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## Better health & wellbeing for all

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

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# We hdve a plan...

The NHS, local authorites and the community, voluntary and social enterprise sectors (VCSE) have come together to develop a plan to improve health and care in the North East and North Cumbria.

Many people in our region often die younger and live with illnesses for longer than people in other parts of the country, and the biggest impact is felt by people living in our most deprived communities.

Our Integrated Care Strategy, 'Better health and wellbeing for all', sets out how we will reduce these inequalities, improve experiences of our health and care services and improve the health and wellbeing of people living and working in our region by 2030 and beyond.

This is a summary of our Integrated Care Strategy - the full version can be found at: www.northeastnorthcumbria.nhs.uk/icp



### 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.



### Whose idea is this?

This plan has been developed by the Integrated Care Partnership (ICP) for the North East and North Cumbria. This is a committee of the NHS Integrated Care Board and the local authorites from across the North East and North Cumbria. This important partnership is responsible for setting key priorities and developing a strategy for health and care to meet the needs of people in our region. The partnership brings together local authorites, hospitals, community services, primary care, hospices, and voluntary, community and social enterprise organisations (VCSEs) and Healthwatch across the region.

### And that's not alles

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 a 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.

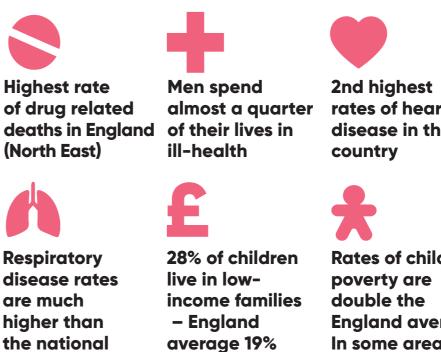


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### The health of our region...

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:



average

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.

rates of heart disease in the

**Rates of child** England average in the In some areas

Some of the highest rates of suicide in the country



2nd highest rate of liver disease country

### These are challenging and changing times...

Our plan has been developed at a challenging time for our communities, the NHS, social care and the community, voluntary and social enterprise sectors.

- Services and staff are still recovering from the COVID-19 pandemic.
- Increases in the cost-of-living, including higher energy prices, are already impacting on our poorest and most vulnerable communities.
- The pandemic has had an impact on mental health with higher levels of anxiety and social isolation causing

major disruption to education, employment and home life.

We have an aging population with people living longer often with more complex health and social care needs.

All of these issues put extra demands on our health and social care services. We must therefore adapt our services, expand and skill up our workforce, make better use of technology and support people to manage their own care in the light of their preferences and life goals.

### Anew momentum...

Whilst the challenges are great so are the opportunities. With the coming together of health and care partners in the Integrated Care Partnership there is a new momentum and a commitment to combine resources and expertise to make rapid progress towards our collective goal of better health and care for all our people and

**North East** North Cumbria Health & Care **Partnership** 

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### **Goal 1** Longer and healthier lives for all

On average, people in the North East and North Cumbria die younger than people in most other parts of England, and have a longer periods of ill health before they die. We want to change this.

Our goal by 2030 is to reduce the gap between how long people live in the North East and North Cumbria compared to the rest of England by 10%, so that our communities live longer and healthier lives.

### Working together to tackle the wider causes of ill health...

Improving health is not just the job of the health and care services. Working together with other services is key to tackling the wider factors that influence health and wellbeing such as housing, education, employment and the economy.

Take for instance increases in the cost of living and other economic factors. These are having the greatest impact on our most deprived communities where, for example, living in a house that's cold, damp or overcrowded (or worse all three) can have a very detrimental impact on health and wellbeing. Solving this issue will require us all to work together.

### Anchored in our communities...

We are more than just providers of health and care services, we hold a much wider role in ensuring the economic, social and environmental wellbeing of all our communities. We have major buying power and we are big employers - all of which means we can make an important contribution to the development of the local economy and civic life. For example, we are taking positive steps towards increasing local health and care employment opportunities for young people by working closely with local schools and colleges.

