

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
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NORTH EAST AND NORTH CUMBRIA ICB BOARD MEETING 29 November 2022	
Report Title:	Towards a Healthier and Fairer North East and North Cumbria: Review of Our Strategic Approach to Tackling Health Inequalities
Purpose of report	
Following the recommendation at the ICB on 1 July to establish a task and finish group to review our ICS approach to health inequalities, this report sets out an update on the formation of a Healthier and Fairer Advisory Group reporting to the ICB.	
Key points	
<p>The formation of this advisory group will allow us to clarify the oversight of this multi-faceted area of our work, encompassing health and healthcare inequalities, prevention and population health management.</p> <p>The proposed advisory group has been formed to provide both the direct oversight of the ICB's core programmes of work, including CORE20PLUS5 and our prevention programmes, as well as providing leadership and guidance to the wider integrated care system through an advisory role to the Integrated Care Partnerships.</p> <p>A proposed terms of reference for the advisory group is attached at Appendix 1.</p>	
Risks and issues	
This group has been developed to oversee both the ICB's own obligations around delivery of the national CORE20 PLUS5 programme, and shaping the wider strategic priorities of the ICS via the Strategic ICP and Area ICPs.	
Assurances	
The ICB will ensure that the work programme of the advisory group is appropriately balanced, and that the governance of the group is aligned to the ICB via direct reporting to the ICB Executive Committee.	

Recommendation/Action Required						
The Board is asked to: <ul style="list-style-type: none"> Note the formation of the Healthier and Fairer Advisory Group based on the terms of reference attached at Appendix 1, and its important role in advising both the ICB and the Integrated Care Partnership; Request updates on the work of this advisory group as it reviews existing work programmes and agree its priorities for the year ahead; Support the principle that the ICB and the ICB Executive will always have regard to the recommendations of this group when making their decisions. 						
Sponsor/approving director	Dr Neil O'Brien, Executive Medical Director					
Report author	Dan Jackson, Director of Policy, Public Affairs and Stakeholder Affairs.					
Link to ICB corporate aims (please tick all that apply)						
CA1: Improve outcomes in population health and healthcare						✓
CA2: tackle inequalities in outcomes, experience and access						✓
CA3: Enhance productivity and value for money						✓
CA4: Help the NHS support broader social and economic development						✓
Relevant legal/statutory issues						
This work aligns to all the ICB's corporate aims, but especially to 'tackle inequalities in outcomes, experience and access', as well as the NHS obligations to deliver the CORE20PLUS5 programme.						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	✓	N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes		No	✓	N/A	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes	✓	No		N/A	
Key implications						
Are additional resources required?	Administrative support the advisory group					

Item: 9.7

Has there been/does there need to be appropriate clinical involvement?	Yes, via the Executive Lead for this work, and the involvement of clinicians in the steering group
Has there been/does there need to be any patient and public involvement?	Yes, via the involvement of Healthwatch on the advisory group
Has there been/does there need to be partner and/or other stakeholder engagement?	Yes, this paper has been drafted following a multi-agency engagement exercise.

Towards a Healthier and Fairer North East and North Cumbria: Reviewing our Strategic Approach to Tackling Health Inequalities

1. Context

- 1.1 At our inaugural Integrated Care Board on 1 July, it was agreed to convene a task and finish group to review our current coordination arrangements for reducing health inequalities across our system, and to make recommendations to the ICB and ICP for the formation of a multi-agency expert advisory group to drive this work going forward.
- 1.2 Such a group would play a key role in advising the North East and North Cumbria Integrated Care Board and challenging our collective approach to tackling the health inequalities that we face in the region, including raising our life expectancy (and healthy life expectancy), as well as the prevalence of cancer, heart disease, liver disease, premature mortality from substance misuse and mental illness, learning disability premature mortality and respiratory conditions. The paper received by the ICB outlined some of the key risk factors impacting on these inequalities in health outcomes, including the role of tobacco and alcohol, and unhealthy weight, as well as acknowledging the underpinning social and economic factors – those 'wider determinants' – that influence our resident's health and wellbeing.
- 1.3 Taken alongside our higher levels of suicide and mental ill health, as well as the variable access to healthcare faced by some of communities (and exacerbated by the pandemic) this requires responses that will lead to sustainable impact, for these inequalities and inequities in health outcomes are unjust, unfair and avoidable.

