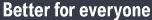
ICB update

Sarah Burns
Director of Place/
Head of Integrated Commissioning





Since we last met ...

- NHS in region continues to be one of the best performing systems UEC and Elective performance not without its challenges
- ICB and ICP meetings
- Hewitt Review
- Better health and wellbeing for all Integrated Care Partnership Strategy launched –
 Durham local plan in development
- Healthier and Fairer Group £13.1 funding
- Matched funding Fresh and Balance
- Winter pressures £27m discharge funding truly worked in collaboration
- Transformed Ambulance handover delays
- Ofgem and Priority Services Register
- Funding Children and Young People Mental Health Research, £100k Support for adoption
- POD and Specialised Commissioning delegation
- Evaluation of the UTI scheme 40% reduction in antibiotic use -10,000 GP appointments avoided from July-Jan (saving over £390k across NE&NC)



North East North Cumbria Health & Care Partnership





Working in each of the 13 places

- Making progress
- Thanks to those who have fed back on the creation of the TORs for local ICB Place Sub Committees
- For 1st April we won't have any formal joint committees however there are some areas that have indicated they are keen to be an early adopter - including Durham
- 4 Area Integrated Care Partnership Chair nominations

Industrial Action

- Very challenging handling over many weeks
- Hopeful that Nursing action can be resolved ongoing negotiation
- Pleased to see ongoing negotiations
- Junior Doctor Industrial Action 72 hours 13th to 16th March
- Teams working hard to mitigate risk but this will be difficult and we are concerned about this ongoing Industrial Action



🦺 Shaun Lintern 🤣 @ShaunLintern · 18h

Cumbria region have called for the #NursesStrike to be resolved and

Medical directors and chief nurses working in the NHS north east and

fear the long term impact on the NHS:

Show this thread

Clinical staff across the country have worked tirelessly throughout their careers to protect the lives of people living within the communities they serve. During the Pandemic we

all risked our own lives to protect others and, as we recover from the impact of Covid 19, we are all working hard to ensure patients and the public get access to the support and

care they need, when they need it.

Our focus is and will always be on protecting and enhancing the lives of people, your family, your mother, your father, your wife, your husband, your partner, your sister, your brother, your daughter, your son, your friend and your colleague.

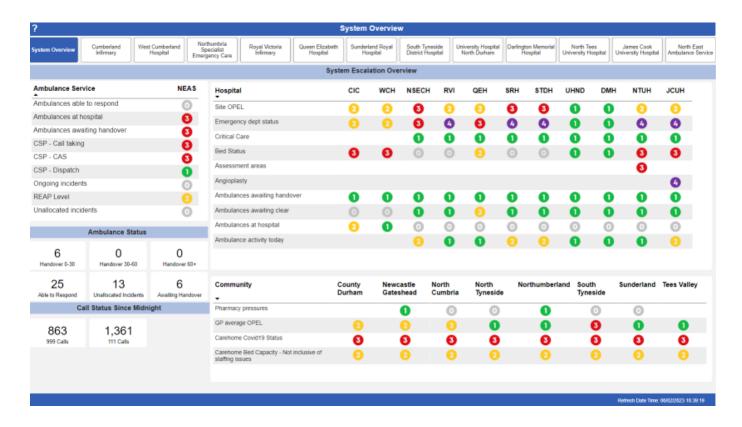
It is in this vein that we feel compelled to take this unprecedented step to write this open letter to share our serious concerns regarding the ongoing industrial action across the NHS. It is our firm opinion that patients will be harmed if progress is not made.

We call upon all parties involved in ongoing negotiations, those making the decisions and or part of the negotiation process, to consider your position and for the sake of people's lives resolve the issues now.

We are firm in our collective opinion that this Industrial Action is not only impacting services now, alongside causing our staff significant emotional distress as they take the difficult decisions to take action given the potential implications for patients, but also impacting on our future workforce. Some are leaving the NHS and choosing to work abroad and others, who would have previously chosen the

