

Item: 16

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	

BOARD

1 OCTOBER 2024

Report Title:

Our Ambition to Improve Population Health

Purpose of report

The following pack includes the bi-annual report on health and healthcare inequalities, the finalised Clinical Conditions Strategic Plan (CCSP) and a summary of our ambition and work to date to improve population health for North East and North Cumbria.

Key points

Summary of the ICBs overall ambition and progress in improving population health

- This overarching presentation outlines the current state of our local population's health and seeks to provide assurance on the work being delivered and led by the ICB.
- The ICB is leading the transformation required on three levels.
 - Influencing at a civic level on areas such as economic development and social care with our regional and national partners.
 - Through community-based interventions within our wider ICS as part of our Healthier and Fairer programme, addressing those broader determinants which affect our health and wellbeing as well as ensuring strong prevention programmes.
 - Finally, through the ambitions set out in the clinical conditions strategic plan, the ICB seek to improve population health through the focussed effort of the local health system.
- The presentation demonstrates that doing nothing is not an option. If we want to transform the health and wellbeing of our local population, we need to go further and faster in our ambition.

Clinical Conditions Strategic Plan

- The ICB Board previously received a draft of the clinical conditions strategic plan on the 26 March 2024. Attached is the final version for approval of publication.
- The clinical conditions strategic plan outlines the key health challenges faced for the people of the North East and North Cumbria. The plan outlines condition specific priorities and recommendations that will have the greatest impact on population health.
- Since the last iteration, the clinical leadership team have further strengthened the recommendations, working with experts from across the system.
- In addition, the team have worked with NEQOS to develop an outcomes framework for each of the priority areas for adults and children and young people.
- During the last six months we have continued to engage with key stakeholders on the content and the next phase will be focussed on implementation of the plan.

Bi-annual update on the ICB position for health and healthcare inequalities

- The report is the 6-month update on the previous report received by the Advisory Group in February 2024
- Over this period metrics have been further developed to reflect the inequality gaps associated with each clinical pathway/topic and where data quality issues have been identified have either been removed or addressed. Where removed plans are in place to remedy this.
- Further to a request from NHSE targets have been set for narrowing the inequality gaps for the 10 clinical pathways within the CORE20Plus5 frameworks, and where currently absent plans are in place to remedy this.

Risks and issues

- Financial limitations will inhibit our ability to transform services at a pace that we would want.
- It will be challenging to shift our approach to a more preventative focus whilst managing the here and now challenges that exist within our system.

Assurances

- We will continue to identify opportunities for efficiency which will be used to support the delivery of our ambition.
- Assurance can be gained from the level of engagement from our partners in these key programmes of work and their commitment to making a difference together.

Recommendation/action required

The ICB Board is asked to;

- note the content of the information pack and,
- approve the publication of the Clinical Conditions Strategic Plan

Acronyms and abbreviations explained

CCSP – Clinical Conditions Strategic Plan

Sponsor/approving executive director	Dr Neil O'Brien, Chief Medical Officer
Date approved by executive director	19/09/24
Report author	Anna Pickford, Principal Intelligence Analyst, Edward Kunonga, Director of Population Health, Jon Quine, Strategic Lead, Rachel Rooney, Deputy Director, Medical Directorate, Siobhan Brown, Director of Healthier and Fairer, Women's Health & PMO

Link to ICP strategy priorities (please tick all that apply)

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		N/A	✓
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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?	No					
Has there been/does there need to be appropriate clinical involvement?	The development and implementation of the clinical conditions strategic plan is clinically led. The Healthier and Fairer programme has clinical representation throughout the governance structure.					
Has there been/does there need to be any patient and public involvement?	As we move into the implementation phase of the clinical conditions strategic plan, we hope to develop ways of engaging on key subject areas to ensure impactful delivery. The Healthier and Fairer programme uses lived experience insight to develop priorities and deliver change initiatives.					
Has there been/does there need to be partner and/or other stakeholder engagement?	The work on the clinical conditions strategic plan has been developed in partnership with clinical experts across the ICS. The healthier and fairer programme is very much a multi-agency approach which is embedded in governance.					
Has there been/does there need to be appropriate finance or digital involvement?	Finance and digital teams are involved in both aspects of these work programmes.					

Our Ambition to Improve Population Health

1. Introduction

The following pack includes the bi-annual report on health and healthcare inequalities, the finalised clinical conditions strategic plan and a summary of our ambition and work to date to improve population health for North East and North Cumbria.

