ICB Executive Discussion Paper: Health Inequalities Investment Fund SummaryV2

1. Background and context

1.1. The Population Health Programme plays an integral role in helping the Integrated Care Board (ICB) and Health and Care Partnership (HCP) to achieve its core strategic objectives of;

- Tackling health inequalities in outcomes, experiences, and access (our 8 All Together Fairer principles)
- Improving population health and healthcare
- Enhancing productivity and value for money
- Helping to support broader social and economic development.

1.2. It provides the shift towards prevention and health equity through system leadership and integrated community actions to address four thematic areas, the social determinants of health, support healthy behaviours and wellbeing, address healthcare inequalities and strengthen uptake of screening and immunisations.

1.3. The ICB and its partners are addressing the significant healthcare inequalities that exist in Cheshire and Merseyside and adopting approaches and priorities described within the NHSCORE20PLUS5 frameworks for both children and adults. There is a significant Health and Care Partnership strategic commitment to the delivery of the ground-breaking 'All Together Fairer'[1] report, to tackle the social determinants of health in each of our nine local areas.

1.4. As part of NHS England's statement on information on health inequalities [2](duty under section 13SA of the National Health Service Act 2006), Integrated care boards, trusts and foundation trusts have to identify key information on health inequalities and set out how they have responded to it in its annual reports.

1.5. For the ICB to deliver on its core strategic objectives, a new embedded function is established under the leadership of the Director of Population Health, within the ICB Assistant Chief Executive directorate. This includes an integrated team working together with nine Local Authorities and CHAMPS, the sub regions public health collaborative. This has seen established priority programmes of work be introduced across the sub region such as All Together Fairer, reducing the harms from alcohol, All Together Active programmes and the successful evolution of the NHS Prevention Pledges across all our Trusts.

1.6. An overview of the areas of work included within the Population Health programme can be found in Appendix 1. This describes some of the new responsibilities the ICB has been delegated in important areas such as developing a new Work and Health Strategy and our ambition to maximise the effectiveness of our screening and immunisation services for our local population (NHS NW Section 7a delegation to ICB for immunisations expected in April 2025).

1.7. These programmes are all resourced from the ICB Health Inequalities Investment Fund. The total available annual fund for 2024/25 is circa £12m.

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1 All Together Fairer | Champs Public Health Collaborative

2 NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)

2. Proposed Approaches for Health Inequalities Investment in 2024/25

Existing Commitments

2.1. The ICB is committed to working with partners to support the ICS ambition to tackle inequalities and has ring-fenced £12.2m for investment for 2024/25 and beyond. We are looking to increase this year on year.

2.2. From this budget, the ICB has recently committed £1m/year for 3 years to continue its support for CHAMPs and the All Together Fairer team. It also committed £450k/year for up to 5 years (3+2, commencing in 2023/24) for the VCFSE sector, recognising its invaluable role in tackling inequalities and improving the health of our communities.

2.3. We are building capacity within the ICB Population Health function to ensure we can deliver our ambitious agenda.

Investment discussion
We would like to engage partners on how we allocate the balance of the budget to ensure we get the best outcomes for the investment and begin to turn the dial at scale.

There are a number of areas we would welcome views on:

I. We propose that the HI monies are prioritised for primary prevention.

The ICB/wider NHS already spends millions on secondary prevention and therefore to promote further collaboration and integration with ICS partners, we suggest that primary prevention can make the greatest impact in our work as a Marmott System.

We propose that Places undertake a stocktake and evaluation of their investments in both primary and secondary prevention to assess effectiveness. This would help understand how much ICB resources, previously committed by CCGs, is already spent on these areas.

We want to ensure any share of the HI allocation does not simply replace existing service funding or saving proposals that may be in place by local partners and is invested in the areas/schemes that make the greatest impact for the population with greatest need.

This baseline understanding of investment and services would enable a sharing of best practice and an evaluation of any innovative solutions that have been previously funded that are now not equitably available across the Cheshire and Merseyside. Does this challenge us all to level up?

II. All Together Fairer is a shared system ambition, therefore should we allocate resources where we can leverage in more investment (e.g. match funding) to facilitate greater collaboration and integration?

The system financial challenges are well known, so we need to explore opportunities to work with external bodies to encourage inward investment. We need to use strategic size and influence to pilot and trailblaze where we can.

