiting times are now being captured and metric development is still on-going for the new official replacements for these metrics. Whilst this development is taking place, an interim measure is available and shown in the charts for Q1 23/24 however these measure's definition aren't directly comparable to the previous metrics.*

CYP Eating Disorders (ED) – routine



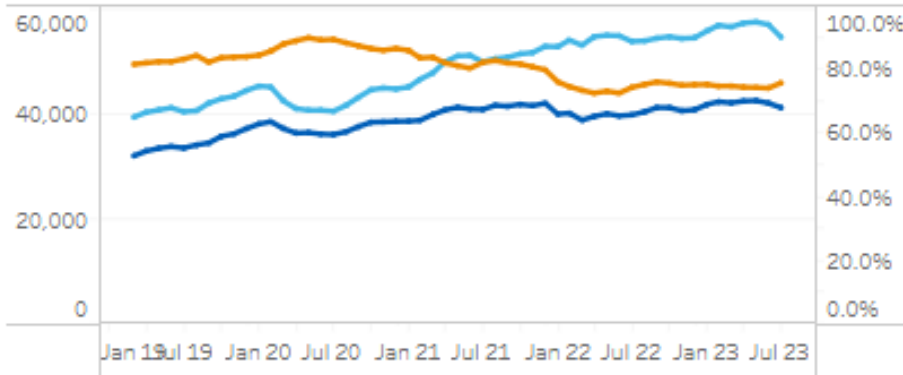
The charts above show the percentage of CYP referred with a suspected ED that start treatment within four weeks of routine referral (orange line) against the target (blue line) and the NENC plan (yellow line).

- The CYP ED metrics were not included in the operational planning round 23/24 and therefore no plan is shown from April 2023. .
- The percentage of routine patients across NENC ICS starting treatment within 4 weeks of referral deteriorated throughout 20/21 and 21/22 and remained below target. However, this improved throughout 22/23, although remained below both target and plan.
- Q1 23/24 has seen a deterioration and remains below target at 67%.

**There has been a change in how waiting times are now being captured and metric development is still on-going for the new official replacements for these metrics. Whilst this development is taking place, an interim measure is available and shown in the charts for Q1 23/24 however these measure's definition aren't directly comparable to the previous metrics.*

CYP referrals and caseload

Open referrals, caseload, percent on caseload,



The chart on left shows the number of open referrals and the caseload for NENC:

- The caseload has remained relatively stable over the last 12 months whilst the number of open referrals has increased.
- The gap between these 2 metrics is widening and this represents the number of CYP yet to be seen.
- NENC have gone from seeing around 83% of referrals on the caseload pre-pandemic to around 75% currently.

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Caseload is a measure of referrals that have had at least one attended contact and are still open at the end of the month
Open referrals is a count of all referrals, including those yet to be seen
'percent on caseload' is caseload as % of open referrals

new and closed referrals



The chart on left shows the number of new and closed referrals for NENC each month:

- Throughout 19/20 and 20/21 there was more new referrals than closed referrals, resulting in the steeper increase in the number of open referrals and consequently the increasing numbers yet to be seen.
- Throughout 22/23 and into 23/24 the number of new and closed referrals have been a lot closer together, resulting in slower growth in the number of open referrals.

