NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	15 January 2025
Title of paper	Reducing Health Inequalities
Presented by	Dr David Levy, Medical Director
Author	Andrew Bennett, Director of Population Health Dr Andy Knox, Associate Medical Director, Population Health Julia Westaway, Associate Director, Population Health
Agenda item	10
Confidential	No

Executive summary

This paper provides an opportunity for the Board to consider the ICB's statutory duties to reduce inequalities in access and outcomes for the resident population of Lancashire and South Cumbria.

It seeks support from the Board for the organisation to develop and commit to a number of high-level goals and a whole-organisational approach to improving the health of the population and tackling health inequalities. Some of these actions are for the NHS to take – others will need to be delivered in conjunction with wider partners in the Integrated Care System.

The document summarises the long-standing and complex issues leading to significant levels of inequality in the health of local people. Nevertheless, the ICB is in a position to prepare for the publication of the 10 Year NHS Plan in which the government is expected to reinforce its emphasis on a shift from treating illness to preventing it. As work takes place to develop a transformation road map (Lancashire and South Cumbria 2030) for the organisation, there are opportunities to include key measures of improvement in the short- and longer-term plans for the organisation.

If agreed, the recommendations contained in this paper will be further developed into detailed proposals for consideration by the Board at its meeting in March 2025.

Recommendations

The Board is asked to:

- Endorse the intention to develop high level goals and plans for delivery of the ICB's duty to reduce health inequalities for the consideration of the Board by March 2025
- Note that further work is now underway to develop a roadmap including the proposed high-level goals, realistic deliverables, metrics and milestones. This work will involve colleagues from across the ICB, Public Health and other relevant partners.
- Confirm that the ICB's approach to operational planning in 2025/26 will make explicit reference to the duty to tackle health inequalities, identifying action

across the whole ICB in 2025/26 and signalling medium and longer term actions.

- Support further work within the ICB to consider the capacity and capability of the organisation to deliver the work including addressing the need for intelligence and insights, for example to provide predictive modelling and modelling of impact.
- Endorse the work to develop a phased, multi-year delivery plan to have fully implemented a revised financial allocation methodology by 2030, as one of the key enablers to the delivery of the ICB's health equity goals. An initial step towards this in 25/26 is the plan to move towards more needs-based funding for Primary Care.
- Endorse the plan in 25/26 to establish a baseline of prevention spend across the ICB with a view to increasing the prevention budget by 1% per annum.

Which Strategic Objective/s does the report relate to:		**Tick**
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications				
	Yes	**No**	**N/A**	**Comments**
Associated risks	✓			There is a documented risk in the Board Assurance Framework which relates to the organisation's ability to make progress on this agenda.
Are associated risks detailed on the ICB Risk Register?	✓			Yes
Financial Implications	✓			There are opportunities to review the ICB's approach to resource allocation and investment in the light of this agenda.

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
Executive Committee	7th January 2025	Review before inclusion in the Board papers.

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Dr David Levy, Medical Director

Integrated Care Board – 15 January 2025

Reducing Health Inequalities

1. Introduction

1.1 This paper provides an opportunity for the Board to consider the ICB's statutory duties to reduce inequalities in access and outcomes for the resident population of Lancashire and South Cumbria. The recommendations contained in the paper build on a recent board development session which considered the challenges and opportunities facing the ICB as it considers this vital agenda – and how the organisation can use its people, resources and partnerships to be effective.

1.2 The paper seeks agreement in principle to commit to some high level goals and a whole-organisational approach to improving population health and tackling inequalities in the short and longer term. If agreed, more detailed proposals will be developed and brought for consideration to the Board meeting in March 2025.

2. Strategic Context

2.1 In common with many areas of the country, Lancashire and South Cumbria displays significant levels of inequality in the health of local people. There are multiple measures, charts and reports which describe the unfair and avoidable differences in people's health across the population and between specific population groups. These do not occur randomly or by chance - they are socially determined by circumstances largely beyond an individual's control.

2.2 People at high risk of experiencing inequalities include those who are socio-economically disadvantaged, those with protected characteristics (e.g. ethnicity, disability, sexuality) and those who are socially excluded such as the homeless, migrants, ex-offenders. There are specific challenges for some coastal and rural communities which impact on life expectancy and other measures of health.

2.3 Life expectancy within Lancashire and South Cumbria is lower than the national average by almost a decade in some areas. Almost a third of people in Lancashire and South Cumbria are identified as being within the most disadvantaged areas of England, facing challenges in fulfilling basic needs including their ability to feed their families, heat their homes and support their children.