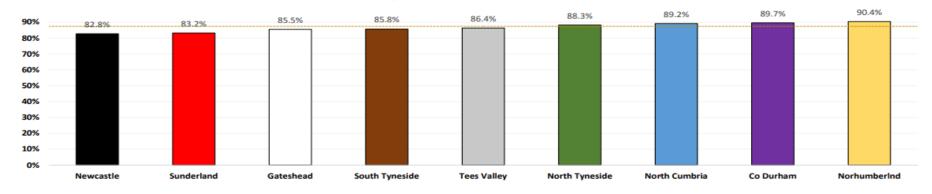


Data focus – Example: System Coordination

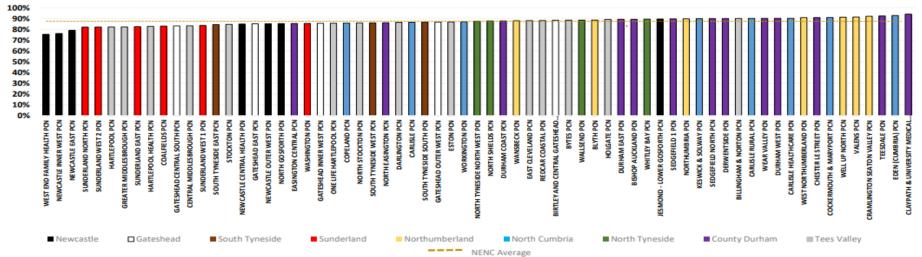






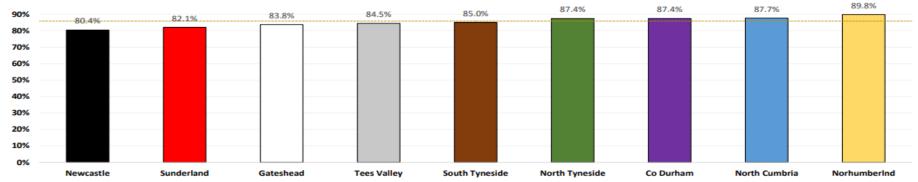


Cohort 5: Aged 75-79 - Uptake By PCN

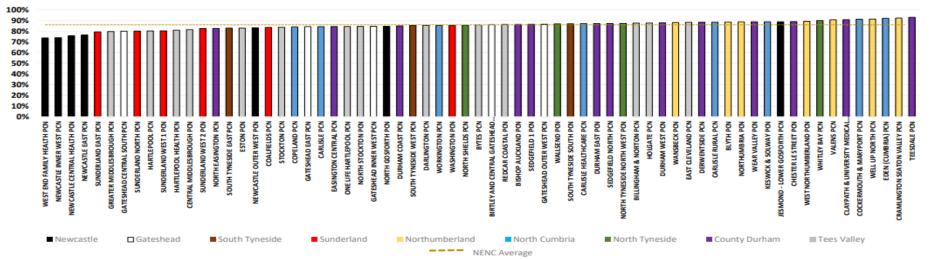








Cohort 6: Aged 70-74 - Uptake By PCN



Comparison between 2021 and 2022



Cohort	2021		2022	
	COVID	FLU₁	COVID ₂	FLU2
1: Care Home Residents & Residential Care Workers	98.1%	82.7%	86.5%	82.2%
2: Healthcare Workers	98.6%	61.1%	50.3%	53.2%
3: Social Care Workers	99.7%	49.0%	43.3%	43.4%
4: 80+	97.9%	88.6%	87.5%	85.1%
5: 75-79	97.8%	87.7%	87.5%	85.0%
6: 70-74	97.0%	84.9%	86.0%	82.6%
7: 65-69	95.7%	79.6%	80.8%	76.4%
8: At Risk	88.5%	58.1%	46.9%	50.6%
9: 12-15 At Risk	52.7%	47.6%	18.6%	41.0%
10: 12-17 Household contacts of immunosuppressed	61.5%	45.4%	4.5%	32.0%
11:5-11 At Risk	12.7%	55.7%	21.1%	55.7%
12: 60-64	92.9%	59.7%	66.6%	55.0%
13:55-59	90.8%	49.1%	54.8%	42.6%
14:50-54	87.9%	40.2%	44.2%	33.5%

Reasons for decline:

No threat of lockdown, work, less travel restrictions, vaccination fatigue, complacency about the danger

Opportunities
• •

Ongoing challenges

30% reduction in running costs

performance

Efficiency gap

Healthier and Fairer

Discharge

Innovation

Digital transformation

NEAS, STSFT – CQC reports published

SOF meetings with trusts who have triggered on

NCLE – Section 29a Warning Notice

Expect challenging number of years

Board to Boards – NEAS, TEWV

Issues with the funding formula

Collaboration across wider areas

System learning and improvement

Quality

Financial