

Written evidence submitted by Prevention Board of North East and North Cumbria ICB (PHS0552)

As Chair of the Prevention Board for the Northeast and North Cumbria (NENC) ICB (previously ICS) for several years we are sending a number of individual workstream submissions. In addition, I would like to submit some overarching proposals.

In my experience the following are essential elements of any progress that we have been able to make to date:

- Health services need to collaborate with wider partners such as local authorities, the voluntary and community sector (VCS) with advice and support from OHID, in meaningful and constructive ways.
In NENC we have had success in developing shared leadership models – with a clinical lead, a Director of Public Health, an OHID lead, supported by a senior manager acting jointly to drive priority programmes.
- Prevention efforts need to take account of the gradient of need (and gradient of deprivation) if they are to maximise their positive effects.
- Encouraging a shift in focus towards prevention always relies on having a workforce ready and able to improve skills and capacity to deliver preventative messages and support. We are asking a lot of our NHS workforce currently, so it is important to find ways to support current (and future) professionals in becoming better equipped for the challenge. NENC Prevention Board has helped fund and embed new public health consultant roles in the majority of Foundation Trusts in our area, who play key roles in supporting the workforce transformation required. Additionally, we are investing in a Health Inequalities Academy, as well as developing proposals for a School of Preventative Health Studies.
- The non-clinical workforce (e.g. social prescribers, community connectors) and asset based community development (ABCD) are essential, if we are to reach those most in need and to avoid widening inequalities.
- The VCS is underused. With the right funding and delivery mechanisms it is likely that the sector could deliver far more of direct value to maintain good health and avoid ill health, for individuals, families and communities.
- GP practices and Primary Care Networks are important delivery vehicles for preventative efforts. It is important to recognise that not all practice populations are the same, that some are working at the deep end and are worthy of particular support and attention ([Deep End GP Network for the North East and North Cumbria \(NENC\) GPs at the Deep End NENC](#)). As the Health Foundation reports a levelling up of funding for practices is of importance (www.health.org.uk/publications/long-reads/levelling-up-general-practice-in-england).

Proposals

ICBs form joint arrangements with the public health community at place (local authority) and regional level, to collectively lead on prevention efforts; being clear what needs to be delivered locally and what can be delivered at scale. Funding needs to be provided, proportionate to the need of the population served. When formed, these arrangements should be responsible for leading on local prevention opportunities, ensuring strong collaboration across sectors, as described above and collectively advocate for action at every level, from central government to local neighbourhoods.

Education and training curricula for professionals (pre- and post qualification) is reviewed, to increase the focus on prevention role where necessary.

The welcome investment from NHS to ICBs to help tackle health and healthcare inequalities should be expanded year on year, broadening the remit to explicitly fund prevention efforts and ring-fence the funding for inequalities and prevention.

Dr Guy Pilkington

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