



North East and North Cumbria Integrated Care System Prevention Programme Newsletter

Issue 1 – January 2021

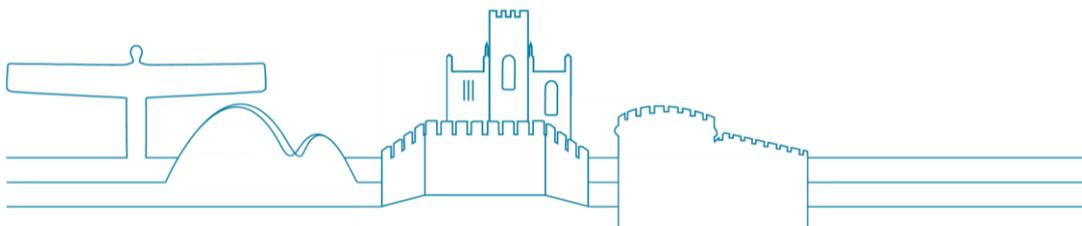
Our newsletter is released quarterly for all North East and North Cumbria stakeholders with an interest in the work of the Prevention programme board.

Welcome to the North East and North Cumbria Integrated Care System Prevention Programme Newsletter. The prevention programme continues to be in full swing with lots of positive developments being implemented across its breadth in support of its mission to improve the health and wellbeing and reduce health inequalities amongst the North East and North Cumbria population. The Prevention board provides strategic oversight and direction for its agreed priorities which are currently achieving a Smoke Free North East and driving down the harm caused by alcohol.

This edition of our newsletter provides you with updates on our two main priority work streams and all of our enabling work streams and is a longer version due to all the exciting information we wanted to share. We hope you enjoy it and we encourage you to make further links with colleagues to ensure we are even better co-ordinated in driving forward this crucial agenda

Dr Guy Pilkington, Chair and Amanda Healy, Vice Chair, Chair of ADPH and DPH County Durham

North East and North Cumbria Integrated Care System Prevention Board





Prevention Board Network Event – Tackling Health Inequalities

The North East and North Cumbria ICS Prevention Board held its 3rd annual network event on 12th November 2020. Chaired by Dr Guy Pilkington, the event focused upon health inequalities and had keynote speakers Professor Clare Bamba and Professor Chris Bentley. Their presentations can be accessed via the links below:

1. **Professor Clare Bamba: [COVID 19 and health inequalities ICS.pdf](#)**
2. **Professor Chris Bentley: [HI and Avoidable Emergency Admissions.pdf](#)**

The network then heard about partnerships and health inequalities within the Integrated Care System in the North East and North Cumbria from Neil Mundy, ICS Convener. Neil's presentation can be accessed below:

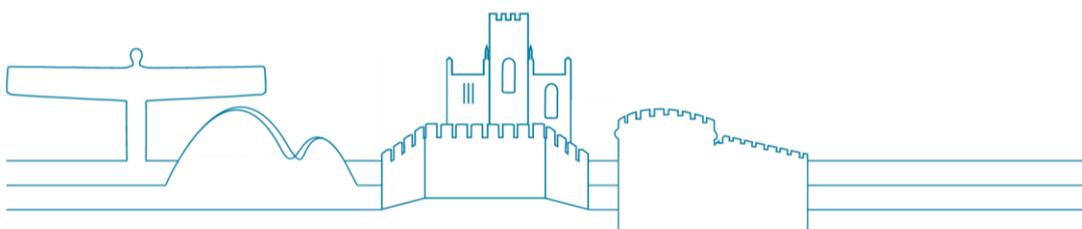
3. **Neil Mundy, ICS Convener: [ICS Prevention Board.pdf](#)**

Four facilitated break-out sessions followed. The presentations from the sessions can be found via the links below:

4. Professor Edward Kunonga, Consultant in Public Health CDDFT/ TEWV / NECS and Gill O'Neill, Deputy Director of Public Health, Durham: [Population Health Management update - DCC Covid-19 Response.pdf](#)
5. Claire Mathews, Health and Well Being Programme Lead, Public Health England: [NE HI Impact Assessment.pdf](#)
6. Dr Guy Pilkington, ICS Prevention Board Chair: [Deep End presentation.pdf](#)
7. Dr Shelina Visram & Dr Mabel Lie, Newcastle University & Ryan Swiers, Consultant in Public Health, South Tyneside and Sunderland NHS Foundation Trust, : [The Role of the Public Health Consultant in Secondary Care.pdf](#)

Challenges from each of the breakout groups for the Prevention Board to consider were brought from each breakout group into the final plenary session:

- Ensuring that we focus on wards/areas of greatest need.
- Learning from the resilience that is apparent in some deprived wards.
- Further developing the role of public health expertise within hospital settings.
- Ensuring we can access data from agencies outside of health.
- Ensuring we work more closely with the Fire service – their infrastructure and data.
- Supporting the VCSE sector more.





