



**North East and
North Cumbria**

Better Health and Wellbeing for All – Clinical Conditions Strategic Plan

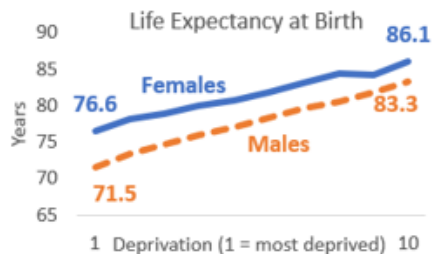


2024 – 2030

The scale and size of the population health challenge in the NENC population

Whole Population

Inequalities



Female **+9.5**
Male **+11.8**
Difference in Life Expectancy Between Most and Least Deprived Areas (Years)



20.8%
Gap in School Readiness Between Children Eligible And Not Eligible For Free School Meals

51% of children eligible for free school meals have not achieved a good level of school readiness

Most Prevalent Long Term Conditions (All Ages)



642,900
(21%)
Have Anxiety



530,900
(17%)
Have Hypertension



470,700
(15%)
Have Depression

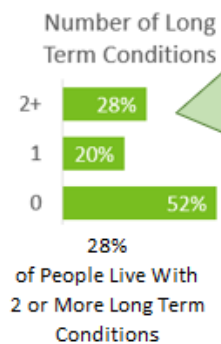


218,500
(7%)
Have Diabetes



218,400
(7%)
Have Asthma

Multi Morbidity



Proportion of people with 2+ LTCs is **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%)
Have Autism



23,000
(4%)
Have Asthma



14,200
(2%)
Have Anxiety



2,900
(0.5%)
Have Learning Disabilities



2,100
(0.4%)
Have Epilepsy



1,600
(0.3%)
Have Diabetes

Obesity



12%
of Children in Reception
Are Obese



25%
of Children in Year 6
Are Obese

(Highest Rate in England)

Year 6 obesity rates are **higher** in more deprived communities
Most Deprived **40%** Least Deprived **15%**

Mental Health



31 Deaths
by Suicide
Aged 7 to 18 in NENC
2018/19 to 2022/23

Adults (figures for all ages)

Lung Cancer



93.6 per 100k
Incidence of Lung Cancer
(England 71.0)

Incidence of Lung Cancer is **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:
37% have anxiety
31% have depression



60%
of Adults Expected To Experience Back Pain During Lifetime (Nationally)

Anxiety and Depression (Age 18+)



Most Deprived **28%**
Least Deprived **21%**
Rates of **anxiety** are **higher** in more deprived communities



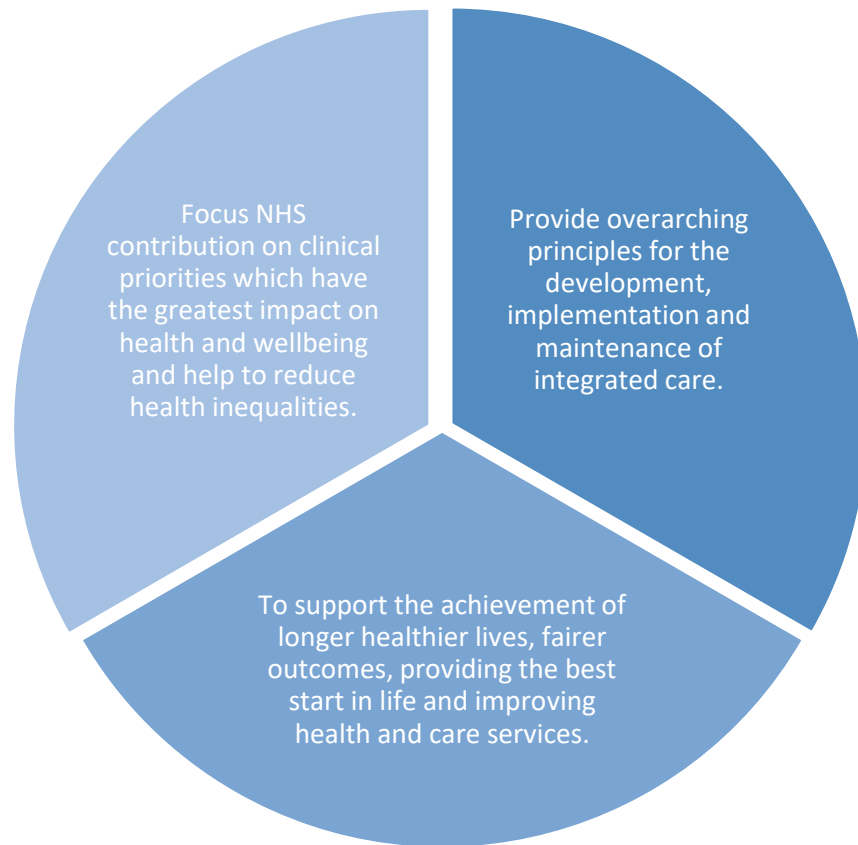
Most Deprived **23%**
Least Deprived **14%**
Rates of **depression** are **higher** in more deprived communities