2.4 The variations in life expectancy and healthy life expectancy within Lancashire and South Cumbria are higher than the average across England, with

conditions such as circulatory diseases, cancer, respiratory and digestive conditions having a higher impact in the most disadvantaged areas.

2.5 There are around 21,000 people across L&SC currently registered with GP practices as having five or more long-term health conditions (including cancer, conditions related to the heart and lungs, mental health, and conditions related to the brain and nervous system) and a disproportionate number of these reside in areas of greatest disadvantage. People in areas of disadvantage are also the least likely to have their condition identified early and have quick access to the appropriate treatment.

2.6 At a national level, Lord Darzi's Independent Investigation of the NHS in England (September 2024) provided a forensic analysis of the challenges the NHS is facing, at the same time as there has been a wider deterioration in the nation's health. The 10 Year Plan for the NHS, publication of which is expected later in the Spring, is likely to set out how the Government expects the NHS to improve health by making three strategic shifts: from a focus on treating illness to one of preventing it; from services stuck in an analogue past to an efficient and effective digital future; and to care models which at present are centred around hospitals to services modelled around the needs of local communities.

2.7 These strategic shifts resonate in Lancashire and South Cumbria with the ICB's stated vision to create a high quality, community-centred health and care system by 2035. In doing so, the ICB has set out commitments to join up health and care services in order to improve outcomes, reduce health inequalities and enhance productivity and value for money.

2.8 Members of the Board have indicated that they wish the organisation to be ready to respond to these national and local opportunities to seize this agenda. The Board has also recognised that whilst the NHS has important roles to play, it must take complementary action together with other statutory partners (notably local authorities) and voluntary, community, faith and social enterprise sector partners – as well as engaging effectively with local communities and citizens themselves. This approach is entirely consistent with the four aims of the wider Integrated Care System (ICS) which are to:

- improve outcomes in population health and health care,
- tackle inequalities in outcomes, experience and access,
- enhance productivity and value for money,
- help the NHS to support broader social and economic development.

2.9 The next section of this report outlines how we propose to embed improving health and tackling inequalities in the future plans of the ICB.

3. Improving health and tackling inequalities in the Lancashire and South Cumbria 2030 Roadmap

3.1 Given the scale of challenge facing Lancashire and South Cumbria, the ICB has committed to the development of a strategic "road map" for the period up until 2030. This is being designed to focus on a small number of transformational priorities which will drive improvements in health outcomes, service quality, financial performance, workforce morale and health equity.

3.2 The ICB's Population Health Team is contributing to the road map and will now work with colleagues from across the ICB, Public Health and other relevant partners to define a small number of specific goals for tackling health inequalities for the consideration of the Board. These will be conceived as a core endeavour for the whole organisation. The high level goals must be achievable and measurable, and be backed up by viable delivery plans. The *provisional* goals which are being suggested at this stage are as follows:

- Improve healthy life expectancy by 10% in the most disadvantaged 10% of wards in the next 5 years;
- Decrease non-elective admissions by 20% in the 20% most disadvantaged in by March 2027;
- Improve key health outcomes for children by 10% in the most disadvantaged 10% of wards in 5 years.

If the proposal to adopt a small number of high level goals is agreed by the Board, these provisional goals will be modelled and tested for viability. The final percentages and timescales will depend upon the modelling and deliverability testing to be undertaken between January-March 2025.

3.4 Whilst the high-level goals are being refined, it is important to incorporate the first phase of actions in the organisation's operational plans for 2025/26. There will be an expectation that action to address health inequalities is a golden thread through the operational plan for 2025/26 with clear responsibilities sitting in every directorate of the ICB to embed this in core business. Examples are likely to include delivery of existing NHS targets e.g. for improving cardiovascular health, vaccination coverage and early diagnosis of cancer.

4. Strengthening the ICB's enabling functions

4.1 The ICB has established some good foundations for its work on health equity, but to genuinely embed it as a systematic approach, some of the organisation's enabling functions will need to be strengthened. This may include strengthening the current capacity and skills available within the organisation through working with system partners and others.

Using data and actionable insights

4.2 The ICB will consider the how to enhance the use of data, intelligence and other insights to model current and future health needs in order to inform action to

address health inequalities and to monitor impacts. This is likely to include increasing the focus on the use of intelligence and insight, predictive modelling and modelling of impact as well as skilling-up the wider workforce to take a data, intelligence and insight-led approach.

Commissioning

4.3 The ICB is already working to strengthen its commissioning function. How and what we commission has a critical role to play in addressing inequalities across Lancashire and South Cumbria. Having a commissioning function whose actions are informed by health equity is key to embedding this as a core duty of the ICB and to making the changes that are needed to core services across the system.