CYP Referral reasons

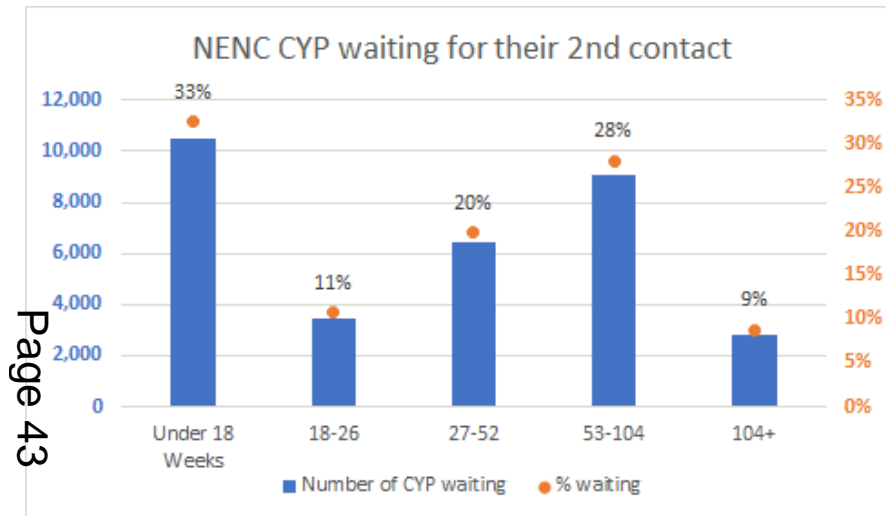
Primary Reason for Referral	Number of Patients by Weeks Waiting					
	Total Waiters	Under 18 Weeks	18-26	27-52	53-104	104+
Suspected Autism	10,457	2,726	1,256	2,499	3,444	532
Neurodevelopmental Conditions, excluding Autism	7,839	2,425	984	1,798	2,270	362
Unstated	6,805	1,830	599	818	2,510	1,048
Anxiety	2,190	1,064	174	391	288	273
Adjustment to health issues	1,695	1,112	178	262	82	61
Conduct disorders	576	227	34	156	84	75
Depression	535	241	38	120	71	65
Relationship difficulties	370	160	34	47	67	62
Self - care issues	325	59	14	78	136	38
Self harm behaviours	258	102	37	41	28	50
Post-traumatic stress disorder	252	71	19	113	40	9
Behaviours that challenge due to a Learning Disability	236	151	35	44	5	1
Gender Discomfort issues	213	9	4	10	19	171
In crisis	138	65	14	6	10	43
Attachment difficulties	115	57	13	27	7	11
Eating disorders	103	63	14	7	7	12
Diagnosed Autism	102	67	8	14	5	8
Other referral reasons	122	90	6	10	4	12
Total East and North Cumbria	32,331	10,519	3,461	6,441	9,077	2,833

- The table shows the number of CYP waiting for their 2nd direct or indirect contact at the end Aug 23 in NENC by primary referral reason and weeks waiting.

- Some 57% of the total CYP waiting across NENC are waiting with a referral reason of autism (33%) or neurodevelopmental conditions (24%), with a further 21% waiting where the referral reason is unstated. The remaining 22% are waiting for a variety of other referral reasons.
- The unstated referral reasons make up a large proportion of the longer 104+ week waits (37%) followed by suspected autism (19%) and neurodevelopmental conditions (13%).

CYP waiting times

	Number of Patients by Weeks Waiting					
	Total Waiters	Under 18 Weeks	18-26	27-52	53-104	104+
North East and North Cumbria	32,331	10,519	3,461	6,441	9,077	2,833

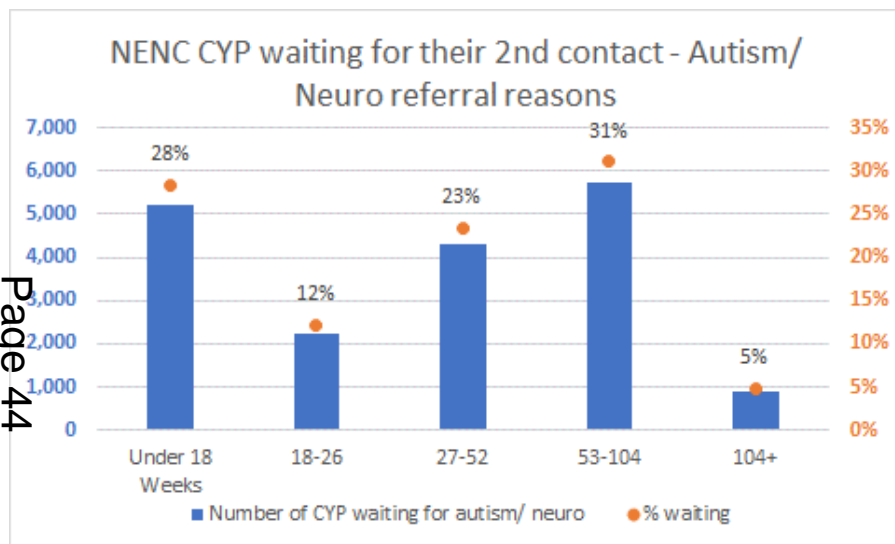


- As at the end of Aug 23 there were 32,331 CYP waiting for their second direct or indirect contact across NENC
- A large proportion of these have been waiting under 18 weeks (33%), however some 9% of patients have been waiting 104+ weeks

- County Durham LA accounts for 18% of the total number of CYP waiting across NENC followed by Sunderland LA (12%)
- 14% of the longer waiters (104+ weeks) are from County Durham LA, followed by 12% from Newcastle LA, 11% from Gateshead LA and 10% from South Tyneside LA.