- Developing health literacy and using asset-based management within our most disadvantaged communities. Exploring barriers and enablers within them.
- ICS work stream or alcohol network to consider the gradient of need with Deep-end practices to try and test new ways of working.
- Funding to ensure we can create time within Deep-end practices.

Amanda Healy, Director of Public Health, County Durham closed the event by reflecting on the keynote presentations and challenges posed and thanking attendees for their contributions.

Next Steps

The Prevention Board will consider the challenges posed and how they respond to these through the Population Health Management and Prevention programme.

For further information on the work of the NE&NC ICS Prevention Board or any queries related to the Prevention Network Event please contact:

Claire Mills, Prevention Board Programme Manager by e-mail: Claire.Mills21@nhs.net

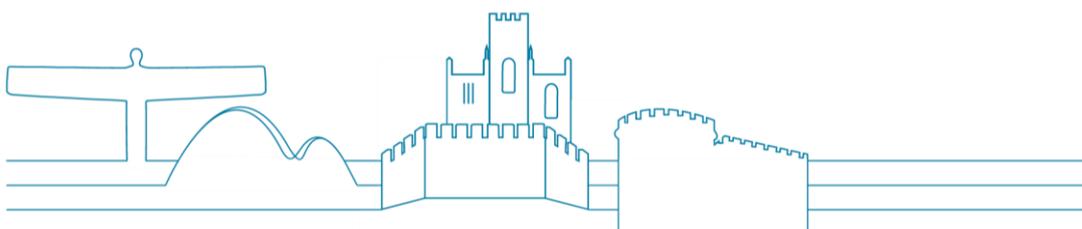
Regional Alcohol Prevention Programme

What is the regional alcohol prevention programme?

Led by the multi-agency Alcohol steering group, this programme aims to drive forward the alcohol prevention priority in the North East and North Cumbria region, by identifying and facilitating opportunities for the Integrated Care System (ICS) to work with partners to reduce the harms of alcohol.

What have we achieved in the last 6 months?

- With Local Authorities across the North East we have co-funded Balance's new TV led alcohol campaign. The campaign "Alcohol: Not the Answer", launched in November, was broadcast across the region and highlighted the range of physical and mental health problems alcohol causes, the benefits of cutting back and why, especially now, it is important to reduce our drinking.



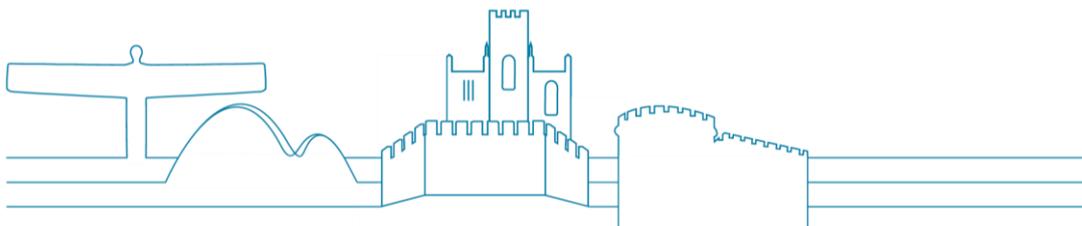


- We have established an Alcohol Clinical Network for the region to engage clinicians in the alcohol programme going forward. This quarterly virtual meeting is a mechanism to bring together the voices of clinicians to lobby for evidence based policy to reduce alcohol harm and shape the regional alcohol programme.

What are our priorities moving forward?