Places and Partnerships

4.4 The ICB covers a large and complex geography with vastly different needs. This work can only be done by recognising that our populations and partnerships differ across our geography and therefore we must be able to deliver different approaches in each place and neighbourhood. This means strengthening the ICB's ability to understand and adapt to local needs and ensure resources are deployed at the most appropriate level and in the best way to meet the needs of the population.

Leadership

4.5 Over the last two years, the ICB has strongly supported the development of system leaders through our Population Health Academy. More than 150 system leaders and senior clinicians have completed, or are completing, a wide-ranging, ten month programme in which they are able to explore the factors leading to poor health and inequalities in our communities. These colleagues are making a direct connection between their learning and their roles as NHS professionals and we can see the impact in how they deliver their core roles. The Academy has further potential to support our ambitions within the NHS and across the wider health and care partnership.

Resource Allocation

4.6 As part of the strategic financial approach to address health inequalities, the ICB ambition is to develop a phased, multi-year delivery plan using a revised financial allocation methodology which reflects more realistically the needs of our population. As part of this approach, the proposal to the Board in March will include:

- milestones to move towards the revised financial allocation methodology by 2030;
- how these plans will start to be delivered in 2025/26 for example, through the plan to move towards more needs-based funding for Primary Care;
- plans to establish a baseline of prevention spend across the ICB in 25/26 with a view to increasing the prevention budget by 1% per annum from April 2026.

Governance

4.7 This work will continue to be overseen by the ICB's Prevention and Health Inequalities Steering Group. However, to strengthen Board oversight of this agenda, it is proposed that the Steering Group will now report formally through the Medical Director into the ICB Quality Committee.

5. Links to wider partnerships and to local communities

5.1 As indicated in the paper, the ICB has significant opportunities to contribute to reductions in health inequalities through its membership of several strategic partnerships in Lancashire and South Cumbria.

5.2 This includes the Integrated Care Partnership with its broad alliance of partners who are committed to a "Life Course" integrated care strategy to support citizens to "Start Well, Live Well, Work Well, Age Well and Die Well." The strategy acknowledges the need for collective action to recognise the needs of individuals and communities where inequalities exist.

5.3 Similarly at a Place level, the ICB has nominated Executive Directors and Directors of Health and Care Integration to attend statutory local Health and Wellbeing Boards. Local Health and Wellbeing Boards are responsible for identifying the health and wellbeing priorities of their areas and encouraging local commissioners to combine their efforts to address these needs.

5.4 There is a clear recognition within the ICB that the success of any strategy to improve the health of the population will be how this effectively works with local people and communities themselves - how communities can be encouraged to consider what "health" actually means to them and how they would prioritise actions to improve health.

5.5 This can be demonstrated through formal commitments to patient and public involvement or through the partnership the ICB has agreed with the alliance of voluntary sector organisations. However, there is also a pressing need to learn from the most striking examples of community leadership in which local health care professionals, councillors, headteachers, charity leaders and people with lived experience of poverty or illness lead demonstrable improvements in the health of their communities.

6. Next Steps

6.1 As indicated earlier and subject to the Board's consideration of the recommendations contained in this paper, the next steps are as follows:

- Ensure the modelling and testing takes place on the high level goals in order that the Board can consider these in March 2025. The goals will be developed for inclusion in the Lancashire 2030 roadmap.
- Ensure that these goals are embedded in the ICB's operational plans for 2025/26, supported by several measures of progress which have been informed by advice from the Directors of Public Health.
- Develop an action plan which strengthens the ICB's enabling functions.

Recommendations

The Board is asked to:

- Endorse the intention to develop high level goals and plans for delivery of the ICB's duty to reduce health inequalities for the consideration of the Board by March 2025
- Note that further work is now underway to develop a roadmap including the proposed high-level goals, realistic deliverables, metrics and milestones. This work will involve colleagues from across the ICB, Public Health and other relevant partners.
- Confirm that the ICB's approach to operational planning in 2025/26 will make explicit reference to the duty to tackle health inequalities, identifying action across the whole ICB in 2025/26 and signalling medium and longer term actions.
- Support further work within the ICB to consider the capacity and capability of the organisation to deliver the work including addressing the need for intelligence and insights for example to provide predictive modelling and modelling of impact
- Endorse the work to develop a phased, multi-year delivery plan to have fully implemented a revised financial allocation methodology by 2030, as one of the key enablers to the delivery of the ICB's health equity goals. An initial step towards this in 25/26 is the plan to move towards more needs-based funding for Primary Care.
- Endorse the plan in 25/26 to establish a baseline of prevention spend across the ICB with a view to increasing the prevention budget by 1% per annum.