



Agenda Item No:	10
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Report to:	NHS Humber and North Yorkshire Integrated Care Board
Date of Meeting:	8 November 2023
Subject:	Health Inequalities Resource 2023/24 – 2028/29
Director Sponsor:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer, SRO Population Health and Prevention
Author:	Jack Lewis, Consultant in Public Health on behalf of the Population Health and Prevention Executive Committee

STATUS OF THE REPORT: (Please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

The report outlines a set of proposals recommended by the Humber and North Yorkshire Population Health and Prevention Executive Committee. The proposals allocate a Health Inequalities resource over the period 2023/24 – 2028/29.

RECOMMENDATIONS:

Members are asked to:

- i. Accept the 9 recommendations from the Population Health and Prevention Executive Committee.
- ii. Approve the commitment to the health inequalities resource as described.

ICB STRATEGIC OBJECTIVE

Managing Today	<input type="checkbox"/>
Managing Tomorrow	<input checked="" type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input type="checkbox"/>

IMPLICATIONS	
Finance	The paper concerns the prioritisation of health inequalities resources.
Quality	Reducing inequalities and improving population health are fundamental components of quality health and care systems.
HR	N/A
Legal / Regulatory	<p>Each ICB must have regard to the need to (a) reduce inequalities between persons with respect to their ability to access health services and (b) reduce inequalities between patients who respect to outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities.</p> <p>Each ICB must also exercise its functions with a view to ensuring the health services are delivered in an integrated way and that their provision is integrated with that of health-related or social care services, where this would: improve quality of those services; reduce inequalities in access and outcomes.</p>
Data Protection / IG	N/A
Health inequality / equality	This paper is primarily focused on the ICBs responsibilities toward health inequalities.
Conflict of Interest Aspects	N/A
Sustainability	N/A

ASSESSED RISK:

N/A

MONITORING AND ASSURANCE:

The Population Health and Prevention Executive Committee is responsible for monitoring and assuring the items in this update along with any recommendations that emerge from Board discussions.

ENGAGEMENT:

The Population Health and Prevention Executive Committee is a partnership between the six local authorities, the ICB, and providers.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, please detail the specific grounds for exemption.

Health Inequalities Resources 2023/24 – 2028/29

1. BACKGROUND

- 1.1 Integrated Care Boards (ICBs) have a statutory duty to reduce health inequalities defined in the Health and Care Act 2022.
- 1.2 The HNY Integrated Strategy: Reimagining Health & Care calls for everyone in our population to live longer, healthier lives by **narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.**
- 1.3 It proposes following a life course approach: **Start Well, Live Well, Age Well, and Die Well.**
- 1.4 The HNY Joint Forward Plan 2023-2028 (JFP) outlines commitments for the Population Health, Prevention and Health Inequalities Programme according to six workstreams:
 - Core20PLUS5 Adults
 - Core20PLUS5 CYP
 - Prevention and Risk Factors
 - Public Health Functions
 - Population Health Intelligence
 - ICP Building Blocks
- 1.5 This Programme is overseen by the Population Health and Prevention Executive Committee.
- 1.6 The Major Conditions Strategy strategic framework was released in August 2023. The full strategy is due at the beginning of 2024 and will likely define the expected ICB approach to population health with a focus on aging populations and multimorbidity. It covers 6 groups of major health conditions:
 - Cancer
 - Dementia
 - Musculoskeletal disorders
 - Chronic Respiratory Disease
 - Cardiovascular disease (including stroke) and diabetes
 - Mental ill health
- 1.7 In 2022/23, ICBs were allocated a portion of £200m nationally to spend on health inequalities. The HNY share was £6.264m, or 0.2% of the overall ICB budget. Priorities for 2022/23 included:
 - Place Partnerships
 - Tobacco control
 - Cardiovascular disease
 - Healthy weight

1.8 In 2023/24, NHSE folded the health inequalities allocation into baseline ICB allocations where it will grow in line with ICB uplifts. The HNY ICB Executive has committed in principle to preserving the allocation amount for health inequalities, while recognising the ICB's duty extends far beyond £6.264m compared to an overall ICB budget.

