Northumberland
County Council

HEALTH AND WELLBEING BOARD

12TH OCTOBER 2023

Update on and refresh of the Joint Health and Wellbeing Strategy theme 'Adopting a whole system approach to health and care'

Report of Councillor(s) Councillor Veronica Jones, Portfolio Holder / Cabinet Member for Improving Public Health and Wellbeing

Responsible Officer(s): Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities

1. Link to Key Priorities of the Corporate Plan

This report is relevant to the following priorities in the NCC Corporate Plan:

1. **Achieving value for money:** Preventing illness typically has very high cost-effectiveness, and often yields a return on investment in terms of preventing hospital admissions and requirements for social care.[1] Integrated care can have a positive impact on quality, efficiency, and outcomes.[2] There is also considerable evidence on the cost-effectiveness of personalised care.[3]
2. **Tackling inequalities:** Reducing inequalities in life expectancy and healthy life expectancy is the overall aim of the Joint Health and Wellbeing Strategy. This theme helps to achieve this aim by seeking: to prevent illness among people with the worst health (in particular those living in our least affluent areas); to drive integrated, coordinated, personalised care for people with greatest need (including people with multiple long-term conditions, and people with severe mental illness); and to reduce inequalities in access to, experiences of, and outcomes from healthcare and social care in Northumberland.
3. **Driving economic growth:** By preventing illness and improving health, people can continue working and contributing to the economy for longer. Effective, equitable care can also enable people who are most likely to experience illnesses early in life to continue in work or return to work. This refresh reinforces the need for our large employers (anchor institutions) to maximise their corporate social value responsibilities, which contributes to local, inclusive economic growth.

2. Purpose of report

- To update the Board on achievements against the theme of 'Adopting a whole system approach to health and care' in the Northumberland Joint Health and Wellbeing Strategy 2018-28; and

- To refresh and propose amendments to priorities, actions, and indicators or evidence of achievement for this theme

3. Recommendations

The Board is recommended:

- To note and comment on achievements described in this report; and
- To agree to the proposed amendments to priorities, actions, and indicators or evidence of achievement for the theme.

4. Key Issues

1. Adopting a whole system approach to health and care' is one of four themes of the Northumberland 2018-28 Joint Health and Wellbeing Strategy (JHWS). This theme seeks to maximise value from, and sustainability of, health and social care and other public services for improving the health of the people of Northumberland and reducing health inequalities.
2. This theme has had three priorities:
    - Refocus and prioritise prevention and health promotion;
    - Improve quality and value for money in the health and (social) care system (integration); and
    - Ensure access to services that contribute to health and wellbeing are fair and equitable.
3. The Northumberland System Transformation Board agreed to take ownership of this theme and set up a cross-sector group to review achievements to date, and review and refresh actions and indicators of progress.
4. The member lead for this theme is Councillor Veronica Jones, Portfolio Holder / Cabinet Member for Improving Public Health and Wellbeing; the elected member sponsor is Councillor Paul Ezhilchelvan, Chair of Northumberland Health and Wellbeing Board; the director sponsors are Rachel Mitcheson, Director of Place – Northumberland, North East and North Cumbria Integrated Care Board and Dr Alistair Blair, Executive Medical Director at Northumbria Healthcare NHS Foundation Trust / GP partner at Valens Medical Partnership; and the NCC lead officer is Jim Brown, Consultant in Public Health.
5. Since 2017/18, there have been improvements in smoking prevalence and percentage of physically active adults, but a worsening trend in alcohol-related hospital admissions and self-reported wellbeing.
6. Although the COVID-19 pandemic was a clear setback for the system-wide focus on ill health prevention and health promotion, considerable work has been undertaken by all partner organisations across tobacco, alcohol, healthy weight, physical activity, oral health, physical health checks for people with severe mental illness or learning disabilities, NHS Health Checks, and Making Every Contact Count.
7. For indicators relating to integration, since 2017/18 there has been minimal change in social care-related or carer-reported quality of life, or people who use services who have control over their daily life. Permanent admissions to residential and nursing care homes have reduced. Up to 2019/20, delayed transfers of care were increasing in Northumberland but remained well below the England average.
8. This report describes numerous examples of integration that has occurred across different levels within Northumberland: across sectors, such as healthcare, public health, education, social care, and the voluntary and community sector; and between physical and mental healthcare.

9. Many programmes of work have been developed by Board member organisations to improve equity of access to key services. Examples include: respiratory in-reach in drug and alcohol services; inequalities dashboards; health equity audits of NHS Health Checks; and reducing inequalities in access to colposcopy; and midwife vaccinators.
10. It is proposed that the priorities for this theme be updated as follows:
    - Priority 1: Refocus and prioritise prevention and health promotion.
    - Priority 2: Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system.
    - Priority 3: Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable.
11. Actions and indicators or evidence of achievement have been refreshed as shown in Table 4 below. Key new actions cover cardiovascular disease prevention, physical health checks for people with severe mental illness or learning disability, integrated neighbourhood teams, service user and resident involvement, screening and vaccination inequalities, and health equity audit.

