Better health and wellbeing for all...

NHS
North East and North Cumbria

Clinical Conditions Strategic Plan

A summary...

2025-2030

We will focus our work where it can have the greatest impact on people's health.

Introduction

We have ambitious plans in place to help people live longer, healthier lives.

From lower life expectancy to high rates of child poverty, our region faces major health challenges. Published in 2023, our Better health and wellbeing strategy considered these issues, and set demanding goals for us to achieve by 2030.

This clinical conditions strategic plan is a key part of this work. Linking to the national major conditions strategy, it uses a population health management approach. This means using data and intelligence to help us understand the factors affecting people's health, and focusing our work where it can have the greatest impact.

We have set out 12 priority areas where we want to improve. Together, we can reduce ill health and early deaths across the North East and North Cumbria.

Our 12 priority areas:

Adults

Lung cancer

Cardiovascular health

Respiratory health

Lower back pain

Anxiety and depression

Children

Diabetes

Asthma

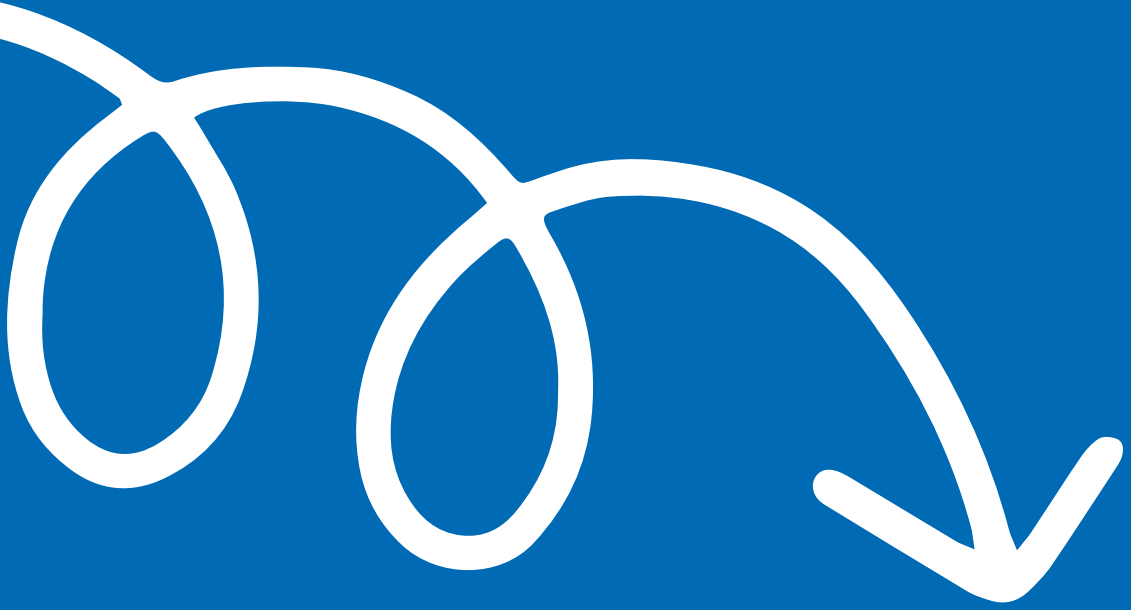
Epilepsy

Obesity

Oral health

Anxiety and mental health

Autism and learning disabilities



Preventing ill health in the first place...

Prevention must be at the heart of everything we do. By making every contact count we can promote vital lifestyle changes. Individual patients often manage more than one condition, so we need a holistic, person-centred approach.

Proactive care, also known as anticipatory care – is focused on **prevention rather than cure.** It means working to improve health and wellbeing by increasing capacity and resilience in patients and the people who support their care.

Tackling inequalities and wider determinants of health

Our health and wellbeing are affected by many factors through the course of our lives. Not everyone has the same opportunities to be healthy, often because of where they grow up, live or work.

