# Fairer Health for All

Framework for Delivery
**January 2024**

Greater Manchester Integrated Care Partnership

# Foreword

## Delivering Fairer Health for All is critical to our vision of achieving a greener, fairer, more prosperous Greater Manchester.

We know that health outcomes are shaped largely by the conditions into which we are born, grow, work and live and by the economic, social, and political systems that impact our daily lives. Working together, across boundaries and barriers, to improve these conditions, as well as building and strengthening our communities to be conducive to good health, requires us all to do our part.

The Greater Manchester Integrated Care Partnership, including NHS Greater Manchester (NHS GM), the Greater Manchester Combined Authority (GMCA), Local Authorities, Place-Based Partnerships and Provider Collaboratives, the VCFSE sector, as well as people and communities, academia, and businesses - will all need to work more collaboratively and closer than ever before to deliver on the ambitions set out within this framework.

This will require both a shift in how we align resources, so that interventions are targeted at those in greatest need, investing more in prevention including a focus on the socio-economic drivers of ill health, as well as designing fairer and more inclusive services. There are some great examples within the framework (Section 8) of where this is already happening on a local and GM-wide level, and Fairer Health for All will support us to go further and to embed equalities at the heart of everything we do.

Getting smarter on how we spread, and scale good practice is key to ensure organisations, systems, policy, and practice tackle the root causes of inequalities. The Health and Care Intelligence Hub as well as the Fairer Health for All Academy provides the practical tools and support to promote much-needed learning across our system, including how we drive focus on prevention, provide the right support in the right setting at the right time and ensure all people hold voice and agency in decisions that affect their health and wellbeing.

Our health and care system, alongside other Greater Manchester anchor organisations, has a key role in supporting local economies and communities to improve health, not least as major employers widening access to quality work.

The introduction of a Real Living Wage is strongly associated with significant improvements in life expectancy, depression, and activity-limiting illnesses as well wider social benefits.

The growing number of health and care organisations across GM that are supporting local people into employment, making a positive impact on the health of employees, and enabling communities to thrive by working towards the Real Living wage gives us optimism that we are heading in the right direction.

The cost of inaction for the health and wealth of our citizens and our city-region is simply too great to contemplate. To realise our goal, we must strive for fairer opportunities for all our citizens and ensure our decisions today and each day have a positive impact on future generations and our planet.

**Paul Dennett**
Chair, Greater Manchester Integrated Care Partnership

# Foreword

Fairer Health for All is a vital initiative that will support the growth of a balanced health and social care model.
This will require significant investment in people and communities.

To fully realise this shift we must unlock the full potential of all our assets by building the capacity and capability of the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. This will enable us to better understand the context of people's lives and springboard opportunities of co-design, co-delivery and service excellence.

The VCFSE sector has a key role to play in creating the conditions for good health to happen by ensuring that wellbeing, advocacy and health and care support is better tailored to the needs of the diverse communities we serve.

The Alternative Provider Collaborative is delighted to play a critical role in ensuring the VCFSE sector are part of the governance and oversight of the framework. I welcome the collaborative approach taken to develop the Fairer Health for All framework and its associated tools, from which the sector can benefit from and contribute to.

The Greater Manchester Integrated Care Partnership strategy and the VCFSE Accord sets out a roadmap for collaborative working, based on a relationship of mutual trust and shared responsibility, providing a framework for collaboration.

Only together, can we embed the principles of Fairer Health for All and achieve our vision of Greater Manchester as a place where everyone can live a good life, grow up, get on and live with dignity in a greener, fairer more prosperous city-region.

**Edna Robinson**
Executive Chair of the Alternative Provider Collaborative

# Framework Contents

# 1. Introduction

The Fairer Health for All framework provides a shared approach and consensus of priority action across the system, to advance equity, inclusion, and sustainability and deliver health and care services that better meet the needs of the communities we serve.

Supporting the six key missions from the **Integrated Care Partnership Strategy**, as well as the delivery of the **Five Year Joint Forward Plan**, the framework provides a roadmap for how we will:

- fulfil statutory NHS responsibilities to create a greener, fairer, more prosperous city-region and deliver health and care services that better meet the needs of the communities we serve

- enhance and embed prevention, equality, and sustainability into everything we do

- tackle the discrimination, injustices and prejudice that lead to health and care inequalities

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

This framework is for all people and partners involved in the planning and delivery of health and wellbeing services and support, as well as those helping to create places and communities conducive for good health across Greater Manchester.

