

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Claire Richardson
<b>DATE:</b>	Thursday, 5 September 2024

**SUBJECT: LSC ICB Prevention and Health Inequalities Plan 24/25**

## 1. PURPOSE

The paper summarises the plans set out in the ICB Operational Plan 24/25 for Prevention and Health Inequalities.

## 2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Note the content of the report and agree to receive regular updates

## 3. BACKGROUND

Addressing health inequalities and preventing people from developing long term conditions or becoming acutely unwell is a theme of the Health and Social Care Act 2022. One of the statutory components of an Integrated Care System was the establishment of the Integrated Care Board (ICB). A statutory duty of an ICB is to implement an Integrated Care Partnership (ICP).

The ICP is a statutory committee that brings together a broad set of system partners (including local government, the voluntary, community, faith and social enterprise sector, NHS organisations and others) to develop and oversee delivery of a health and care strategy for Lancashire & South Cumbria. The ICP and ICB work together as part of an Integrated Care System to meet the core aims of:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience, and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

The ICB has a statutory duty to:

- Improve the health of our population (across all ages) by reducing preventable ill-health.
- Reduce avoidable health inequalities in access, experience, and outcomes (across all ages).

In November 2023, the *NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the National Health Service Act 2006)* was published. The document is designed to help ICB's and NHS Trusts understand their duties and powers and how they can be exercised with particular regard to health inequalities and the systematic need for recording of good quality, robust data to aid understanding. It is anticipated that this enables the NHS to identify inclusion groups and others to deliver targeted action to reduce healthcare inequalities.

#### **4. RATIONALE**

As an ICB we face a significant financial deficit however the population health approach is recognised as being a key enabler for the System Transformation and Recovery Programme. This document has been drafted by colleagues working in several ICB teams to confirm the plans they are taking forward in relation to health inequalities and prevention. In driving the focus on delivering system balance, we have summarised our priorities into three key opportunities for our system in 24/25:

- Improve Care for the most disadvantaged.
- Optimise prevention in our models of care.
- Develop capability across the system.

The ICB has a comprehensive approach to reduce health inequalities through improving access, experience, and outcomes with a particular focus on making the greatest improvement, fastest for people who face the greatest barriers to good health. The ICB has also developed a much clearer focus on prevention programmes including the agreement and implementation of the new LSC Tobacco-free strategy.

#### **5. KEY ISSUES**

Health outcomes for people living in Lancashire and South Cumbria are significantly worse compared to the national average. There are also significant health inequalities between most and least deprived areas within Lancashire and South Cumbria.

The ICB Population Health team delivery model is aligned to Place based boundaries. We are collectively working to develop a model of care between health and care that adopts a population health approach. The BwD population health programme has focussed on the following areas:

- Develop capacity in Primary Care – introduction of Health Inequality Clinical Leads, aligned to PCNs. We have 2 GPs, with project support capacity, who have sessional time to focus on developing and delivery projects to engage communities and identify projects, working alongside Primary Care Neighbourhood leadership.
- Introduction of Enhanced Health Checks – aligned to the NHS Health Checks, and in partnership with Public Health and Wellbeing Services, we have focussed on people who live in IMD areas 1 and 2 and who have no registered long-term conditions to establish a preventative model of screening and navigation.
- Engagement and co-production in Priority Wards – working with BwD Healthwatch and other community organisations we have started to undertake some deep listening exercises with communities who experience higher than expected admissions into hospital for non-elective procedures and ambulatory care sensitive conditions.

#### **6. POLICY IMPLICATIONS**

To be determined

#### **7. FINANCIAL IMPLICATIONS**

To be determined.

There is no direct cost or request for funding from the Borough Council in the paper.

The paper sets out the ICBs approach (statutory responsibilities) to address health inequalities and prevent ill health.

To be confirmed is included as, given the subject matter, we may look to work on this through the Better Care Fund or another joint funding approach. However, this would require a separate paper and therefore for the purpose of this paper there are no financial implications arising.

#### **8. LEGAL IMPLICATIONS**

To be determined

#### **9. RESOURCE IMPLICATIONS**

To be determined

#### **10. EQUALITY AND HEALTH IMPLICATIONS**

The ICB completes EIAs in line with organisational policy

#### **11. CONSULTATIONS**

Not applicable

<b>VERSION:</b>	<b>2</b>
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<b>DATE:</b>	19/7/24
<b>BACKGROUND PAPER:</b>	Please see attached: Appendix 1 - LSC ICB Health Inequalities and Prevention Plan 2024/25 Appendix 2 - Health Inequality Metrics