

SUNDERLAND HEALTH AND WELLBEING BOARD

17 March 2023

HEALTH INEQUALITIES FUNDING ALLOCATION ACROSS THE NORTH EAST AND NORTH CUMBRIA

Report of the Executive Director Health, Housing and Communities

1. Purpose of the report

The purpose of this report is to provide a brief overview of the programmes approved by the Integrated Care Board (ICB) Executive, a summary of related work programmes already underway and highlights how this will benefit residents in Sunderland.

2. Background

Nationally £200 million has been made available through 2022/23 ICB allocations, targeted towards areas with the greatest health inequalities. It is intended to support the implementation of the Core20PLUS5 approach outlined in the Priorities and Operational Planning Guidance [NHS England » 2022/23 priorities and operational planning guidance](#).

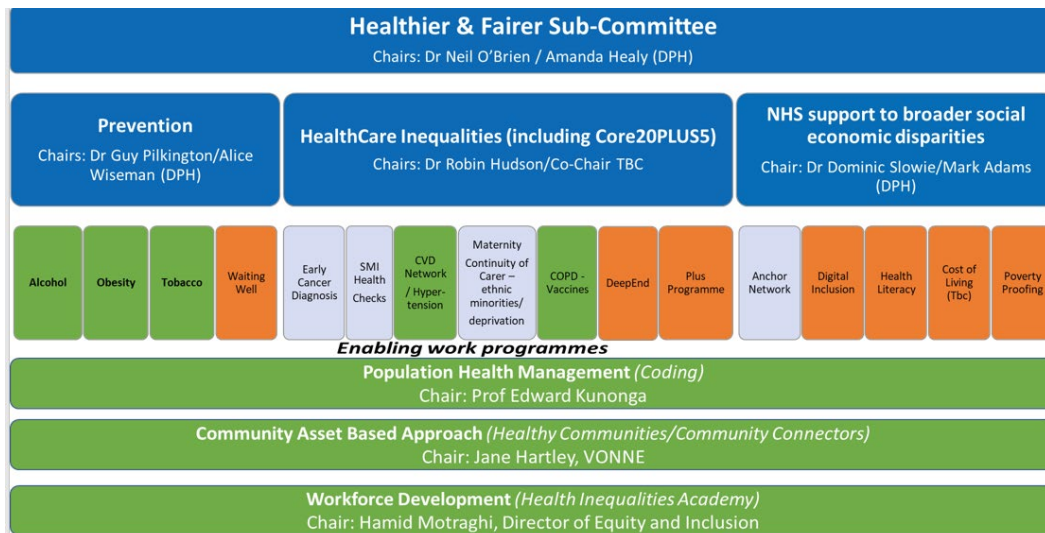
NHS North East and North Cumbria (NENC) Integrated Care Board (ICB) has been allocated £13.604m in 2022/ 23 to support targeted reductions in health inequalities. Below is an overview of the current proposed allocation of resources for the period 2022/23 to 2024/25.

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

The ICB Executive committed to a three-year plan to mainstream existing work, maximise opportunities to scale activity in partnership with the Local Authorities (LAs) and VCSE, as well as support the corporate aims of the ICB. A further investment priority currently being scoped is in relation to the cost of living

crisis, to identify at risk patients and navigate them to appropriate support. The ICB approach to health inequalities is embedded in the Integrated Care Strategy.

The proposals were supported by the NENC Health Inequalities Advisory Group (and associated sub-groups), Directors of Public Health and Chairs of the NENC Population Health and Prevention Board. The proposed regional governance around implementation and assurance would be monitored regionally via the Healthier and Fairer Sub-Committee of the ICB Executive Board and locally via Place Plan into Health and Wellbeing Board as described below.