5. Background

5.1 Introduction

'Adopting a whole system approach to health and care' is one of four themes of the Northumberland 2018-28 Joint Health and Wellbeing Strategy (JHWS). This theme seeks to maximise value from, and sustainability of, health and social care and other public services for improving the health of the people of Northumberland and reducing health inequalities.

The theme currently includes three priorities:

- Refocus and prioritise prevention and health promotion;
- Improve quality and value for money in the health and (social) care system (integration); and
- Ensure access to services that contribute to health and wellbeing are fair and equitable.

It was agreed in April 2023 that the Northumberland System Transformation Board, which is also the North East and North Cumbria (NENC) Integrated Care Board (ICB) Place Committee for Northumberland, would take ownership of this theme. A task and finish group was set up to review achievements to date, and review and refresh actions and indicators of progress. This group includes representatives from Northumberland County Council (NCC) Public Health and Adult Services teams, the ICB in Northumberland, Northumberland Primary Care Networks (PCNs), Northumbria Healthcare NHS Foundation Trust (NHCT), Cumbria Northumberland and Tyne and Wear NHS Foundation Trust (CNTW), and Healthwatch Northumberland.

5.2 Where are we now and what have we achieved in 5 years?

5.2.1 Priority 1: Refocus and prioritise prevention and health promotion

- **Where are we now?**

Table 1: Updated data on indicators on ill health prevention in the Joint Health and Wellbeing Strategy

Indicator	Northumberland value	England value	Time period	Trend since 2017/18
Smoking prevalence in adults	11.8%	13.0%	2021	↓
Rate of hospital admissions for alcohol-related conditions (rate per 100,000)	768	494	2021/22	*
Percentage of physically active adults	70.1%	67.3%	2021/22	↑
Percentage of physically inactive adults	22.6%	22.3%		→
Self-reported wellbeing (people with a low satisfaction score)	5.1%	5.0%	2021/22	↑

*Method of calculation changed in 2021/22

There has been a gradual decrease in adult smoking prevalence in Northumberland in the first 4 years of the strategy, and prevalence remains below that of England and the North East. However, there remains further work to reach the target of 5% or less by 2030. Whilst rates of physical activity and inactivity have varied since 2017/18, there is an increasing trend in the percentage of physically active adults (who do at least 150 minutes of physical activity per week). However, the trend is flat for the percentage of physically inactive adults (who do less than 30 minutes per week).

Owing to changes from 2021/22 in the method of calculating hospital admissions for alcohol-related conditions, it is not possible to make direct comparisons over time. However, the trend between 2015/16 and 2018/19 was increasing in Northumberland and rates remain significantly higher than the England average.

These four indicators remain important to monitor system progress against this priority. (Please note that healthy weight indicators are included in the 'Give children and young people the best start in life' theme.)

Self-reported wellbeing (people with a low satisfaction report) was 3.8% in 2017/18, worsened to 6.5% in 2019/20, and reduced again in 2021/22 to 5.1%, which is worse than the England average. It is proposed that this indicator is removed because it is not specific to this theme, though it could be included as a strategy-wide indicator.

- **What have we achieved?**

The COVID pandemic resulted in a clear setback for the system-wide focus on ill health prevention and health promotion. However, organisations and sectors have reiterated their intentions to collaborate to improve the health of the population and reduce inequalities through the Northumberland Inequalities Plan,[4] the NENC Integrated Care Partnership (ICP) strategy,[5] and organisational strategies.

Progress in reducing smoking, increasing physical activity and healthy weight, reducing alcohol use, and improving oral health have accelerated since the height of the pandemic. We have seen the development of: an active Tobacco Control Partnership and refreshed Tobacco Control Plan led by NCC Public Health,[6] a system-wide Northumberland Physical Activity strategy with clear governance for its implementation,[7] an Integrated Care System (ICS) alcohol steering group and alcohol priority work plan,[8] and a Northumberland Oral Health Strategy which outlines the oral health promotion activities being undertaken across multiple agencies.[9] The Healthy Weight Declaration has been signed by all partners and a Northumberland Healthy Weight Alliance is in development to lead the whole system approach needed to address this complex, multifactorial risk factor.[10] There has also been additional investment in drug and alcohol services.[11]

Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. In 2018, we said we would embed MECC across the whole system so that as many people as possible are trained to have these conversations. Since then, over 1000 frontline staff in Northumberland, volunteers and residents have been trained in MECC and over 100 as MECC trainers, in the NHS, the Council (including the Fire and Rescue Service), Active Northumberland, Rise (the sports partnership), social housing providers, residents' associations, and numerous voluntary and community sector (VCS) organisations. Work is ongoing to understand the impact of training, in particular the 'train the trainer' approaches.

NHCT's public health priorities are articulated through their Prevention and Population Health Strategy which recognises the key role of the NHS in preventing ill health, improving health and wellbeing, and reducing health inequalities. Examples of actions include the implementation of:

- Tobacco dependency treatment services, ensuring all maternity patients and patients admitted to secondary care are offered effective and evidence-based treatments.
- Social prescribing in pilot care pathways through the health coach service, helping patients improve their health, wellbeing, and social welfare by connecting them to community services which might be run by the council or a local charity.
- Active Hospital programme which aims to promote physical activity in patients' treatment and recovery.
- Staff health and wellbeing needs assessment and comprehensive plan to improve staff health, particularly those on lower incomes.
- Approaches to minimise the impact of poverty on patient outcomes through collaboration with Children North East to establish two 'poverty proofing pilots'.