#### Did you know?

In the North East and North Cumbria social care accounts for more than £1 billion annually, with more than £200 million of self-funded care, and a much higher value-added contribution (probably over £3 billion per year) to local economies.

### We will also be doing more to:

- buy and produce more locally to support the local economy
- use our buildings and spaces to support our communities
- be the best place to work, which includes widening employment opportunities for all parts of our communities.

### Prevention is better than cure...

We want to support people to be active in their own health so that they don't need our help in the first place. Moving beyond just treating illnesses to supporting people to make good lifestyle choices and manage their own health, will mean more people will live healthier and longer lives.

We will improve the management of long term conditions including diabetes and heart and lung diseases to reduce the impact they have on peoples lives. This includes ensuring we detect these conditions earlier as well as increasing active management and use of appropriate medication. Our Health and Wellbeing Boards (HWBBs) and council place-based partnerships are already delivering a wide range of prevention and health promotion approaches.

We have established a regional healthier and fairer committee as part of our Integrated Care Partnership (ICP) to coordinate and support efforts across the region to prevent ill health.

Supporting our communities to quit smoking remains one of the single biggest things we can do to improve the health of people living in our region. Our joint commitment of action plus matched funding across 13 local authorities and the NHS in the North East and North Cumbria is a huge step forward.

# We are focusing on:





Reducing drinking, smoking and substance misuse Slowing the progression of chronic diseases



Supporting people while they are waiting for planned operations



Working to improve the housing of our most deprived communities Improving how we communicate with people including improving 'health literacy'



Reducing social isolation and loneliness

literacy and helping people get online

Improving digital



Promoting healthy weight, good nutrition and being active including 'social prescribing'



Creating more local skilled jobs

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### Goal 2 Fairer health outcomes

One third of the people living in our region live in the 20% most deprived areas of the country. Our commitment is to improve health outcomes for everyone but with a particular focus on communities who currently have much poorer health outcomes.

Our goal by 2030 is to reduce, by 10%, the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities.

### Our focus: Core20PLUS5 programme

We are focussing on improving the health and well being of people living in the most deprived areas of our region and on delivering five national clinical programmes that address other specific inequalities.

#### This includes:

- improving continuity of maternity care for at least 75% of women from Black, Asian and minority ethnic groups and from the most deprived backgrounds
- ensuring annual checks for at least 60% of people living with a severe mental illness
- driving uptake for covid, flu and pneumonia vaccines to reduce admissions to hospital and serious illness
- diagnosing 75% of cancer cases in the early stages
- minimising the risk of strokes by better management of hypertension
- inclusion for all.

Some groups of people are especially disadvantaged and vulnerable including homeless people, those seeking asylum, people from Gypsy, Roma and traveller communities, sex workers and people involved in the criminal justice system. We will be doing more to develop approaches to health and care which are responsive to the needs of these people.

#### Fairer access and experiences of health and care services

We want to improve access to and experiences of health and care services.

We will target groups of people that are not currently accessing services at a level we would expect for their needs. This includes people from our poorest neighbourhoods, those from Black, Asian and minority ethnic communities and people with a learning disability.

There are also unique challenges for people living in our rural areas as they are more prone to fuel poverty and can have transport difficulties, so we will do more to address the needs of people living in these areas.

#### Did you know?

Women living in the most deprived areas in our region are likely to live eight years less than someone living in a more affluent area. For men this increases to 10 years less.



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### Goal 3 **Better health** and care services

We want to make sure that the health and care services we provide are not only highquality and safe but the same quality, no-matter where you live and who you are.

We will therefore continue to work together across health and care to 'join up' care and break down the barriers that sometimes exist between the different parts of our health and care system. We also want care to be more personalised, so people have more choice and control over the way their care is planned and delivered.