Some groups are disproportionately impacted by poor health, so we need both a universal and a targeted approach to tackle these disparities. This is known as a life course approach, and involves identifying protective factors – like healthy diet, a good income and decent housing – and risk factors, like smoking, adverse childhood experiences or crime and violence.

This approach will help us to focus on initiatives that will have the greatest benefit for our people.

Making it happen...

As England's largest ICB, we are well placed to influence national policy in areas like poverty, education and employment, using clinical intelligence and data from our region.

We will work with partners like local authorities and the voluntary sector to highlight and tackle broader issues impacting health, like poverty, housing, education and employment, as well as rural disparities. Our plan also links with other key strategies like women's health, data and technology, and housing.

Working with our providers and listening to our patients, **we can make a real difference** to people's health in the North East and North Cumbria.

Better health and wellbeing for all...

- Longer and healthier lives
- Fairer outcomes for all
- Better health and care services
- Giving children and young people the best start in life

NHS
North East and North Cumbria

Clinical Conditions Strategic Plan

2025 – 2030

We will do this by focusing on:

- Preventing ill health
- Delivering pro-active care
- Tackling the wider determinants of health
- Using data and evidence

Concentrating our efforts on where on where we can have the greatest impact...

For adults - we will focus on:

- Cardiovascular health
- Lower back pain
- Respiratory health
- Lung cancer
- Anxiety and depression

For our children and young people - we will focus on:

- Asthma
- Oral health
- Mental health
- Autism
- Learning disabilities
- Epilepsy
- Obesity
- Diabetes

The scale of our population health challenge:

Whole population

Inequalities

+9.5 years / +11.8 years

The difference in life expectancy between most and least deprived areas

51%

51% of children eligible for free school meals have not achieved a good level of school readiness, **which is a...**

20.8% gap

20.8% gap in school readiness between children eligible and not eligible for free school meals

Most prevalent long term conditions (all ages)

642,900 (21%) have anxiety

530,900 (17%) have hypertension

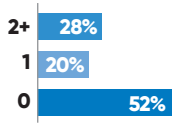
470,700 (15%) have depression

218,500 (7%) have diabetes

218,400 (7%) have asthma

Multi morbidity

Number of long term conditions (LTCs)



28% of people live with 2 or more LTCs

Proportion of people with 2+ LTCs - **higher** in more deprived communities:

Most deprived 29%

Least deprived 25%

Risk factors

16% are smokers (where smoking status recorded)

38% are obese (where BMI recorded)

19% have increased or high alcohol risk (where alcohol status recorded)

Children and young people

Most prevalent long term conditions

(Aged under 18)

23,000 (4%) are autistic

23,000 (4%) have asthma

14,200 (2%) have anxiety

2,900 (0.5%) have learning disabilities

2,100 (0.4%) have epilepsy

1,950 (0.3%) have diabetes

Obesity

12% of Reception children are obese

25% of Year 6 children are obese

(Highest rate in England)

Year 6 obesity rates - **higher** in more deprived communities:

Most deprived 40%

Least deprived 15%

Mental health

31 deaths by suicide aged 7 -18 2018 - 2023

Adults (all ages)

Lung cancer

93.6 per 100k incidence of lung cancer (England 71.0)

Incidence of lung cancer - **higher** in more deprived communities:

Most deprived 142.3

Least deprived 51.8

Respiratory

216,300 (9.5%) have a respiratory disease

Back pain

36,400 A&E attendances for back pain in last 2 years

Of these:

Anxiety 37%

Depression 31%

60% adults expected to experience back pain during lifetime (nationally)

Anxiety and depression

(Aged 18+)

Anxiety rates - higher in more deprived communities:

Most deprived 28%

Least deprived 21%

Depression rates - higher in more deprived communities:

Most deprived 23%

Least deprived 14%

Cardiovascular

616,000 (20%) have 3+ risk factors for circulatory disease

Priority conditions

ADULTS


NHS

Lung cancer

Our region's lung cancer rates are above average for England. In our most deprived areas, they are even higher.