616,000
(20%)
Have 3+ Risk Factors For Circulatory Disease

Cardiovascular

Our vision: using population health information to get the best outcomes from health services in the North East and North Cumbria



- We will shift from a reactive hospital-based treatment model to pro-active approaches of prevention and early intervention
- We will address unwarranted variation in clinical practice and improve inconsistent clinical pathways and outcomes
- We will focus on personalised prevention, promote self - care, and management
- We will develop new models of care in priority pathways which include continuity of care.
- We will address healthcare inequalities in access, experience, and outcomes
- We will improve the care of people with single and multiple long-term conditions
- We will promote value-based healthcare and improve efficiency and value across the system
- We will ensure more action on upstream prevention of avoidable illness and its exacerbations
- We will rapidly adopt new technology and innovation to improve care.



Approach to developing the clinical conditions strategic plan

- The clinical conditions plan will not sit in isolation but is part of our broader system strategy and plans.
- The clinical conditions plan is underpinned by what our local NHS can contribute to support the prevention agenda.
- The clinical conditions plan provides a framework for service model development.
- The clinical conditions plan provides a greater understanding of the needs through population health management.
- Our prioritisation approach, is evidence based.
- The development of the clinical conditions strategic plan is based on clinical and system engagement.
- There is clear alignment between other national and regional policy such as the national major conditions strategy.
- Our ICB is working in partnership with provider networks to ensure robust and sustainable services are developed and nurtured.
- The clinical conditions plan will support our clinical community in understanding the impact they can have on ensuring the best start in life, healthier lives, fairer outcomes, and ultimately improving health and care services for the people of the North East and North Cumbria.



Prioritisation framework for the ICB clinical conditions strategic plan

Criteria and ranking – Adult clinical priorities

Criteria	Weighting %
Premature mortality	20
Contributing to life expectancy gap	20
Morbidity (Global burden of disease study estimates)	25
GBD risk factors	10
Highest number of people affected (prevalence)	20
Resource utilisation	5

- The clinical strategy steering group reviewed criteria and agreed % weighting for each one based on importance.
- This was then used to score each health condition presented as part of a collated long list
- The scoring process was undertaken by individuals and then calibrated as a multi-professional group.

Criteria and ranking – children and young people clinical priorities

Criteria	Weighting %
Lifetime impact	20
Effectiveness of intervention	10
The scale of inequalities	15
Level of unwarranted variation in the management of conditions	10
Highest number of people affected (prevalence)	20
Impact of disability and quality of life	20
Resource utilisation	5

- The Child Health and Wellbeing Network reviewed criteria and ranked each one in terms of relevance
- The network facilitated a series of multi-disciplinary discussions to score the long list of health conditions.
- The short list was then debated and signed off by the network as the priority areas for children and young people.