1. Supporting an alcohol culture change in the ICS workforce by developing a communications strategy to address the values, attitudes and beliefs that shape the delivery of alcohol advice and interventions.
2. Developing a regional online resource to support the workforce in navigating alcohol intelligence & data, training, and signposting to support.
3. Conducting a mapping exercise to understand the impact alcohol misuse places on the health services across the North East and North Cumbria and what provision is currently in place for the prevention and treatment of alcohol harm in acute hospitals
4. Support the development of alcohol provision and pathways by piloting the Alcohol Navigator project. This project aims to reduce the impact of alcohol related frequent attenders by providing additional patient-centred support between acute and community services
5. Work with colleagues in the ICS mental health work stream to explore ways to improve pathways and service provision for people with co-occurring alcohol and mental health issues

For further information about the programme please contact ICS Alcohol Strategic Manager Sarah.Hulse1@nhs.net





Smokefree NHS/Treating Tobacco

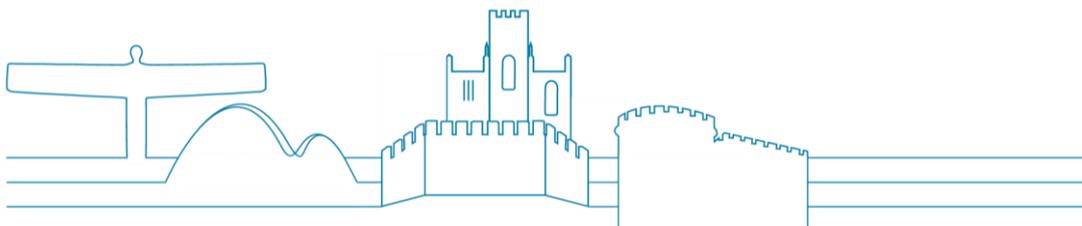
The Smokefree NHS / Treating Tobacco taskforce was established in April 2017 as a dedicated regional steering group to drive forward the Tobacco work stream of the Prevention Board as one of its key prevention priorities. The taskforce is a multi-disciplined group jointly chaired by Professor Eugene Milne, lead Director of Public Health in the NE for Tobacco and Dr Ruth Sharrock, Respiratory Consultant and Clinical Lead for Tobacco Dependency for the ICS & the North of England Cancer Alliance.

The taskforce has representation from senior leads in NHS Trusts, Mental Health Services, CCG's, Local Authorities, PHE regional team, Fresh and is supported and facilitated by the ICS Smokefree NHS Strategic Manager. The taskforce aims to focus the NHS efforts to support the regional ambition of reducing all adult smoking down to 5% which is vital in order to narrow health inequalities, and was initially given the mandate to drive forward the regional action plan to support implementation of PH48 with all Trusts to become Smokefree as per the Tobacco Control Plan ambition by April 2020.

The taskforce enabled the implementation of a Smokefree NHS by providing strategic direction, developing regional resources and facilitating partnership working with all stakeholders including NHS Trusts, LA Tobacco Commissioners, PHE and Primary Care. As of April 2020 all NHS Trusts in the North East have endorsed the NHS Smokefree Pledge and are implementing updated Smokefree NHS policies and pathways to identify smokers on admission and provide medication to manage nicotine withdrawal and initiate quit attempts. Across the region Trusts have established discharge pathways with community Stop Smoking Services funded by Local Authorities to ensure that treatments initiated within hospital can be continued.

In addition to the work with the Trusts to implement Smokefree NHS, bespoke pieces of work have been ongoing including:

- Supporting development and delivery of the regional Don't Wait campaign, with the first 4 week phase reaching over 570,000 via TV and had more than 3 million impressions on social media. The campaign evaluated extremely positively and saw an extremely high reported action rate of 81%, as a result the taskforce supported a shorter 2 week phase at the end of October and a further 1 week phase over the New Year.

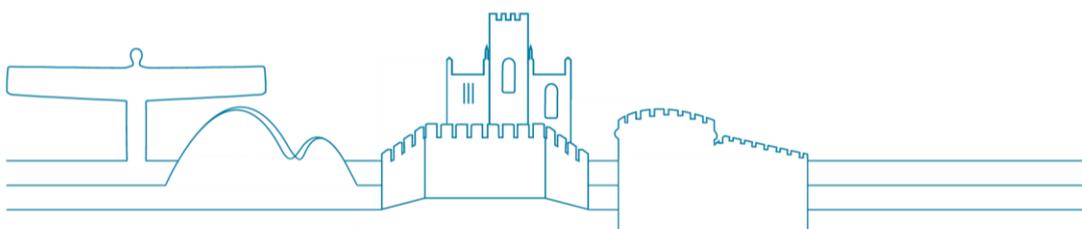




- Working in partnership with the Local Maternity System (LMS) to provide a digital offer for pregnant women and their partners including 9 months of free 24/7 access to NCSCCT trained Stop Smoking Advisors, via a Smoke Free app to complement existing Stop Smoking provision and targeted to those who chose not to engage with or do not have access the community Stop Smoking provision.