In December 2022, the Health and Wellbeing Board had a development session on the ICB health inequalities allocations and how this will support the Core20PLUS5. Robin Hudson, Medical Director (Central) for the North East and North Cumbria delivered a presentation on the ICB approach to health inequalities and Lisa Jones, Assistant Director of Integrated Commissioning led a discussion on making the best use of ICB place-based health inequalities funding to support people with multiple and complex healthcare needs.

Key points which came from the discussion included:

- understanding how 'Sunderland' fits into the ICB Healthier and Fairer sub-committee, which will cover healthcare inequalities and prevention, and the role that the Place-based Director will play;
- ensuring appropriate membership from the ICB on the Health and Wellbeing Board;
- ensuring key priorities are informed by JSNAs;
- working with local Directors of Public Health will continue, with assistance to be sought from the Directors of Public Health Network;
- acknowledgement that Sunderland has agreed ways of working at place; and
- establishing workstreams under Core20Plus5, which will be a good opportunity for partnership working, sharing good practice, and ensuring activity aligns and complements, rather than duplicates.

3. Local Context

Within Sunderland the Reducing Inequalities Delivery Group (subgroup of the Living Well Delivery Board) has a delivery plan focused on the four key priorities of the Health and Wellbeing Board, these being:

- i. Better understanding of our population
- ii. Asset based community development - 'residents as participants'
- iii. Economic Activity – skills, aspirations and wealth building
- iv. Health in All Policies approach

As well as addressing the above priorities, the group provides place-based assurance to the Integrated Care Board in relation to reducing inequalities.

4. Current position

The ICB Executive have approved the following programmes, with a summary of related work programmes already underway in Sunderland.

- 4.1 Recruitment of a small core **health inequalities team** to ensure health and healthcare inequalities are embedded throughout the Integrated Care System (ICS). The team will ensure the ICS is data and evidence informed, share practice across NENC and lead a NENC Anchor Institutions Network across the public sector organisations including Sunderland City Council.
- 4.2 Development of a **Health Inequalities Academy** to improve skills, knowledge, and training across the NENC workforce on health and healthcare inequalities.

Locally, Sunderland and South Tyneside NHS Foundation Trust (STSFT) has linked up with Sunderland University to establish a healthcare inequalities module and will be recruiting a second cohort of staff to take part. The staff complete academic learning focussed on equity in health services. Future plans in relation to this work stream include widening the opportunities to those practitioners outside of the Foundation Trust and developing an 'academy' which will become a community for staff to share experiences and expertise locally around tangible actions to take, and measure, in relation to addressing health inequalities within our service delivery.

- 4.3 Embed the **Waiting Well Programme** which uses a population health management approach to supporting patients to prepare well for surgery and improve their surgical outcomes. It will introduce a tiered support package for patients awaiting surgery, targeting those on with the longest projected waiting times, as well as those from clinically and socially vulnerable groups.

The aim of the model is to support adults in the Priority 4 category (patients who can wait more than 3 months for surgery) to use the time they wait for surgery to prepare physically and psychologically for their procedure, helping to minimise recovery time and maximise surgical outcome. South Tyneside and Sunderland localities have been working together to develop and deliver a 'Waiting Well' place-based offer, ensuring that patients across both localities

are provided with a comprehensive and consistent service regardless of where they live or who the provider is. A Care Coordinator will contact each patient to undertake a personalised care assessment through a 'what matters to you' discussion and develop a care and support plan based on the discussion. Each patient will then be connected with the appropriate service offer for example stop smoking services, weight management, physical activity etc. which could be via a digital platform, group work, one to one or a combination.

First prototype took place in South Tyneside in October / November 2022 with 5 patients attending the group-based programme. This ran for 6 weeks with lots of learning identified, which was shared at NENC Waiting Well Community of Practice in January. Planning has been underway since January for a second prototype, which will see scaled up delivery with the commencement of 6 programmes across South Tyneside and Sunderland from March.