2. Overview

- 2.1 The overarching presentation aligns the work being delivered through the ICS network of partners, Healthier and Fairer programme, and the clinical conditions strategic plan. It highlights the challenges, ambition and incremental transformation required over the next five years to demonstrate the greatest impact on our population's health and wellbeing.
- 2.2 The NHS statement on health inequalities requires NHS bodies to report the extent to which they have exercised their functions in addressing health inequalities within their annual report, which in turn enables NHS England to conduct an annual assessment of ICBs, a statutory requirement.
- 2.3 The previous update on health inequalities was contained in the 2023/24 CB Annual Report and Accounts
- 2.4 This bi-annual report is a mid-year update to that statement. The subsequent update in March 2025 will provide the required assurance for the 2024/25 ICB Annual Report and Accounts.
- 2.5 The report on health and healthcare inequalities provides an understanding of current outputs and outcomes specific to the CORE20Plus5 for Adults and children and young people (CYP) included within the Integrated Delivery Report and to provide an update and assurance on the measures of inequality included within the statement.
- 2.6 This includes an update on work being undertaken to close the identified inequality gap for each clinical area.
- 2.7 The report also provides intelligence on the healthcare challenges for the population within the most deprived communities of NENC and potential future challenges to the system.
- 2.8 The clinical conditions strategic plan outlines the role of the local health service in the delivery of recommendations based on high impact conditions.
- 2.9 This is identified through population health data and clinical curiosity. For each clinical condition there is an accompanying set of recommendations and outcome indicators used to measure success.
- 2.10 The content of the plan is clinically led, using the relevant, evidence-based guidance and datasets.
- 2.11 The impact should be realised through targeting those cohorts which are inadvertently affected by the community in which they live or whether they have a severe mental illness or learning disability as well as a host of other determining factors.

- 2.12 Our ambition is to improve the quality of life and years lived of our local population compared to the national average, whilst recognising that we need to reduce the inequity that exists amongst our communities.

3. The Challenge

- 3.1 The data indicates that life expectancy for both males and females in NENC is still lower than the national average, this gap is 1.7 years for males and 1.6 years for females.
- 3.2 Also, within our local population there are significant inequalities between the most affluent and deprived communities. The average life expectancy for females is 76.8 years in the most deprived cohorts compared to 85 years in the most affluent. This represents an 8.1 year inequality gap for women who live in NENC.
- 3.3 For males the average life expectancy for those living in the most deprived communities is 71.8 years compared to 82.2 years for those in least deprived geographies. This represents a 10.4 year inequality gap.
- 3.4 In addition, there is a similar pattern in relation to healthy life expectancy where NENC are below the national average for both males and females.
- 3.5 The key contributing conditions to the inequality gap between the most and least deprived communities within NENC are Cardiovascular disease, Cancer and 'External causes' which include suicide and accidental poisoning.
- 3.6 Through population health data analysis, a series of clinical conditions were identified where such disease causes premature mortality, health inequalities are evident and where we have a high prevalence amongst our local communities.
- 3.7 The recent Darzi report highlights the impact of poor health on the wider economy, resulting in worklessness, poor productivity and lower growth. Our programmes of work seek to address this wider societal impact through more upstream intervention, preventing major illness and ensuring a proactive approach to healthcare.
- 3.8 Through Healthier and Fairer, the three priority pillars (prevention, health and healthcare inequalities and the NHS contribution to the broader social and economic determinants of health) form the basis of our change programme.
- 3.9 The attached slide decks provide an overview of our ambition to tackle population health, a summary of the full Bi-Annual Report on Health and Healthcare Inequalities and the Clinical Conditions Strategic Plan.

4. Delivery and Assurance

- 4.1 The following information pack details the ambition and delivery to address population health for NENC through the local health system and wider ICS contribution.
- 4.2 The Healthier and Fairer programme has already demonstrated gains in tackling those key risk factors associated with ill health and premature mortality – healthy weight and treating obesity, tobacco, and alcohol. The attached slide set highlights work to date but also continues to challenge the ambition to go further and faster.

- 4.3 As part of the ICB Integrated Delivery Report (IDR), work is underway to ensure that the reporting of the CORE20Plus5 metrics is accurate, including reporting of the inequality gap for deprivation and ethnicity (where available).
- 4.4 This has included the setting of targets and milestones as requested by NHS England following the review of the ICB CORE20Plus5 Plan that was submitted in June this year as a requirement of the 2024/25 Operational Planning Guidance.
- 4.5 Through the identification of ICB Director Leads and the setting of targets and milestones, the ICB is further demonstrating its commitment not only better understand the scale and nature of the inequality gap across both the CORE20Plus5 and legal statement frameworks, but to measure changes and deliver plans to address these.
- 4.6 This work is undertaken in parallel with the development of the Clinical Conditions Strategic Plan (CCSP); whilst the metrics identified with this report focus on the inequality gap, these have been developed in collaboration with the team working on the outcomes framework for the CCSP.
- 4.7 The NHS contribution to reducing social and economic inequalities programme contributes to the delivery of fairer outcomes for all through the health literacy, poverty proofing and digital inclusion projects, working with providers to ensure access to services and patient experience is considered through a wider determinants of health lens.
- 4.8 Understanding of health inequalities associated with deprivation and ethnicity will improve as data flows become more robust and using alternative sources of intelligence where data flows cannot be established will support an understanding of the NENC position.
- 4.9 The year-end report for health and health inequalities will include an assessment of all plans against their impact on inclusion health groups, for example, how each of the clinical pathways within the CORE20Plus5 and legal statement are experienced by people with a Learning Disability.
- 4.10 The outcome indicators contained within the CCSP will be used to monitor progress against our ambition and a robust governance structure and delivery process will oversee the impact made.

4. Recommendations

The ICB Board is asked to;

- note the content of the information pack and,
- approve the publication of the clinical conditions strategic plan.

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Date: 19th September 2024