In CNTW, there is comprehensive support for people with mental illness to stop smoking, who often have a high prevalence of smoking and smoking-related disease. The QUIT team supports inpatients who smoke including after discharge and has developed a training package which is being rolled out to staff – brief interventions in smoking cessation in Mental Health Settings. In the community, staff provide brief advice and offer patients a referral to the stop smoking service. 'A Weight Off Your Mind' (AWOYM) is the regional healthy weight plan that CNTW developed with other partners in the region.

Box 1: Improving health of people with severe mental illness or learning disability

People with severe mental illness (SMI) on average die 15-20 years earlier than the general population.[12] They have higher prevalence of smoking, obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, and heart failure.[13]

The ICB in Northumberland has been working for a while to improve uptake of physical health checks for people with SMI. This has been delivered through primary care commissioned services where our GPs are incentivised to offer the extended physical health care check, and by a commissioned SMI outreach team provided by the voluntary sector organisation, Everyturn. This service works closely with our PCNs to identify those people who have not attended for checks and to proactively encourage and support people to attend for their check. They also take a holistic view of the individual, so if there are other issues that require intervention such housing, relationships, or finance, they can sign post or support the person to access relevant services. Both these initiatives have had significant success with the uptake of physical health checks rising from on average of around 30% to the most recent figures as of July 2023 reaching 72%.

A related project has been running for the last 12 months with the aim of providing intensive but flexible support for people on general practice SMI registers to access stop smoking support from the NCC Public Health Stop Smoking Service. As of July 2023, the project has supported 68 patients. The aim is to build capacity and sustainability by training and utilising other key services in delivery.

People with learning disability also have shorter life expectancy than the general population, by 27 years for women and 22 years for men.[14] The ICB has also been working with PCNs to improve the uptake of Learning Disability Annual Health Checks, which are effective in detecting and addressing unmet health needs.

5.2.2 Priority 2: Improve quality and value for money in the health and (social) care system (integration)

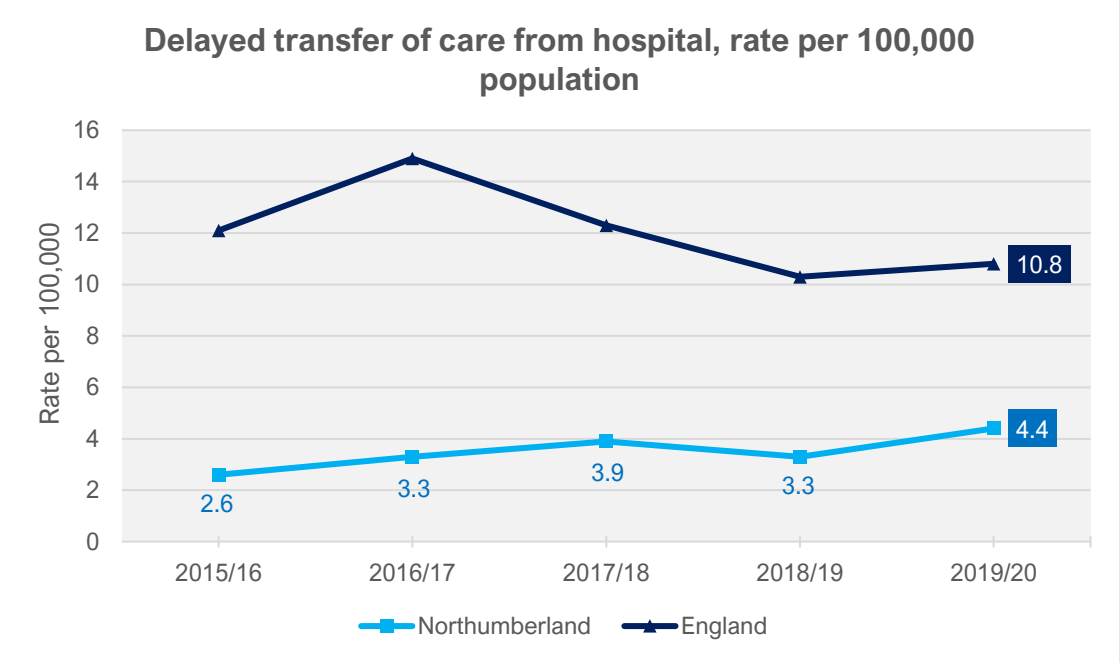
- **Where are we now?**

Table 2: Updated data on integration indicators in the Joint Health and Wellbeing Strategy

Indicator	Northumberland value	England value	Time period	Trend
Social care-related quality of life	19.4%	18.9%	2021/22	→
Carer-reported quality of life	8.2%	7.3%	2021/22	→
Delayed transfer of care from hospital per 100,000 population	4.4	10.8	2019/20*	↑
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	601	539	2021/22	↓
People who use services who have control over their daily life	81.9%	77.3%	2019/20	→

