



# North East and North Cumbria

Our Reference North East and North Cumbria  
ICB\FOI ICB648

NECS – John Snow House  
Durham University Science Park  
Durham  
DH1 3YG

Tel: 0191 301 1300  
E-mail: [necsu.icbfoi@nhs.net](mailto:necsu.icbfoi@nhs.net)

15 December 2023

By Email

Dear Applicant

## **Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)**

Thank you for your request received by North of England Commissioning Support (NECS) on 27 November 2023 for information held by NHS North East and North Cumbria Integrated Care Board (NENC ICB) under the provisions of the Freedom of Information Act 2000.

NENC ICB covers the areas of County Durham, Gateshead, Newcastle, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland and Tees Valley (which covers the 5 councils that make it up – Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees).

### **Your Request and our response**

Under the Freedom of Information act I would like to understand the following, to be supplied via the email above:

- 1. Has the ICB set aside a budget this current year to address Health Inequalities, if so, please can you state the budget?**

*Yes. The NENC received an of £13.6m for Health Inequalities and has plans agreed for this.*

- 2. Was any budget allocated to address Health Inequalities that was an allocation to the primary Care Networks in the ICB, if so what was the amount?**

*Primary Care Networks have not directly been allocated Health Inequalities funding but have been involved in supporting the delivery of the Deep End Programme and*

*Waiting Well Programme (see below for details of the work programme) in their local areas where required.*

### 3. Could you share any projects that were allocated funds to address Health Inequalities?

*Health Inequalities work programmes.*

<b>Health Inequalities ICB Allocation Utilisation Proposal</b>	<b>2023/24 £000's</b>	<b>2024/25 £000's</b>
System capacity and infrastructure	250	250
Health Inequalities Academy	100	100
Waiting Well programme	3,000	1,500
Plus Programme	3,000	3,000
Deep End programme	2,929	3,043
Healthy Communities and Social Prescribing	300	300
Poverty Proofing and CYP CORE20PLUS5	366	366
Implementing digital exclusion plan	400	400
Health Literacy	390	390
Improved FT Morbidity Coding	100	100
Accelerating Prevention Programmes: Tobacco	810	810
Accelerating Prevention Programmes: Alcohol	945	945
Accelerating Prevention Programmes: Obesity	1,000	1,000
Evaluation	-	-
<b>Grand Total</b>	<b>13,590</b>	<b>12,204</b>

#### **System capacity and infrastructure - £250K**

*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 and ensure we meet requirements to implement the Core20PLUS5 approach.*

#### **A Health Inequalities Academy - £100K**

*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 develop and deliver bespoke training programmes across the ICS. Development funding has already been secured from HEE for 2022/23.*

#### **Waiting Well - £3 million**

*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.*

*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.*

*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.*

### **Supporting people with multiple and complex health and healthcare needs ('Plus' programme) - £3million**

*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, homelessness 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.*

*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 Local Authorities 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 and oral health programmes, assessment of mental health needs and work with pharmacies to reduce over the counter prescribing of opioids.*

### **Deep End - £3 million**

*The aim of the Deep End project is to establish a network for the 34 '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).*

*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. 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.*

*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.*

### **Healthy Communities and Social Prescribing - £400K**

*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.*

*This programme will expand the NENC Core20plus5Connector pilot which is a community champion programme which has built on the Covid Champions Programme. Its initial focus has been on developing Cancer champions but will expand to other clinical areas. Additionally, the programme will 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.*

### **Poverty Proofing Clinical Pathways and developing a CYP Core20PLUS5-£200k**

*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.*

### **Digital Inclusion - £400K**

*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.

### **Health Literacy - £390K**

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&SFT is currently being supported by the University of Sunderland.

### **Improved Morbidity Coding - £100K**

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 North Tees and Hartlepool NHS FT and in clinical coding teams will drive data improvements, including ethnic minority data recording.

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).

### **Tobacco Control - £810K**

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 13 Local Authorities that is in addition to all existing LA commissioned smoking cessation and NHS LTP acute tobacco dependency services.

*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. The ICB funding will match the LA investment of 27p per head so that the regional tobacco control office is funded equally by LAs and the NHS.*

### **Alcohol Care Teams - £945K**

*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.*

*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.*

### **Healthy Weight and Treating Obesity – £1 million**

*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 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.*

#### **4. Is there any plans to allocate funds to address health inequalities next financial year 2024/25?**

*NENC currently has a 3-year plan for the Health Inequalities allocation which covers 2024/25 see table above.*

In line with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by the North of England Commissioning Support Unit.

The Information Commissioner can be contacted at:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

[www.ico.org.uk](http://www.ico.org.uk)

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 [www.legislation.gov.uk](http://www.legislation.gov.uk) . This will not affect your initial information request.

Yours sincerely

*Paul Atkinson*

**Paul Atkinson**  
**Information Governance Officer**