- Engaging with Primary Care and developing resources to support the systematic delivery of Very Brief Advice within General Practice.
- Reviewing the regional Vaping Standard and developing it into an ICS position on Vaping. Nine senior leaders and clinicians from across the region attended the UK Vaping Summit in December 2020. In addition, a number of bespoke Vaping Training sessions for Stop Smoking Advisors; *Making the most out of being Vape friendly*, have been delivered in December by the NCSCCT.





Following the publication of the NHS long Term Plan, the taskforce aims to build on the progress in the region to ensure that the criteria of a new hospital based services set out in the NHS Long Term Plan is delivered through a system wide approach. The ambition over the next 6 months for the taskforce is to be the strategic driving force to ensure the national phased roll out during 2021/22 of the ambitions set out in the Long Term plan, including;

- all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services, by 2023/24
- the model to be adapted for expectant mothers, and their partners, with a new Smokefree pregnancy pathway including focussed sessions and treatments

For more information on the work of the Smokefree NHS / Treating Tobacco Dependency taskforce, and to keep updated with local and national developments please sign up to the Khub page: <https://www.khub.net/group/north-east-smokefree-nhs-treating-tobacco-dependency-taskforce-group>

Workforce

This enabling prevention project aims to support realisation of the Alcohol and Smoke free programme objectives and the broader regional prevention programme. It is currently focusing on two main areas. Implementation of:

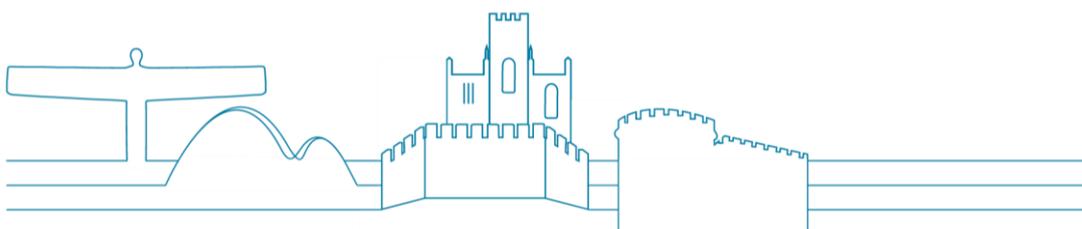
- The Better Health at Work Award in Primary Care Settings
- Making Every Contact Count (MECC) training

Better Health at Work Award (BHAWA)



What is the BHAWA?

The North East Better Health at Work Award was launched in 2009 to take health and well-being into the workplace to help address some of the region's long-standing health issues and inequalities. It is funded by 11 local authorities in the North East and coordinated by the Northern Trade Union Congress (TUC).





- The Award scheme is free, flexible and open to all employers, regardless of size, and business type
- Participants range from micro businesses with five employees to NHS Trusts with over 14,000 staff
- There are now over 350 organisations signed up, directly covering nearly 200,000 workers in the north east
- There are four levels of Award: Bronze, Silver, Gold and Continuing Excellence, all of which require health campaigns and initiatives to be run/implemented in the workplace and a portfolio of evidence to be compiled for assessment at the end of each phase

What Are We Doing through the Prevention Programme to further develop the approach?

Building on the excellent engagement with Local Authorities and NHS Trusts across the region an opportunity was identified to scale up engagement with other health and care organisations, particularly in primary care. The North East and North Cumbria Integrated Care System (NE&NC ICS) Prevention Board Workforce project agreed to support implementation of the BHAWA. Health Education England (HEE) provided funding to recruit 2 dedicated NHS Practitioners trained to deliver BHAWA to NHS organisations across the ICS footprint, focusing on engaging primary care organisations and facilitating the sharing of good practice from existing participants.

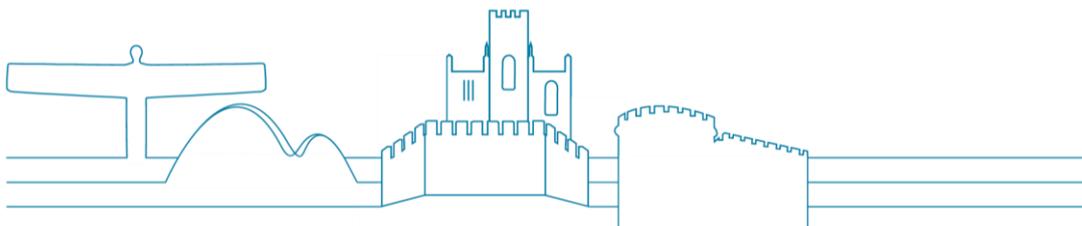
These posts were successfully recruited to in November 2020 and commenced January 2021, hosted by Newcastle/Gateshead CCG and supported by the TUC and Public Health England (PHE) North East. Their initial focus will be to recruit primary care organisations to participate in the BHAWA.

