Fairer Health for All 2024/25 Delivery Plan

Purpose

This delivery plan outlines the Greater Manchester system-wide commitments in 2024/25 to implement the Fairer Health for All framework. It also details how we will meet NHS planning guidance regards health inequalities and fulfil our statutory equalities commitments.

Contents

1.0 Introduction

Fairer Health for All is our system-wide commitment and framework for reducing health inequalities in Greater Manchester. The Fairer Health for All framework was approved by the Integrated Care Board in January 2024 following an extensive engagement process with a wide range of VCSFE and public sector partners. It sets out how NHS GM will work collaboratively to:

- Fulfil statutory NHS responsibilities such as unlocking social and economic potential and delivering against Core20PLUS5 inequalities targets (the national NHS England approach to inform action to reduce healthcare inequalities at both national and system level).

- Enhance and embed prevention, equality, and sustainability into everything we do as a health and care system.

- Tackle the unlawful discrimination, injustice and prejudice that lead to unequal opportunities to access education, training, employment and care that results in health and care inequalities.

- Create more opportunities for people to lead healthy lives wherever they live, work and play in our city-region.

The framework outlines our priorities for coordinated action to reduce inequalities across the life course through a set of shared principles, enablers, tools, resources and themed priority areas.

2.0 Delivery Plan 24/25: Overview

The Fairer Health for All Delivery plan outlines key system priorities and deliverables in 24/25 which support implementation of the six GM Integrated Care Partnership Strategic missions and Locality Health Inequality strategies and plans. The delivery plan outlines our co-ordinated response to

- **Designing the Fairer Health for All enabling tools** including development of workforce, inclusive leadership, intelligence and governance resources

- **Enabling Fairer Health for All in Action by:**
  - Strengthening Communities
  - Accelerating prevention
  - Improving access, experience and outcomes of screening, early detection and treatment for underserved communities (CORE20PLUS5)
  - Inclusion Health (inclusive recovery for primary, elective and urgent care and digital inclusion)

3.0 Fairer Health for All Tools and Resources

3.1 Fairer Health for All Academy/Learning Hub

Hosting a range of leadership and workforce development tools and resources, the Fairer Health for All Academy/Learning Hub has been developed to build Population Health capacity and capability across the system. See the [Academy/Learning Hub website](#) for a range of examples of Fairer Health for All in action, with links to training and development opportunities and shared learning resources that capture 'stories of change' on *how* people are working in partnership to:

- **Enable community led health and well-being** as part of the Live Well movement.

- **Strengthen our Social Model for Health** and enabling trauma responsive, person centred and preventative care.

- **Create healthy and sustainable places** and addressing the root causes of poor health as a system of Anchor organisations and through health in all policies.

Priorities in 2024/25 are to:

1. Continue to build capacity and capability for Population Health and Equality and Inclusion through our flagship Fairer Health for All Fellowship programme. This offers CPD and professional mentorship to people from a range of organisations to put their ideas on prevention into practice in their workplace.

2. Socialise the Fairer Health for All framework and 24/25 delivery plan including raising awareness of its principles and priorities and promoting collaboration, and promoting FHFA principles and approach into the roles and responsibilities of existing and future leaders.

3. Enable shared learning and leadership by continued development of the [Fairer Health for All Academy/Learning Hub website](#) to act as a repository for tools for tackling inequalities and as a single portal into training, cross-sectoral leadership and development offers including podcasts, case studies and events.

3.2 Fairer Health for All Intelligence Tools

The GM Health and Care Intelligence hub[1] hosts a range of web-based intelligence tools, co-designed to powerfully consolidate data and insights from public and VCFSE sector partners across the city region into a single portal. For the first time ever we have a single whole population and person level longitudinal data set which links care records across acute, community, mental health, adult social care and now primary care. This will not only

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[1] Access to the hub is open to all VCSE and public sector partners and can be requested via https://www.gmtableau.nhs.uk/gmportal/new_Request

aid more person-centred care, but also helps us to better understand population health needs and target action to address health inequalities. This unique data architecture is transforming the way we understand health inequalities and access, experience and outcomes of care.

Priorities in 2024/25 are to:
1. Ensure data-sets are complete (ethnicity recording and recording of protected characteristics) and timely.

2. Develop a set of outcome metrics and related dashboards which show baseline data and trajectories against our 2030 long-term outcome targets (see figure 1). See link for First phase prototype of the Outcomes dashboard.

3. Develop a set of output metrics including:
    i. **Neighbourhood and Place level data** e.g. housing, poverty, employment.
    ii. **Data on access, experience and outcomes of care mapped against socio-economic and protected characteristics** (including CYP and Adult CORE20PLUS5 data and national HI metrics[2] which NHS GM and provider Trusts are legally required to publish annually as part of the Health Inequalities Statement. These HI indicators will be updated regularly – using live datasets from the ADSP that are available on the Fairer Health for All dashboards.
    iii. **Data on the social and economic impacts of the health and care system eg measuring social value through employment procurement and commissioning and workforce equality data.**

4. Undertake targeted pilots to increase data capacity and capabilities in the VCSE sector.

5. Support the VCSE[3] sector to flow VCSE data into the Intelligence Hub.

6. Develop Population Health Management capability , focusing on primary care and VCSE workforce as part of the Inclusion Health toolkit and to underpin delivery of NHS GMs CVD and diabetes prevention plan.

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[3] VCSE refers to Voluntary Community Social Enterprise Sector, including informal community organisations and faith based organisations

Figure 1: Fairer Health for All Outcome metrics

Outcome targets

What we will do:

1 **Improve health and wellbeing to narrow the gap in Life Expectancy and Healthy Life Expectancy**
❖ Narrow the gap by at least 15% by 2030 between men and women living in Greater Manchester between all ten localities as well as between GM and the England average.

2 **Reduce unwarranted variation in health outcomes and experiences**
❖ **Eliminate the difference between the highest and lowest social groups in the experience of having 2 or more multiple health harming behaviours** such as smoking and excess alcohol consumption.

3 **Increase social and economic activity because of reduced ill health**
❖ **Narrow the 15-year gap** in the onset of multiple morbidities between the poorest and wealthiest sections of the population **to 5 years by 2030.**

4 **Reduce preventable or unmet health and care needs leading to reductions in health and care demand**
❖ Close the health inequalities gap in smoking prevalence with England by 2030.*
❖ Reduce avoidable mortality rates by 40% by 2030 compared to 2018-20 baseline

5 **Reduce the difference in Life Expectancy and the incidence of physical health conditions for people with Serious Mental Illness**
❖ Narrow the gap with England by 15% by 2030

6 **Reduce Infant Mortality**
❖ **Narrow the gap in Infant Mortality with England by 15% by 2030**
❖ **Close the school readiness gap by 2030**

Smoking is our single greatest cause of preventable inequalities. 1 in 4 hospital patients' smoke and smokers need social care on average 10 years earlier.

3.3 Fairer Health for All Leadership and Accountability

NHS GM will continue to strengthen its Health Inequality leadership and accountability through the newly established Population Health Committee which reports into the NHS GM Integrated Care Board and the Integrated Care Partnership Board.

The Fairer Health for All oversight group is a formal sub-group to the PH committee, that will:

- Provide strategic oversight for the implementation of the Fairer Health for All framework
- Seek out, learn from and amplify good practice in tackling health inequalities in GM and beyond.
- Drive the development of a consistent and joined up strategic health inequalities narrative across GM.
- Ensure access to the latest health inequalities evidence and national products
- Support interpretation and dissemination of cross-sectoral inequalities data and intelligence (ensuring this includes VCSE data and insight and the voice of people with lived experience).

- Promote and embed the integration of the Fairer Health for All principles into NHS GMs systems and processes to shift focus and resources to drive a whole system approach to reducing health inequalities and champion tackling the causes and impact of health inequalities.
- Advocate regionally and nationally for policy, strategy and commissioning that aligns with the Fairer Health for All principles and priorities.
- Oversee implementation of the Fairer Health for All Delivery Plan and promote utilisation of the workforce development, leadership and intelligence tools and resources that will enable a health inequalities approach across the Integrated Care Partnership, namely:
  - the development of the Fairer Health for All Academy.
  - the development of a Fairer Health for All dashboards as part of the GM Health and Care Intelligence Hub.
  - the co-ordination of an Anchor System network to collaborate on system-wide approach to generating social value through commissioning, procurement and employment.
- Oversee the production of the assurance frameworks and reporting for Fairer Health for All, including:
  - Health Inequalities and Prevention reports to NHS England on a quarterly basis.
  - Statutory annual health inequality statement for ICBs, identifying key information on health inequalities and how NHS GM have responded.
  - Equality Delivery System (alignment with People and Culture Committee)
  - NHS GMs annual Public Sector Equality Duty report.
  - NHS GM specific performance and assurance frameworks

See Appendix A for Terms of Reference for the Fairer Health for All Oversight Group.

Priorities in 2024/25 to strengthen leadership and accountability for Fairer Health for All are:

- Establishment of the FHFA oversight group; streamlining of reporting mechanisms into the Population Health Committee and NW NHSE through production of a single FHFA delivery plan and quarterly monitoring framework; and publication of the Health Inequality chapter in the annual ICB report
- Delivery of Equality and Inclusion leadership programmes with individual equality objectives for ICB leaders and equalities forming part of the ICB committees and board assurance framework.
- Ongoing development and review of recruitment, retention and progression policies and strategies towards a more diverse leadership, talent, and career progression.
- Implementation of the Anti-racism framework.
- Development of leadership tools and resources to support a diverse set of FHFA champions and enable shared learning on effective leadership approaches.

4. Fairer Health for All in Action

This section summarises the system priorities in 24/25 to deliver against the prevention and Health Inequality commitments in the NHS GM Joint Forward Plan. Governance for these programmes is aligned to the appropriate ICB committees..

The role of the FHFA oversight group is to have high level oversight of implementation of these system delivery plans and their contribution to delivering against FHFA outcome targets. The detailed monitoring of the integrated delivery plan is via a quarterly progress log - FHfA System Deliverables.xlsx (sharepoint.com).

Each quarter, the FHFA oversight group will receive a high-level summary report on:

- **Development of the FHFA enabling tools** and resources.
- **Fairer Health for All *in Action* at system level - key themes , risks and highlights.**
- **Key bell-weather indicators that indicate strategic shift/**key milestones in implementation of the delivery plan, and key output measures in the FHFA dashboards that show direction of travel/identify early warning signs.

These oversight reports will also be shared with NHSE as part of the quarterly ICB Health Inequality stocktake.

4.1 Strengthening Communities

The FHFA Academy/Learning Hub and the Health and Care Intelligence Hub contain tools and resources which alongside implementation of the Fair Funding Protocol/VCSE Commissioning Principles and the NHS GM People and Communities Engagement framework are promoting community-led prevention and strengthening the role of the VCFSE sector as a strategic partner and a provider of health and care services.

Priorities in 2024/25 are to:

- Embed the VCSE Sector as a strategic partner and provider of services, including
  - Improving mechanisms for VCSE sector representation in Population Health governance.
  - Implementing a Fair Funding Protocol with the GM VCSE sector.
  - Protecting and building on the infrastructure and services required to support VCSE sector role in prevention, early intervention, and upstream models of care.
- Build and strengthen community-led prevention through
  - implementation of Live Well, including Live Well Accelerator programmes and Communities of Practice promoting shared learning across all 10 localities; and strengthening community-led CVD and Diabetes Prevention programmes.
  - Developing GM as a Creative Health city-region through the delivery of a GM Creative Health Strategy.
  - Strengthening the NHS GM approach to Social Prescribing.
- Continue to build social value, through the GM Anchor network, including:

- o Increasing local spend and maximising social value delivered via strategic suppliers and contracts.
  - o Developing NHS GM wide reporting facility for social value.
  - o Exploring development of a GM wide brokerage system to match supplier offers with regional policies and local requirements.
- Collaborate with partners and stakeholders to co-produce the next NHS GM Green Plan including:
  - o finalising an equalities and prevention focused GM Climate Change Adaptation Plan.
  - o delivering a city-region Healthy Travel Strategy and ensure NHS voice in the implementation and review of the Bee Network and refreshed Local Transport Plan.

4.2 Accelerating prevention

The ICP strategy outlines our whole system approach to prevention and embedding a social model for health that enables people to Stay Well and Detect illness earlier (mission 2) as outlined in the prevention framework below:
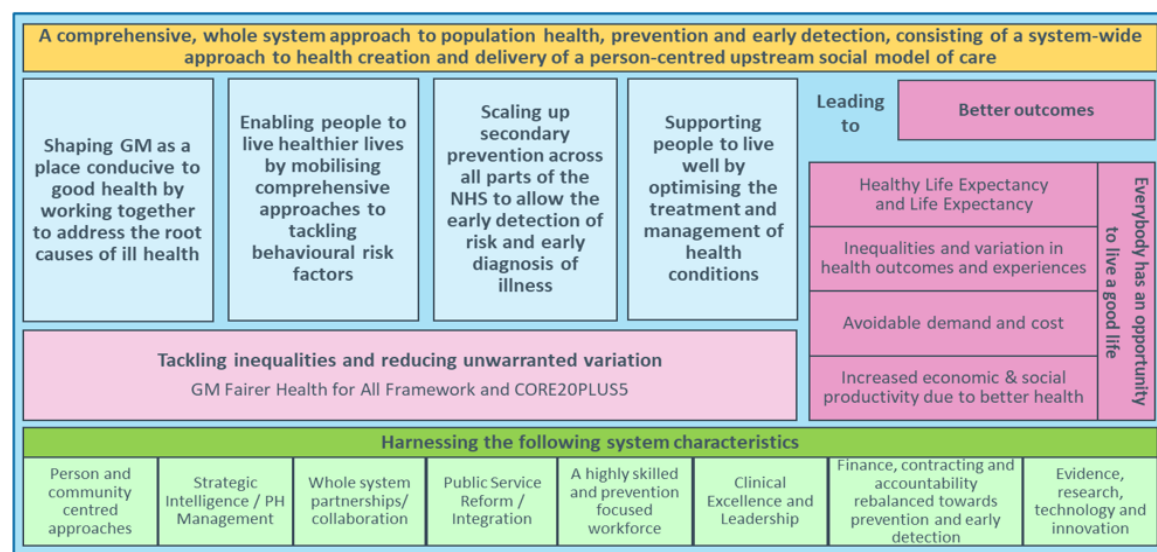
Accelerating prevention and enabling fairer access, experience and outcomes of care are strategic priorities in a wide range of NHS GM system delivery plans, including:

- GM Primary Care Blueprint
- Population Health Business Plan
- Maternity Equity Plan
- Cancer Inequalities Plan
- CVD and Diabetes Prevention Plan
- Mental well-being strategy
- Womens health strategy
- Best Start Plan

Priorities in 2024/25 are CVD/Diabetes prevention and CORE20PLUS5. Commitments to prevention, early intervention and inclusion health within these plans are summarised below.

4.21 Working with partners to tackle the Wider, Social and Commercial Determinants of Ill Health:

- Increase our focus on **Employment** and Health by establishing a GM Joint Inclusive Employment Unit and Strategy and launching a GM Work Well Partnership (WWP).

- Mitigate the impact of **Poverty** on health by implementing an NHS GM approach to 'poverty proofing' across the healthcare system.

- Contribute to the development of a GM **Housing** and Health framework, including the scale up of **ECO4** to support people with Long-Term Conditions.

- Advance our Policy Accelerator programme exploring city-region **advertising restrictions** on products harmful to health, with a year 1 focus on **junk food** advertising.

4.22 Tackling the top modifiable behavioural risk factors for disease:

- Implementing a renewed Making Smoking History Strategic Framework and fully embedding the LTP commitment around Treating Tobacco Dependency across NHS GM and reducing smoking in pregnancy.

- Developing a co-produced and evidenced based GM Ambition for Alcohol, and providing high quality, effective and efficient services for people at risk of alcohol-related harm.

- Increase Physical Activity by fully implementing the GM Moving Strategy.

- Develop a 5-year GM Strategic Framework for Food and Healthy Weight, with a focus on tackling childhood obesity.

- Lead the implementation of the prevention and wellbeing elements of the GM Mental Health and Wellbeing Strategy.

4.23 Scaling secondary prevention, increasing immunisations, screening and early identification of at-risk populations (with a focus on CVD and diabetes and CORE20PLUS5)

Adults

- **Improving uptake of winter vaccinations and cancer screening**– creation of accessible comms and engagement resources and targeted community outreach through ongoing VCSE engagement.
- **Increasing the proportion of cancers diagnosed at an early stage** through optimisation of the early cancer diagnosis DES in line with national target (2030) (Years 1-5) and developing a quality assurance framework for general practice.
- **Improving uptake, coverage and impact** of **NHS Health Checks** and **NHS**

Diabetes Prevention Programme (NDPP)/Healthier You and weight management programmes with an initial focus on high-risk and inclusion health groups, **including people with a Learning Disability and SMI.**

- **Improving management of hypertension, diabetes, lipids and excess weight/obesity** through targeted community engagement to improve health literacy and access to care for CVD prevention.
- **Maximising testing for Blood Borne Viruses,** including targeted uptake of HIV testing in primary care in accordance with NICE guidelines, as part of the wider ambition to end new cases of HIV by 2030.
- **Improving Maternal Health** through improved access to maternity care, targeted support to reduce smoking in pregnancy and re-introduction of continuity of care.

Children and Young People

- **Improving oral health** by delivering an Oral Health improvement programme and dental access programme for 0-5 year olds and increasing the number of healthy living dental practices.
- **Improving clinical management (asthma, epilepsy, mental health)** through a range of digital, school and home resources.
- **Implementing transition strategies** for diabetes, epilepsy and asthma.
- **Developing a CORE CAMHS Service Specification** across GM to reduce variation in access.

4.3 Inclusion Health - Improving access, experience and outcomes of care

- **Continuing to improve data completion and quality on all protected characteristics** across primary care, outpatients, A&E, mental health, community services, and specialised commissioning.
- **Improving patient, public and professional engagement through training to improve skills, self-management and enable co-production** of culturally competent programmes and services.
- **Optimising the development of Person Centred, Trauma Responsive and Person Centred approaches to care.**
- **Developing Women's Health Hubs** across Greater Manchester and improving representation in women's health trials.
- **Building on NHS recovery plans for elective care, Urgent and Emergency Care and primary care** to meet the needs of inclusion health groups and **mitigating against digital exclusion** as outlined below:

4.31 Optimising access to Primary Care

- Implementing the GM Primary Care Inclusion Health toolkit, to meet the needs of inclusion health groups.
- Continuing to deliver Advanced System Leadership Programme for PCN Clinical Directors and Clinical Managers (2023/24) to develop skills around wider system thinking, integrated working with wider community assets.
- Expanding Pharmacy First as an additional referral route with a Community Pharmacist for one of seven common conditions.
- Increasing provision of Pharmacy contraception service and hypertension check

services.

- Launching digital first triage system to ensure same day urgent care access to general practice where clinically warranted.

4.32 Optimising access to Urgent Care

- Reviewing demographic and protected characteristic data for patients that attend Urgent and Emergency care to compare variation in access and outcomes (aligned to UEC standards of care).

4.33 Inclusive Recovery of Elective Care

- Establishing a Special Care Dentistry Network to improve care quality, co-ordination, access and waiting times for children with special needs.
- Piloting an initiative to bring together information relating to Health Inequalities, service utilisation and primary care data to allow clinicians to prioritise patients currently waiting based on wider considerations other than waiting time.
- Establishing a Lived Experience panel, facilitated by Health Watch Stockport on behalf of the 10 localities to improve our understanding of the issues our patients face and to support patient centred improvement and redesign of services.
- Increasing the frequency of children's 'super lists' and 'super clinics' in order to increase access and throughput for children requiring Elective Care.

4.34 Mitigating against Digital Exclusion

- Enhancing digital access to general practice through the rollout of the NHS App, enhanced telephony support, cloud based telephony and a communication campaign to patients on how and when to access care digitally.
- Developing a digital inclusion heatmap to identify areas where investment is needed to support digital transformation and measures to increase digital access and digital literacy for the most disadvantaged or vulnerable groups.
- Continued roll out of training to primary care staff (Digital First Primary Care).
- Conducting a pan-GM baselining exercise on hardware, infrastructure and software in Primary Care to construct a comprehensive picture of the full digital ecosystem to
- Reviewing the impact of digital consultation channels on patient access by reviewing access to face-to-face, telephone, or video consultations, broken down by relevant protected characteristic and health inclusion groups.

5. Monitoring

Annually, the FHFA oversight group will oversee:

- development of a single delivery plan and monitoring framework, reviewed quarterly by the FHFA oversight group and reported into PH Committee and NHSE Regional Assurance meetings
- production of an annual statement on how the ICB is performing it's legal duties to reduce inequalities (as required under the Health and Care Act 2022). This will be published as part of the ICB Annual report. This report will summarise progress against the FHFA outcome metrics (morbidity, mortality data) and summarise data trends against statutory HI and Equality metrics.

Appendix A Terms of Reference for the Fairer Health for All Oversight Group

NHS Greater Manchester
Fairer Health for All Oversight Group
Terms of Reference

Purpose and remit of the Group

The Fairer Health for All Oversight Group will provide strategic oversight for the implementation of the Fairer Health for All Framework to ensure the framework delivers its ambitions and has sustainable and lasting impact.

The Group will provide assurance of the delivery of the Fairer Health for All Framework to the Population Health Committee and other key stakeholders. The Group will have cross-sectoral representation, so collectively will provide a space for advice on health inequalities and shared insight on *how* the integrated care system is advancing equity, inclusion, and sustainability by enabling:
- Community-led health and well-being
- A social model for health
- Health-creating places

Objectives

- Provide strategic oversight for the implementation of the Fairer Health for All framework
- Seek out, learn from and amplify good practice in tackling health inequalities in GM and beyond;
- Drive the development of a consistent and joined up strategic health inequalities narrative across GM
- Ensure access to the latest health inequalities evidence and national products
- Support interpretation and dissemination of cross-sectoral inequalities data and intelligence (ensuring this includes VCSE data and insight and the voice of people with lived experience)
- Promote and embed the integration of the Fairer Health for All principles into NHS GMs systems and processes to shift focus and resources to drive a whole system approach to reducing health inequalities and champion tackling the causes and impact of health inequalities
- To advocate regionally and nationally for policy, strategy and commissioning that aligns with the Fairer Health for All principles and priorities
- Oversee implementation of the Fairer Health for All Delivery Plan and promote utilisation of the workforce development, leadership and intelligence tools and resources that will enable a health inequalities approach across the Integrated Care Partnership, namely
  - the development of the Fairer Health for All Academy
  - the development of a Fairer Health for All dashboards as part of the GM Health and Care Intelligence Hub

- the co-ordination of an Anchor System network to collaborate on system-wide approach to generating social value through commissioning, procurement and employment
- Oversee the production of the assurance frameworks and reporting for Fairer Health for All, including:
  - Health Inequalities and Prevention reports to NHS England on a quarterly basis; (see appendix for detail)
  - Statutory annual health inequality statement for ICBs, identifying key information on health inequalities and how NHS GM have responded;
  - Equality Delivery System (alignment with People and Culture Committee)
  - NHS GMs annual Public Sector Equality Duty report;
  - NHS GM specific performance and assurance frameworks

Membership and attendance

The core membership of the Fairer Health for All Oversight Group will be as follows:

Chair	Edna Robinson (Title)
Vice or Co Chair	Majid Hussain, Director of Equality and Inclusion, NHS GM
Group Role	**Responsibility**
Population Health	Jane Pilkington, Director of Population Health, NHS GM
Equality and Inclusion	Majid Hussain, Director of Equality and Inclusion, NHS GM
Locality	Kuiama Thompson, Director of Population Health, Rochdale council Muna Abdul-Aziz, Director of Population Health, Salford Council
	Tom Maloney, Programme Director Health and Care | Trafford Council & NHS GM – Trafford
Provider Trust	
	Simon Watts, Consultant in Public Health, MFT/ Christine Camacho, Consultant in Public Health, Northern care Alliance
Anchors	Neil Hind (GM Anchor system network)
	Jo Tomlins, Deputy Director of Strategy, Christie's
Sustainability	Claire Igoe, Associate Director of sustainability, NHS GM
Elective Care	Jay Mangan, Assistant Director of Elective Recovery & Reform, NHS GM
Digital inclusion and Health Innovation	Laura Rooney, Director of Strategy, HinM
Strategic Intelligence	Chris Tyson, Head of Strategic Intelligence, NHS Greater Manchester
Primary Care	Luvjit Kandula, Chair of Primary Care Board
Clinical leadership	John Patterson