Our clinical priorities

Adults

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

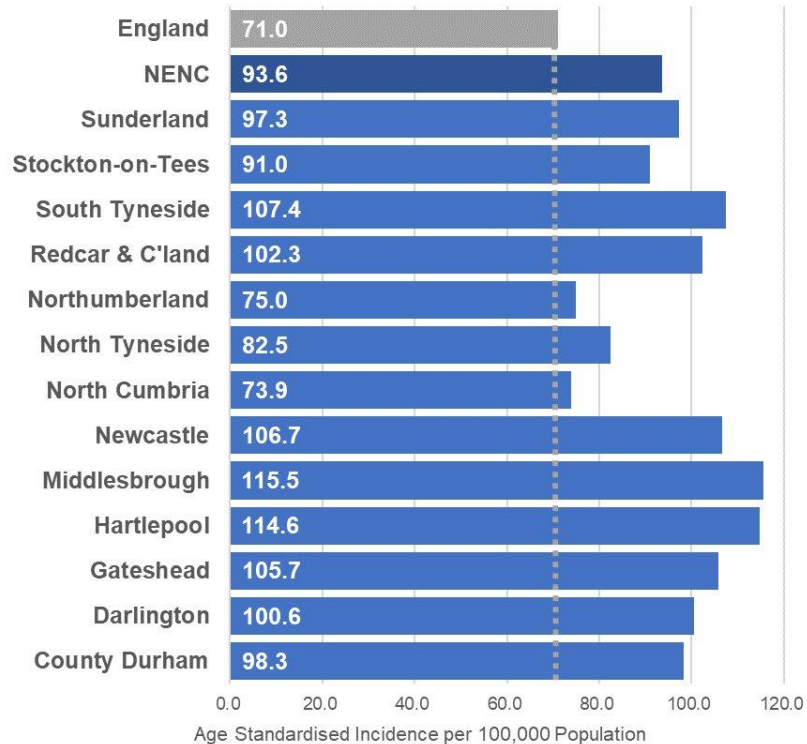
Children & Young People

- *Diabetes*
- *Asthma*
- *Epilepsy*
- *Obesity*
- *Oral Health*
- *Anxiety and mental health*
- Autism and learning disabilities