The BHAWA works on an annual recruitment cycle with organisations signing up January to March/April. They can then work through the award process with assessment towards the end of the calendar year. The new post holders will trial a new 'virtual' delivery model in line with new ways of working developed during the pandemic.

For more information on the BHAWA programme please visit the website:

<https://www.betterhealthatworkaward.org.uk/>

If you are interested in registering for the BHAWA please visit the sign up section of the website and someone will be in contact with you to discuss this further.





Making Every Contact Count (MECC)



What is Making Every Contact Count?

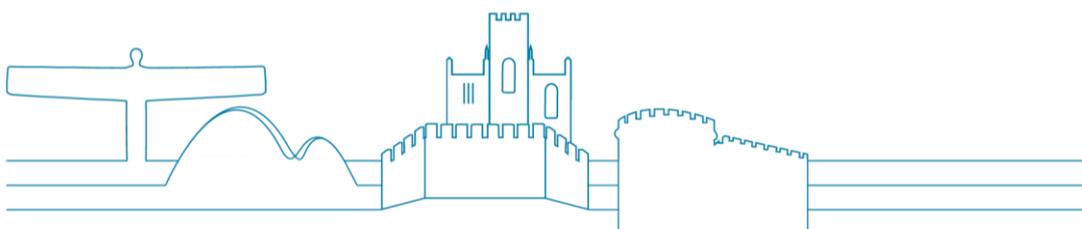
Making Every Contact Count is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

What are we doing to further develop MECC in the North East and North Cumbria?

COVID-19 has highlighted the importance of having health promoting conversations with service users to a key range of organisations across the region. However, capacity is more now than ever an issue. Following from evaluations received from those who have participated within the training, the MECC Regional Training Centre now runs as a blended learning approach. The MECC training programme offers videos to watch as pre-learning. These short videos set the scene for MECC as a Public Health Intervention. Following on from these videos, participants are asked to join a 2-hour Teams training session to practice their skills in having a health promoting conversation. This is achieved through practical case study examples and also by using drama-based learning videos developed by the Grangeside group. These highlight MECC in a series of scenarios.

What have we achieved?

- Between the months of April 2019 and March 2020, 356 people took part in the Train the Trainer sessions. Trainers have successfully cascaded the training to 1450 people across the region so far.
- 132 people attended a 'What is MECC' session
- 190 people have engaged with the MECC Training through Teams





What next for MECC?

- We are reviewing the ways in which we can embed MECC within education settings – COVID-19 presents opportunities to do this.
- Reviewing where MECC can be highlighted within commissioning cycles to ensure that its importance is recognised and the approach can be embedded into everyday business.

For further information please contact MECC Project Manager, Katie Bannister – Katie.Bannister@northumbria-healthcare.nhs.uk or access the Making Every Contact Count website at <https://www.meccgateway.co.uk/nenc>

Population Health Management (PHM)

A PHM Programme Management Office (PMO) has been established- a PHM programme management office has been established with Janine Ogilvie as programme lead.. The PMO has oversight on all projects and initiatives that are in delivery and in development.

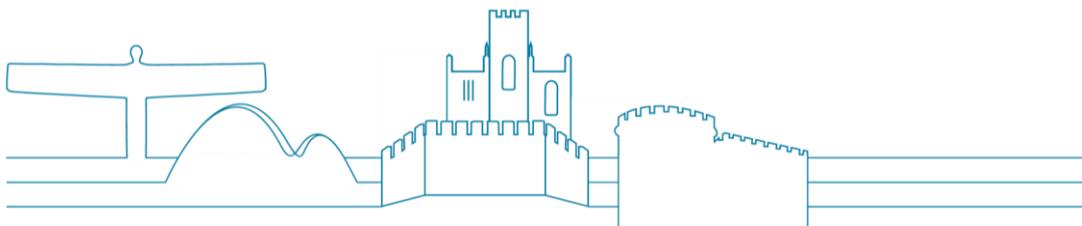
There are a number of core project areas:

- **NHS Health Inequalities**
- **Deep End**
- **Reset and Recover –COVID 19**
- **Primary Care Network (PCN) Analytics Support Programme**
- **PHM ICS Road map**

Core project areas all have a number of initiatives and are all at different stages of design, development or delivery. The reach of projects spans across Foundation Trusts, PCNs, Local Authorities, GP practice, ICP and ICS.