Adult Core20Plus	Alison Pye, Consultant in Public Health, NHS GM
Children & Young People Core20Plus5	Debs Thompson, Consultant in Public Health, NHS GM
Live Well, Person Centred Care	Zoe Porter, Associate Director: Person and Community Centred Approaches
Strategy	Paul Lynch, Director of Strategy, NHS GM
Organisational Development/Learning and Development/HR	Jackie Pratt, Assistant Director of OD & Leadership, NHS GM
Risk/Assurance/Quality	Anita Rolfe, **Deputy Chief Nursing Officer** NHS GM
GMCA	Dave Kelly, **Assistant Director	Reform Directorate, GMCA**
VCSE sector	Jules Palfreyman, GM Equal
Comms and Engagement	Alexia Mitton, Assistant Director of Engagement, NHS GM
Academic lead	tbc

Chair and vice chair
The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

Vice Chair - to deputise for the Chair as required.

Attendees and Attendance
Others will be invited to attend the Group on an *ad hoc* basis where there is value in their involvement.
Where an attendee of the Group is unable to attend a meeting, a suitably briefed alternative representative should be asked to attend by the meeting member.

Meeting frequency and communication

- The Fairer Health for All Oversight Group will meet quarterly in person in central Manchester.

- Meetings will be scheduled annually and shared through MS Outlook Calendars.

- An agenda and papers will be shared in advance of the meeting date. Members of the group can request items for the agenda through the chair or NHS GM Strategic Lead in advance or via AOB.

- Action points are taken forward between meetings and progress against those actions is monitored.
- A communication space will be created so members can share information between meetings and agree future agenda items

Governance

- The Fairer Health for All Oversight Group is accountable to the Population Health Committee (see appendix A) and the Group's Chair will provide assurance reports to the Committee at each meeting, drawing the attention of the Committee to any issues that require action.

- Any task and finish/operational groups established by Fairer Health for All Oversight Group will be accountable to the Fairer Health for All Oversight Group.

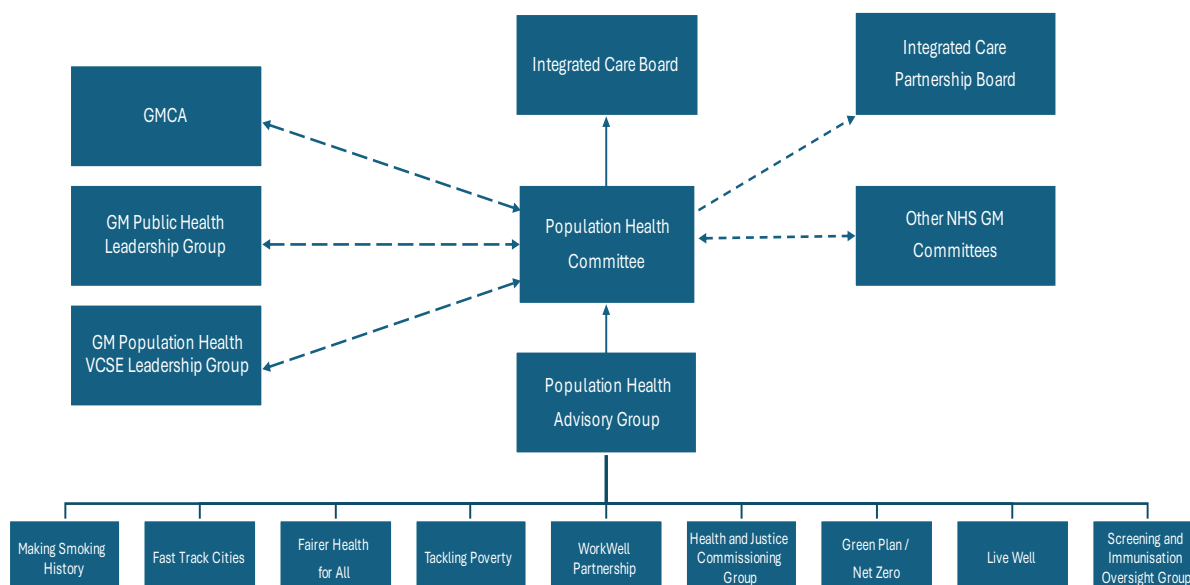- The Group will be quorate if 50% of members are in attendance at each meeting.

Review of Terms of Reference

These terms of reference will be formally reviewed at the first meeting, and then reviewed at least annually.

Date of approval:

Proposed date of review:

Appendix A: Population Health Governance Model

END OF TERMS OF REFERENCE