- 4.4 Supporting people with **multiple and complex health and healthcare needs** associated with drug, alcohol and mental ill health to access healthcare locally. It will build on the additional funding that Sunderland has received to support people with drug and alcohol issues with housing, employment, treatment and enforcement as part of the national Drugs Strategy.

The purpose of the programme is to support the effective mobilisation of Sunderland Core20Plus5 funding, specifically the Plus funding stream. £309,056 has been allocated per annum for Sunderland over three years.

The key elements of the proposal for Sunderland includes:

- Development of in-reach capacity for harm minimisation and substance and alcohol treatment services to support (lung health- mini lung health check; NHS Health Check; wound dressing; smoking cessation, brief intervention and referral);
- Development of targeted campaigns and literature to support uptake of secondary prevention initiatives, including targeted lung health check campaign (diagnostic spirometry) Flu/COVID vaccination, bowel, cervical and prostate screening and oral health;
- Develop an asset-based participatory research and evaluation framework with NENC ARC;
- Building primary care capacity to support 'plus programme' objectives via PCN development; and
- Standardising information, information sharing and digital solutions.

A key part of the Core20Plus5 framework is the need to target specific action to Inclusion Health Groups. This programme will be delivered at place, designed locally to support people with multiple and complex health needs associated with drug, alcohol, and mental ill health to access healthcare. It will build on the £12.5m secured across NENC Councils to support people with drug and alcohol issues with housing, employment, treatment, and enforcement as part of the national Drugs Strategy.

- 4.5 Developing the **Deep End GP practices network**, serving the most socio-economically deprived populations in the ICS footprint. Deep End is designed to support practices most affected by the 'blanket deprivation' their registered population experience. It is not designed to address all practices that have areas of deprivation within their catchment area.

The primary focus is on Workforce, Education, Advocacy and Research (WEAR) for the practices themselves, providing additional capacity and resource, attracting new primary care professionals and developing new ways of working to address need. Initially this will focus upon clinical psychology, review of Opioid / Gabapentinoid prescriptions, screening & immunisations and Social Prescribing. Within Sunderland there are currently three practices within the deep end programme these are, Bridge View Medical Group, Riverview Surgery and Red House Medical Centre.

- 4.6 Providing an approach to **Healthy Communities and Social Prescribing** which includes connecting with communities to promote health messages, engaging with various communities to gather local intelligence to inform planning and enhancing work through the VCSE sector to increase access to healthcare. During the pandemic, significant work was developed jointly between the NHS, LAs, VCSE and faith communities to increase access to vaccines, in 22/23 Sunderland City Council received £32,193 to enhance access to vaccines including covid, flu and pneumonia.

Additionally, an allocation of £19,316 has been allocated to the VCSE infrastructure organisation in Sunderland to support targeted work at place to build local VCSE capacity in delivering social prescribing activity. Funding will also expand the NENC Core20plus5Connector pilot which takes learning from existing Covid Champions Programmes across the region. Its initial focus has been on developing Cancer champions but will expand to other clinical areas. Local areas will benefit from shared learning and best practice and opportunities and resources to collaborate on common approaches such as standardised champion training.

Within Sunderland work has taken place to increase vaccination uptake within the Warm Spaces/Community Hubs across the city. Work is underway to plan roll out for the Spring booster. Sunderland's Social Prescribing Strategic Group is actively working to link the NENC Core20plus5 Connector programme into the existing Sunderland Health Champions and Link Worker Network to ensure a systematic approach to the developing resource is in place.

- 4.7 **Poverty Proofing Clinical Pathways** by applying a method used in education settings to clinical pathways. The work will ensure the voice of people living in poverty are able to influence the design and delivery of clinical pathways so that they are more culturally appropriate, accessible and targeted at those that need it most.
- 4.8 **Mitigating against 'digital' exclusion and promoting health literacy.** The resource will be used improve access to equipment, support community hubs,

increase digital skills to use the internet/apps/devices, provide support for those with a learning disability and removing language barriers. The digital programme will be supported by a health literacy programme by ensuring information is accessible. It will raise awareness through staff training, develop a health literate toolkit and provide information that people understand, enabling them to make active decisions in their care.