Key successes to date

COVID-19 Phase 1 response Durham – 72,000 additional (to the nationally produced shieling list) vulnerable households identified and 100% contacted with offers of support through the Durham community hub. This resulted in around 5000 households received government food parcels and around 1500 received additional support through the community hub for example medication deliveries. The PHM approach in Durham has evolved from Phase 1 into Phase 3 recovery and supporting a number of key areas including supporting Mental Health in children and young people.





Primary Care Network – Analytics Support Programme

NECS has been the Population Health Management (PHM) and analytics delivery partner to provide key support to all 66 Primary Care Networks (PCNs) across North East & North Cumbria (NENC) with the key focus on supporting the PCNs along their maturity journey around population health management and delivery of anticipatory care including Structured Medication Reviews for Respiratory Patients, Establishment of a Mental Health Café and Identifying people who may be impacted by Depression in the Future

GP Practice – RAIDR South Tees

NECS deploys RAIDR alongside advanced predictive algorithms to address patients with Atrial Fibrillation (AF), COPD, Dementia and Diabetes

Using the AF risk stratification tool in RAIDR a local GP in South Tees CCG identified nine patients with potential AF, all patients reviewed resulting in 4 receiving treatment and their life's being potentially saved

NHS Health Inequalities Project

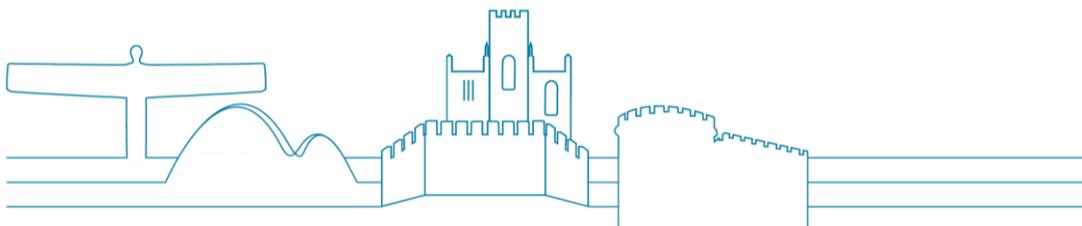
A NHS Health Inequalities multi-agency project team has been established. It is taking forward a number of initiatives and work streams identified to support achievement of the 8 urgent actions highlighted in the PHASE 3 Recovery letter and respond to national planning guidance specifically in relation to Health Inequalities.

The 8 urgent actions for the NHS are:

1. Protect the most vulnerable from COVID-19
2. Inclusive restoration of NHS Services
3. Digitally enable care pathways
4. Accelerate preventative programmes
5. Support those who suffer from mental ill-health
6. Strengthen leadership and accountability
7. Ensure accurate and complete datasets
8. Place based collaboration, planning and action

The 4 core initiatives currently in delivery are:

1. NHS Health Inequalities toolkit
2. NHS Health inequalities leadership development in partnership with NHSE/I





3. Development of an NHS Health inequalities Network
4. NHS Health Inequalities Dashboard

Deep End



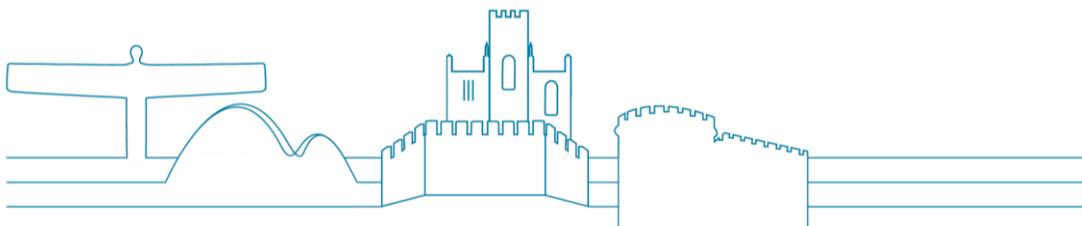
GPs at the Deep End NENC

The purpose of the Deep End project is to establish a network for 'Deep End' GP practices serving the most socio-economically deprived populations in our ICS, with the aim of improving care provided to these patients and reversing the Inverse Care Law by improving capacity and resources. Deep End has focused on practices with blanket deprivation in the first instance and has identified our first phase of 34 practices across our ICS that form our initial core Deep End network. Currently work on co-designing the network with these practices via a series of in depth evaluation interviews, led by NIHR researchers is underway.