Our objectives:

- Help people to **stop smoking**
- **Diagnose lung cancer earlier**, or better still, prevent it.
- Improve access to **lung health checks**, x-rays, tests and treatment.

Key steps:

Support the regional tobacco control strategy, aiming to **reduce smoking from 13% to 5% by 2030**. Reduce barriers that stop people accessing services.

Scale up targeted lung health checks to 100% coverage by 2030.

Reduce barriers that stop people accessing services.

Take a holistic approach to managing risk factors and co-morbidities.

Ensure **fair access to diagnostics and treatment**, and reduce variation.


LATEX FREE

Cardiovascular health

Rates of cardiovascular illness in our region are higher than the England average – and circulatory diseases account for 15% of emergency admissions to our hospitals.

Our objectives:

- Focus on **preventing heart disease and stroke**, and better cardiovascular health
- Do more to **detect and prevent this disease**
- **Improve access to diagnostic services** and treatment, especially in deprived communities

Key steps:

Proactive case finding and risk factor management for hypertension, atrial fibrillation, diabetes, hyperlipidemia, chronic kidney disease and heart failure.

Better access to diagnostics and treatment – addressing variation and ensuring we have enough capacity.

Commissioning high quality, nationally agreed models of care.


NHS
USA

Respiratory health

Almost one in ten of us has chronic obstructive pulmonary disease, asthma or bronchiectasis. More than a third of people with a respiratory disease are in the most deprived 20% of our population.

Our objectives:

- **Reduce** smoking rates
- **Improve care** for respiratory diseases
- **Improve access** to testing, treatment and rehabilitation

Key steps:

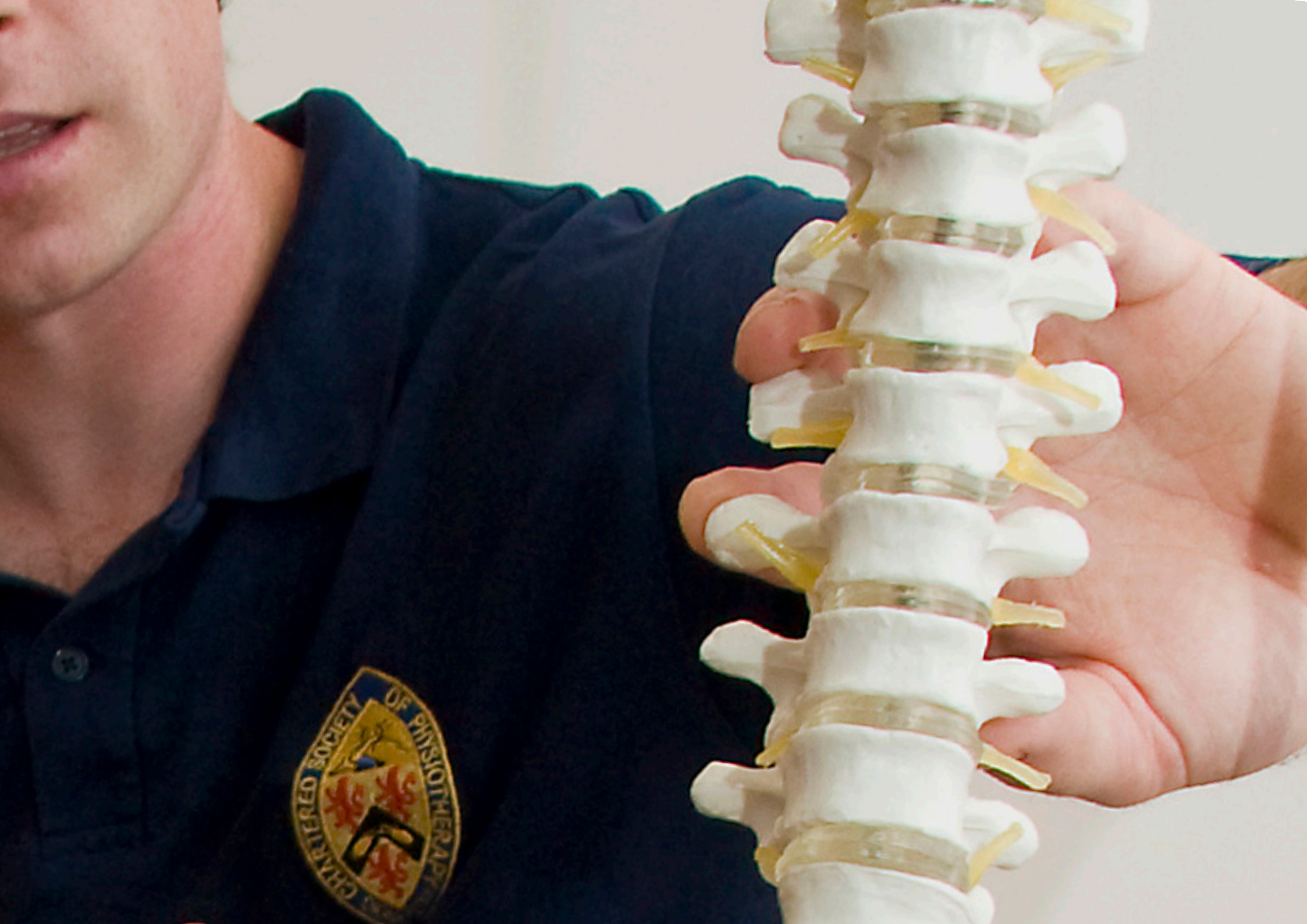
Support the regional tobacco control strategy, aiming to **reduce smoking from 13% to 5%** by 2030.