2. Work of the Task and Finish Group

- 2.1 A task and finish group drawing on expertise from across our system was convened by Dr Neil O'Brien and reviewed a range of key issues that the proposed advisory group would need to consider. These included:
 - Reviewing all our current governance arrangements to ensure clarity and consistency, including the future roles of the Prevention Board, Health Inequalities Advisory Group, and Population Health Management Group
 - Strengthened oversight of our current priority areas and programmes – including the delivery of the national Core20Plus5 framework, our

programmes dedicated to tobacco and alcohol control and child and adult obesity, and our 'Deep End' GP practices network

- Agreeing a consistent Population Health Management (PHM) methodology, and how our PHM tools and analytical capacity are best utilised at both system-wide and place level.
- What capacity we need to effectively analyse latest national thinking from government, universities and thinktanks
- How we measure, evaluate and audit the outcomes and improvement that our joint work delivers so that we understand what works and how we can share spread best practice
- How we resource and coordinate this work with partners including the joint work we will need to coordinate with Local and Combined Authorities.
- How we develop an effective engagement strategy, supported by layered data analytics from multiple sectors, to enable citizens to both identify their priorities and lead the changes that will enable them to create their own healthy lives and healthy communities.
- How we might utilise think differently regarding funding streams to support the delivery of our health inequalities priorities, including via a charitable foundation or other income-generating mechanisms.

3. A Call to Action

- 3.1 As we strive to achieve the integration of health and care across the North East and North Cumbria we need to galvanise action on health inequalities, bringing partners together to lead, collaborate and advocate to achieve the change that's needed to reduce these unfair differences in health outcomes, not least through the use of population health management tools, concerted action to reduce tobacco dependency, alcohol-related harm, and obesity and through a smarter targeting of the ICB's £6billion spending power in support of broader social and economic development.
- 3.2 Therefore, any advisory group looking at Health Inequalities would need to advise both the Integrated Care Partnership (ICP) and its work on the development of an Integrated Care Strategy for the ICS, and the statutory responsibilities of the ICB. This group will need to draw on the skills and insights of key partners across our ICS, including those with lived experience, to provide strategic leadership, support, and challenge across the system to shape our strategic approach to health inequalities for the North East and North Cumbria, oversee our ongoing programmes of work in this area and ensure the delivery of key local and national priorities.
- 3.3 Having considered these issues, the attached proposal recommends the formation of a strategic 'Healthier and Fairer Advisory Group' as a sub-group of the ICB Executive clarifying the coordination of our public health and health inequalities work, with both a clear reporting line to the ICB, and an advisory relationship with our Strategic ICP and Area ICPs to emphasise what a cross-cutting and system-wide challenge this is.

4. The Proposal: A Healthier and Fairer Advisory Group

- 4.1 To establish a Healthier and Fairer Advisory Group to the ICB which would provide evidence, advice, analytical support and oversight of the health inequalities priorities across the integrated care system. This group would build on a long-established history of collaboration to bring about change and also an acknowledgment that there is much to be done where previous initiatives have sometimes fallen short of delivering on our joint aspirations.
- 4.2 In recognition of the importance of this work, it is recommended that the ICB commits to always having regard to the recommendations of the Healthier and Fairer Advisory Group, so that it promotes equitable health and wellbeing across the North East and North Cumbria and ensures that the ICB does not widen health inequalities through the health services that it commissions.

5. Areas of Focus for the Group

- 5.1 This advisory group would seek to identify the key areas where the ICS should lead, collaborate and advocate, and utilise the expertise across the North East and North Cumbria to provide an advisory, oversight and development function, focused on the following areas:

Strategic leadership of our approach to health inequalities:

- Establishing a single ICB Executive Lead and Programme SRO for health inequalities to ensure we deliver our collective objectives:
- Use the best evidence and data to inform a population health approach for action across all aspects of the ICS including finance, risk, quality as well as workstream delivery
- Provide advice and input to the development of our Integrated Care Strategy
- Build on existing Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies to identify common themes which would benefit from action at an ICS level
- Promote the engagement of people and communities to describe their own needs and lead their own health transformation.
- Strengthen links with the Applied Research Collaborative to embed a research and evaluative approach to the interventions we invest in
- Developing our workforce so that all our staff can make a difference to reducing health inequalities

Programme oversight and delivery:

- Ensure the ICB delivers NHS England and NHS Improvement's 'Core20PLUS5' approach to reducing health inequalities, by ensuring the services commissioned by the ICB are inclusive and accessible to all of communities in the North East and North Cumbria, and do not widen any disparities in access to services.
- Provide oversight and strategic direction to the priority workstreams jointly led by the ICB and its statutory partners, including treating tobacco dependency, reducing alcohol harm, healthy weight and treating

obesity, population health management, the Deep End Network, Prevention in Maternity, promotion of the Anchor Institutions network and community asset-based approaches.