What are the opportunities for HCP partners to match fund the ICB investment and for budgets to be aligned/pooled for greater collective impact? New income, growth and/or re-focused budgets could be triangulated with the ICB allocation to increase the overall primary prevention HI investment.

III. We want the HI budget to be an enabler and facilitate change for our residents and enhance partnership working. Are there, however, legitimate decisions we would want to make not to

fund an intervention by another partner or local/national spending department?

Should we agree some general principles on what we do and do not fund? These would cover all ICB HI investment, either at scale or within our nine Places and/or across our provider collaboratives.

IV. We need to ensure the investment makes the greatest impact possible for the greatest number of people, therefore consideration needs to be given for how the budget is allocated and who makes the decisions.

There are a number of options for this:

- Retain the whole budget centrally
- Fair shares across the 9 Places
- Allocation via the national HI weighting formula
- Proportionate universalism and a focus on 20% most deprived areas/wards
- Direct to the 1 or 2 Places with greatest need/highest overall HI
- Others?

Given we are one of the largest ICBs in the country, it is crucial we enable our local Place Based Partnerships and Health and Wellbeing Boards to help drive and leverage improvements in their community's health and tackle local inequalities that exist.

Once investment is agreed, there would be a need to align this with measurable and reportable impacts against identified and agreed All Together Fairer recommendations. Governance for reporting needs to be clear and streamlined; we would look to the HCP as the overarching system Board for co-ordination, oversight and assurance.

V. We need to consider whether the investment is allocated to a narrow number of primary prevention areas, at scale and/or in Place.

The HCP is committed to all areas of All Together Fairer and has already identified its priorities:

- Children and Young People
- Health and housing
- Worklessness
- Mental Health
- Healthy and supported workforce

Are these the areas we focus our investment, or are there a number of other initiatives that would benefit from a large-scale collaborative approach across Cheshire and Merseyside?

A stocktake report was received by the HCP in January 2024, where the partnership received contributions from all partners and its nine areas on both progress and gaps in delivery of All Together Fairer in each place, and distinct economic partnership areas i.e., LCR and C&W.

At its Board meeting in November 2023, the HCP committed to develop a **Housing and Health Collaborative** and associated work programme for Cheshire and Merseyside. It is proposed that resource is allocated to establish this programme and builds upon the successful Opening the Doors approach with our Housing Providers and Local Authority Growth directors.

We propose two population health at scale programmes, not currently in place across Cheshire and Merseyside, are prioritised that would benefit from a collaborative approach across Cheshire and Merseyside, to improve population health and tackle inequalities.

A dedicated Smokefree Cheshire and Merseyside Plan
Cheshire and Merseyside's collective ambition is to deliver a Smokefree 2030 and a tobacco free future for every child. Radically reducing smoking remains the single greatest opportunity to reduce health inequalities and improve healthy life expectancy. Smoking will kill up to 2 in 3 smokers, half in middle age. Updated estimates suggest that smoking costs the CM sub-region £2bn, not including costs to smokers and their families who lose loved ones through an addiction which costs on average £3,096 a year, equivalent to an average household energy bill. This is the single greatest cause of preventable ill health and premature death and driver of health inequalities. Tackling smoking is crucial to all NHSCORE20PLUS5 indicators, and this work will bring in the alignment of the NHS treating Tobacco Dependency Programme alongside our local smoking cessation service offers.

A system wide response to healthy weight
Working to provide a consistent pathway of support for residents across Cheshire and Merseyside, in accessing appropriate support and treatment, will help align multiple different weight management programmes and seek to embed more upstream preventative interventions with our ICS partners. Based on recent Health Foundation 2040 projections applied to Cheshire and Merseyside we could see an increase 49% more diabetic patients due to the rises in obesity across the population. However, we also know a major driver of ill health is malnutrition and food poverty. Reviewing our approach to tackling the inequalities associated with healthy weight across Cheshire and Merseyside with all partners is proposed to be the second at scale population health programme.

3. Recommended next steps

Following discussion at ICB Executive Team meeting on Thursday 29th February:

- Place Directors are asked to lead engagement on the proposals and considerations within this report within their respective Places. Amongst key stakeholders are the Local Authority Directors of Public Health and HCP representatives.