Ensure patients have fair access to testing like spirometry and FeNO (fractional exhaled nitric oxide).

Provide more targeted lung health checks and case finding for those outside the clinical criteria.

Diagnosis to be based on **appropriate testing, with timely treatment**.

Equitable access to **prehabilitation and rehabilitation**.


CHARTERED SOCIETY OF PHYSIOTHERAPY

Lower back pain

Around 20,000 people attend A&E for back pain every year. A disproportionate number of these are women and/or live in deprived areas; many also have anxiety, depression or obesity.

Our objectives:

- **Provide better treatments** for lower back pain
- **Make sure the right people receive care** from specialist physiotherapists and hospital consultants.
- **More joined-up** physical and psychological programmes.

Key steps:

A single point of access for musculoskeletal interface services – **a specialist team helping people whose conditions have not responded to normal GP care** or other treatment like physiotherapy.

Improvements to musculoskeletal interface services to include scans, X-rays where needed and management of red flag referrals (warning signs that might indicate a possible serious illness). **Referrals to hospital clinics via a virtual MDT** (multi-disciplinary team meeting) to include spinal surgeons and pain management service.

Offer CPPP services (a combined physical and psychological intervention for people with persistent back pain), both residential and in communities.

Anxiety & depression

One in five of us have experienced depression, and one in four have lived with anxiety. An average year sees 86,000 people referred to talking therapies in our region, with 59,000 entering treatment.

Our objectives:

Work to **reduce rates of anxiety and depression, and improve mental health**, by enhancing community support networks, improving screening, and expanding access to services like talking therapies and crisis cafés

Key steps:

Work to **tackle stigma** and implement community support networks.

Make every contact count, **promoting self-help, non-pharmacological options and community support**, with timely access to talking therapies and medication where appropriate.

Bring care closer to home, with mental health workers in primary care, and alternatives to crisis management including crisis cafes and safe havens.

Priority conditions CHILDREN

Diabetes

1,950 of our children and young people have diabetes – 1,875 have type 1 and 75 have type 2 diabetes. It's most common in areas with higher levels of deprivation, with the highest incidence in County Durham.