- Ensure fair and equitable use of the health inequalities funding allocated to the ICB, identify opportunities to secure further resources into the ICS as well as review how the ICB's core NHS resources are best utilised to prevent ill health and target health inequalities

Develop and innovate:

- Extend existing innovations, including hospital-based Consultants in Public Health, and share and spread good practice in how to tackle health inequalities
- Generate proposals to expand the NHS's contribution to addressing the social determinants of health – including procurement, environmental initiatives, employment opportunities and workforce development
- Advocate for changes in policy that will address the social determinants of health and improve health outcomes for our communities

Enable:

- Utilise all relevant data and evidence to improve fair access to healthcare and delivery of joined up programmes of health improvement
- Build networks and alliances that connect health and care organisations to the VCSE sector, patient voice organisations, schools and universities, the business sector, and others in the pursuit of healthier and fairer outcomes for our communities.

6. Recommendations

6.1 The Board is asked to:

- Note the formation of the Healthier and Fairer Advisory Group based on the terms of reference attached at Appendix 1, and its important role in advising both the ICB and the Integrated Care Partnership;
- Request updates on the work of this advisory group as it reviews existing work programmes and agree its priorities for the year ahead;
- Support the principle that the ICB and the ICB Executive will always have regard to the recommendations of this group when making their decisions.

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Sponsoring Director: Dr Neil O'Brien
Executive Medical Director

Date: 17 November 2022

Appendix 1



**North East and
North Cumbria**

North East and North Cumbria Healthier and Fairer Advisory Group

TERMS OF REFERENCE

1. Purpose

- 1.1 The purpose of the North East North Cumbria (NENC) Healthier and Fairer Advisory Group is to provide strategic advice across the Integrated Care System (ICS) to ensure that action on population health, prevention and health inequalities is embedded into our planning and decision-making arrangements.
- 1.2 This advice will be focussed on supporting the ICB to deliver its four core statutory obligations:
 - improve outcomes in population health and healthcare
 - tackle inequalities in outcomes, experience and access
 - enhance productivity and value for money
 - help the NHS support broader social and economic development.
- 1.3 Respecting the role of Health and Wellbeing Boards in setting local priorities, the Group will also provide strategic oversight and direction for our shared programmes of work that will benefit from a North East and North Cumbria (NENC) wide approach. These programmes will be based on those with the strongest evidence base, the biggest impact over the shortest time period, and their potential to be delivered at scale across the ICS by:
 - Identifying opportunities to explore regional collaboration across the North East and North Cumbria to address health inequalities.
 - Ensuring links back to local delivery via Health and Wellbeing Boards, ICP Boards and other local Boards and forums

2. Objectives

- 2.1 The NENC Healthier and Fairer Advisory Group will:
 - Analyse the latest data, evidence and policy on health inequalities to provide strategic advice and guidance to the ICB and ICP, building our learning capacity and ensuring a health inequalities approach is embedded across our whole ICS
 - Develop a consistent Population Health Management methodology and data sharing arrangements to ensure we have access to the best evidence to inform action

- Review ICS policies, strategies and plans to ensure they all contribute to reducing health inequalities.
- Support the development of a consistent, joined up strategic health inequalities narrative across the ICS, including but not exclusively core20PLUS5
- Provide strategic support and guidance for identified health inequalities leaders in organisations across the North East and North Cumbria ICS
- Facilitate conversations across health and care organisations, clinical and non-clinical staff, patients, members of the public, carers and other key stakeholders in the voluntary and private sectors to raise the profile of our work on health inequalities
- Provide advice on health inequalities, prevention and population health to other ICS work streams and sub-committees
- Provide advice and guidance to those engaging our population to ensure that we empower all our communities to identify and lead local action on health improvement
- Identify opportunities for further research and building our evidence base through strong links with our research partners in universities

2.2 The Healthier and Fairer Advisory Group will also have strategic oversight of the following priority programmes at a NENC level:

- Population Health Management
- Treating tobacco addiction as part of a whole NHS smoke-free model
- Reducing alcohol related harm across the whole population
- Supporting GP practices working in the most deprived areas of the region ('Deep-End')
- Public Health Prevention in Maternity ('Best Start in Life')
- Healthy Weight and Treating Obesity
- Embedding Community asset-based approach across the ICS
- Our emerging work with partners on addressing the wider determinants of health, and the ICB's contribution to broader social and economic development

3. Communications

3.1 The Advisory Group will also develop a framework for communications, marketing and engagement to support the delivery of the group's priorities. This framework will be developed with input from all partners and will be coordinated by the ICB's Corporate Governance, Communications and Involvement team. All press or social media activity is to be coordinated by the advisory group who will receive updates on this work at each of its meetings.