#### Our goals by 2030 are to:

- ensure our Integrated Care System is rated as good or outstanding by the Care Quality **Commission (CQC)**
- increase the percentage of regulated services across social care, primary care and secondary care that are rated as good or outstanding by the CQC.

#### We will also:

- support and enable everyone to have a good death with people able to die in the place of their choice
- safeguard our children, young people and adults with a joined-approach across all partners and a strong culture of learning
- ensure uptake of vaccinations and protect our communities from new and reemerging infectious diseases
- support the thousands of unpaid carers in our region
- improve waiting times for planned appointments and operations so that no one waits more than a year by April 2025 and we progress further towards 18 weeks by 2030
- work together across the physical and mental health services in hospitals, ensuring that all of our services have the stable resources they need to deliver safe, effective and timely care.



### Learning disabilities and autism...

People with a learning disability and/or autism die on average at a much younger age.

We will reduce the waiting times for initial assessments for suspected autism and for packages of support for people living with learning disabilities and/or autistim. We will also improve their access to physical health care.

#### We will:

- ensure all staff receive relevant training on learning disability and autism •
- ensure new learning from death reviews of people with a learning disability and identify opportunities to improve good practice
- ensure annual health checks for at least 75% of people with a learning disability ٠
- reduce the number of people in specialist in-patient services and the number of ٠ emergency admissions to hospital
- reduce the number of people living in hospital. ٠

### Social care

We are working together across health and social care to develop new ways of supporting people to live well, and as independently as possible, within their communities.

#### We will be:

- strengthening the provision of care delivered at home and reducing the reliance • on residential and nursing homes
- working with the care market to increase capacity and sustainability ٠
- reducing the time people spend in hospital whose needs could be better met by ٠ access to social care
- expanding the adult social care workforce
- developing shared solutions alongside housing, and maximise the opportunities of digital and technology
- working to identify and support more people who are providing unpaid care • within the region.

### Tackling cancer...

Four out of 10 cancers are preventable. For every 1,000 people aged 65 and over with cancer, 142 within the most deprived areas will die compared with 88 in the least deprived.

#### Our goals are to:

- increase the personalisation and accessibility of treatment
- develop our specialist cancer workforce. This includes extending the roles of our multidisciplinary teams such as radiographers and pharmacists
- exceed national targets for the uptake of screening for cancer
- deliver earlier and faster cancer diagnosis.

### support for people following their diagnosis and

### Long term conditions...

Nearly all of us will live with a long-term condition during our lifetime, and in later life we are likely to live with many long-term conditions.

#### Working together across health and care we will:

- reduce preventable long-term conditions ٠
- support people to manage their own condition
- ensure people living with a long-term condition have access to the ٠ rightpsychological support.
- slow the progression of long-term conditions so people with them can live better • and more independent lives for longer
- develop models of care that support the whole person and their life goals rather • than focussing only on their health conditions.



### There is no health without mental health...

There are higher rates of mental health conditions among people with long-term physical health problems or with a learning disability and/or autism.

The risk of depression is doubled for people with diabetes, hypertension, coronary artery disease and heart failure, and tripled in those with stroke, end-stage renal failure and chronic obstructive pulmonary disease (COPD).

Poor mental health is also associated with higher rates of smoking, alcohol and drug abuse, as well as lower educational outcomes and poorer employment - all of which leave people at increased risk of developing a range of physical health problems.

#### **Did you know?**

- People with a severe and enduring mental illness are likely to die as much as twenty years younger than the general population.
- Suicide is the leading cause of death in our region for men aged 15 49 and women aged 20-34.

#### Our goals are by 2030 to:

- reduce the gap in life expectancy for people with a severe and enduring mental illness compared to the general population
- increase the percentage of people with severe mental illness who receive an annual health check to at least 60%
- to halve the difference in the suicide rate between our region and England in 2019/2021 by 2029/31 (whilst working towards a ambition of zero suicides).

