The public health approach in the North East North Cumbria Integrated Care System

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Our patch: the North East and North Cumbria

We have a strong and proud history of working together. The quality of our health and care services is rated amongst the best in the NHS. Despite this, our health outcomes are amongst the worst in the country. Our ambition is to change this by working together as an Integrated Care System.
32% of the NENC population are estimated to live in the two most deprived neighbourhoods\textsuperscript{1}

Source: ONS mid 2020 population estimates and index of multiple deprivation
Public Health Specialists across NENC ICS by organisation

- Durham & Darlington NHS Foundation Trust
- North Tees & Hartlepool NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Newcastle Hospitals NHS Foundation Trust
- South Tyneside & Sunderland NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- North Cumbria Integrated Care NHS Foundation Trust

Local Authority (DoSPH and PH teams)
- Durham County Council
- Darlington Borough Council
- Hartlepool Borough Council
- Stockton-on-Tees Borough Council
- Middlesbrough Borough Council
- Redcar & Cleveland Borough Council
- Gateshead Borough Council
- Newcastle City Council
- South Tynside Borough Council
- Sunderland City Council
- Northumberland County Council
- North TyneTide Borough Council
- Cumberland Council
- Westmorland & Furness Council

ADPH Network
- UKHSA
- NHSE NE&Y
- NECS/0.4wte
- Director of PHM in ICB
- Newcastle University/ARC (NE&C)

Public Health Consultants in Foundation Trusts
- OHID NE/analyst

PH Specialists within other Regional Bodies
- Durham County Council
- Darlington Borough Council
- Hartlepool Borough Council
- Stockton-on-Tees Borough Council
- Middlesbrough Borough Council
- Redcar & Cleveland Borough Council
- Gateshead Borough Council
- Newcastle City Council
- South Tynside Borough Council
- Sunderland City Council
- Northumberland County Council
- North TyneTide Borough Council
- Cumberland Council
- Westmorland & Furness Council
Working better together as a public health family

Facilitated support from the Kings Fund to:
- share how we are all currently working with the ICS
- hear from experience elsewhere
- agree principles for working better together as a public health family

Additionally, the Kings Fund interviewed ICB Executives to understand what they wanted from public health to inform our approach:

- acknowledged we are starting from a good foundation of collaboration
- help to identify priorities and those opportunities where we could scale work
- wanted expertise from the public health family, not replace or compete with it
- wanted the common purpose ‘us’ rather than ‘them and us’- advocate together for our population
Principles for the NENC public health family (agreed Oct 2022)

WHAT DO I NEED TO DO DIFFERENTLY AS A LEADER?
- Create space and time
- Share and learn
- Engage and contribute
- Collaborate and advocate

WHAT DO OUR ORGANISATIONS NEED TO DO DIFFERENTLY?
- Contribute to a whole system approach
- Recognise our organisations are part of the ICS

WHAT DOES THE PUBLIC HEALTH FAMILY NEED TO DO COLLECTIVELY?
- Develop, adopt and deploy
- Invest in ourselves as a family and in others
- Provide a clear position for, and with, the ICS
- Contribute to the ICS

WHAT DO WE NEED OUR ICS TO DO, OR DO COLLECTIVELY/DIFFERENTLY?
- Focus on what it can do best
- Take ‘subsidiarity of place’ seriously
- Support and seek public health expertise as appropriate, timely and proportionate
**Principles for the NENC public health family (Oct 22)**

**WHAT DOES THE PUBLIC HEALTH FAMILY NEED TO DO COLLECTIVELY?**

- **Develop, adopt and deploy** - A shared public health family narrative, Agreement on roles, responsibilities, lines of communication
- **Invest in ourselves as a family and in others** - Come together to share info/intelligence to operate more effectively, cross workforce not just specialist PH, help new leaders to develop
- **Provide a clear position for, and with, the ICS** - where the PH family Lead, Collaborate & Advocate, focus on population health gain, clarity on where specialist PH input is required
- **Contribute to the ICS** - set out the PH offer to the ICS

**WHAT DO WE NEED OUR ICS TO DO, OR DO COLLECTIVELY/DIFFERENTLY?**

- **Focus on what it can do best** - systematically and at-scale on healthcare inequalities, strong partner on wider determinants (anchor role)
- **Take ‘subsidiarity of place’ seriously** – see place as the building block with ICS action as required, work in partnership with other tiers (e.g. Combined Authorities)
- **Support and seek public health expertise as appropriate, timely and proportionate** - right people/right time/right issues; ensure PH advice given is at the right level, contribute to PH infrastructure
Communicating / working more effectively to support the ICS
✓ Coordinating bi-monthly meetings for the public health leads linking with the ICS
✓ Identified a small resource for coordination of the comms across the PH family for ICS engagement
✓ Expanded the ADPH NE with Cumbria Councils
✓ Re-established the Healthcare Public Health network