What have we been doing?

- We have hosted 3 successful webinars, which have included presentations from influential key note speakers: Professor Clare Bamba, Professor Chris Bentley and Dr David Blane. The webinars also provided an opportunity to link with colleagues in other Deep End practices and discuss the key challenges faced and how the Network could support practices to better serve our communities.
- We are creating links and making partnerships; for example with Health Education England (HEE), who reserved 8 trailblazer GP post CCT fellowship posts specifically for Deep End practices who were interested in applying.
- We are developing an action plan to address the joint challenges faced by Deep End practices. To ensure the needs of all Deep End practices are represented, we are working with NIHR researchers who are conducting interviews with practice staff to develop/co-design the action plan.

What next?





- We will be holding the first of a series of Deep End Network Workshops. Each Workshop will be based around challenges identified in our co-design interviews. We will hear from Deep End colleagues and partners who are developing solutions to these challenges and start to design our own responses. The first Workshop will focus on mental health and is planned to take place on Wednesday 10th February 2021. The Workshops are also a great opportunity to get together with colleagues and share experiences and ideas.
- We will implement the action plan we are developing based on the key priorities and challenges identified by Deep End practices as part of the co-design process.
- We will continue to link with and learn from other Deep End Networks across the country.

For further information about Deep End please contact Rachel Henwood, Project Manager at Rachel.henwood@nhs.net

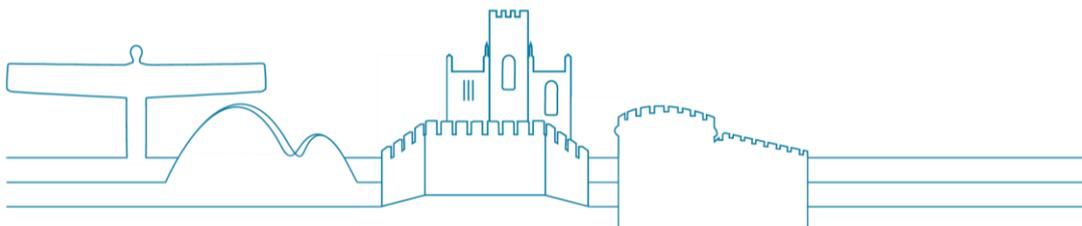
Social Prescribing



The NE & NC ICS regional social prescribing approach aims to support the development of social prescribing across the region. The Prevention Programme has a regional social prescribing facilitator who has been proactively leading the development of a range of activities described below:

What Have We Been Doing Through Our Regional Approach to Social Prescribing?

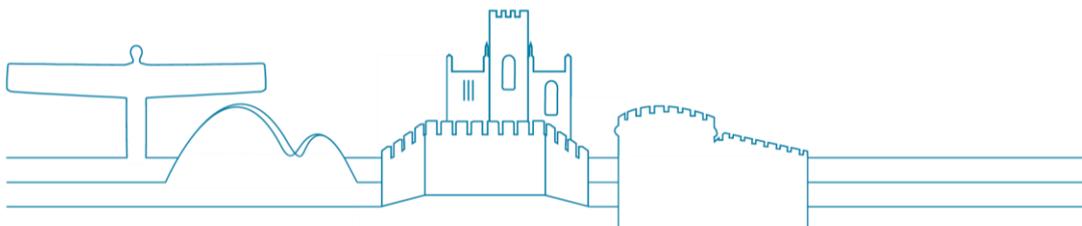
- **The Regional Reading Coach Pilot Project** - linked to social prescribing and our regional Social Prescribing Network a regional reading coach pilot is underway. Funded via Public Health resource and a donation by Ann Cleaves, a local author with commitment from 5 Local Authorities a community based reading coach has been recruited in each of 5 places. Social Prescribing Link Workers refer, aiming at supporting targeted cohorts to improve their health & wellbeing through reading and access to books. A multi-agency



steering group to drive this work chaired by the Prevention Board Chair is overseeing implementation. Funding to support a Regional Evaluation via the NENC Applied Research Collaborative has been identified. Ann Cleeves highlighted the project in a recent interview with the Guardian which can be accessed below:

<https://www.theguardian.com/books/2020/sep/02/stories-healing-funding-bibliotherapists-ann-cleeves>