Our objectives:

- Ensure that children with diabetes benefit from the **latest best practice, medical advances and new technology**

Key steps:

Ensure that services are in line with best practice criteria, **offering all children a diabetes MDT** (multi-disciplinary team meeting).

Offer fair and better access to new diabetic advances including treatment and technology, implementing learning from the recent GLP-1 agonist prescribing pilot.

Ensure the right technology is available for all children and young people, addressing inequalities in access by joint decision making with CYP and families.


Modulite
100 mcg
Inhala
PREVENTER

Asthma

Almost 4% of under-18s have asthma, which affects more boys than girls. It's more common in our most deprived neighbourhoods.

Our objectives:

Focus on prevention as well as improving training and access to diagnostic tests and treatment

Key steps:

Support the regional tobacco control strategy, aiming to **reduce smoking to 5% by 2030**.

Ensure fair and equitable access to diagnostic testing including spirometry and FeNO (fractional exhaled nitric oxide). MDT (multi-disciplinary team meeting) training and development across the system to **ensure an equitable skill set of professionals** in line with national standards.

Ensure **implementation of agreed standards** within the national asthma care bundle.

Epilepsy

Our region has 90 emergency admissions for epilepsy (age 18 and under) per 100,000 population, which is the highest rate in England.

Our objectives:

Work to provide **better access to specialist support**, with a focus on key national priorities and best practice

Key steps:

Ensure **more equitable access to epilepsy specialist nurses** and MDTs (multi-disciplinary teams).

We will **deliver on the four priority areas in the national bundle of care**, with a focus on the 'epilepsy 12 lines of enquiry' (RCPCH Epilepsy 12 Audit programme).

Obesity

The North East has England's highest rates of obesity among children in Reception and Year 6 – with a clear relationship between obesity and deprivation.

Our objectives:

- Develop services to **tackle the lifelong impact of obesity**

Key steps:

- **A 'whole system' approach for healthy weight and treating obesity**, working with families and making every contact count.
- **Improving the recording of weight and BMI** in primary care.
- **Ensuring access to weight management services**, including dietetic and healthy psychology services for weight management.
- **Sustainable tertiary centres** for regional referrals, advice and shared care.

Oral health

The rate of tooth extractions with caries as primary diagnosis across the North East is more than double the national rate for children under ten.

Our objectives:

Prioritise prevention and access to primary care dental services, with a particular focus on areas with higher levels of dentinal decay

Key steps:

Support **water fluoridation** across the region.

Ensure **better coverage of dental services** in areas with higher prevalence of dentinal decay and deprivation.

Ensure that all children and young people have **access to primary care dental services**, including fluoride varnish and secondary care dental services where required.

Anxiety and mental health

Over the past five years in our region, there were 322,000 referrals to mental health services for people aged 18 or under.

Our objectives:

Develop more **support for children in school or with first episode mental health conditions**, embedding trauma awareness and trauma-informed practice as part of everything we do

Key steps:

Continue to **expand mental health support teams in schools**, offering proportionate advice and support to avoid unnecessary medicalisation.

Develop a service model for first episode mental health conditions.

Ensure equitable access to health psychology for children with long term conditions.

Embed trauma awareness and trauma-informed practice, focusing on **preventing and limiting the impact of adverse childhood events**.

Ensure a joined-up approach to children's health, mental health and neurodevelopmental strategy.

Photo: Nicola Barts

Autism and learning disabilities

Young autistic people or those with learning disabilities are more likely to have other long term conditions than others in their age group.

Our objectives:

Focus on **annual health and co-morbidities checks**, **digital reasonable adjustments** and **timely autism diagnosis and support**.

Key steps:

More annual health and co-morbidities checks carried out in a single appointment.

Digital reasonable adjustments throughout the system, with a range of sensory support available.

More timely diagnosis of autism, plus pre- and post-diagnostic autism support aligned to local strategies.

Robust pathways for transition into adult services.

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Produced by the North East and North Cumbria Integrated Care Board
February 2025