

Report Title Here NHS Cheshire and Merseyside Health Inequalities Funding Approach

Date of meeting:	December 2024
Report to:	Health and Wellbeing Board
Report of:	NHS Cheshire and Merseyside - Sefton Place
Wards affected:	All
Exempt/confidential report:	No
Contact Officer:	Deborah Butcher
Tel:	
Email:	Deborah.butcher@sefton.gov.uk

Purpose / Summary of Report:

The purpose of the report is to update the Board on the proposed approach in relation to NHS Cheshire and Merseyside Health Inequalities funding for 2024-5 and the proposal for further engagement with partners of the development of the approach for 2025-26 and beyond.

Recommendation(s)

The Board is asked to receive the report and endorse the approach suggested within the paper.

1. Background

- 1.1 Cheshire and Merseyside Health and Care Partnership (HCP) is working to address the significant healthcare inequalities that exist across Cheshire and Merseyside and adopting approaches and priorities described within the NHSCORE20PLUS5 frameworks for both children and adults. There is a significant HCP strategic commitment to the delivery of the recommendations from the ground-breaking 'All Together Fairer' report, to tackle the social determinants of health in each of our nine Place areas.
- 1.2 The HCP have now adopted All Together Fairer to be its new strategy from 2024/25 and this strategic approach has received the full support of the nine local health and wellbeing boards and resulted in Cheshire and Merseyside being formally recognised as a 'Marmot Community' by the Institute of Health Equity.

2. Proposed Investment to Prevention and Tackle Inequalities

- 2.1 For 2024/25 the ICB is proposing to make £3m available towards tackling prioritised health inequalities in Cheshire and Merseyside.
- 2.2 The ICB has agreed that for 2024/25 this funding is split evenly towards delivering targeted population health programmes at scale across all priority areas, whilst also investing in tackling specific inequalities determined locally, in line with All Together Fairer approach. There is an ICB ambition to increase this funding on a year-on-year basis, and the ICB intention is that this investment is made on a recurrent basis to enable impact to be achieved.
- 2.3 The Population Health Programmes at scale have a costed value of £1.5m for 2024/25 and are based on existing aligned priorities, needs analysis, as well as strategic direction from the HCP. These at scale programmes are All Together Smokefree, Healthy Weight and Housing and Health.

Investment in All Together Fairer Locally

- 2.4 As part of the proposals to invest in tackling health inequalities within all nine places and to enhance the local work being undertaken, the ICB has committed to allocating the remaining £1.5m across the nine places in 2024/25. To reinforce the proportionate universalism approach within each place, they have adopted a national standardised health inequalities formula that is weighted towards allocating resources to areas with greatest need. Using this formula, the investment for Sefton equates to £150,000 for 2024/25.
- 2.5 The following guidance has been provided for the 9 Places when considering allocation of the funds:
 - A focus on the delivery of **primary prevention**. (Primary prevention interventions aim to stop or delay disease risk factors or a health condition from arising).
 - A focus on the **best start in life** areas as recommended within All Together Fairer and **improving health outcomes in children and young people**.
 - It is expected that any investments made, **must be done to enhance local approaches and not replicate or replace previous savings decisions** that may have been made by other local agencies. Investment will only be made during the year for expenditure that has been incurred in each Place.

- In line with the NHSCORE20PLUS5 approach, the ICB expects that **any investment made locally is focused on the nationally ranked 20% most deprived communities within each place.**

- 2.6 To maximise the potential impact, local and system leadership is required to ensure our All Together Fairer approach remains at the forefront of local Health and wellbeing boards (HWB) and HWB strategies. The leadership and oversight of this programme is crucial, and it is therefore proposed that the HCP retains an assurance role and oversight of investment and implementation to maximise benefits.
- 2.7 Authority to prioritise and commit the additional inequality resource is delegated to ICB Place Director, who should make the commitments in consultation with their local public health and HCP leads. Regular reporting and assurance are required to demonstrate impact and evidence of progress being made with reports provided at HCP meetings throughout the year.

3. Proposals for Sefton's Health Inequalities funding allocation 2024/25

Due to the financial challenges faced by NHS Cheshire and Merseyside, final approval for allocation of the health inequalities funding for 2024/25 was not able to be confirmed until November 2024. Therefore, the following areas are proposed for consideration for 2024/ 25, with the understanding that wider engagement will take place with partners within the Sefton Partnership regarding the approach for 2025/26 and beyond.

The following areas have been proposed for consideration for funding within this financial year, as they are schemes that have been worked up in line with Sefton Place plan priorities, and as such should be familiar to all partners. In many cases they are multi-agency approaches with active participation from system partners and are either ready to be implemented or expanded with the proposed funding.

Adverse Childhood Experiences (ACES)

- 3.1 It is proposed that Sefton's funding allocation in this current year is utilised to commission an integrated ACES (Adverse Childhood Experiences) Programme. The integrated ACES support will incorporate learning from both Council and PCN led initiatives which will enable us to increase and enhance the service offer, providing greater reach across our communities including children and young people through a family-based approach.
- 3.2 ACEs are stressful or traumatic experiences which can include any form of abuse, neglect, witnessing domestic violence or growing up with substance abuse, mental illness or parental conflict. In Sefton 50% of the population have 1+ Adverse Childhood Experience (ACE) and 9% have 4+ Aces. Experiencing 4 or more ACEs is associated with significantly increased risk of poor health and mental health outcomes.
- 3.3 The existing ACES programme in Sefton lasts 10-weeks and is delivered by health and wellbeing coaches to support participants to understand their own ACEs. The programme supports participants to build resilience and develop a healthy lifestyle and provides them with a better understanding of how ACEs have impacted them or their families and empowers participants to make positive changes and choices.
- 3.4 The funding for ACEs will enable expansion of the programme to include a CYP (18-25) age group in partnership with Hugh Baird College. It will also enable better co-ordination between the Council and PCN programmes, maximising the reach and impact of the

programme. It will also enable the extension of the programme to include creche facilities to improve access to parents who otherwise would not be able to attend due to lack of childcare.

