NIHR | Applied Research Collaboration North East and North Cumbria

fuse The Centre for Translational Research in Public Health

Newcastle University

Evaluation of the NENC ICB's Multiple Complex Needs Funding 2022/23-2024/25

Core20PLUS5 is a national NHS England approach to reduce healthcare inequalities. A key component of this framework is to target action for Inclusion Health Groups.

The North East and North Cumbria (NENC) Integrated Care Board (ICB) allocated funding from 2022/23-2024/25 to 13 Local Authorities (LAs) to address Multiple and Complex Healthcare Needs (MCN). Each LA locally designed and delivered projects and services to support local people with MCNs in their area to access healthcare. This funding programme was evaluated through a mixed-methods approach, combining both quantitative data and qualitative insights from stakeholders working in LAs, to understand the use, impacts, and value of the funding.

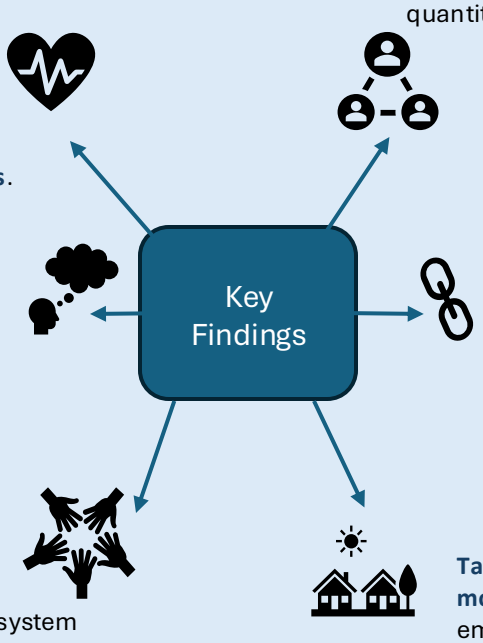
The evaluation included:

- A desktop review – the gathering and analysis of existing information from the LAs.
- Qualitative interviews with LA public health staff involved with developing or delivering the service(s).
- Ripple Effects Mapping workshop with senior LA colleagues to examine the positive and negative ongoing effects of the funding process and service delivery.

"For us, it's about supporting people back into the system and just making sure the system fits for them" (Participant)

Highlighting the needs of a population.
The funding raised the profile of substance use issues and reduced stigma through cross-sector partnerships.

Appreciation of co-production and lived experience.
The work highlighted the need to combine lived experience with quantitative evidence.



Changes in practice and attitudes.
Projects demonstrated that wellbeing depends on social determinants like housing and social care, not just clinical services, with case studies shared widely across networks.

Strengthened links between services.
The funding strengthened partnerships across primary and secondary care, housing and community services, enabling integrated pathways, shared training and workforce development. It fostered unexpected connections, such as linking emergency departments with public health teams.

Enhancement of systems approaches/thinking.
Initiatives showed how whole-system approaches, cross-sector training and reciprocal learning can address complex needs and overcome collaboration barriers.

Taking a neighbourhood health model approach. The funding empowered community-connected public health teams to design services for marginalised people with complex needs unmet by mainstream NHS care.

Outcomes

Who received help from the funding/initiatives?

- Those with high unmet needs
- Those who do not normally access healthcare services
- Those with complex needs (risk of homelessness, rough sleepers, drugs, and alcohol misuse)

How did the services address high unmet needs?

- Outreach/in-reach (going into communities)
- Individual case/support workers to provide one-to-one guidance/support/handholding
- Provision of services in places where people are already attending

What were the service impacts?

- Reductions in 999 and 111 calls, outpatient missed appointments, and in emergency hospital admissions.
- Increase in planned elective admissions for needed care.
- Evidence that people have been registered or re-registered with GPs.
- People identified with health problems now in treatment, including a case study of one service user at risk of losing a limb that has been saved.

"We're seeing people we would never have seen otherwise. We're seeing people who would have presented at ED at best and who would have been on my drug-related deaths or a homeless death figures at worst" (Participant)

RECOMMENDATIONS

1. **Strengthen links between health, housing, and social care services.** Commission integrated multiagency hubs and aligned pathways rather than siloed services. Effective interventions addressed housing, benefits, employment, and social determinants together to support the drivers of health beyond clinical care.
2. **Use funding initiatives to drive systems change for unmet needs.** Structure funding mechanisms to incentivize innovation, service transformation, and sustainable system strengthening rather than only short-term service delivery outputs.
3. **Embed co-production and lived experience throughout.** Prioritise meaningful involvement of people with lived experience in service design, delivery, and evaluation.
4. **Enable flexible, locally-tailored approaches within national frameworks.** Allow local Public Health teams close to communities to design services that address specific population needs rather than imposing rigid national models.
5. **Commit to multi-year funding cycles with adequate implementation timelines.** Short-term funding undermines relationship-building and service effectiveness for populations with complex needs. Fund programmes with realistic timelines that account for procurement, data sharing agreements, recruitment, and partnership establishment before delivery expectations begin.

FURTHER INFORMATION

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