Partnering working
✓ DPH representation on ICB Board and where capacity allows the Executive
✓ Updated the PH leads list and describe what undertaking this lead role means
✓ Describe the ‘PH offer’ to ICS at region and place building on the previous core offer to CCGs
✓ Map the interface between ADPH Networks and other ICS workstreams
✓ Develop a shared understanding of key terms e.g., health inequalities, healthcare inequalities, prevention and population health
✓ Ensure input to the ICP Strategy and provide guidance through the new Healthier and Fairer Group
✓ Meet with the ICB Exec twice a year to review our approach
Specialist Public Health in the ICS

Aims

• Retain the benefits of public health skills and expertise to the strategic planning and commissioning of NHS services

• Focus on reducing inequalities and demand on the NHS; Core20PLUS5 (Adults and Children & Young People)

• Reflect the emerging architecture of the ICS, at NENC level, Area ICP, local place and by organisation.

• Utilise the expertise of specialist public health in all organisations
## Specialist Public Health Leadership at each tier

| Place | • Local Authority Public Health (DsPH statutory functions) linking to Health & Wellbeing Boards  
• PH Consultants in NHS Trusts |
| Area ICP | • Local Authority Public Health led collaborative arrangement |
| ICP/ICB | Combination of the following as appropriate:  
• Nominated DsPH (or their representatives) on behalf of ADsPH  
• Population Health Management from NECS  
• Consultants in PH from NHS Trusts  
• Input to NENC ICS from: OHID, UKHSA, NHSEI  
• Input to NENC ICS from: ARC, Fuse (as required) |
Specialist Public Health Functions

“Healthcare public health (HCPH) is concerned with maximising the population benefits of healthcare and reducing health inequalities while meeting the needs of individuals and groups, by prioritising available resources, by preventing diseases and by improving health related outcomes through design, access, utilisation and evaluation of effective and efficient health and social care interventions, settings and pathways of care.” FPH 2017

- **Strategic planning and collaboration**
  - assessing needs using data and intelligence e.g. Picture of Health NEY
  - population segmentation and insight
  - reviewing service provision against evidence-based interventions e.g. via clinical networks
  - priority setting and value-maximisation methods
  - creating connections and relationships to improve integration, efficiency and outcomes

- **Advice on commissioning**
  - service review methodology and critical appraisal of evidence e.g. IFRs
  - designing shape and structure of supply to be proactive and fair
  - provide advice on how services should meet the needs of priority population groups

- **Monitoring and evaluation**
  - supporting co-production with the public
  - supporting learning and reflection processes with staff and populations
  - demonstrating impact
  - supporting collaboration with academic partners and research institutions
The public health lead(s) will either be a Director of Public Health, Deputy Director, Consultant or Specialist working in either Local Authorities, OHID, NHS Foundation Trusts, NECS or the UKHSA

The nominated lead(s):
- will provide specialist public advice on data, evidence, intelligence and evaluation to support the ICS ambition of addressing healthcare inequalities and driving action on prevention (primary, secondary and tertiary) in order to improve population health
- are there on behalf of the specialist public health community as topic/theme leads rather than on behalf of their individual organisation
- will provide updates back to colleagues through the bi-monthly public health community ICS leads meeting or if required will act as a connector to other public health colleagues either in organisations or through other networks e.g. ADPH topic/life course networks, Healthcare Public Health Network.
- will identify opportunities where work is already underway at place in order to avoid duplication. Equally, public health leads will identify opportunities where work can be delivered at scale or priorities can be agreed across the larger footprint and delivered regionally or at place.
- will try to articulate where public health will lead, collaborate or advocate
NENC ICB Exec Committee

DPH representative: Tom Hall

ICS Healthier & Fairer Advisory Group

Co-Chair: Amanda Healy (DPH), NECS/ICB: Edward Kunonga, OHID: Claire Sullivan

Prevention workstream

Co-Chair: Alice Wiseman, OHID: Claire Mathews, FT: Esther Mireku

HealthCare Inequalities workstream

Co-Chair: Gerry Taylor, NECS/ICB: Edward Kunonga, OHID: Sarah Sowden, Becky James

NHS support to broader social economic disparities

Co-Chair: Mark Adams, NECS/ICB: Edward Kunonga, OHID: Becky James

Population Health Management: coding – Chair: Edward Kunonga, Tom Hall, Ryan Swiers, Balsam Ahmed, Esther Mireku, Mia Moilanen

CABA: Healthier Communities & Community Connectors Network – Becky James

Workforce Development: Health Inequalities Academy – Gill O’Neill, Jill Harland, Claire Sullivan, Becky James

Workstream Projects

Alcohol
Alice Wiseman
Tanja Braun
Ryan Swiers
Claire Sullivan
Michelle Mancini

Tobacco dependency
Amanda Healy
Alice Wiseman
Balsam Ahmed
Leslie Jones
David Gardiner