### Improving NHS services...

#### **Primary care**

Most people's contact with the NHS is with primary care professionals such as those working in GP practices, as well as pharmacies, dental surgeries and opticians. These teams also work alongside community services including mental health and in partnership with social care and VCSE sector. We will be implementing the recommendations set out in the Fuller report, including the creation of integrated primary and community teams in every neighbourhood to support frail older people and those with complex conditions and new models of care for urgent appointments.

#### **Urgent and emergency care**

#### We have an established urgent and emergency care network across the region which is developing plans to:

- eradicate 12 hour waits in emergency departments, reduce ambulance handover delays and improve ambulance response times
- increase the number of 999 and 111 callers that are called back by a clinician prior to an ambulance being dispatched so we can connect more patients to urgent care services in their communities
- expand the range and uptake of two-hour community response services
- enable people to return to their home with the right support when they no longer need medical treatment in hospital.

### Reduce waiting times for planned care...

Across the region we have invested in additional treatment capacity and introduced a range of innovations that are transforming the way patients are diagnosed and treated. These improvements are helping us to clear the backlog on our waiting lists, which were worsened by the pandemic, as well as meeting the levels of demand for treatment. We are also working to improve the productivity of our clinics and theatres.

### We will continue to innovate and do more to reduce waiting times including:

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by April 2025 eliminate waiting times of more than one year support people waiting for treatment to be as fit as possible for it – especially those in our more deprived communities



continue to increase diagnostic and treatment capacity

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### **Goal 4** Giving our children and young people the best start in life

We have some of the highest levels of childhood poverty in England with around 40% of children (age 0-4) in our region living in neighbourhoods which are in the 20% most deprived areas in England. This compares to an England average of 25% of children.

Our goal by 2030 is to increase the percentage of children with good school readiness\* when they join the reception class, especially for children from disadvantaged groups.

\*School readiness is a measure of how prepared a child is to succeed in school; cognitively, socially and emotionally. School readiness at age five has a strong impact on future educational attainment and life chances.

### Listening to children's voices...

We will work to ensure the voices of children and young people are strongly represented and work with them to develop our plans to improve their health and wellbeing.

Our plans also include an ambition to be the safest place to be pregnant, give birth and transition into parenthood – with all women who use our maternity and neonatal services receiving the best care possible.

Working in partnership, we will also improve access to social care, physical and mental health services and:

- improve care for children with long term conditions and life limiting illness, including access to psychological support
- support mental wellbeing
- ensure a focussed improvement in child and adolescent mental health services (CAMHS)
- work across sectors to more effectively commission jointly funded packages

of care for children and young people with complex support needs across education, social care and health care

- address the challenges and opportunities highlighted in special educational needs and disabilities (SEND) inspections across local authorities and the NHS
- ensure specific support when children and young people experience adverse life events such as bereavement, abuse, neglect, or experiencing a parent being involved with the criminal justice system.

### We will also focus on five key clinical areas:

- Asthma: Address over reliance on reliever medications and decreasing the number of asthma attacks.
- Diabetes: Increase access to real-time continuous glucose monitors and insulin pumps.
- Epilepsy: Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
- Oral health: Reduce the number of tooth extractions due to decay for children aged 10 years and under.
- Mental health: Improve access to children and young people's mental health services.

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## We will do all of this by



### Supporting & growing our workforce...

We have a highly skilled, dedicated and committed health and care workforce of around 170,000 in our region.

Working together we will drive forward our plans to build up our health and care workforce – recruiting and retaining staff as well as supporting them to enjoy satisfying careers and feel valued at work.

#### This includes:

- enabling people living in our communities to join our health and social care workforce
- developing and delivering a plan to expand and sustain our care workforce

 developing health and social care academies to support investment and career pathways for the people caring for our most vulnerable residents

supporting the physical and mental wellbeing of our staff, as well as ensuring equality, inclusion and diversity for all.

### Our goals by 2030 are to:

- be the best place to work in health and care in England
- reduce the vacancy rate across health and social care by 50%.