In terms of health literacy, significant work is underway within South Tyneside and Sunderland, led by STSFT. The Trust have recently appointed a health literacy team who are actively working to update trust leaflets, advising on new materials, updating local procedures and policies, providing information for intranet pages and websites and making them easier to understand with a long term view of all material having a reading age of 9 to 11 years, which aligns with the average of the local population. They have also developed an audit tool to assess reading age and are actively engaging with local communities to establish local population insights. The tool and learning will be shared with local partners.

Sunderland City Council have recently submitted a bid to the UK Shared Prosperity Fund. The project, if successful, seeks to invest £1.3m in the digital infrastructure and facilities of the city's community buildings and will continue to embed and develop social prescribing services within communities across Sunderland and further develop both the physical environment, digital accessibility, device access and digital activities and support programmes on offer.

4.9 Jointly funding the regional tobacco control office – Fresh. 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. Every year in Sunderland, smoking causes:

- 4,846 hospital admissions
- 138,610 GP appointments
- 76,890 GP prescriptions for smoking-related conditions.

The financial impact of this is significant, resulting in cumulative annual health and social care costs in Sunderland of £22m.

A joint approach funded by the local authorities and NHS will support an evidence-based tobacco control programme to include 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 funding is in addition to all existing local authority commissioned smoking cessation and NHS acute tobacco dependency services. Across the North East the NHS will match fund each of the Councils contribution to jointly fund Fresh from April 23 to March 25. Sunderland City Councils contribution is £85,207 per annum.

- 4.10 Ensuring there is an **Alcohol Care Team (ACT) working 24/7 in every Acute NHS Trust across NENC**. Alcohol is a significant contributing factor to inequality in life expectancy between the region and the rest of England. The region has the highest rate of alcohol specific admissions and a 20.5% increase in alcohol related deaths since 2012. Three Acute NHS Trusts did not benefit from the national NHSE allocation for ACTs – County Durham and Darlington Foundation Trust, North Cumbria Integrated Care Trust and Northumbria NHS Healthcare Foundation Trust. 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. Additionally, every ACT across the ICS footprint will be provided with funding for a recovery navigator including STSFT.

In Sunderland, the ACT was implemented in June 2021, with the ICB funding a recovery navigator post. Through the supplemental substance misuse recovery grant an additional recovery navigator post was funded to increase service provision and access and enable the ACT team to offer a 7 day a week service. From its implementation in June to December 2021 the team had 820 patient contacts. This more than doubled from January to December 2022 to 1646 patient contacts. The ACT team at STSFT were also recognised as regional winners for Excellence in Healthcare at the NHS Parliamentary awards.

- 4.11 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. The proposal is to provide **Tier 3 weight management services** to approx. 1000 patients that meet the agreed minimum standards targeting patients living in the 20% most deprived areas within NENC.

To support the above programme, Sunderland City Council offer a weight management programme that focuses on healthy lifestyle and increasing physical activity levels, not just weight loss/ reduced BMI. The programme is self-referral and available to resident, aged 18 and over with a BMI of 30 plus. Face to face appointments are delivered from community venues rather than just Leisure Facilities, that will help provide service users with wider information on health and wellbeing offers in the area.

- 4.12 The place-based governance arrangements in Sunderland will be via the three Delivery Boards (Starting, Living and Ageing Well), with oversight via the Living Well Delivery Board.

5. Recommendations:

The Board is recommended to:

- (i) note the agreed proposals in relation to the allocation of the Health Inequalities funding across the North East and North Cumbria ICB;
- (ii) note the progress of related work programmes already underway and potential integration;
- (iii) note the funding allocations for Sunderland; and
- (iv) receive progress updates via the Living Well Delivery Board and wider assurance reporting.