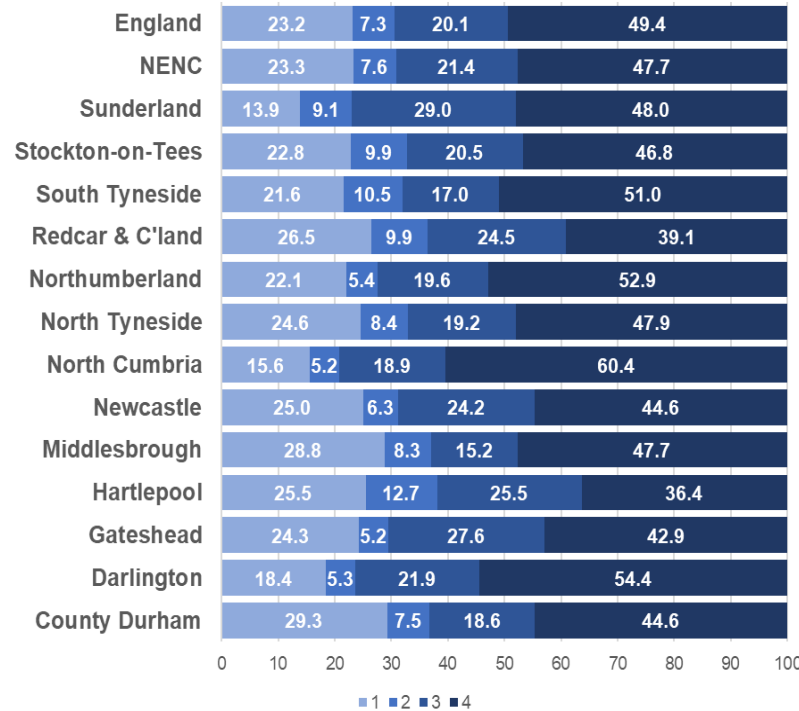


Lung Cancer – what the data tells us

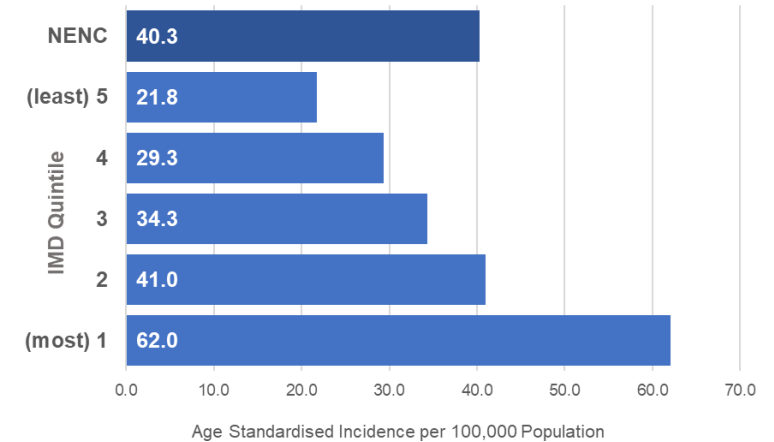
All Stage Lung Cancer



Stage at Diagnosis % (2020)



Stage 4 (Metastatic) Lung Cancer



Lung cancer is one of the leading causes of premature mortality and the gap in life expectancy between deprived and affluent areas.

Our lung cancer rates are higher than the England average and all places across North East and North Cumbria NENC have a higher age standardised incidence than England.

Almost half of our lung cancer diagnosis are at stage 4 in line with national average with North Cumbria having the highest rate.

Recent years have seen an **increase** in proportions of lung cancers diagnosed at **stage 1** and a **reduction at stage 4 in NENC**.

~40% of cases of stage 4 lung cancer occur in areas with IMD Quintile 1.

The stage 4 lung cancer incidence is almost three times higher in the deprived compared to affluent areas.



Lung cancer recommendations

The lung cancer recommendations were developed in collaboration with the Northern Cancer Alliance, who have worked with patients and clinicians from across NENC to co-produce a regional lung cancer strategy

1. We will continue to support the Healthier and Fairer Programme in the roll out of the regional **tobacco control** strategy and the aim to reduce prevalence of smoking to 5% by 2030.
2. We will scale up **targeted lung health checks** to progress further and faster than the national ambition for 100% coverage by 2030 – creating a ‘stage shift’ at presentation.
3. We will continue the work on **reducing barriers to accessing services**, designing provision around those with greatest need, broadening referral routes into services and including self-referral access in target groups.
4. We will ensure **equity of access to diagnostic tests and effective treatment**, addressing unwarranted variation and matching capacity to rising demand from TLHC.
5. We will embed a holistic approach to improving fitness and management of comorbidities so that more patients can be offered treatments and enjoy better QOL at all disease stages.



Obesity in children and young people – scale of the challenge

North East has highest rates of obesity in Reception and Year 6 of any region in England.