CYP waiting times – Neurodevelopmental/autism

	Number of Patients by Weeks Waiting					
	Total Waiters	Under 18 Weeks	18-26	27-52	53-104	104+
North East and North Cumbria	18,398	5,218	2,248	4,311	5,719	902



- As at the end of Aug 23 there were 18,398 CYP waiting for their second direct or indirect contact across NENC with a referral reason of autism or neurodevelopmental conditions.
- A large proportion of these have been waiting 53-104 weeks (31%), however some 5% of patients have been waiting 104+ weeks

- County Durham LA accounts for 24% of the total number of CYP waiting with a referral reason of autism or neurodevelopmental conditions across NENC followed by Stockton on Tees LA (12%)
- 28% of the longer waiters (104+ weeks) are from County Durham LA, followed by 27% from Newcastle LA and 18% from Gateshead LA.

CNTW Number waiting over 4 weeks for treatment on 31st October 2023

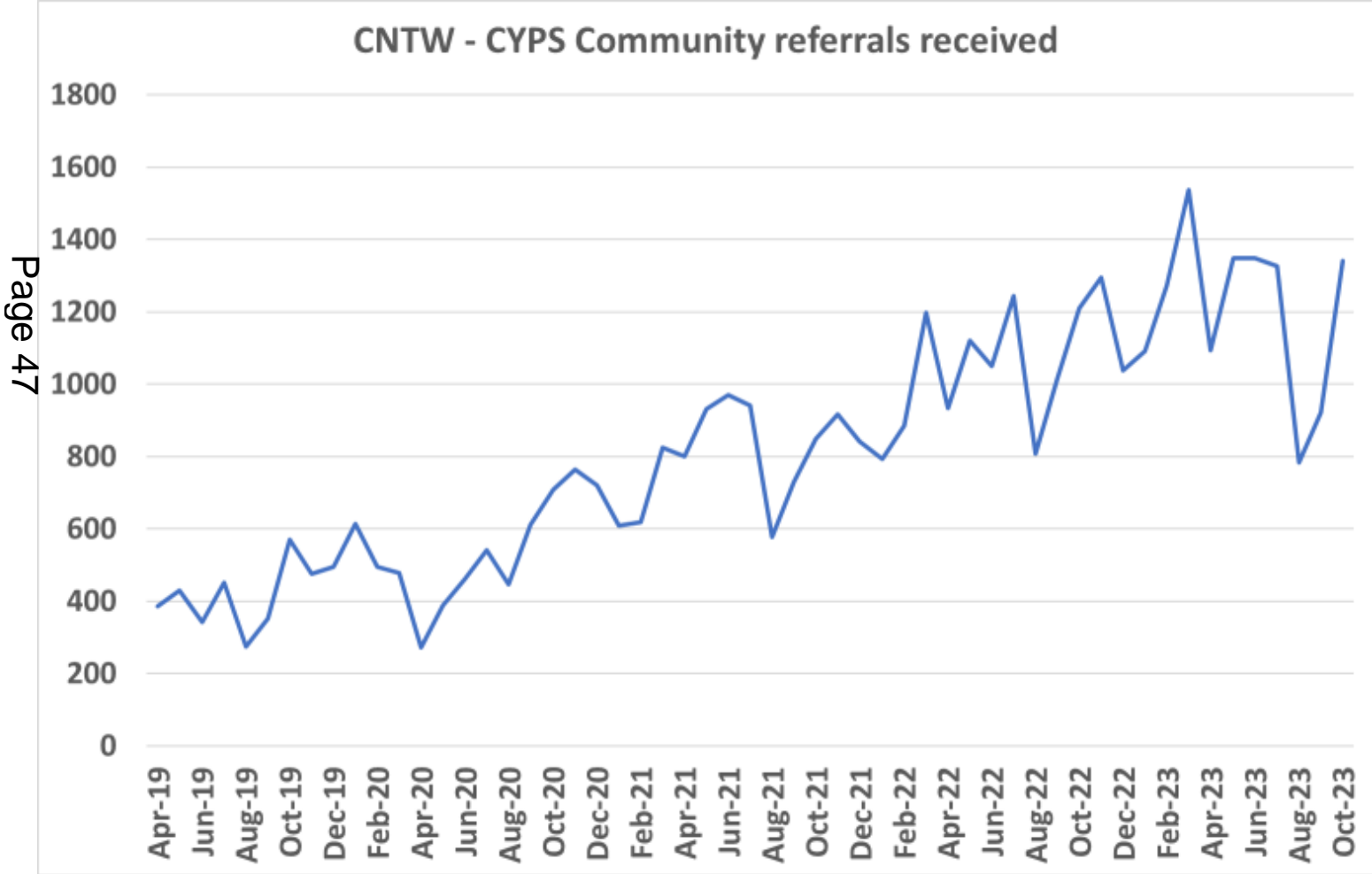
Page of Place	Neurodevelopmental Pathways							Total waiting over 4 weeks
	Diagnosed ADHD	Undiagnosed Neurodevelopmental, excluding ASD	Suspected Autism Spectrum Disorder (ASD)	Diagnosed Autism Spectrum Disorder	Neurodevelopmental Pathways Total	Learning Disability	Mental Health	
NEWCASTLE	75	831	498	0	1,404	20	125	1,549
NORTH CUMBRIA	554	521	68	81	1,224	84	84	1,392
GATESHEAD	90	721	537	1	1,349	8	25	1,382
NORTHUMBERLAND	22	42	16	1	81	0	5	86
SOUTH TYNESIDE	9	0	2	0	11	0	3	14
SUNDERLAND	1	0	0	1	2	0	11	13
Out of Area	2	1	5	0	8	1	0	9
NORTH TYNESIDE	0	4	1	0	5	0	1	6
CCG not known	0	0	0	0	0	1	0	1
TOTAL	753	2,120	1,127	84	4,084	114	254	4,452