4. Resourcing

4.1 Nationally £200 million has been made available to ICBs through the 2022/23 ICB allocations, targeted towards areas with the greatest health inequalities using an avoidable mortality measure. This funding will support the implementation of the Core20PLUS5 approach outlined in NHS England's

2022/23 Priorities and Operational Planning Guidance including their five priority actions for addressing health inequalities:

- Strengthening leadership and accountability
- Restoring NHS services inclusively
- Mitigating against 'digital exclusion'
- Ensuring datasets are complete and timely
- Accelerating preventative programmes

4.2 NHS North-East and North Cumbria ICB has been allocated £13,604,000 recurrent revenue to support targeted reductions in health inequalities. Going forward, the Advisory Group will play a key role in recommending to the ICB Executive how this funding is allocated, based on robust analysis and evaluation of what makes the biggest impact on public health and health inequalities. The group will also seek to identify opportunities to shift NHS spend on prevention and inequalities which they will recommend to the ICB Executive for final approval. This is in line with the ICB's Financial Scheme of Reservation and Delegation set out in the table below.

Limit	Authoriser
Over £30,000,000	Integrated Care Board
Up to £29,999,999	ICB Executive Committee
Up to £4,999,999	ICB Chief Executive and ICB Executive Director of Finance and ICB Chair
Up to £2,999,999	ICB Chief Executive and ICB Executive Director of Finance; or ICB Chief Executive and Executive Directors of Place Based Delivery

4.3 A summary of funding allocations for 2022-23 is attached at Appendix 2.

5. Governance, Accountability and Reporting Arrangements

- The NENC Healthier and Fairer Advisory Group will report to the ICB Executive Committee, and will also contribute advice and guidance to the Integrated Care Partnership (ICP)
- The chair of the group is a member of the ICB Executive Committee, and will be supported by a Programme SRO
- The Group is authorised to instigate any activity within its terms of reference and to seek information as necessary ensuring delivery within agreed budgets and governance arrangements.
- Regular reports will be submitted to the ICS Executive and signed off by the group chair, including a highlight report on the work of the Group which shall be submitted to each meeting of the ICB Executive
- Relevant sub-groups of the advisory group will report to the group on a regular basis e.g., the reducing tobacco dependency task force
- The group will seek to reach consensus in deciding its recommendations, and any consensus decision will constitute a recommendation.

- Where consensus cannot be reached, views which are divergent from the majority view will be recorded and presented with the report/advice to the appropriate forum.
- Making recommendations to Health and Wellbeing Boards, the Strategic ICP and Area ICPs, and other local Boards and forums where appropriate.

6. **Principles**

- The primary focus of the group is the needs of the population and local communities it serves and group members will focus on this rather than any organisational agendas.
- For the group to realise its potential, it will need to be enabled to deliver change. The group will align and co-ordinate with the outputs of local statutory organisations, and not take any authority away from them. For any decision that is beyond the level of delegated authority, the group will provide a recommendation to the appropriate leadership group.
- Members are expected to act as ambassadors for the work and engage others within their organisations in the development.
- All rights, title and interest in, or to, any intellectual property relating to outputs created through the work of the group shall be jointly owned by members of the group with a presumption that all parties can publish material from this work in journal articles and at conferences and that these may be joint publications.

7. **Membership**

7.1 Membership of the NENC Healthier and Fairer Advisory Group will include representatives from:

- ICB Executive team
- Clinicians from primary, community and secondary care
- NHS Foundation Trusts
- North East Directors of Public Health Network/North Cumbria Director Public Health
- Local Authority Adult and Local Authority Children's Services
- North East Office for Health Improvement and Disparities (OHID)
- ICS VCSE Partnership
- ICS Healthwatch Network
- ARC (Applied Research Collaborative) Health Inequalities Theme
- North East Quality Observatory Service (NEQO)
- North East and Yorkshire NHSE/I representative

Other interested organisations as agreed with the Chair.

8. **Quorum**

8.1 Where the Chair has determined – and has given two weeks' notice to Group members – that a key decision will be made then the quorum shall include members (or their proxies) of all organisations that the Chair determines should be present unless that organisation has instead chosen to make a

written submission. For other meetings, to constitute a quorum, a minimum of half the core members must be present, including the following ICB executives (or their nominated deputies):

- ICB Executive Medical Director
- ICB Executive Director of Corporate Governance, Communications and Involvement
- ICB Executive Director of Finance

9. Declarations of interest

9.1 The Advisory Group will actively implement standards of good conduct and management of conflicts of interest through a register of interests of all members (either pecuniary or non-pecuniary). All members must declare if they have a personal interest and the nature of that interest before a matter is discussed or as soon as it becomes apparent. They shall not take part in the discussion or decision-making on that item.