- **Rapid Recruitment of Social Prescribing Link workers (SPLWs)** demonstrating the level of commitment to social prescribing across our ICS. - Over 80 additional Social prescribing Link Workers are being recruited as part of an NHSE Rapid Recruitment incentive scheme. This is aimed at utilising our VCSE sector to recruit SPLW's on behalf of Primary Care Networks, in light of the valuable role that SPLW's have played in the Primary Care response to COVID19.
- **A North East and North Cumbria ICS Personalised Care Programme training offer.** This is being developed with a view to upskilling and supporting the expansion of the health, care and VCSE sector workforce during 2021. The training programme will aim to upskill voluntary sector staff, volunteers and health and care staff, including social prescribing link workers, in delivering vital support to address inequalities and the needs of our most vulnerable communities during COVID 19 and beyond. The programme will include;
 - Health coaching and train the trainer health coaching
 - Personalised care & Support Planning
 - Patient Activation and the use of the patient activation measure as a risk stratification and tailoring tool
 - Social Prescribing link worker accredited level 3 training
 - Dealing with mental health issues for social prescribing link workers
 - Trauma and bereavement management skills for social prescribing link workers
- **Leading the development of the Thriving Communities Programme.** The NENC Social Prescribing Facilitator is now the North East & York's lead for NASP (National Academy for Social Prescribing) Thriving Communities Programme. Thriving Communities is a new support programme for voluntary, community, faith and social enterprise groups, supporting communities impacted by COVID19 in England, working alongside social

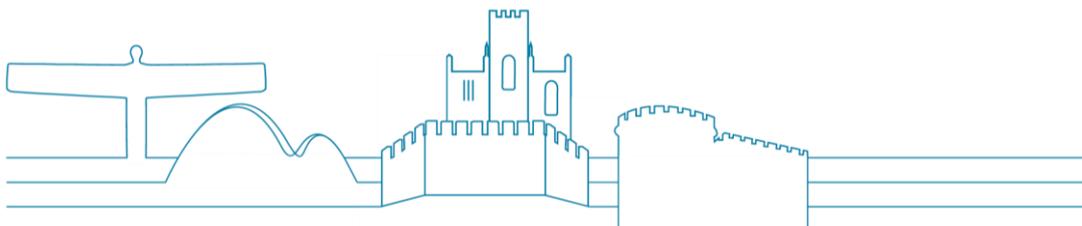




prescribing link workers. It provides opportunities for peer networking, access to support networks and webinars, access to funding and development of partnerships across sectors. This includes the Learning Together Programme & Thriving Communities Fund which is aimed at supporting the VCSE sector to delivery activities in response to social prescribing demand.

- **The NHS Charities Together COVID Community Partnership Grant fund** enables a lead NHS Charity within every Integrated Care System across England to fund VCSE community partnerships which increase support for people impacted by COVID19. NHS Charities Together in the North East and North Cumbria (NENC) are collaborating with NENC Population Health & Prevention board leads in identifying local priorities and developing a fair and transparent process for assessment of bids to the NENC NHS Charities Community Grants Fund allocation of £1.4m.
- **Collaborating with regional 'green' partners through the North East England Climate Coalition (NEECCO)** in developing green social prescribing across the ICS footprint. Partners collaborated on a cross government shared outcomes fund Green Social Prescribing Bid on behalf of North East & North Cumbria ICS targeting Middlesbrough which was shortlisted but not selected at final stage as a national pilot site. However, other opportunities for collaboration are actively being explored.
- **Qualitative COVID19 Health Inequalities Impact Report published** as part of a COVID-19 Health Inequalities Impact Assessment (HIIA) for the North East. The Public Health led Regional Health Inequalities Impact Assessment Steering Group working with Public Health leads, VONNE and ARC Health inequalities theme researchers conducted a rapid secondary analysis of qualitative community insight work conducted by VCSE sector organisations across North Cumbria and the North East to explore: (1) the health impact of COVID-19 on at risk and vulnerable populations; and (2) the impact of the pandemic upon the VCSE sector and organisations supporting those groups. There will be further engagement with VCSE partners working with vulnerable & at risk groups to support qualitative deep dive focus group/listening exercises with front line staff & volunteers during early 2021.

For further information about our regional approach to social prescribing please contact our North East and North Cumbria Regional Social Prescribing Facilitator, Jane Hartley. Jane can be contacted at jane.hartley@vonne.org.uk





We hope you have enjoyed finding out more about the work of the North East and North Cumbria Prevention Programme! If you would like any further information about the work of the programme or how you can get involved please contact Claire Mills, Prevention Programme Manager at claire.mills21@nhs.net