# 2. Fairer Health for All: In Summary

Fairer Health for All is Greater Manchester (GM)'s response to 'Build Back Fairer' – a set of national and city-region ambitions and recommendations by the **Institute of Health Equity and the Independent Equality Commission** in the aftermath of Covid-19, **to address root causes of ill health and inequalities**, as well as advance equalities across our city-region.

More than a mantra or a rallying cry, Fairer Health for All is a system-wide commitment to reducing health inequalities. The framework has been co-produced through extensive locality and community participation and engagement.

It provides tools and resources for how we can collaborate, share, and learn across the system, to ensure people have the best possible health and wellbeing, no matter who they are or where they live.
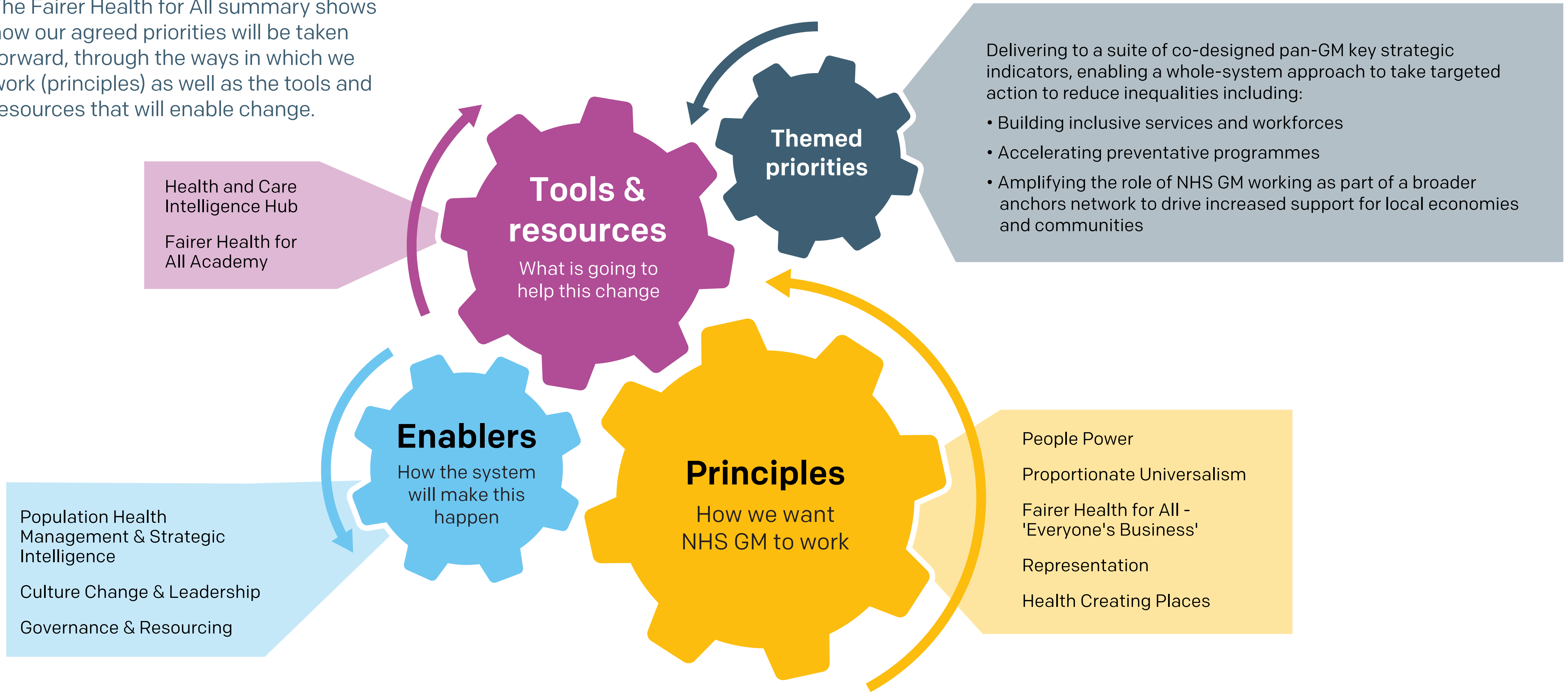
The tools will enable collation of vast and diverse intelligence, data, and insights from across public and VCFSE partners to drive resource and interventions where they are needed most. These tools will build capacity – for people, systems, and places – and provide strategic insights and collaborative approaches for integrated working. This will ensure we hardwire equity, inclusion and sustainability into our policies, initiatives, and programmes to meet our six Integrated Care Partnership missions and strengthen leadership and accountability.

"Challenging the whole of Greater Manchester to go further and faster on reducing health inequalities and inequalities in economic, social, environmental, and cultural circumstances."