1.9 2022/23 commitments have rolled over into 2023/24. £2.3m has been allocated to Place on a needs formula (mirroring the national methodology that allocated the £200m across ICBs). Funding within Place allocations requires agreement from both Place Director and Local Authority Director of Public Health. Any recurring commitments beyond two years require approval from the Population Health and Prevention Executive Committee.

1.10 COVID, cancer, circulatory and respiratory issues contribute to nearly two thirds of the life expectancy gap in our area (Figure 1).

Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Humber and North Yorkshire by cause of death, 2020 to 2021

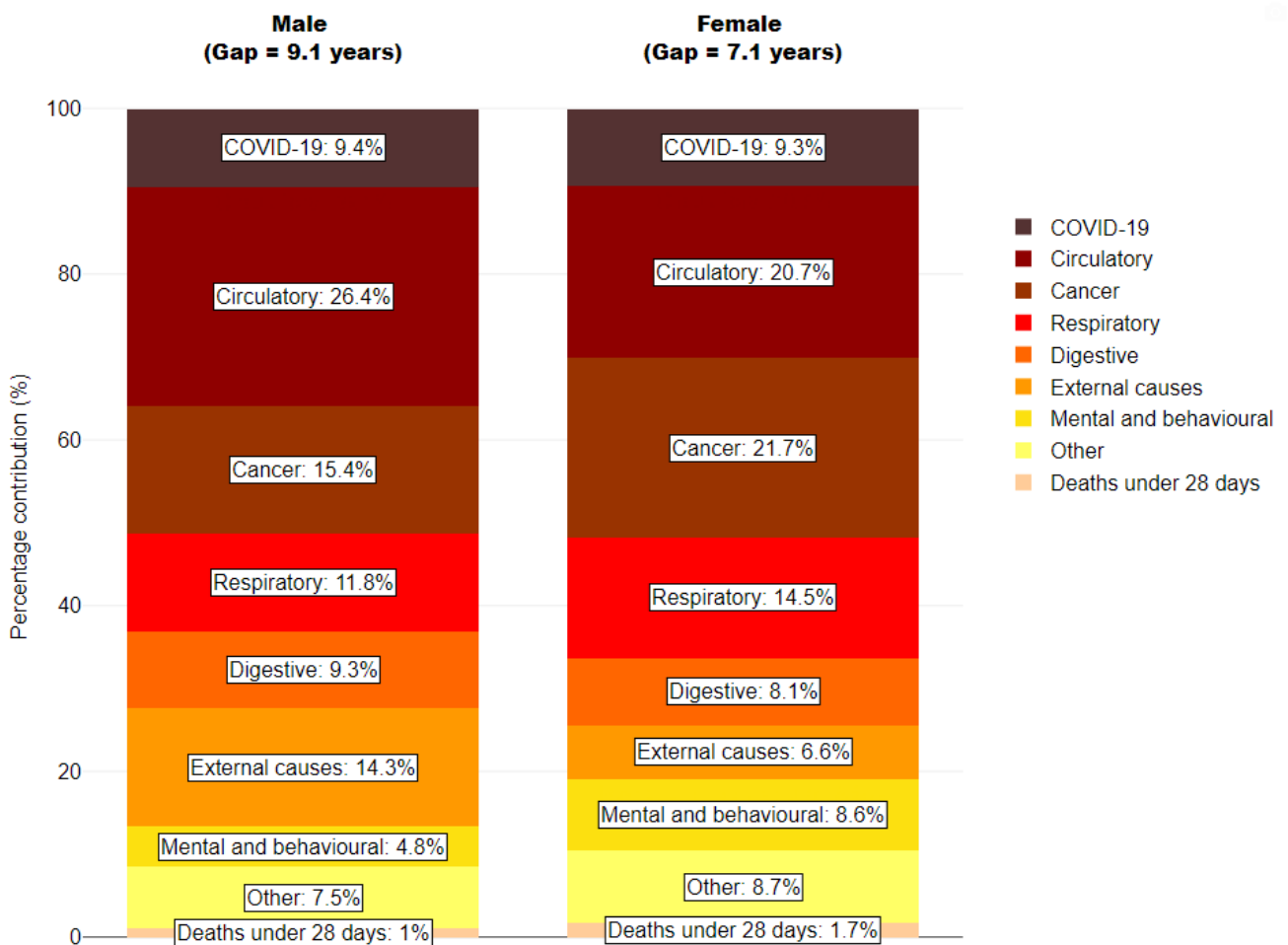


Figure 1

1.11 We must address the underlying causes of these diseases to have a significant impact on healthy life expectancy in our area. Factors relating to diet and tobacco use are major contributors (Figure 2).