9.2 A conflict of interest will include:

- A direct pecuniary interest: where an individual may financially benefit from the consequences of a decision;
- An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a decision;
- A non-pecuniary interest: where an individual holds a non-remunerative or not-for-profit interest in an organisation, that will benefit from the consequences of a commission decision;
- A non-pecuniary person benefit: where an individual may enjoy a qualitative benefit from the consequence of a decision which cannot be given monetary value;
- Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

10. Meetings and Support

10.1 The NENC Healthier Fairer Advisory Group will meet monthly, and all members of the group will receive meeting papers and minutes one week in advance. Support to the group will be provided by staff from NECS and from the programme leads/workstream sponsors

10.2 This support will include:

- Agreement of the agenda with the Chair
- Timely preparation and circulation of papers
- Ensuring minutes and papers for meetings are stored appropriately
- Oversight of finance, commissioning and reporting of sub-groups

10.3 The Board will ensure the following are in place to support the programme:

- Appropriate workstreams/sub-groups to drive forward the agreed priorities.

Item: 9.7

- Specific work plans for each priority with identified outcomes and monitoring arrangements.

Appendix 2

Summary of Funding Allocations to Health Inequalities Programmes

1. Overview

- 1.1 The following funding allocations were proposed by the previous Health Inequalities Advisory Group (which has now been superseded by the Healthier and Fairer Advisory Group), the Directors of Public Health Network, and the Chairs of the Population Health and Prevention Board. This was approved by the ICB Executive on 11 October 2022.
- 1.2 The initiatives being funded are grouped under the five key national priorities for health inequalities:
- Strengthening our leadership and accountability
 - Restoring our NHS Services Inclusively
 - Mitigating against 'digital' exclusion
 - Ensuring datasets are complete and timely
 - Accelerating preventative programmes

2. Strengthening our leadership and accountability

2.1 System capacity and infrastructure

Capacity is required to support system leadership and capability to address health and healthcare inequalities across NENC. This includes funding a small core team comprising a strategic manager, workforce development officer, communications and engagement officer (joint with the Population Health and Prevention Board) and senior analytical support. These posts are currently funded via the NECS Transformation Fund for 22/23 but funding is required beyond March 2023.

The team will coordinate activity to ensure health and healthcare inequalities are embedded throughout the ICS. They will drive forward activity to improve access, experience and outcomes for the population. They will ensure we are data and evidence informed, promote activity and share practice across NENC, lead a NENC Anchor Institutions Network across our public sector organisations and ensure we meet requirements to implement the Core20PLUS5 approach.

2.2 A Health Inequalities Academy

It is proposed that a Health Inequalities Academy be created to improve health inequalities skills, knowledge, and training across the whole NENC workforce. The Academy will create a Community of Practice, embed existing

health inequalities training and resources as well as deliver bespoke training programmes across the ICS. Development funding has already been secured from HEE for 2022/23.

3. Restoring our NHS Services Inclusively

3.1 Waiting Well

3.1.1 Waiting Well establishes a co-ordinated Population Health Management approach to supporting patients to prepare well for surgery, improve outcomes, and optimise surgical capacity. It will introduce a tiered support package for patients awaiting surgery, targeting those on the P4 list with the longest projected waiting times, as well as those from clinically and socially vulnerable groups who are most likely to suffer from poor surgical outcomes, postponements, and cancellations and who have been disproportionately affected by the COVID-19. The offer will include a universal digital offer, a tailored digital offer, and a complex, bespoke offer for those with the greatest need to support them to prepare physically and psychologically, whilst waiting for their procedure. The model was developed in collaboration with clinicians from different specialties, with representatives from both primary and secondary care.

3.1.2 The Waiting Well Programme focuses on equity, not just equality of pre-surgery support. It supports patients to make changes to optimise their surgical outcomes and reduces inequality of surgical outcome for Priority 4 patients in deciles 1 and 2, people with learning difficulties, people in ethnic minority groups and other categories deemed as vulnerable, compared to all other patients within Priority 4.

3.1.3 A model has been developed which will involve the introduction of a Central Hub to coordinate a tiered support package for these patients on the P4 list. Data from a Dashboard developed by NECS will be used to stratify patients into groups receiving either a universal offer if motivated and digitally able, a targeted offer if requiring a greater level of support, and a face-to-face offer for those patients requiring the most support. The approach also involves strengthening capacity at place, allowing a complementary rather than duplicate offer that drawing on existing services and local, place-based connections. An evaluation of the programme will also be in place.