**Marmot Report**

The Fairer Health for All summary shows how our agreed priorities will be taken forward, through the ways in which we work (principles) as well as the tools and resources that will enable change.

**Themed priorities**

**Tools & resources**
What is going to help this change

Health and Care Intelligence Hub

Fairer Health for All Academy

Delivering to a suite of co-designed pan-GM key strategic indicators, enabling a whole-system approach to take targeted action to reduce inequalities including:

• Building inclusive services and workforces

• Accelerating preventative programmes

• Amplifying the role of NHS GM working as part of a broader anchors network to drive increased support for local economies and communities

**Enablers**
How the system will make this happen

Population Health Management & Strategic Intelligence

Culture Change & Leadership

Governance & Resourcing

**Principles**
How we want NHS GM to work

People Power

Proportionate Universalism

Fairer Health for All - 'Everyone's Business'

Representation

Health Creating Places

7

# 3. The Picture of Health: Inequalities in GM

GM can be an amazing place to grow up, get on and grow old, but not everyone has the same opportunities to be healthy and well, and to reach their full potential to live good lives. **The conditions we are born in to, grow up in, live in, work in and age in – affect our chances of having a long, healthy life.** These conditions widen the preventable gaps between the people with the worst health and the people with the best health.

Factors like our income, housing, jobs, education, relationships, access to green spaces and air quality all impact on our health. Sharing certain protected characteristics or belonging to vulnerable or excluded groups in society can also impact how we experience health and wellbeing. These are the "causes of the causes" of poor health – also called the wider determinants of health. It is how these factors are distributed across different groups of people that lead to health inequalities. These factors often overlap, meaning people can fall into combinations of these categories and compound the severity of inequalities experienced.

**What are the effects of health inequalities?**

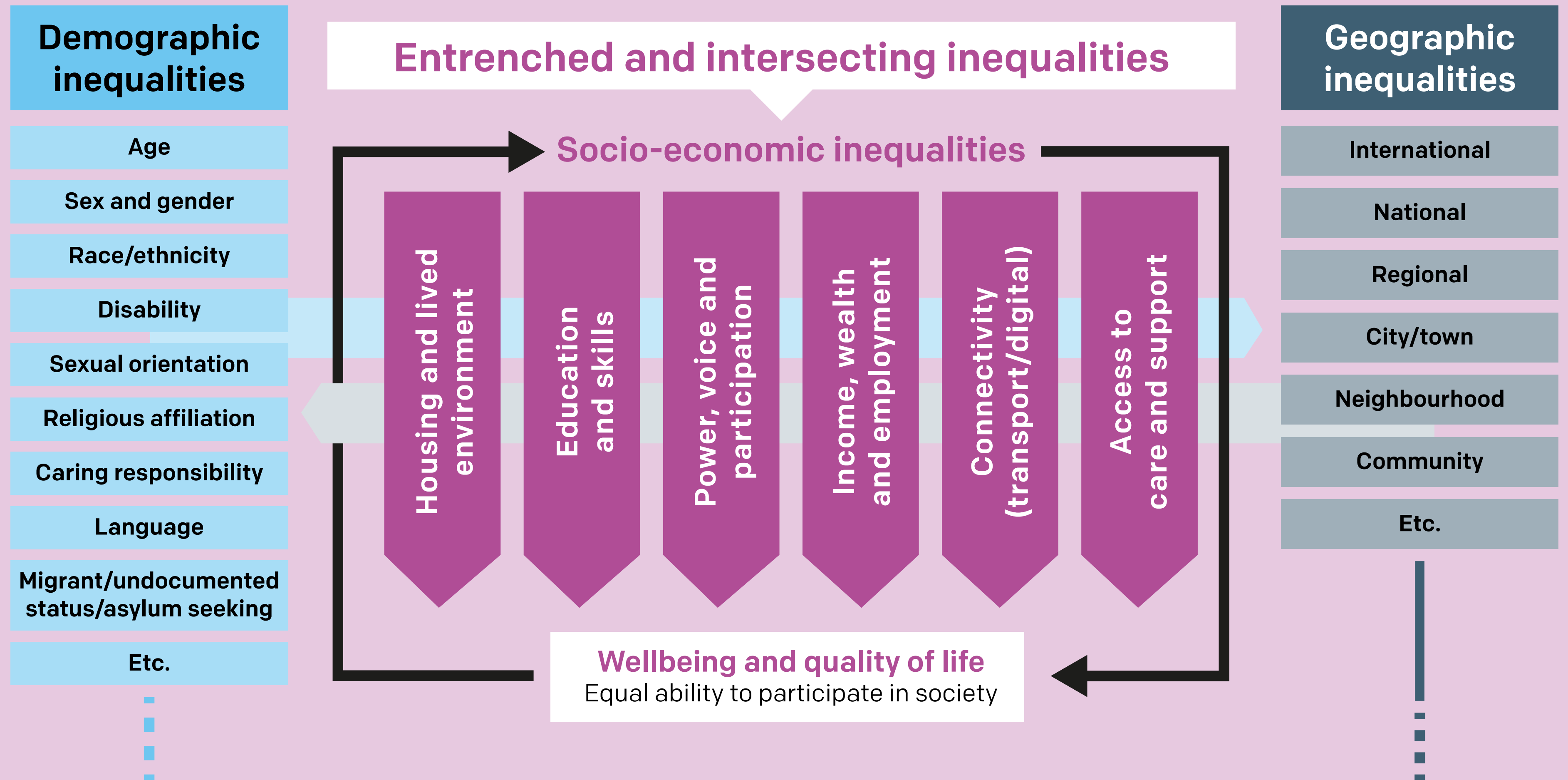Health inequalities can be seen and measured through differences in:

- prevalence of conditions and mortality

- behavioural risks to health, such as smoking

- the wider determinants of health, such as housing and employment

- access to care

- the quality and experience of healthcare services

The diagram to the right developed by the GM Independent Inequalities Commission, illustrates the entrenched and intersecting inequalities experienced in GM – highlighting how different communities have unequal opportunities to be healthy. The Commission was established during the Covid-19 pandemic to develop ideas and provide expert opinion, evidence and guidance to reshape GM's economy and society for the future.

## Greater Manchester Independent Inequalities Commission

# Model of Interacting Inequalities

**Demographic inequalities**

- Age
- Sex and gender
- Race/ethnicity
- Disability
- Sexual orientation
- Religious affiliation
- Caring responsibility
- Language
- Migrant/undocumented status/asylum seeking
- Etc.

**Entrenched and intersecting inequalities**

**Socio-economic inequalities**

- Housing and lived environment
- Education and skills
- Power, voice and participation
- Income, wealth and employment
- Connectivity (transport/digital)
- Access to care and support

**Wellbeing and quality of life**
Equal ability to participate in society

**Geographic inequalities**

- International
- National
- Regional
- City/town
- Neighbourhood
- Community
- Etc.

# Inequalities At a Glance in GM

There are

# 2.8

**million people** in GM

**1.1 million** of these residents live in the **20% most deprived areas** of the UK
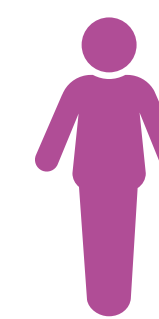
## Female healthy life expectancy in GM is 60.9 years

**vs England average of 63.9**

A female born in Salford could expect to live **9.5 years less** in good health than a female born in Trafford.
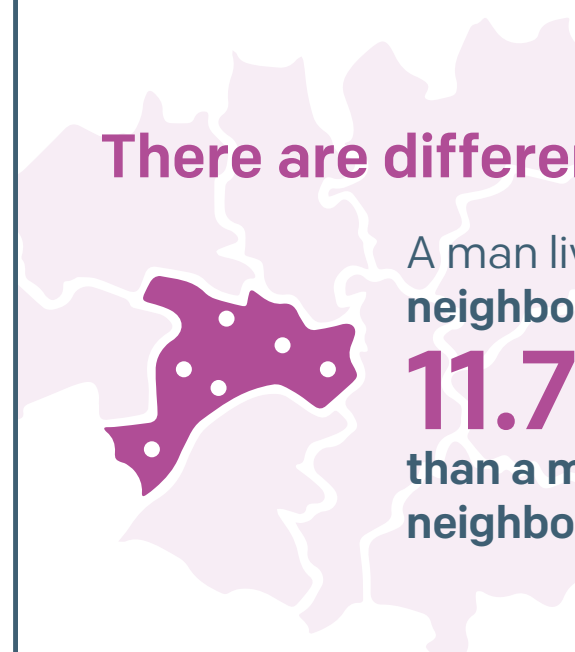
**There are differences within localities too:**

A woman living in Salford in the **most deprived neighbourhoods** can expect to live

### 11.1 years less

**than a woman living in the wealthier neighbourhoods.**

## Male healthy life expectancy in GM is 61.4 years

**vs England average of 63.1**

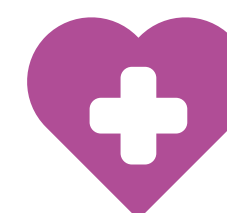A male born in Oldham could expect to live **10.3 years less** in good health than a male born in Trafford.

**There are differences within localities too:**

A man living in Salford in the **most deprived neighbourhoods** can expect to live

### 11.7 years less

**than a man living in the wealthier neighbourhoods.**

## 68,200 people in GM are unemployed

**5% compared to 3.5% UK average.**

## 117,400 residents

**are economically inactive due to long term sickness.** 30% of our productivity gap is due to ill health.

**1/3 of the GM population are children and young people (CYP)**
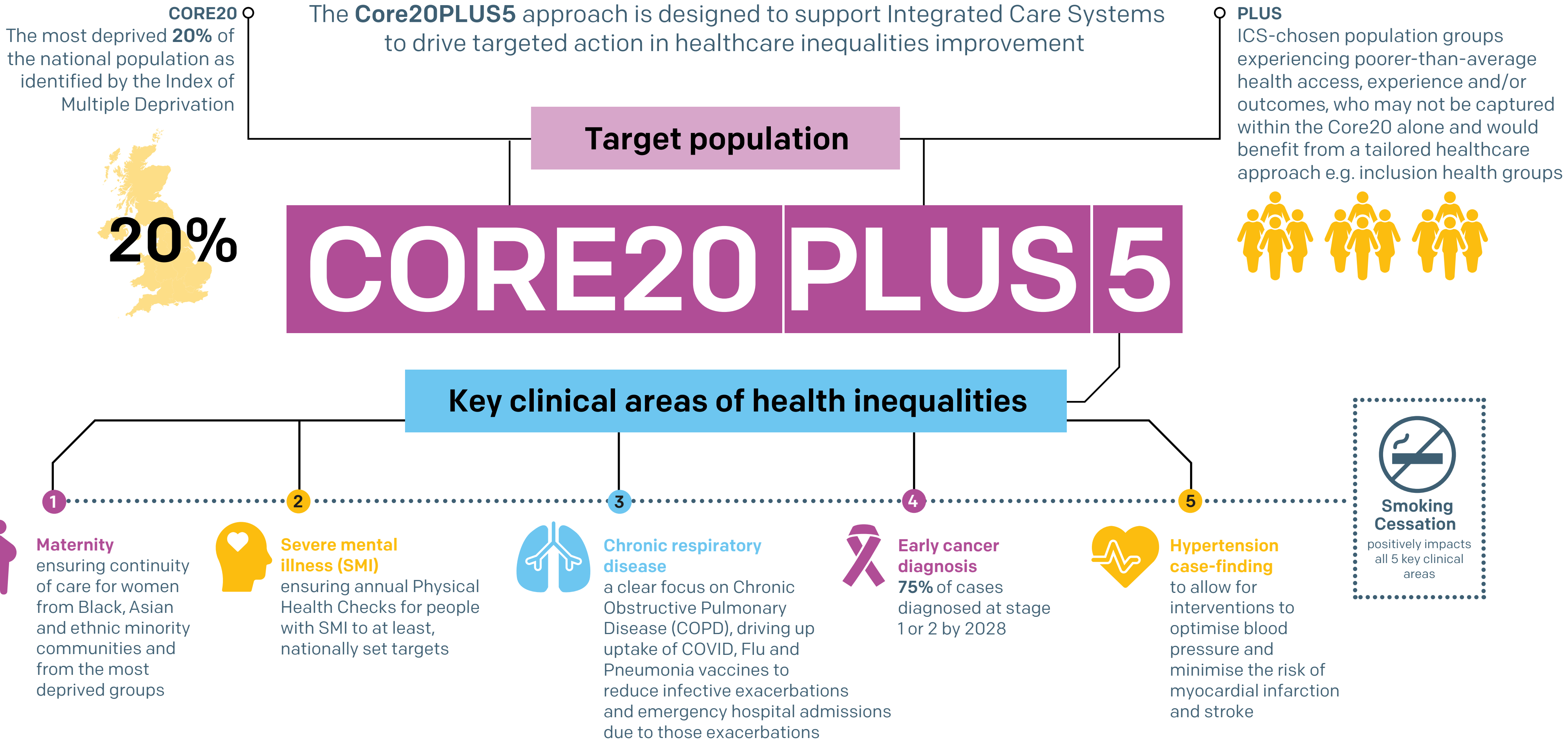
## around 1 in 4 live in poverty.

## 40% of children

**living in poverty** in GM **live in a smoking household**. Children living in a smoking household are **4 times more likely to start smoking**.

Asthma-related hospital admissions for CYP is consistently high in GM and **50% higher for CYP from disadvantaged GM communities.** Twice the rate of the national average.

# Reducing Health Inequalities

**Core20PLUS5** is an NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort including the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD) plus population groups include ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others. The approach also identifies '5' focus clinical areas requiring accelerated improvement.

**CORE20**
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

**PLUS**
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

**Target population**

**20%**

# CORE20 PLUS 5

**Key clinical areas of health inequalities**

**1** **Maternity**
ensuring continuity of care for women from Black, Asian and ethnic minority communities and from the most deprived groups

**2** **Severe mental illness (SMI)**
ensuring annual Physical Health Checks for people with SMI to at least, nationally set targets

**3** **Chronic respiratory disease**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of COVID, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

**4** **Early cancer diagnosis**
**75%** of cases diagnosed at stage 1 or 2 by 2028

**5** **Hypertension case-finding**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

**Smoking Cessation**
positively impacts all 5 key clinical areas

# 4. A Partnership Approach: Supporting the GM Integrated Care Partnership Strategy

## Our Vision

The GM Integrated Care Partnership Strategy sets out how we, as an Integrated Care Partnership comprising the NHS, local authorities, and partners across the VCFSE, Healthwatch and the trade unions, will improve health and care for the people of GM, playing a key role in delivering the ambitions of the GM Strategy to **create a fairer, greener, more prosperous city-region.**

## Missions

Our strategy sets out six missions, which are our priority actions in response to the current challenges. These are:

| | |
|---|---|
| **1.** Strengthening our communities. | **4.** Recovering core NHS and care service. |
| **2.** Helping people stay well and detecting illness earlier. | **5.** Supporting our workforce and our carers. |
| **3.** Helping people get into, and stay in, good work. | **6.** Achieving financial sustainability. |

**See page 21: 'Fairer Health for All: in Action' for how we're delivering on our six missions through the lens of tackling inequalities.**
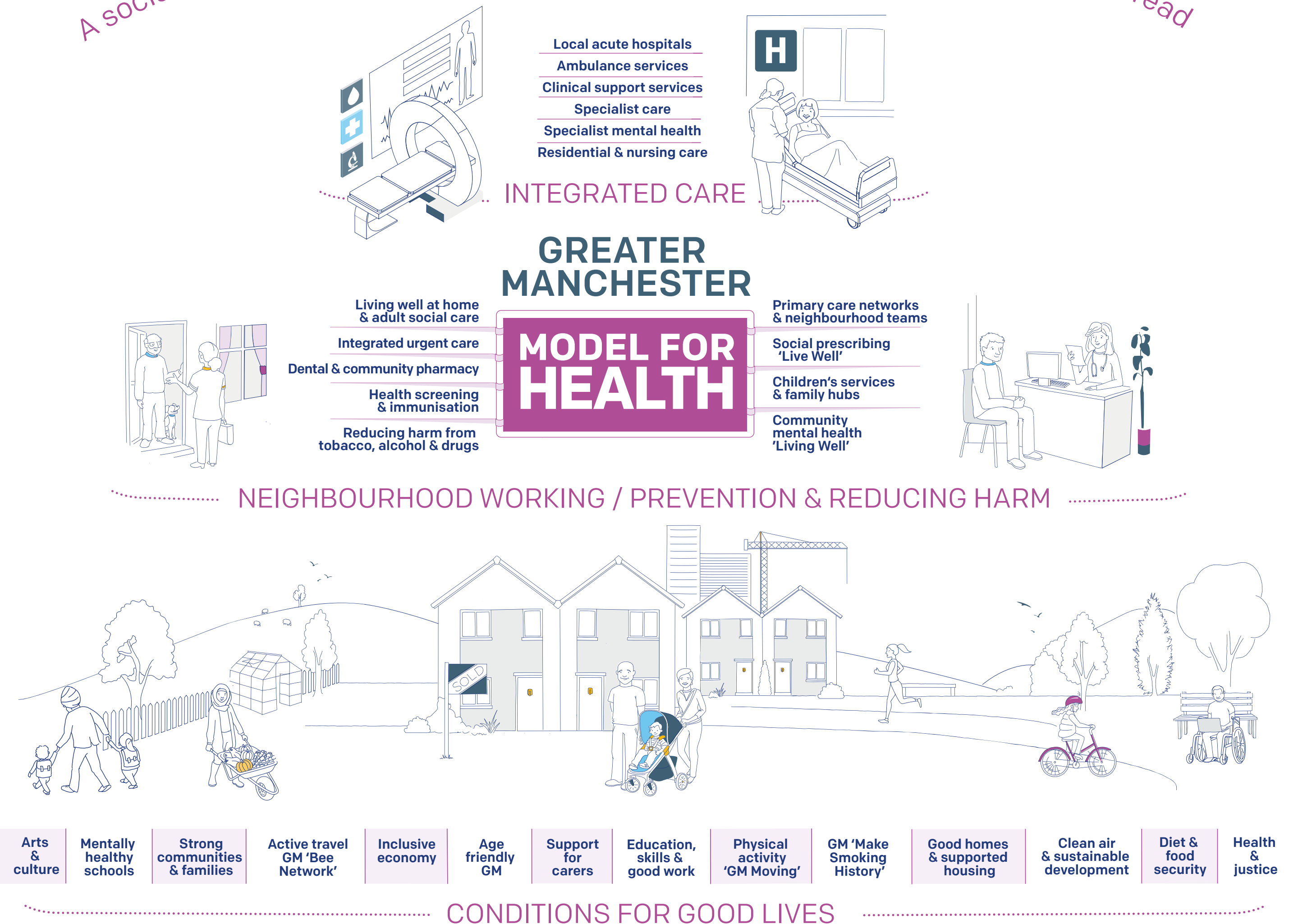
**This illustration describes the core characteristics of the Model**

# Embedding our GM Model for Health

Our Model for Health sets out how we will work together, with our communities, to enable the conditions for good lives and reduce health inequalities across our city-region. Realising a social model for health offers more than medicine, to positively address the full range of health determinants, including a focus on population health and prevention.

The GM Model for Health is based on core principles of co-production, working with partners, people and communities, and using insight and innovation to maximise health outcomes as well as provide consistent high-quality care for all.

A social model for health  -  People & community approaches  -  Innovation & spread

Local acute hospitals
Ambulance services
Clinical support services
Specialist care
Specialist mental health
Residential & nursing care

INTEGRATED CARE

**GREATER MANCHESTER**

**MODEL FOR HEALTH**

Living well at home & adult social care
Integrated urgent care
Dental & community pharmacy
Health screening & immunisation
Reducing harm from tobacco, alcohol & drugs

Primary care networks & neighbourhood teams
Social prescribing 'Live Well'
Children's services & family hubs
Community mental health 'Living Well'

NEIGHBOURHOOD WORKING / PREVENTION & REDUCING HARM

| Arts & culture | Mentally healthy schools | Strong communities & families | Active travel GM 'Bee Network' | Inclusive economy | Age friendly GM | Support for carers | Education, skills & good work | Physical activity 'GM Moving' | GM 'Make Smoking History' | Good homes & supported housing | Clean air & sustainable development | Diet & food security | Health & justice |

CONDITIONS FOR GOOD LIVES

# 5. A Partnership Approach: Equity, Inclusion and Diversity

''High quality and equitable healthcare and health protection services are vital in improving and maintaining health as well as addressing health inequalities, but our hospitals and GP surgeries are not where health is first created. It is in our homes and our communities; in the places we live and through the lives we lead and so, our focus needs to be on helping to create the conditions for good health.''

**Majid Hussain,
Director of Equality and Inclusion,
NHS Greater Manchester**

Fairer Health for All cannot be achieved without greater diversity of thought, workforce, cultural proficiency and more inclusive behaviours. This requires commitment to a partnership approach to better understand the needs of diverse cultures, languages, faiths and backgrounds and creating the right conditions for equitable and sustainable access, experiences and outcomes for everyone.

We recognise the history and impact of institutional racism across our society and organisations is a major driver of health inequalities we see today and continues to cause harm to both our colleagues and communities. It is our role as a health care system, and key to tackling health inequalities, to commit to the **North-West Anti Racist Framework**, which will accelerate action to address disparities in employment, access to healthcare and improve health outcomes for both patients and healthcare professionals that experience discrimination due to their race.

**NHS GM has engaged widely to develop our equality objectives for both our citizens and our staff, focused on three areas:**

**Our People,**

**Our Communities and Insights,**

**Improving our Outcomes.**

**Click here to view our Equality objectives**

## Equity and Inclusion are central to the way we do things.

''We recognise that key to delivering the Fairer Health for All framework is that our strategies, plans, policies, practices and decisions must intentionally advance our work on creating a more equitable and inclusive organisation.

The key bridge between a culture of equity and road map principles is that every employee in the organisation, from those leading the organisation to front-line staff, know how to practically operationalise advancing equity and inclusion in their daily jobs - role modelled from the top of our organisation - to help drive positive culture change.