# The best at getting better...

We are committed to making our health and care partnership 'the best at getting better'.

We are therefore creating an inclusive learning system that enables people to continuously improve our services and our support to people to have the best possible health and wellbeing. We will learn from the best, innovate new practice, share and support each other and co-produce new ways of working with our workforce, patients and citizens.

### Embracing new technologies and making the best use of our data

Embracing new technologies and data is key to transforming how we provide care that's faster, safer, more efficient, higher quality and easier to access.

We will continue to invest in technology that supports people to make healthy choices and prevent ill health or slow the progression of their long-term conditions.

We will place a data driven information strategy at the centre of our collective decision making. By putting the right digital technology in place and linking data together across services, we will develop a deep understanding of the communities we serve which will improve health and care and ensure services are better focussed around people's needs.

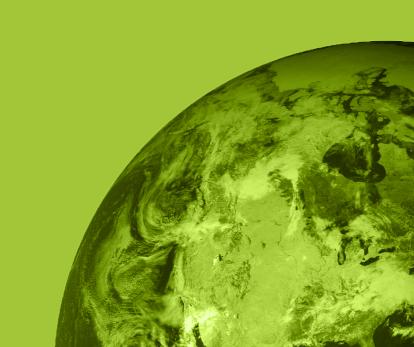


### Becoming a greener region...

We are already working together to deliver an ambition to be the greenest region in England by 2030.

This is important because we know that a healthier planet means healthier people. For example, when people need fewer treatments and medicines it helps to lower the impact on the environment.

Health inequalities are also directly linked to environmental issues, such as poor air quality, lack of access to green spaces and access to nutritious foods.



As health and care organisations we are massive consumers of energy from heating and lighting our buildings to powering the equipment we use. We buy and use millions of products every day, some of which will have travelled the globe to get to our services.

Together we can make a huge impact and are already taking action to reduce our environmental footprint from how we are reducing waste, supporting active travel, using electric vehicles, re-thinking our supply chain, investing locally and switching to more sustainable products.



### Listening to our communities...

Wherever, and whenever possible, we will include meaningful conversations with people and communities as part of our work. It is only through understanding the needs and experiences of the people who use them that we can really understand how our services can best

work. We are committed to listening to people's lived experiences of using health and care services. There are lots of different ways and opportunities for people to share their thoughts and take part in developing health and care services. The feedback shared really will

# Making the best use of resources

Working together gives us an opportunity to combine our collective resources to ensure we use them responsibly, get the best value for money and live within our means.

#### We will work together to:





**Remove the** barriers between organisations so we can use resources flexibly

**Target our resources** to where they are needed the most to improve health outcomes

#### **Enabling stronger integration**

A key focus of our plans will be to implement integrated neighbourhood teams across our region. Neighbourhoods are based around populations of about 30,000 to 50,000 people and are covered by groups of GP practices (primary care networks - PCNs) working with NHS community services, social care and other providers to deliver more co-ordinated care. This will build on existing partnership working and strengthening how teams already work together at local level.

#### **Delivering the strategy and measuring progress**

To deliver our commitments we will put in place plans covering each local authority place and each of our key work programmes. We will develop a clear dashboard to measure and report progress on a yearly basis and will review our plans based on evidence including when updated joint strategic needs assessments are published in each local authority area.



Use the strength of our collective voice to advocate for more resources for our region



#### Better health & wellbeing for all

A summary of the Integrated Care Strategy for the North East and North Cumbria

Produced by the Integrated Care Partnership (ICP) for the North East and North Cumbria. The ICP is committee of the NHS Integrated Care Board (ICB) and the local authorities across the North East and North Cumbria. The partnership brings together local local authorites, hospitals, community services, primary care, hospices and voluntary, community and social enterprise (VCSE) organisations and Healthwatch across the region.

#### www.northeastnorthcumbria.nhs.uk/icp

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