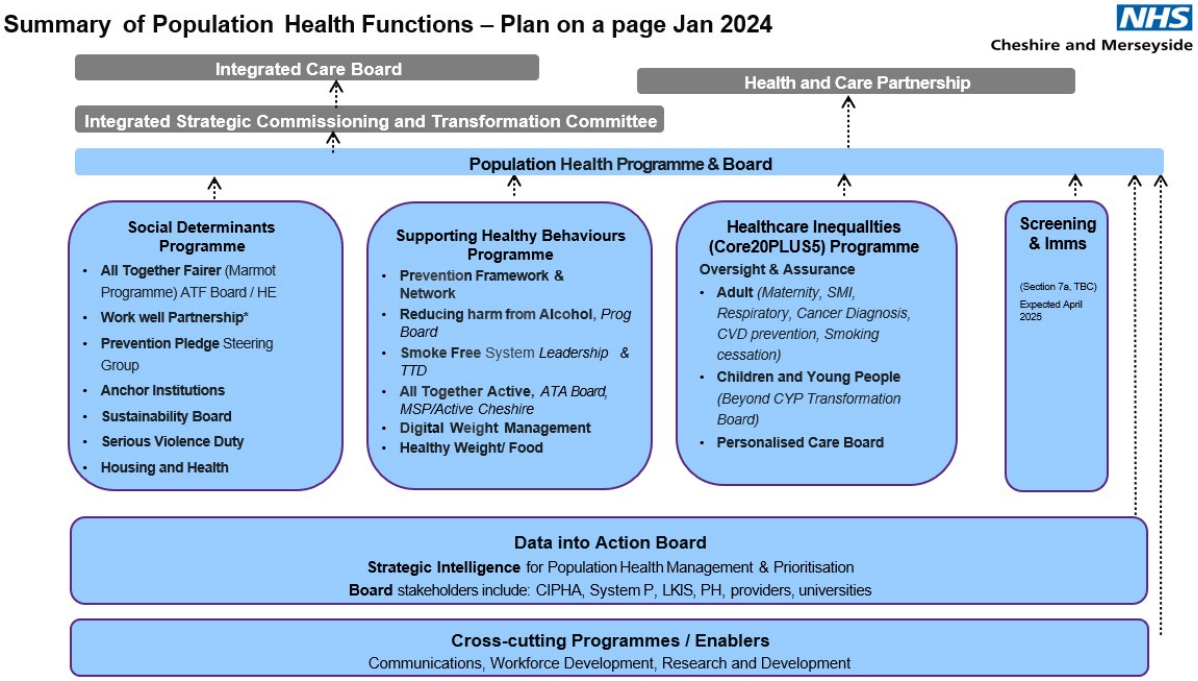
- Place Directors are asked to commence the stocktake of existing NHS Cheshire and Merseyside investments and to work with their Local Authorities to understand their respective investment and plans.

- Provider Collaborative Directors are asked to engage with their provider partners and the HCP representative.

- The paper will be discussed with Chair and 2 Vice Chairs of the HCP for consideration and presentation at March HCP agenda.

- Feedback and discussion will take place at ICB Executive Team meeting on 4th April. A final paper and investment recommendations (including all governance decision making and an outcomes framework) will be presented at HCP on 16th April.

Appendix 1:


Summary of Population Health Functions – Plan on a page Jan 2024
NHS
Cheshire and Merseyside
Integrated Care Board
Health and Care Partnership
Integrated Strategic Commissioning and Transformation Committee
Population Health Programme & Board
Social Determinants Programme
All Together Fairer (Marmot Programme) ATF Board / HE
Work well Partnership*
Prevention Pledge Steering Group
Anchor Institutions
Sustainability Board
Serious Violence Duty
Housing and Health
Supporting Healthy Behaviours Programme
Prevention Framework & Network
Reducing harm from Alcohol, Prog Board
Smoke Free System Leadership & TTD
All Together Active, ATA Board, MSP/Active Cheshire
Digital Weight Management
Healthy Weight/ Food
Healthcare Inequalities (Core20PLUS5) Programme
Oversight & Assurance
Adult (Maternity, SMI, Respiratory, Cancer Diagnosis, CVD prevention, Smoking cessation)
Children and Young People (Beyond CYP Transformation Board)
Personalised Care Board
Screening & Imms
(Section 7a, TBC)
Expected April 2025
Data into Action Board
Strategic Intelligence for Population Health Management & Prioritisation
Board stakeholders include: CIPHA, System P, LKIS, PH, providers, universities
Cross-cutting Programmes / Enablers
Communications, Workforce Development, Research and Development