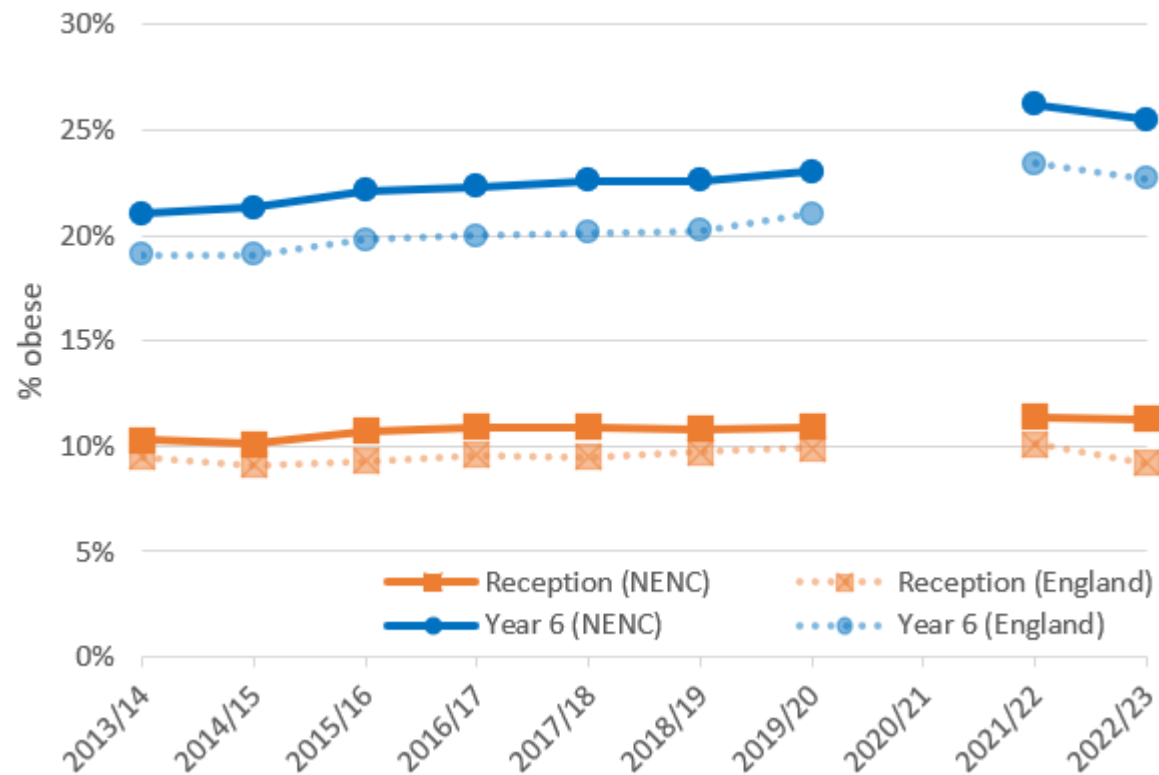
1 in 4 (25.5%) children in Year 6 are obese, a slight decrease from the previous year.

Data available for the North East region shows a clear relationship between deprivation and obesity. **1 in 3** Year 6 children from the **most deprived** areas are obese compared to **1 in 6** from the least deprived.

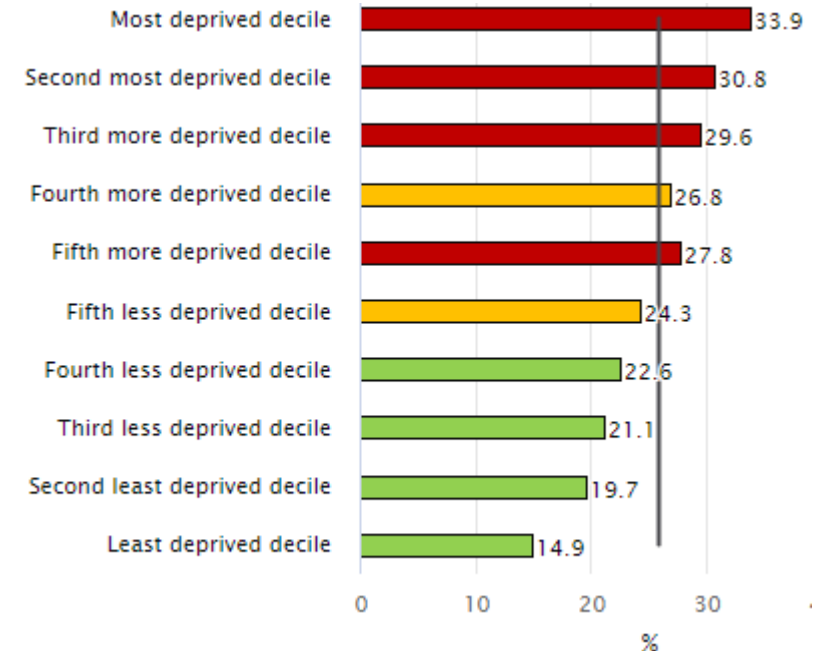
Boys in Year 6 are more likely than girls to be obese (28.4% vs 23.0%). The genders are closer together in Reception (11.7% boys vs 10.9% girls).