- 3.5 The anticipated population health benefits of expanding the model are significant increases in emotional and physical wellbeing, which in turn enable more outcomes such as smoking cessation, reduced alcohol intake, and reduction in prescribed medication.
- 3.6 Improved self-efficacy and self-esteem boost community engagement and ACEs programme participants have gone on to secure employment and volunteering opportunities and are starting to self-facilitate post-programme support groups, contributing to person-centred, co-produced support. One of the main aims and most significant outcomes is the interruption of inter-generational cycles of poor health in families where parents have experienced ACEs. In this way, supporting parents to address their ACEs delivers a primary prevention approach for their children.

Complex Lives

- 3.7 The Complex Lives Scheme service aims to provide quality mainstream primary health care to patients who are complex/homeless thus enabling them to receive optimum advantage from the UK health and social care system which, in turn, produces benefits in terms of health and independence.
- 3.8 The average age of death for people experiencing homelessness is 46 for men and 42 for women. People sleeping on the street are almost 17 times more likely to have been victims of violence. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over nine times more likely to take their own life than the general population.
- 3.9 The scheme will offer a systematic proactive approach relating to chronic disease management, tailored appropriately to the venue and needs of the complex individuals (either at hostels, homeless hub or elsewhere) as well as ensuring immunisation (flu, pneumococcal, Hepatitis B where appropriate) as well as screening for chronic disease, blood borne viruses, and the promotion of appropriate health screenings (i.e. cervical, bowel and breast screening). The service will deliver where it is required rather than relying on individuals to access services in the same way the general population would.
- 3.10 A key theme within the complex lives programme is homelessness prevention. It is therefore also proposed to offer a small amount of funding to Light for Life, a VCF organisation that works with homeless people across Sefton. The resource allocated will expand the work related to the hospital in-reach programme and the homelessness prevention programme. Homelessness especially in terms of insecure or temporary accommodation is recognised as a major risk to health and wellbeing, educational achievement and longer-term work and earning potential. This is a serious and growing issue in Sefton.

Children and young people

- 3.11 Two programmes focusing directly on best start in life proposed to be extended using health inequalities funding:

- 3.11.1 Poverty proofing¹ refers to a concept and methodology developed by Children North East, an anti-poverty voluntary sector organisation focused on improving the wellbeing and life chances of children and young people living in poor and disadvantaged circumstances. To poverty proof a service, clinical pathway, organisation or policy refers to the systematic process of identifying and removing or reducing as many barriers as possible so that children gain more equal opportunities to access and benefit from health services, education and training, culture and recreation.
- 3.11.2 Around one in five children currently experiences poverty in the borough. Sefton launched its own ambitious child poverty strategy in 2022²; a Cheshire and Merseyside ICB action plan was produced in 2024; and a national strategy is expected in 2025.
- 3.11.3 Sefton Council has commissioned Children North East to facilitate a two-year programme of poverty-proofing training in school settings and as part of developing a new Culture strategy. The combined cost is £50,000 and work will begin in 2025. To further develop the potential of this approach it is proposed that £20,000 from health inequalities funding be aligned to introducing poverty-proofing audit and improvement into two GP practices – one in North and one in South Sefton. Evaluation in year one is planned to inform the intended expansion of poverty-proofing healthcare activity in the future.
- 3.11.4 My Happy Mind is an Emotional Health and Wellbeing programme which has been made available in some Sefton schools. This programme supports the training of teachers and support staff and has an App which helps parents support their children's emotional health and wellbeing. Planning is required to enable consideration of expansion into more schools across Sefton, especially in areas of higher deprivation and could be a particular focus moving into 2025/26.
- 3.12 These proposals deliver a range of schemes within the guidance provided by the ICB and are focused on addressing social determinants of health and primary. Detailed plans and costings for each scheme will now be developed with each partner and resources released when assured that the desired outcomes will be met. During quarter four, plans will also be worked up for utilisation of the recurrent resource from April 2025.

4. Resource Implications

- 4.1 The investment of £150,000 is provided by the Health Care Partnership for 2024/25. This funding is secured for 2024/25, with the intention of a recurrent allocation for future years but the final amount is to be determined and agreed. Due to the late release of the resources within 2024-5, it is proposed that up to £90k be spent in 24/25 with a plan for full utilisation worked up for April 2025 and beyond with key partners across the Sefton Partnership. Any resource not utilised from this year's allocation will be made available in 2025/26.
- 4.2 It is proposed that the Operational Delivery Group reporting into the Sefton Partnership Board be re-established and will receive regular reports on the performance of the schemes. It will also plan for next year's allocation.

5. Recommendations

The HWBB are therefore asked to receive this report and endorse the proposed approach.

¹ [Poverty Proofing© Healthcare - Children North East](#)

² [Sefton Child Poverty Strategy](#)