4.2 Supporting people with multiple and complex health and healthcare needs ('Plus' programme)

4.2.1 A key part of the Core20PLUS5 framework is the need to target specific action to Inclusion Health Groups. This programme will be delivered at place, designed locally to support people with multiple and complex health needs associated with drug, alcohol and mental ill health to access healthcare. It will build on the £12.5m secured across NENC Councils to support people with drug and alcohol issues with housing, employment, treatment and enforcement as part of the national Drugs Strategy.

- 4.2.2 The proposal is to identify interventions to increase access to general health care for people with multiple and complex needs. Priorities for service development will need to be identified and implemented at local place, between LAs and their NHS partners, to ensure that critical gaps and areas for improvement are tailored to local needs. Examples of suggested interventions based on current gaps include respiratory in-reach clinics, hepatology in-reach clinics, improved access to primary care for physical healthcare needs, wound care, improved access to screening, immunisations and oral health programmes, assessment of mental health needs and work with pharmacies to reduce over the counter prescribing of opioids.
- 4.2.3 Further work is required to undertake mapping and scale healthcare interventions of for people from other inclusion health groups, in particular people who are homeless, vulnerable migrants, Gypsy Roma and Traveller communities, people with learning disabilities, people from ethnic minority communities and carers. We will utilise the existing expertise of people with lived experience, from networks and services already in place across NENC, to ensure we respond to the healthcare needs and barriers identified.

4.3 Deep End

- 4.3.1 The aim of the Deep End project is to establish a network for the 'Deep End' GP practices in the NENC, serving the 20% socio-economically deprived populations in our ICS. The aim is to improve care provided to these patients and reversing the Inverse Care Law by improving capacity and resources. To date Deep End has focused on practices operating within the 10% most deprived areas across the ICS using the WEAR approach (Workforce, Education, Advocacy & Research).
- 4.3.2 The aim is to provide additional capacity and resource for Deep End practices, attract new primary care professionals to work in Deep End Practices and develop new ways of working to address need. Initially this will focus upon clinical psychology, review of Opioid / Gabapentinoid prescriptions, screening & Immunisations and Social Prescribing. However, opportunities to build on the current AHSN proposal focused on increasing healthy heart checks in Middlesbrough and linking with the work of the CVD prevention workstream, we will look to increase hypertension case-finding amongst the Deep End practices. It will also develop primary care training to improve understanding of inequalities and attract staff to work in Deep End practices which will link with the wider Health Inequalities Academy (see 3.1.2). This will include a Deep End Fellowship Programme, increasing the number of Deep End Practices that are training practices, overseas graduates visa support and a Deep End extended Integrated Training Post.
- 4.3.3 NENC ARC have already provided research advice to ensure an evaluation framework to the Deep End network however an embedded Deep End Researcher Post will be appointed to build the evidence-base around 'what works' to reduce health and care inequalities and publish key findings.

4.4 Healthy Communities and Social Prescribing

- 4.4.1 The aim of the healthy communities and social prescribing approach is to build sustainable and effective community-centred approaches to support tackling the prevention and health inequalities agenda within the NENC ICS. This includes connecting with communities to promote health messages, engaging with various communities to gather local intelligence to inform local planning and enhancing work through the VCSE sector to increase access to healthcare. During the pandemic, significant work was developed jointly between the NHS, LAs, VCSE and Faith communities to increase access to vaccines. The approach of working with community champions to ensure accurate information was shared, dispelling myths and taking the vaccine to communities led to the Vaccine Inequalities Group across NENC captured the lessons and developing a vaccine inequalities toolkit. We will use some of the funding to enhance access to vaccines including covid, flu and pneumonia.
- 4.4.2 Additionally we will expand the NENC Core20plus5Connector pilot which has built on the Covid Champions Programme. Its initial focus has been on developing Cancer champions but will expand to other clinical areas. The programme will also enhance social prescribing infrastructure and delivery through the VCSE as well as strengthen the evidence base for social prescribing through the Building Research Partnerships & Collaboration, sharing best practice at local, regional and national level.