*Data no longer collected after 2020

Figure 1. Rate of delayed transfers of care from hospital per 100,000 population in Northumberland and England between 2015/16 and 2019/20



For most indicators, the picture since 2018 has been flat or improving where data are available. Up to 2019/20, delayed transfers of care (DTOC) were increasing in Northumberland but remained well below the England average – see Figure 1. Since then, the DTOC metric is no longer being collected.[15] A suite of measures is now published at regional, system, and provider organisation level, but not at local authority level.[16]

- **What have we achieved?**

In 2018, we said we would take a systematic approach to integration: look at where we can pool and align budgets across health and social care; and jointly commission health and care services so they are more person-centred and coordinated. Since then, integration has occurred across different levels within Northumberland: across sectors, such as healthcare, public health, education, social care, and the VCS; and across physical and mental healthcare. See Boxes 2 and 3 for case studies.

A recent report to the Health and Wellbeing Board outlined plans to progress a children and young people's (CYP's) model for integrated system working.[17] The ambition is to achieve a state of shared leadership, planning, and delivery so that CYP and families receive joined up support from all aspects of health, education and social care from prevention and early intervention through to treatment and recovery and including building on existing assets. An example is the delivery of mental wellbeing support for children and families in Family Hubs. Further information is available in the 'sister' report on the JHWS theme of 'Giving children and young people the best start in life'.

Box 2: Integrated commissioning between NHS and NCC Adult Social Care

There have been several examples of integrated commissioning between Northumberland Clinical Commissioning Group (CCG), now NENC ICB in Northumberland, and the Council's Adult Services team. There has been a Director of Integration and Transformation working across the Council and CCG/ICB. In addition to the mandated Better Care Fund partnership arrangement between the Council and the ICB, there is a section 75 partnership between the Council and the ICB (originally entered into with Northumberland CCG) under which the Council has operational responsibility for commissioning continuing healthcare (CHC) and mental health after-care (Section 117) services from independent sector providers, and for case management and financial processing for CHC. Benefits of this partnership include seamless transitions when people's eligibility changes to a different funding source, and economies of scale in commissioning, financial processing, and the arrangement and monitoring of personal health budgets and personal budgets for social care.

One specific benefit has been the improvement in the quality of older persons' care homes. Integrated commissioning has enabled commissioners to link the fee rate paid to providers to the CQC rating of each home as a way of incentivising providers to improve their quality rating. The introduction of this contract clause also enabled Council and NHS services (such as infection prevention and control) to place more emphasis on supporting providers to improve the quality of their services rather than undertake quality assessments to determine the providers fee levels. This led to major improvements in quality rating of older persons' care homes (see Table 3).

Following the ending in October 2021 of the previous partnership between Council and NHCT, under which most operational statutory adult social care functions of the Council were performed by staff employed by NHCT, the Council has been focusing on developing closer joint working arrangements with GP practices and PCNs, and with mental health services operated by CNTW, as well as aiming to maintain joint arrangements with NHCT, particularly to support hospital discharge.

In line with this change of focus, the adult social care community teams responsible for assessment and care coordination were reorganised in April 2022 into: care and support teams, which work with people whose main contact with NHS community services is likely to be with primary care and community nursing; and specialist teams, which work with people whose primary contact with NHS professionals is likely to be with CNTW specialist services, such as community mental health teams, learning disability services, or substance misuse services. The Council continues to operate a HomeSafe team based in NHCT hospitals, whose primary function is to ensure that urgent arrangements are in place to enable people to leave hospital once they are medically fit.

Table 3. CQC ratings of older persons' care homes in Northumberland

Rating	April 2017		July 2023	
	Number of homes	Percentage	Number of homes	Percentage
Good or Outstanding	39	57.4%	59	83.1%
Requires improvement	24	35%	10	14.1%
Not rated	5	7.4%	2	2.8%
Total	68	100%	71	100%

Box 3: Integrated mental health delivery

The delivery of Northumberland's Community Mental Health Transformation (CMHT) is derived from the national programme set out in the NHS Long Term Plan[18] to help adults with severe mental illness to access care and support in a new, more joined up and effective way, regardless of their diagnosis or level of complexity.

This is about offering flexible, innovative, personalised care and support that responds to an individual's mental health needs and preferences close to home, while also increasing support for the wider factors that can impact wellbeing, such as employment, housing, and physical health. The work acknowledges the importance and diversity of communities, helping people to feel included and have a sense of purpose and identity.

To do this, health and care providers are working more closely together, based within Primary Care Networks, alongside NCC and VCS organisations who all play an equal role in delivering our community mental health transformation. The work values the involvement of our Northumberland residents, including experts by experience, to inform our work. Workshops have taken place in several Northumberland communities.

An example of integration resulting from CMHT has been the development of the CNTW HOPE team, commissioned to offer a place-based PCN service to Northumberland residents who would benefit from first line intervention for complex emotional needs and emotional regulation work. In addition, an adult eating disorder service has been developed which meets NICE guidance and provides physical health support to practices and individuals.