Healthier weight & treating obesity
Craig Blundred
Leslie Jones
Claire Mathews

CVD network / hypertension
Wendy Burke
Claire Mathews

PH Prevention in Maternity
Wendy Burke

C20 + 5 CYP
Wendy Burke

C20 + 5 Edward Kunonga

Deep End
Alice Wiseman
Andy Graham
Sarah Sowden

Inclusion Health/ Multiple and Complex Needs
Tanja Braun
Michelle Mancini
Becky James

Waiting Well
Esther Mireku
Edward Kunonga

Anchor network
Mark Adams
Ryan Swiers
Becky James

Poverty Proofing (clinical pathways)
Mark Adams
Catherine Parker
Becky James

Digital Inclusion
Mark Adams
Ryan Swiers
Becky James

Health Literacy
Mark Adams
Ryan Swiers
Becky James

Enabling workstreams

Business Support Group
Amanda Healy,
Edward Kunonga,
Claire Sullivan

Committee
Advisory group

Workstream

Pathway
# Other ICS networks with named specialist Public Health Support

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<tr>
<th>Other ICS Networks</th>
<th>DPH/LA Consultants</th>
<th>PH FT Consultants/NECS</th>
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<th>UKHSA</th>
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<td>ICS Mental Health</td>
<td>Wendy Burke</td>
<td>Edward Kunonga, Catherine Parker</td>
<td>Glyn Smith</td>
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<td>Child Health and Wellbeing Network</td>
<td>Wendy Burke, Lorraine Hughes</td>
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<td>Emergency Preparedness, Resilience, and Response (EPRR) – Local Health Resilience Partnership</td>
<td>Amanda Healy, Sarah Bowman-Abouna</td>
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<td>Emmanuel Okpo</td>
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<td>NENC Flu and COVID-19 Vaccination Board</td>
<td>Colin Cox</td>
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<td>Public Health Oversight Group</td>
<td>Gerry Taylor</td>
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<tr>
<td>NENC SVOC Lead Directors Meeting</td>
<td>Colin Cox</td>
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Programme Leadership

Workstreams:

Are led by quadrumvirate, ensuring a system-based approach:

• Clinical lead
• Association of Directors of Public Health lead
• Strategic Manager
• Office of health Improvement and Disparities lead

Identify where to:

• Lead
• Collaborate
• Advocate
Examples of Success

What we have achieved as a system
Secured £13.6m ICB Health Inequalities allocation every year for 5 years

- Match funded the LAs to fund Fresh the regional tobacco control office
- Ensured every Acute Trust had an Alcohol Care Team and expanded weight management services
- Scaled health literacy and poverty proofing programmes into NHS settings across the ICS
- Contributed £9m over 3 years to support better access to general healthcare for people with multiple and complex needs
- Invested in our Deep End Network
- Worked with our VCSE to build on the community champions and community connector programme
- Worked with the NENC ARC to embed research and evaluation into the programme
Tools and Products

Supporting system learning:
• Healthcare Inequalities Toolkit
• Champions learning set
• Vaccine inequalities workspace

Bespoke data tools and resources (LKIS):

In development:
• Development of Health Equity Learning Academy to upskill the NENC workforce
Ways of Working

Population Health Management approach to inform:
- Integrated Care Strategy – Better Health & wellbeing for all
- Clinical Strategy
- Waiting Well Programme

Influenced the ICB/ICS approach to specific topics:
- Prevention in maternity
- Suicide prevention
- Vaping Position Statement

Increasing Capacity / capability
- Analyst Training
- PH Intelligence apprenticeships

Joint System Events/Training
- Children’s Mental Health Summit
- Smokefree Future Conference
- Health Inequalities webinar series for ICBs (NE&Y)
- Women’s Health Conference
- Vaccine Inequalities Summit

Position Statement: helping smokers to quit August 2023
Reflections from DsPH and ICB Executives

Across the NENC we have managed to set the tone for a mutually beneficial relationship between the ICB and PH at all levels; from grass-roots working through to strategic decision-making. Our challenge is to keep checking ourselves against the original ambitions and strategic intent to improve health and wellbeing and reduce inequalities, while weathering the storms of system financial challenge, operational pressures and organisational change.

True collaboration is built on a foundation of relationships of trust and transparency. Building PH into the ICS as an equal partner has been instrumental in enhancing the relationships. Prevention is firmly embedded in the ICS strategy and understood to be key to improving population level health outcomes whilst also ensuring the longer-term sustainability of the NHS. Collective action on our three biggest causes of preventable mortality and morbidity, alcohol, tobacco and unhealthy food has resulted in implementation of evidence led but innovative solutions with tangible outcomes.

The integration and way of working together is a real strength in our ICS.

The public health approach of working with the ICB rather than having parallel structures has meant a high level of input from many, with some key successes. This has become a two way process rather than an offer. We now need to maintain the focus on health inequalities through a time of change.

working together across the ICS with a public health focus has helped us to better understand healthcare inequalities and the part that we can all play in reducing these inequalities in the North East.