CNTW CYPS waits over 4 weeks – all pathways

Place	4 weeks to 18 weeks	18 weeks to 52 weeks	52 weeks to 104 weeks	2 years and longer	Total waiting over 4 weeks
NEWCASTLE	398	573	397	181	1,549
NORTH CUMBRIA	319	582	337	154	1,392
PETERHEAD	243	648	358	133	1,382
NORTHUMBERLAND	75	10	1	0	86
SOUTH TYNESIDE	8	3	2	1	14
SUNDERLAND	12	1	0	0	13
Out of Area	2	4	0	3	9
NORTH TYNESIDE	1	3	2	0	6
CCG not known	0	0	1	0	1
Total	1,058	1,824	1,098	472	4,452

CNTW – CYPS Community Referrals

– 3 times increase in 4 years (largely due to ADHD/Autism)



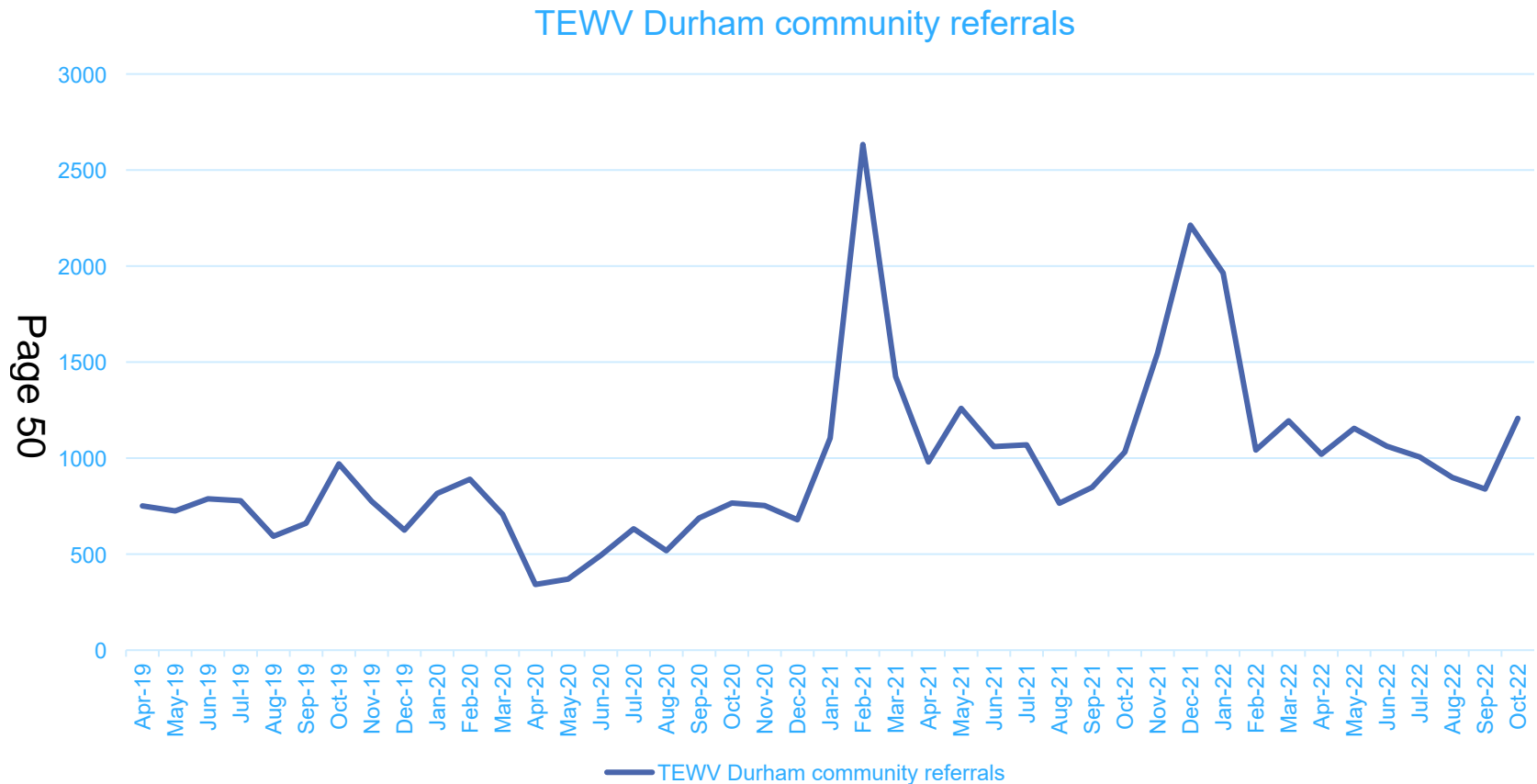
CNTW Improvement Progress

- Weekly operational meetings at CNTW:
 - Implementation of new national waiting times standard process within CNTW
 - Waiting Times performance management
 - Risk management - quality and safety management such as keeping in touch and reallocation
- Review, redesign and planned roll out of new CYPs neurodevelopmental pathway with partners including:
 - Clear process map involving partner touch points
 - Improved Referral Triage
 - More effective referral forms to ensure CYPs are supported in the right place for their needs first time
 - Split standard and complex assessment

County Durham (TEWV) CAMHS (mental health) waiters position

- Mental Health team: At end of September...
- 211 CYP waiting to be assessed
- Average wait = 47 days
- Median wait = 16 days
- 1 patient had waited over 2 years (due to initial autism referral with mental health needs identified later); 2 patients waiting 6-9 months

Durham CYP referral trends



Referral rates are higher post covid than pre-covid. This may link to evidence that CYPs mental health was negatively impacted by the covid / lockdown period

County Durham – general CAMHS actions looking forward

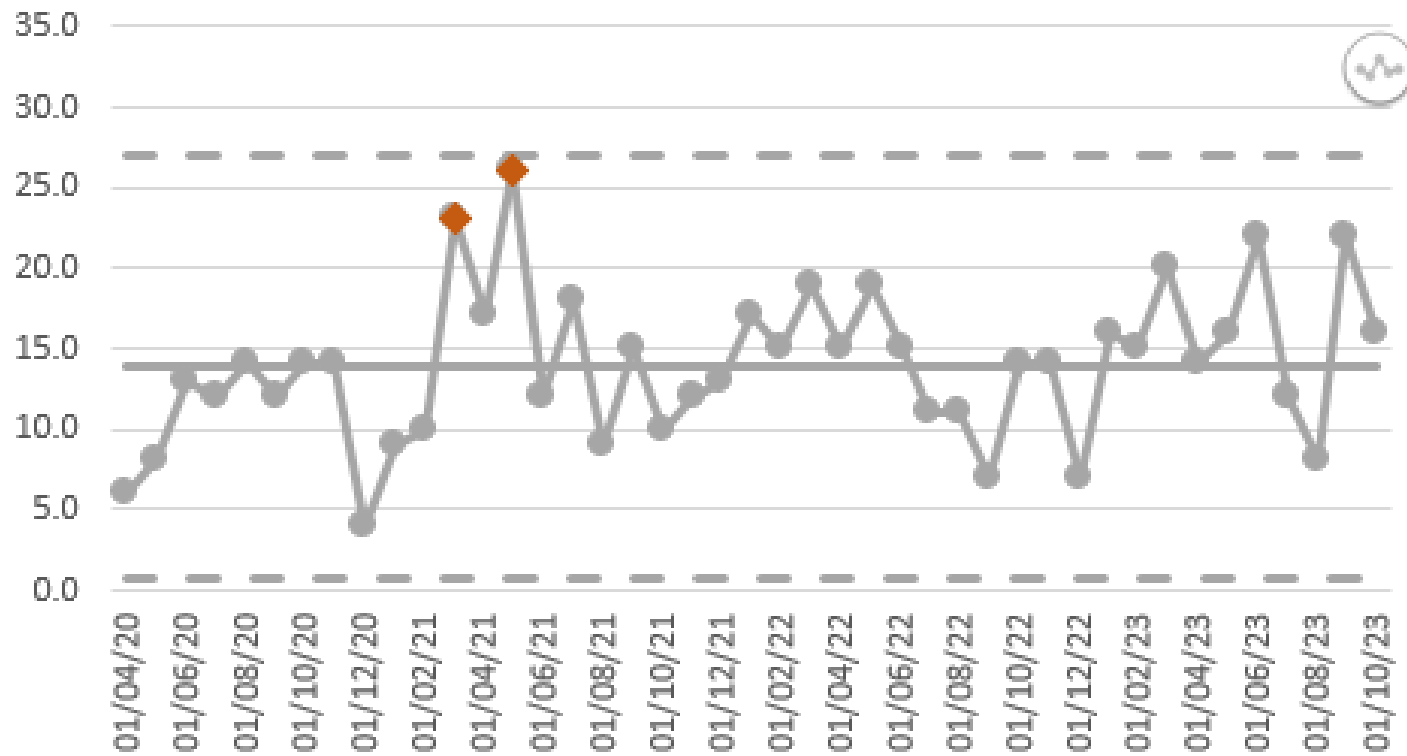
- Seek to extend coverage of Mental Health Support teams for schools as coverage allows
- Development of I-Thrive model, including development of VCSE / Community assets and capacity
- Embedded CYP focussed clinicians in primary care (ARRS roles) as funding allows
- Improve transitions to adult services

County Durham (TEWV) position

- Crisis – 92.6% of CYP in crisis seen by MH practitioner within 4 hours (Apr-Sept 23)
- Eating Disorders:
 - **31** children and young people with a suspected eating disorder started urgent treatment within the 12 months ending September 23; of those, **21** waited 1 week or less from referral
 - **61** children and young people with a suspected eating disorder started treatment within the 12 months ending September 2023; of those, **51** waited 4 weeks or less from referral
 - Need / demand levels seem to have stabilised

Eating Disorder Referrals

NHS County Durham SICBL - CYPS Eating Disorder Referrals - 01/04/20 - 01/10/23

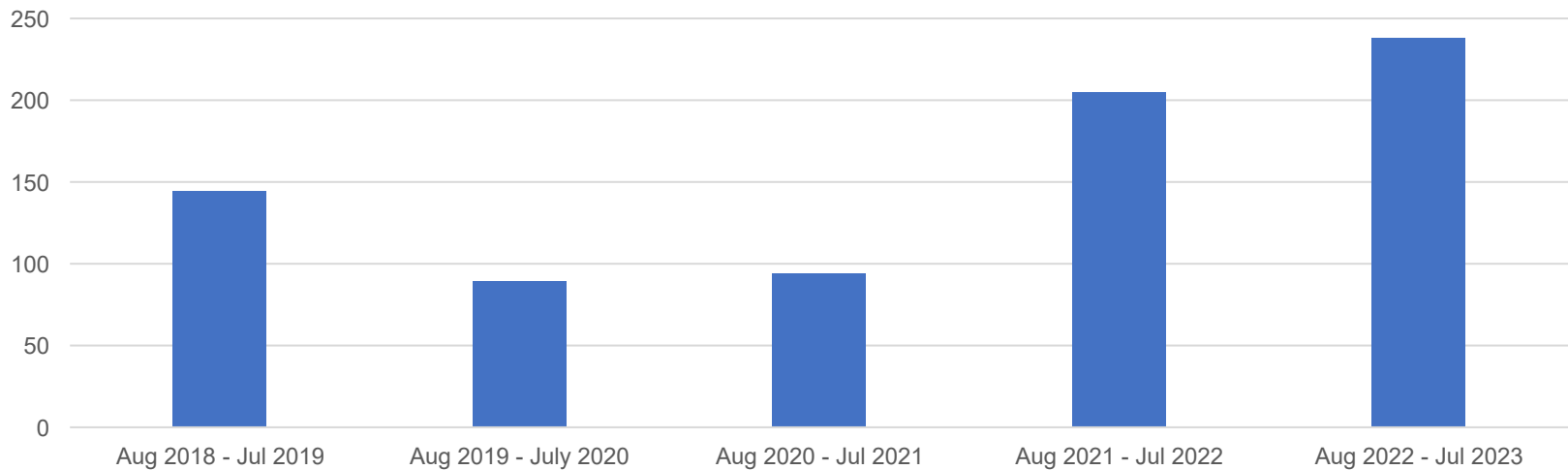


County Durham – Autism and ADHD (TEWV) – end Sept

Suspected condition	Number of CYP waiting for assessment	Average days waiting	Median days waiting	Maximum wait
ADHD	2121	325	179.5	1,102
Autism	1328	605	688	1,060

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Average Monthly Referrals 2018 - 2023



Durham (TEWV actions)

- Patient tracker, allowing longest waiters to be prioritised
- Keeping in Touch - letter every 3-months with key information, pathway updates, contact numbers for ongoing and further support, including in crisis or urgent discussion, links to self help and support
Additional efforts to recruit to fill vacant positions
- Piloting group assessment sessions
- Introduced keyworker model to ensure consistency
- Considering learning from Tees Valley's introduction of initial clinical review of all Autism / ADHD referrals

Improvement and transformation

- Building on Health and Care integration and early intervention services
- Using the evidence base to inform planning and investment
- Inclusive schools programme
- Improving access
- National Taskforce
- Perinatal Collaborative development
- Local transformation plans for CYP mental health and emotional wellbeing

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Future services

- Planned investment into early help in the localities with the longest waits
- Further investment into the Mental Health in Schools Teams
- Investment forecasted for Maternal and Perinatal pathways in parts of the region where this is most needed
- Development of **needs led** place systems with access to effective and timely neurodevelopmental diagnostic pathways where needed for CYP

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Joint ICS Work Programme

Meeting Date / Time	Items to be considered
3 July 2023 13:30	<ul style="list-style-type: none"> • Appointment of Chair / Vice Chair • Terms of Reference (to note) • Neonatal work (central NENC ICB) • Integrated Care Strategy Implementation Plan • NEAS CQC Inspection / Independent Review of NEAS
25 September 2023 13:30	<ul style="list-style-type: none"> • NEAS CQC Inspection / Independent Review of NEAS • Strategic Options for Non-Surgical Oncology Services • Progress of Digital Strategy Update
20 November 2023 14:30	<ul style="list-style-type: none"> • Role of the Area ICPs • Access to critical paediatric beds in the region and the step-down arrangements • Children's Mental Health Provision – update on current ICB performance and future provision
22 January 2024 13:30	<ul style="list-style-type: none"> • Dentistry Update – implementation of new NHS contracts and service implications • Neo Natal Update (26 week pathway update and regional/national comparators re survival rates) • Health and Care Workforce – Recruitment, Retention and Development
18 March 2024 14:30	<ul style="list-style-type: none"> • Health inequalities – How the ICB strategy is addressing this / update on position across the North East

Issues to slot in:

Any other issues identified during 2023/24

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