The Northumberland Recovery College (NRC) is a service set up at the inception of CMHT. It offers a range of courses and groups to all Northumberland residents, shares information around improving and maintaining health and wellbeing (including mental health), runs development groups which represent all locality areas across Northumberland, manages the newly formed VCSE MH Alliance which administers grants to VCSE organisations including grassroots, and provides a perinatal link worker service.

The development of PCNs typically covering populations of 30,000 to 50,000 people has seen collaboration between General Practice teams and the Council's Public Health and Adult Social Care teams, VCS organisations, Children's Services, and many others in using data to deliver population health management, health inequalities, and proactive social prescribing plans that have had an important impact on the health of their

populations as detailed in a recent report to the Health and Wellbeing Board.[19] We have seen collaboration between staff employed in new roles in PCNs, including social prescribing link workers, health and wellbeing coaches, and care coordinators, with locality coordinators and support planners in Northumberland Communities Together (part of NCC) and health coaches in NHCT. The development of Integrated Neighbourhood Teams across similar populations is a recommendation of the Fuller Stocktake[20] and included in the draft NENC ICB Place Plan for Northumberland.

In 2018, we said we would continue work to ensure care professionals can access electronic patient records from wherever they work in the system. Since then, we have seen major developments in the implementation of the Health Information Exchange whereby staff across different healthcare sectors can access key clinical information for patients. Many different teams share use SystmOne, which enables more effective sharing of data between services. NCC and NHCT have recently appointed a joint Public Health intelligence specialist as well as a joint intelligence apprentice who can work across organisations to facilitate data sharing and collaborative working.

We also said in 2018 that we would develop a social value framework and embed social value considerations into all policies, decisions, and public procurement. Whilst a shared social value framework has not been developed, each major organisation has committed to deliver social value considerations into all policies, decisions, and public procurement. Northumbria Healthcare has committed to its role in improving the social and economic wellbeing of the population it services in its Community Promise.[21] The Council has reiterated its commitment in its Corporate Plan 2023-26 to delivering good outcomes, value for money, and social value in its spending decisions. Cumbria Northumberland and Tyne and Wear NHS Foundation Trust, in its recently published strategy 'With You in Mind', also plans to use its power as an employer, as a purchaser, and as a landlord to reduce inequalities.[22] All three organisations have committed to deliver the Northumberland Inequalities Plan which states that: "Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses".[4]

5.2.3 Priority 3: Ensure access to services that contribute to health and wellbeing are fair and equitable

- **Where are we now?**

The indicators of progress for this priority were 'Inequalities in access to key services (e.g. such as common surgical procedures by deprivation)', and so not clearly defined. Up to September 2022, people living in *less* deprived areas of Northumberland were more likely to have a hip or knee replacement. However, the data was not adjusted for age (or sex): people living in less deprived areas live longer, therefore potentially increasing the number in those areas with more severe osteoarthritis requiring joint replacement in those areas.

- **What have we achieved?**

Numerous programmes of work have been developed by NHCT, NCC, and CNTW to improve equity of access to care. NHCT has an established Health Inequalities Programme Board (HIPB) to provide a strategic and proactive lens on healthcare inequalities and to support our system level response to the wider factors affecting health. The Board includes leaders from across the Trust, local partners, and stakeholders including local authorities, primary care, academic, and voluntary and community sector representatives. The programme board has three core objectives:

i. To normalise the quantifying of inequalities across the Trust's activity;
ii. To implement pilots aimed at reducing inequalities where they are greatest; and
iii. Working with local partners to influence the drivers of inequalities in health.

Examples of work overseen by the HIPB include:

- Mitigating against digital exclusion by ensuring that data is collected on at-risk groups and those with the most complex needs to ensure that dynamic advances in health technology being adopted across the Trust help tackle rather than reinforce health inequalities.
- Piloting a quality improvement approach in the colposcopy service to better understand and address the barriers that prevent some people from attending appointments and co-producing interventions which support attendance.
- Funding from NCC Public Health and the NHCT charity Bright Northumbria is enabling a project to detect lung cancer earlier in people with COPD aged 55-74 years. This is focused initially in Valens Medical Group but will be expanded with funding from the Northern Cancer Alliance to cover other areas and not only people with COPD but also smokers and ex-smokers. Areas with higher deprivation and smoking prevalence will be prioritised.
- Using funding from the NENC ICS Health Inequalities Fund, midwife vaccinators are providing targeted support to pregnant women living in more deprived areas to have vaccinations, including against COVID, flu, and whooping cough.
- Developing inequalities dashboards across a range of different areas including: Gynaecology; Health Whilst Waiting – Orthopaedics; Outpatients; and Antibiotic Prescribing.

The opportunity going forward is to develop interventions to address identified inequalities, working in partnership and collaboration with system partners.