42% of the burden of poor health and early death in England is attributable to modifiable risk factors.

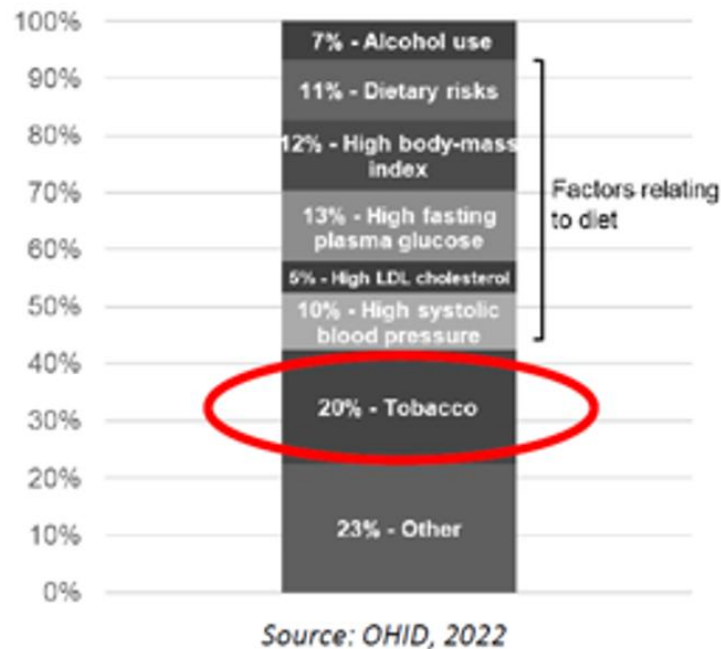


Figure 2

2. ASSESSMENT

- 2.1 HNY requires a long-term view on the allocation of Health Inequalities resources. It is widely recognised that interventions to address inequalities are not short-term fixes. There are moral, legal and health economic imperatives which call for ICBs to act beyond yearly budgeting cycles.
- 2.2 **Proposal 1:** The Health Inequalities financial allocation process works on a 5-yearly cycle, starting with 2023/24 to 2028/29 aligned to the HNY Joint Forward Plan and according to the Start Well, Live Well, Age Well and Die Well framework. Minor reviews will occur on a yearly basis and major reviews every 5 years.
- 2.3 **Proposal 2:** The £6.376m allocated to HNY ICB in 2023/24 receives yearly uplifts pegged to the overall ICB allocation uplift (see Appendix 1).
- 2.4 It is impossible to capture the extent to which health inequalities work is happening across our system, and therefore where resources are best placed. The most

mature ICBs will balance distributed health inequalities work as a core standard practice with focused efforts where required.

2.5 Proposal 3: The ICB adopts the following principles on how the Health Inequalities resource is used:

- In a way that is fair, equitable, and aligned to the evidence base on need and propensity for impact.
- To address the root causes of health inequalities, not just the symptoms.
- To build sustainable solutions that will have a long-term impact.
- In instances as a non-recurrent, catalytic funding source, recognising where improvements should be sustained with mainstreaming funding or new ways of working.
- Balancing the importance of Place decision making based on local needs and assets with opportunities for interventions at scale.
- Aligned to the ICS strategic framework of Start Well, Live Well, Age Well and Die Well.
- Where relevant, employing co-production techniques and genuine consultation.

2.6 Proposal 4: Start Well

- Fund Core20PLUS5 CYP initiatives via the HNY CYP Board including Asthma, Diabetes, Epilepsy, Oral Health and Mental Health.
- Continue funding the healthy weight in pregnancy initiative in conjunction with the HNY Local Maternity and Neonatal System Board.