4.5 Poverty Proofing Clinical Pathways and developing a CYP Core20PLUS5

- 4.5.1 The Child Health and Wellbeing Network have been working with Children North East by applying a method used in education settings to poverty proof clinical pathways. The work ensures the voice of people living in poverty are able to influence the design and delivery of pathways so that they are more culturally appropriate, accessible and targeted at those that need it most. The work will expand on the current pilot underway in CCDFT and expand to other organisations/clinical specialties. Additionally, in order to prepare for the developing Core20PLUS5 framework for Children and Young People, an element of funding will contribute to the health inequalities advisors to ensure that children and young people from the most deprived communities and inclusion health groups are considered in the planning.

4.6 Maternity – Continuity of Carer

- 4.6.1 As a result of the Ockenden report, Trusts are not currently expected to deliver against a target level of Maternity Continuity of Carer, and this will remain in place until maternity services can demonstrate sufficient staffing levels to do so.
- 4.6.2 We will, however, continue to work with the LMNS to understand the implications of this for our Core20Plus group and support implementation of the recently published Equality Action Plan to ensure healthcare inequalities are addressed.

5. Mitigating against 'digital' exclusion

5.1 Digital Inclusion

5.1.1 The pandemic created the conditions to fast-track the delivery of a wide range of digital services. Whilst technology enabled different ways of working and interacting, it also highlighted that not everyone can access digital solutions for a range of reasons and illustrated the unintended consequences of a 'digital by default' ambition. Following a review and gap analysis of the NENC ICS Digital Strategy, against the What Good Looks Like Framework, areas of further focus were identified. One of those areas of focus was Digital Inclusion. Plans are underway to formulate the NENC ICS Digital Care Programme and Digital Inclusion Strategy. The resource will be used to address immediate priorities with focus upon access to equipment, support to community hubs. Increased skills to use the internet/apps/devices, support for those with a learning disability and removing language barriers.

5.2 Health Literacy

5.2.1 The vision of the NENC Health Literacy Approach is to ensure the ICS communicates all information to people in a way that is easy for them to understand and that is accessible to them. Providing information and communicating with people in a way that is meaningful for them is fundamental to delivering safe and effective care and reducing health inequalities. This programme will ensure there is an ICS wide approach to health literacy. It will raise awareness and empower staff via training, the development of a health literate toolkit and providing Information that people understand, enabling them to make active decisions in their care and their experience of this. Evaluation of the pilot in ST&S NHS FT is currently being supported by the University of Sunderland.

6. Ensuring datasets are complete and timely

6.1 Improved Morbidity Coding

6.1.1 Following the announcement of allocations for 2022/23 a task and finish group was established to identify the reasons for the relative decrease in need for general and acute services in the NENC identified in the national allocation formula. Inconsistencies with regards to the depth of morbidity coding across local NHS trusts and clinical concerns highlighted that local datasets do not reflect accurately the morbidity of their patients. Capacity to support driving forward improvements based on the approach adopted in NT&H NHS FT and in clinical coding teams will drive data improvements, including ethnicity coding.

6.1.2 This includes funding to establish networks, additional training and targeted capacity to support activities in identified specialties for improvement across NHS FTs. As part of this approach NEQOS aggregate data on comorbidity coding for all FTs will be summarised, with a particular interpretation around how the variation and changes by trust affect the regional position compared to the national average. NEQOS will also analyse, by FT, the depth of coding

which has been used in the funding allocation and compare this to the England average, identifying where the largest opportunities for improvement are (e.g., admission methods, diagnosis groups etc).

7. Accelerating preventative programmes

7.1 Tobacco Control

7.1.1 Smoking remains a leading cause of health inequalities across NENC. Smoking continues to cost the region approximately £887m per year, with circa. £190m attributed to health and social care costs. However, there is an evidence-based approach to reduce prevalence and deliver health benefits through increasing wider tobacco control. It is proposed that the NENC ICS identifies recurrent health inequalities funding to support wider tobacco control at both a system and place level. This would be part of a joint approach with the LAs that is in addition to all existing LA commissioned smoking cessation and NHS LTP acute tobacco dependency services.

7.1.2 The additional funding would support all other elements of evidence-based tobacco control including reducing exposure to second-hand smoke, development and delivery of bespoke media, communications and education campaigns which underpin population wide behaviour change; reducing availability and supply of illicit and legal tobacco; reducing tobacco promotion; tobacco regulation and research. This would be delivered through the existing NENC tobacco control office (Fresh) currently funded by 7 LAs, creating a strong NENC voice and the capacity to influence at scale. This would ensure that the regional tobacco control office is funded jointly between LAs and the NHS.