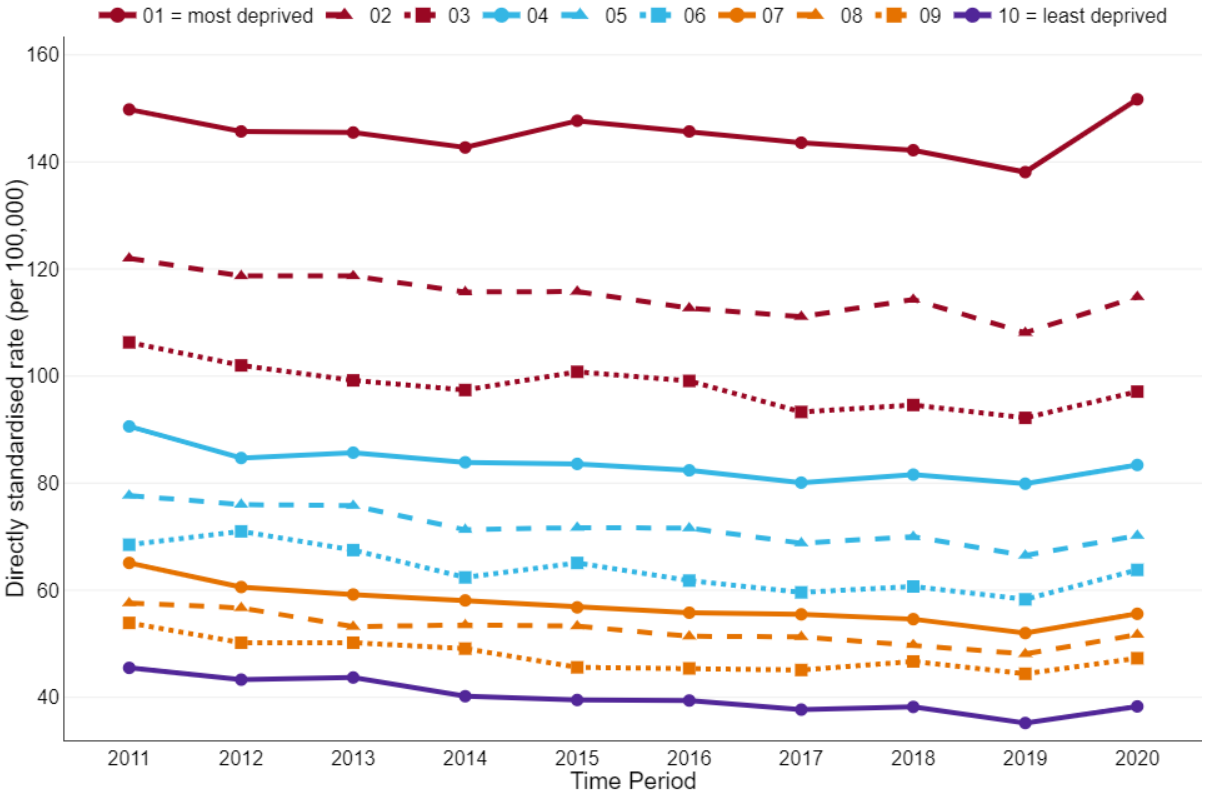
Funding from the NENC ICS Health Inequalities Fund is also contributing to a respiratory team from NHCT providing a one-stop clinic within the drug and alcohol treatment and recovery service (Northumberland Recovery Project, provided by CNTW) in Northumberland to support early detection and effective management of chronic obstructive pulmonary disease and other respiratory conditions among service users. People with substance user disorders have high rates of respiratory illness due to disproportionate levels of smoking, which contribute to premature death and poor health. They are also less likely to use routine healthcare services owing to several identified barriers to access.

One tool for systematically assessing healthcare inequalities is health equity audit (HEA). HEA is a process that examines how health determinants, access to relevant health services, and related outcomes are distributed across the population.[23] A HEA of the NHS Health Checks programme in Northumberland found that people living in more deprived areas of Northumberland, men, and people 40-60 years of age were less likely to have an NHS Health Check (a risk assessment for cardiovascular disease including measurement of blood pressure, family history, physical activity, weight, height, cholesterol, and risk of diabetes, and management of the risk). As a result, the NCC Public Health team has implemented a community outreach programme in which health trainers are visiting workplaces, social venues, VCS organisations, and other agencies and locations to offer NHS Health Checks to people who would not otherwise attend their GP for the check. A health equity audit of leisure service is also nearing completion.

5.3 Proposals for new priorities, actions, and indicators for 2023-28

The COVID pandemic has reinforced the need to redouble efforts: to prevent diseases from occurring and for the early detection of risk factors and treatable diseases; for whole system approaches involving partnership, collaboration, and integration; and for work to ensure equitable access to services. Premature mortality (under 75 years of age) from cardiovascular disease increased during COVID in all groups, but disproportionately among people living in more deprived areas[24] – see Figure 2. Waiting lists for elective activity also worsened. However, we also saw incredible partnership working in Northumberland, for example to support care homes and in the implementation of the COVID vaccination programme.

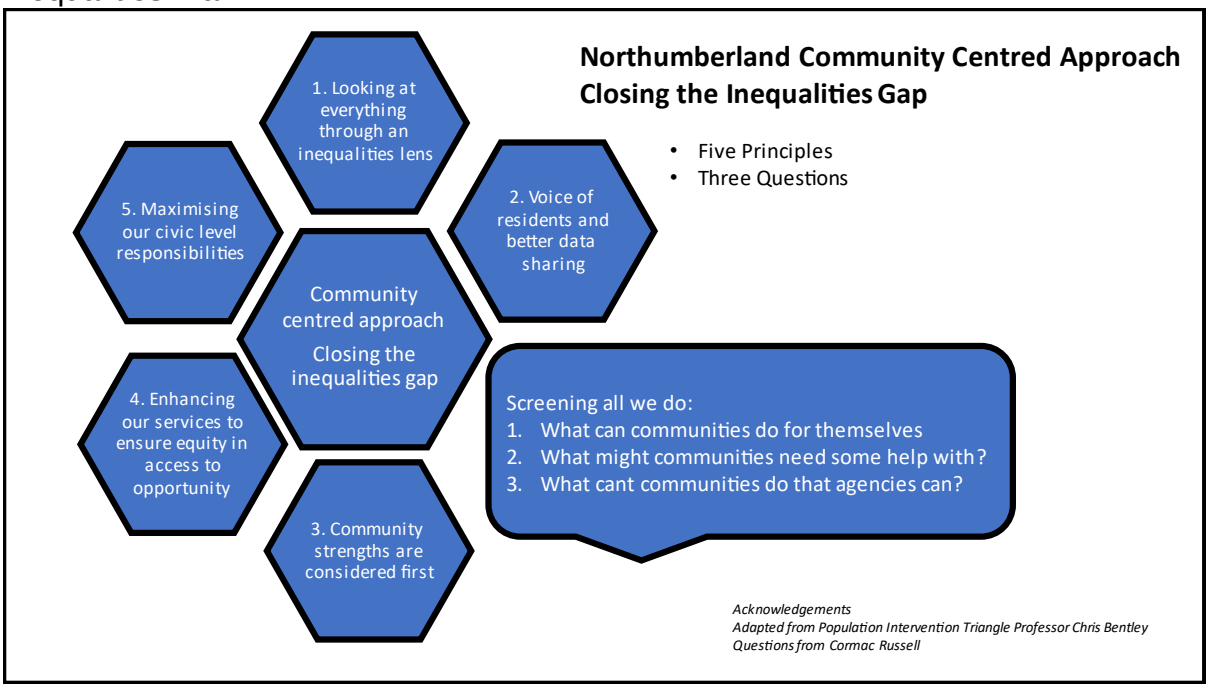
Figure 2: Under 75 mortality rate from all cardiovascular diseases in England by national IMD decile of LSOA of residence between 2011 and 2020



Since the release of the Joint Health and Wellbeing Strategy, we have also seen the publication of the NHS Long Term Plan[18] and the development of Integrated Care Systems and Integrated Care Partnerships,[25] the Northumberland Inequalities Plan,[4] the Core20PLUS5 approach to reducing healthcare inequalities,[26] the NENC ICP Strategy,[5] a draft Northumberland Place Plan, a new NCC Corporate Plan, a new NHCT strategy,[27] a new CNTW strategy,[22] and a soon-to-be-published updated Healthwatch Northumberland strategic plan 2023-26. The refreshed actions and indicators of progress for this theme for the next 5 years attempt to align where possible with these plans and strategies, each of which have tackling inequalities at their heart.

The Inequalities Plan has 5 principles and 3 screening questions as shown in Figure 3.

Figure 3: Five principles and three screening questions underpinning the Northumberland Inequalities Plan



Integration was a key theme that came out of the locality events that helped to develop the Northumberland Inequalities Plan. Relevant actions in the plan are:

- Develop a system wide intelligence strategy.
- Work across the system to ensure Axium as the shared 'data lake' is implemented and delivering for population health management (PHM).
- Integrated working and pooling resources where relevant to do so – starting with best start in life and families as our "leading the way" example.
- Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses.

One of the major recommendations of the Fuller Stocktake of General Practice is the development of integrated neighbourhood teams (INTs).[20] These are teams from across PCNs, wider primary care providers, secondary care teams (including community services), and care staff work together for neighbourhoods of 30-50,000 people to share resources and information, forming multidisciplinary teams dedicated to improving the health and wellbeing of a local community and tackling inequalities. Establishing INTs is also a priority area objective of the Northumberland Place Plan.

It is worth also noting that the evidence on the effectiveness of integrated care is mixed. Whilst there is evidence from low quality studies that integrated care can have a positive impact on quality, efficiency, and outcomes,[2] it has been suggested that "there is limited evidence that policies in any of the UK countries have made a difference to patients, or to how well services are integrated".[28] All commentators agree that relationships are key, and a focus on how integrated care is achieved and the key ingredients needed is vital.[28 29] All strategies and plans prioritise community voice and involvement in the planning and implementation of programmes. Working in partnership with people and communities is a statutory function of ICBs.[30]

Table 4 outlines proposed changes in priorities, actions, and indicators of progress for 2023-28 for the theme 'Whole system approach to health and care'. They take into account the new challenges and organisational and system plans and strategies described above.

Table 4: Proposed refreshed priorities, actions, and indicators or evidence of progress for the Northumberland Joint Health and Wellbeing Strategy theme of 'Adopting a whole system approach to health and care'

Priority and action	**Indicators or evidence of progress**
Priority 1: Refocus and prioritise prevention and health promotion	
Promote training and implementation of Making Every Contact Count across all frontline services	Number of frontline staff, volunteers and residents trained in MECC
Adopt whole system approaches to tobacco, alcohol, healthy weight, physical activity, and oral health	Smoking prevalence in adults Rate of hospital admissions for alcohol-related conditions (rate per 100,000) Percentage of physically active adults Percentage of physically inactive adults Tooth extractions due to decay for children admitted to hospital, aged 10 years or under per 100,000 resident population [Indicators of healthy weight included under 'Giving children and young people the best start in life' theme]
Intensify approaches to the early identification and management of risk factors for cardiovascular disease: hypertension, raised cholesterol, and atrial fibrillation	Under 75 mortality rate from all cardiovascular diseases Patients (aged 45+ years), who have a record of blood pressure in the last 5 years Patients with atrial fibrillation whose latest record of a CHADS2DS2-VASc score is greater than or equal to 2 who are currently treated with anti-coagulation therapy
Increase annual physical health checks for people with severe mental illness (SMI) or learning disability (LD)	Proportion of people with SMI who have received the complete list of physical health checks in the preceding 12 months (monitoring proportions using number on SMI registers and expected registers as denominators). Proportion of people on LD registers aged 14 years or over who have received a LD Annual Health Check in the preceding year.
Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing	Progress against commitments described annually

local people and procuring from local supply chains and encouraging local businesses.	
Priority 2: Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system [note amended wording]	
Establish integrated neighbourhood teams across Northumberland	Number of integrated neighbourhood teams Members and activities of teams described annually Unplanned hospitalisation for chronic ambulatory care sensitive conditions Referrals to mental health crisis services Proportion of people feeling supported to manage their condition People who use services who have control over their daily life
Develop a system wide intelligence strategy	Development described annually
Use population health management approaches that use existing data (including the Joint Strategic Needs and Assets Assessment [JSNAA]) more effectively and seek to link patient / resident / service user data where possible and appropriate	Development of data use and linkage described annually
Ensure that patients, service users, carers, and residents are involved and engaged equitably in decisions about the commissioning, planning, and delivery of healthcare and social care, and in decisions about their own care	Public engagement reports with recommendations and actions Tender documentation references learning from engagement Service specifications reflect learning from engagement and methods of ongoing engagement, and performance indicators include measures of involvement (for example, shared decision making) Evaluation/end of project reporting includes service user experience and commissioner / provider reflection on experience / learning
Priority 3: Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable [note amended wording]	
Monitor inequalities in access to and outcomes from elective activity in secondary care	Annually reporting on inequalities in access for agreed elective activity
Identify elective activity where there are socioeconomic and other inequities and work collaboratively to address them	

Monitor and reduce inequalities in uptake of screening and vaccinations	Inequalities in uptake of COVID, seasonal influenza, childhood, pregnancy, and shingles vaccinations. Inequalities in uptake of cancer screening, and screening for abdominal aortic aneurysm
Undertake a programme of health equity audits (HEAs) of services that contribute to health and wellbeing e.g. sexual health services	Reports of HEAs and indicators as identified in HEAs

6. Implications

Policy	This paper updates the theme of 'whole system approach to health and care' of the Northumberland Joint Health and Wellbeing Strategy. It considers and seeks to align with other organisational and Integrated Care Partnership strategies and plans
Finance and value for money	It is not anticipated that the refreshed actions will require additional funding outside of existing plans. However, they will require additional implementation plans which may articulate the need for additional funding. Each of the actions are national recommendations and/or have a strong evidence base to support their effectiveness or cost-effectiveness
Legal	There may be legal and information governance issues in relation to the development of linked data sets that will need to be explored further
Procurement	There are no specific requirements for procurement articulated in this report, though further implementation may necessitate procurement, e.g. use of Axiom for linking data sets
Human resources	No new recruitment is identified. However, system partners will need to devote resources in terms of staff / officer time to deliver these actions
Property	There are no specific implications for estates, though some actions such as the development of integrated neighbourhood teams may require locations for activities such as multi-disciplinary meetings. This can probably make use of existing estates
The Equalities Act: is a full impact assessment required and attached?	No - not required at this point An equalities impact assessment has not been carried out. However, the refreshed actions are specifically aimed at reducing health inequalities e.g. actions to promote physical health checks for people with SMI or LD
Risk assessment	A risk assessment has not been undertaken, though risk assessments may be needed as part of further implementation

Crime and disorder	No specific implications
Customer considerations	The refreshed actions are intended to improve customer / patient / service user access, experience, and outcomes
Carbon reduction	No specific implications, though social value considerations should include carbon reduction
Health and wellbeing	This report is explicitly intending to improve the health and wellbeing of the population of Northumberland and reduce health inequalities
Wards	All wards

7. Background papers

See References at the end of this report

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