Nationally, children of Black, Bangladeshi and Pakistani **ethnicity** are more likely to be obese than their White counterparts.

Obesity at Reception and Year 6



Year 6 Obesity by deprivation, 2022/23 (North East Region)



Children and young people obesity recommendations

Obesity was identified as a key priority for Children and Young People (CYP) due to the need to develop services for overweight and obese children. To support CYP health and wellbeing and to ensure we tackle the lifelong impact of obesity. The CYP obesity recommendations were developed in collaboration with the Child Health and Wellbeing Network.

1. We will support the development of a **regional whole systems approach for healthy weight and treating obesity**.
2. We will take a **family approach**, utilising **Making Every Contact Count (MECC)** and offering opportunistic interventions.
3. We will deliver actions to improve the **recording of weight/BMI in primary care**.
4. We will ensure CYP have **access to weight management services** including dietetic services and healthy psychology services for weight management for those who need it.
5. We will ensure that the **tertiary centres** are sustainable in the long term for regional referrals, advice and shared care.



Summary of recommendations for adult priorities

Priority Condition	Condition specific recommendations	Themed recommendations
Lung cancer	<ul style="list-style-type: none"> Targeted lung health checks Timely access to diagnostics and effective treatment 	<ul style="list-style-type: none"> Making Primary Prevention of risk factors such as the roll out of the tobacco control strategy, alcohol prevention, whole system obesity approach. Proactive case finding Secondary prevention of risk factors Making Every Contact Count (MECC) Delivering nationally agreed models of care Optimising use of medication and therapy
Cardiovascular health	<ul style="list-style-type: none"> Proactive case finding in primary care e.g. AF, hypertension, lipids. Optimising these risk factors 	
Respiratory health	<ul style="list-style-type: none"> Targeted lung health checks Spirometry and FeNO Symptom-led prehab and rehab 	
Lower back pain	<ul style="list-style-type: none"> Single point of access for MSK Following national back pain pathway 	
Anxiety/depression	<ul style="list-style-type: none"> Roll out of integrated community model of care 	



Summary of recommendations for children and young people priorities

Priority Condition	Condition specific recommendations	Themed recommendations
Diabetes	<ul style="list-style-type: none"> • Access to diabetes MDT • Access to technology 	<ul style="list-style-type: none"> • Primary prevention • Secondary prevention • Making Every Contact Count (MECC) • Delivering nationally agreed models of care • Optimising use of medication and therapy • Ensuring targeted approaches to reduce health inequalities • Meet Core20 PLUS 5 requirements • Ensuring compliance with national models of care • Strengthened clinical leadership • Facilitating effective transition
Asthma	<ul style="list-style-type: none"> • Access to diagnostic hubs 	
Epilepsy	<ul style="list-style-type: none"> • Access to epilepsy MDT 	
Obesity	<ul style="list-style-type: none"> • Ensuring whole system approach to obesity and weight management 	
Oral Health	<ul style="list-style-type: none"> • Delivery of oral health programme and dental transformation work 	
Anxiety and mental health	<ul style="list-style-type: none"> • MHST in schools • Embed trauma informed practice • Access to health psychology for those with a LTC 	
Autism and learning disabilities	<ul style="list-style-type: none"> • Development and rollout of neurodevelopmental pathways • Increase number of learning disability health checks 	



Core 20 PLUS 5 – going further

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE



CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5



Key clinical areas of health inequalities

1

ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks



2

DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks



3

EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism



4

ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s



5

MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation



REDUCING HEALTHCARE INEQUALITIES



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Target population

CORE20 PLUS 5



Key clinical areas of health inequalities

1

MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups



2

SEVERE MENTAL ILLNESS (SMI)
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets



3

CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4

EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



5

HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas