

Our Reference North East and North Cumbria ICB\
FOI ICB 25–326

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By Email

22 December 2025

Dear Applicant

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

Thank you for your request received on 7 December 2025 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

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

Your Request

This Freedom of Information request is submitted under section 1 of the Freedom of Information Act 2000. It builds upon your previous disclosure (ref. 25-237) concerning the local “duty-nurse review” process and seeks to clarify how these arrangements align with the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (2022, corrected 2023) and relevant equality legislation.

1. Origin, Implementation and Compliance of the “Duty-Nurse Review” Process

- a. Please provide any existing documents, policies, or internal correspondence relating to the conception, development, and implementation of the “duty-nurse review” process described in your previous FOI response (ref. 25-237, question 1b). This request seeks only documentation already held by the ICB, not the creation of new analysis.
- b. Please provide any internal reports, meeting notes, or governance papers explaining the purpose of this process, its scope, and the rationale for allowing a “positive Checklist” to be “not progressed” to a full assessment.
- c. Please disclose any documentation, guidance, or legal advice setting out how this process complies with Chapter 3 (paras 134–145) of the National Framework, which states that a positive Checklist requires a full multidisciplinary team (MDT) assessment using the Decision Support Tool.

- d. Please provide any equality analyses, risk assessments, or due-diligence records used to assess the impact of this process on access to NHS Continuing Healthcare.

2. Equality Impact Assessments and Records of Due Regard

Please confirm and disclose any Equality Impact Assessments (EqIAs), equality analyses, or records of due-regard consideration — published or unpublished — relating to:

- a. CHC Checklist processes and any decisions not to progress positive Checklists;
- b. Delegation of CHC or PHB functions to Northumberland County Council under the Section 75 agreement; and
- c. The operation of Personal Health Budgets in Northumberland.

If none exist, please confirm explicitly and explain how the ICB ensures compliance with section 149 of the Equality Act 2010 (Public Sector Equality Duty), given that your previous response (ref. 25-237) indicated that no CHC-specific EqIAs are currently in place.

3. Quantitative Monitoring and Audit Data

Please provide data or reports showing:

- The number of positive Checklists recorded in each of the past three years;
- The number and percentage not progressed to a full DST assessment; and
- Any audit or assurance reports reviewing this practice.

If these statistics are not collected, please confirm explicitly.

4. Implementation and Oversight of the Section 75 Delegation

- a. Please provide any documents, reports, or correspondence showing how the Section 75 agreement between the ICB and Northumberland County Council is being implemented in practice, including:
 - Governance structures, oversight meetings, or joint boards established under the agreement;
 - Any performance, audit, or risk reports monitoring delegated CHC or PHB functions;
 - Equality, market, or service-user impact assessments linked to the operation of this delegation; and
 - Any reviews or amendments to the Section 75 agreement since its commencement.
- b. Please also disclose any documents, analysis, or correspondence explaining how taking a unified approach to both CHC and local-authority Personal Budgets affects the statutory and national intention of maintaining two distinct systems — one to meet the most severe and complex health needs.
- c. Please disclose any documents or analysis addressing how it serves the public interest to operate two separate administrative systems and public bodies (the ICB and the local authority) if, from a service-user perspective, the end result is indistinguishable.

For context, Northumberland County Council stated in its FOI response of 8 October 2025 (Ref: 6089393):

“One of the fundamental objectives of the Council’s partnership with the ICB is to make transitions in either direction between Care Act and CHC funding as seamless as possible, to avoid the disruption to people’s care arrangements that can be caused if the local

authority and the NHS have different arrangements. Issues where there is a reason for a difference based on the funding stream in the way in which decisions are made are discussed in individual cases; consistency of approach is the default and has not needed to be documented."

Please therefore provide any ICB documents, risk assessments, or correspondence that discuss the rationale, risks, equality implications, or statutory consequences of this policy of "consistency of approach," particularly in light of national guidance requiring distinct governance and eligibility processes for NHS Continuing Healthcare and local authority care under the Care Act.

In addition, please disclose any analysis or discussion considering whether the administrative benefits of creating a "seamless" or unified system outweigh the loss of a distinct NHS Continuing Healthcare pathway in Northumberland. In practice, transitions between systems should be rare administrative events, whereas the maintenance of a separate, health-led framework for people with severe and complex needs has lifelong implications for their health, wellbeing, and inclusion in society.

- d. Please also provide any analysis, reports, or correspondence that consider whether the closer working relationship between the Council and the ICB — particularly under the Section 75 agreement — could lead to greater divergence from the statutory frameworks and national guidance designed to protect the public and ensure due process. In particular, please include any consideration of whether the need to maintain collaborative relationships between partner organisations may create a risk of perceived or actual conflicts between partnership priorities and statutory accountability.

5. Independent Oversight, Audit and Escalation Processes

Please provide any documents, policies, or governance arrangements describing how independent oversight, assurance, or audit of CHC and PHB processes is achieved, including:

- a. Processes for identifying and escalating non-compliance;
- b. Roles and composition of any independent panels or external reviewers;
- c. Any reports or correspondence from NHS England or the ICB Audit Committee regarding CHC governance; and
- d. How service users or user-led organisations can request independent review.

If none exist, please confirm and explain how the ICB ensures compliance with paragraph 21 and Practice Guidance Note 1 of the National Framework (2022, corrected 2023), which require clear governance, audit, and accountability arrangements.

Closing Statement

This request is made in the public interest to ensure transparency and lawful practice in a system that supports some of the most vulnerable people in society. NHS Continuing Healthcare exists to meet the needs of individuals with the most complex and intense health conditions. The way this system is administered directly affects whether people with severe disabilities and long-term conditions are enabled to live independently and participate in their communities, or whether unmet needs lead to avoidable deterioration, hospital admissions, and long-term costs to health and social care. It is therefore essential to understand whether local practices align with the National Framework and uphold the principles of equality, transparency, and person-centred care.

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB holds some of the information you have requested.

1. Origin, Implementation and Compliance of the “Duty-Nurse Review” Process

- a. NENC ICB does not hold the information you have requested. Work from National Documentation with regard to Duty Nurse Review Process is not held within the ICB, as this was part of the collation of ICB in 2022 from previous Clinical Commissioning Groups (CCGs). NENC ICB follows the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (2022, corrected 2023).
- b. Please refer to the response to question 1a.
- c. Please refer to the response to question 1a.
- d. Please refer to the response to question 1a.

2. Equality Impact Assessments and Records of Due Regard

There are no published EqIA specifically focused on CHC checklist processes, decisions not to progress positive checklists, the CHC delegation to Northumberland County Council, or the local operation of PHBs. The ICB has an EQIA policy (regional ICB EQIA policy) that sets the standard approach for carrying out EQIAs across the system — this would be the procedural framework the ICB uses to quality-assure any CHC-related EqIA if one has been done.

3. Quantitative monitoring and audit data:

Please refer to the table below:

Financial year	2022/23	2023/24	2024/25
Number of positive checklists	893	1114	1015
Number of positive checklists not progressing to a full DST assessment	298	412	567
Percentage of all positive checklists not progressing to a full DST assessment	34%	39%	52%

Source: Swift/AzeusCare

There is a *CHC Patient Level Data Set* (PLDS) collected by NHS England / NHS Digital. This dataset aims to provide person-based information for people over age 18 accessing CHC and helps monitor outcomes like changes in care package, placements, etc. For your reference the NHS England Digital website link is [NHS England Digital](#). The *CHC & FNC (NHS-funded Nursing Care) statistics* published quarterly show activity such as number of referrals, eligibility, conversion rates, etc.

4. The section 75 agreement is held between the Previous Northumberland CCG/ICB and the Northumberland County Council to deliver the case management function on behalf of CHC and funded nursing care (FNC) eligible patients. This was put in place prior to the inception of NENC ICB in July 2022.

Please find the CHC dashboard report detailing performance to October 2025. For clarity, the ICB has responsibility for the eligibility aspects only; Northumberland County Council holds all other information.

5. Independent oversight and audit is via NHSE quarterly reporting who would query any non-compliance. The ICB don't have any independent panels, other than Independent Review Panels (IRPs) as part of the appeals process and service users can request an independent review through the appeals process as identified within the National Framework.

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

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

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

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

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

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

Yours faithfully

Information Governance Support Officer

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