2.7 Proposal 5: Live Well

- Make a significant contribution to the creation of a system wide Inclusion Health Offer, fulfilling a commitment from the ICB Board to address asylum, homeless, Gypsy Roma Traveller, sex worker and other group's health needs using the economies of scale offered by an ICS.
- Expand the Centre for Excellence for Tobacco Control into a Centre for Excellence in Risk Factors and Prevention of Ill Health. This would apply the same successful approach used on tobacco to obesity, nutrition, and alcohol.
- Build health inequalities capacity across Humber and North Yorkshire, implementing a Health Inequalities Fellowship scheme with first intake for April 2024 of 50 Fellows.

2.8 Proposal 6: Age Well and Die Well

- Continue investing in cardiovascular disease prevention and early detection.
- For the 2023/24 period, support inclusive recovery of elective waiting lists, including support for high quality behaviour support pathways that promote health optimisation across Places.
- For the 2023/24 period, support Urgent and Emergency Care prevention activities linked to staying well in winter.

- 2.9 **Proposal 7:** Continue investment in Place prioritisation of health inequalities funding, recognising the multiplying effect of local partnerships and in-depth knowledge of needs and interventions required at community level. Facilitate the explicit sharing of learning between Places and industrialisation of what works, with yearly reviews and knowledge exchange events. Resource will be held by Local Authorities with governance linked to Directors of Public Health and Place Directors.
- 2.10 **Proposal 8:** Retain 10% plus underspend for overheads/reserve and a catalytic innovation fund. The fund will be used for flexible spending in-year that is managed by the Population Health and Prevention Operational Group and have requirements for evaluation and shared learning.
- 2.11 **Proposal 9:** Support the ICB, ICP and ICS to maximise the population health and inequalities benefits from the Major Conditions Strategy when it is released in early 2024.

3. CONCLUSION

- 3.1 The resource allocations described in this paper are a small, but important representation of our ICB's overall commitment to population health and health inequalities. The primary intention of this resource therefore is to amplify the ICS's impact on inequalities rather than sustain it. The proposals in this paper have been recommended to the Board by the Population Health and Prevention Executive Committee.

4. RECOMMENDATIONS

- 4.1 The Board is asked to:
- i. Accept the 9 proposals and,
 - ii. Approve the commitment to the health inequalities resource as described in the Annexe.

Appendix 1

	2023/24		2024/25		2025/26		2026/27		2027/28		2028/29	
Allocation ¹	£	6,376,000	£	6,700,538	£	7,041,596	£	7,400,013	£	7,776,674	£	8,172,506
Recurrent Allocation Growth (indicative)		--		5.09%		5.09%		5.09%		5.09%		5.09%
Tobacco Centre for Excellence	£	365,000	£	875,000	£	875,000	£	875,000	£	875,000	£	875,000
Cardiovascular Disease Prevention	£	284,000	£	392,000	£	392,000	£	392,000	£	392,000	£	392,000
LMNS Weight Management	£	89,854	£	95,254	£	95,254	£	95,254	£	95,254	£	95,254
Place Funding Total	£	2,300,000	£	2,417,070	£	2,540,099	£	2,669,390	£	2,805,262	£	2,948,050
East Riding of Yorkshire	£	275,999	£	318,435	£	334,643	£	351,676	£	369,577	£	388,388
Hull	£	670,086	£	694,146	£	729,478	£	766,609	£	805,629	£	846,636
North East Lincolnshire	£	296,112	£	308,703	£	324,416	£	340,929	£	358,282	£	376,519
North Lincolnshire	£	247,689	£	256,582	£	269,643	£	283,367	£	297,791	£	312,948
North Yorkshire	£	543,045	£	562,544	£	591,178	£	621,269	£	652,891	£	686,124
York	£	267,069	£	276,659	£	290,741	£	305,540	£	321,092	£	337,435
10% Overhead and Innovation Fund	£	637,600	£	670,054	£	704,160	£	740,001	£	777,667	£	817,251
Additional Proposals	£	2,699,546	£	2,251,161	£	2,435,083	£	2,628,368	£	2,831,490	£	3,044,952

¹ Allocations for 25/26 to 28/29 are pegged to assumed ICB allocation growth % which may change