7.2 Alcohol Care Teams

7.2.1 Alcohol causes a wide range of conditions including cardiovascular disease, cancers, and liver disease, as well as contributing to harm from accidents, violence, and self-harm. Data recently released shows a 20.5% increase in alcohol related deaths in the North-East since 2012. These are a significant contributing factor to inequality in life expectancy between the region and the rest of England. The NE region has the highest rate of alcohol specific admissions and there are 14 times as many alcohol specific unplanned admissions for those living in the top 10% most deprived areas of NENC than within the least deprived, many of which are preventable. The evidence base for effective alcohol interventions in hospital is set out in three NICE guidelines.

7.2.2 The LTP allocation for Alcohol Care Teams (ACTs) has ensured that most of the NENC Acute Trusts are now resourced to deliver a 24/7 ACT. There are 3 Trusts that did not receive the national allocation – County Durham and Darlington Foundation Trust, North Cumbria Integrated Care Trust and Northumbria NHS Healthcare Foundation Trust (though the latter already had a team that aligned most closely to the ACTs though not delivered 7 days a week). There was only sufficient national resource for 50 hospital sites but

with additional investment of £945k the ACT plus model (includes recovery navigators) would ensure the whole of the ICS footprint has an evidence-based alcohol team. The Implementation of ACT provision at scale across the ICS gives an opportunity to ensure a consistency of approach, ensuring equity of access and provision to a vulnerable population who often suffer from complex needs.

7.3 Healthy Weight and Treating Obesity

7.3.1 Obesity is a leading cause of preventable morbidity and mortality, representing one of the most immediate health challenges for the NHS. A regional obesity analysis highlighted that there are approximately 151,101 patients that would be eligible for Tier 3 and 4 services of which 63% are from the 20% most deprived areas of the ICS. A Healthier Weight and Treating Obesity workstream sub-group was developed to focus on the recovery/expansion plans and agree minimum delivery and staffing standards for Tier 3 weight management services. The proposal is to provide Tier 3 weight management services to approx. 1000 patients that meet the agreed minimum standards targeting patients living in the 20% most deprived areas within the North-East and North Cumbria ICS footprint.

8. Financial Summary

8.1 The ICB received an allocation in 2022/23 for health inequalities of £13,604k. In the initial allocation announcement it was noted this funding was non-recurrent however further clarification provided by the NHS England Health Inequalities Policy team has confirmed the funding will form part of the recurrent baseline of the ICB moving forward. As such, proposals have been developed covering the period 2022/23 to 2024/25. It is expected that going forward health inequalities funding will form part of the ICB's baseline allocation rather than be separately identified. We will ensure that this funding is ringfenced in future years to support health inequalities and not be reallocated as part of baseline funding decisions.

8.2 An overview of the current proposed allocation of resources for the period 2022/23 to 2024/25 is shown in the table below. As it stands proposals for 2022/23 are currently below the available allocation and funding of £4,239k is still available to support the programme. The ICB strategy in relation to health inequalities which is still in development is expected to identify other priority investment areas and further consideration will be given on the allocation of the available resources following this. A further investment priority area in relation to the cost-of-living crisis to identify at risk patients and navigate them to appropriate support is currently being developed.

Item: 9.7

Health Inequalities ICB Allocation Utilisation Proposal	Additional Funding Requirements from HI Allocation		
	2022/23 £000's	2023/24 £000's	2024/25 £000's
System capacity and infrastructure	-	250	250
Health Inequalities Academy	-	100	100
Waiting Well programme	2,671	3,000	1,500
Plus Programme	3,000	3,000	3,000
Deep End programme	986	2,929	3,043
Healthy Communities and Social Prescribing	883	300	300
Poverty Proofing and CYP CORE20PLUS5	156	366	366
Implementing digital exclusion plan	100	400	400
Health Literacy	98	390	390
Improved FT Morbidity Coding	25	100	100
Accelerating Prevention Programmes: Tobacco	486	810	810
Accelerating Prevention Programmes: Alcohol	356	945	945
Accelerating Prevention Programmes: Obesity	101	1,000	1,000
Evaluation	500	-	-
Grand Total	9,361	13,590	12,204

9. Evaluation

- 9.1 Evaluation of the programmes within this proposal is central to demonstrating their impact. Some already have a strong evidence based and are recommended in NICE guidance. However, we not only want to translate evidence into practice but continue to build the evidence base.
- 9.2 Of the thirteen schemes within this proposal, six already have a funded evaluation in place or planned, for example Deep End is being evaluated by an embedded researcher. Funding of £500k is built into this proposal in 2022/23 to ensure that the evaluation framework for the programmes is developed and can contribute to addressing healthcare inequalities.
- 9.3 The strong and effective partnership already in existence with the NENC Applied Research Council (ARC) will be further developed to ensure consistent and effective evaluation of the schemes.

November 2022