It is in this context, we are embarking on a journey where all Chief Executives, Chairs and board members have distinct objectives to improve equity in their organisation and lead a personal commitment to mainstreaming inclusion, alongside a commitment to a continuous cycle of learning so that everyone can contribute to the provision of an inclusive and fair culture, which becomes a key metric for the organisation.

We know this will better serve our employees, the citizens of Greater Manchester and deliver on our Fairer Health for All framework.''

**Mark Fisher, Chief Executive of NHS Greater Manchester**

# 6. Fairer Health for All: What are the Principles?

The framework provides guiding principles for how we will work together as a system with communities and people power at its heart, to deliver the Integrated Care Partnership Strategy vision to tackle inequalities.

The Fairer Health for All principles were co-designed by GM partners from across the public and VCFSE sectors in Spring 2022 and have been tested and further co-produced through the delivery of Fairer Health for All activity in 22/23. The five principles speak to a transformative shift in how we allocate power and resource. This will enable us to better understand the needs of our diverse population and to create the right conditions for equitable access, experiences and outcomes for everyone.

"Proportionate universalism is an important principle. Funding should be proportionate to the scale of the problem, but universal in reach: more funding should be given to areas of greater deprivation and to communities experiencing high levels of poverty and exclusion."

**Marmot Report**

# Fairer Health for All Principles

## People power.

**We will work with people and communities,** and listen to all voices – including people who often get left out.

We will ask 'what matters to you' and 'what has happened to you' as well as 'what is the matter with you'.

We will build trust and collaboration and recognise that not all people have had equal life opportunities.
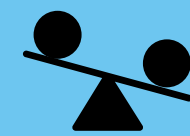
## Proportionate universalism.

We will co-design universal services (care for all) but with a scale and intensity that is proportionate to levels of need (focused and tailored to individual and community needs and strengths).

We will **change how we spend resources** – so more resource is available to keep people healthy and for those with greatest need.

## Fairer Health for All is everyone's business.

We will think about **inclusion and equality** of outcome in everything we do and how we do it.

We will make sure how we work makes things better, and makes our environment better, for the future.

We will tackle structural racism and systemic prejudice and discrimination.

## Representation.

The mix of people who work in our **organisations will be similar to the people we provide services for.**

For example, the different races, religions, ages, gender, sexuality, disabled people and people with multiple severe disadvantages.

We will create the space for people to share their unique voice and be involved in decision making.

## Health creating places.

As anchor institutions we will build on the strengths of our communities and leverage collective power – to support communities and local economies.

We will focus on place and **work collaboratively** to tackle social, commercial, economic and environmental determinants of health.

## 7. Fairer Health for All: The Difference we want to make

## 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 GM, 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 two or more multiple health harming behaviours** such as smoking and excess alcohol consumption

*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**
**Increased 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

# How We Will Do It:

**1** **Continue to develop GM as a Population Health System** that champions population health management, actively values and includes the contribution and challenge of public health and sees itself as an active participant in shaping the four domains of the **GM Population Health model** (social, economic, commercial, environmental, behavioural) and the overlaps between them.

**2** **Strengthen and scale our approaches to primary and secondary prevention** by building upon our preventive work to date, fulfilling the NHS long term plan commitments, and taking additional comprehensive action on the leading modifiable causes of poor health in GM.

**3** Shape GM as a place conducive to good health by increasing the role of NHS GM in social, economic and environmental development across GM, by **enhancing the role of the Integrated Care Partnership as an anchor system** in levering change, and by shaping the wider, social, economic, commercial and environmental of health in GM.

**4** **Invest in the potential of people and communities** to create happy healthy lives and places by developing GM as a trauma responsive city-region through continued expansion of person and community centred approaches, including social prescribing, and personalised care and support.

**5** Strengthen our strategic approach in contributing to the sustainability ambition for the NHS and Greater Manchester Combined Authority, through **delivery of our Green Plan which maximises outcomes such as clean air, improved health and efficient use of resources.**

The actions to deliver these objectives and embed a strategic approach to improving health outcomes and tackling inequalities are detailed within the **Joint Forward Plan**, and Locality Inequality plans (see section 8 for some examples of Fairer Health for All in Action).

# How We Will Measure Progress:

Our framework for prevention reflects the high-level ambitions that we will achieve through delivering Fairer Health for All:

- **Improved health and wellbeing leading to a narrowing of the gap in healthy life expectancy between men and women living in GM and between all ten localities and the England average**

- **Reductions in unwarranted variation in health outcomes and experiences leading to reductions in health inequality in the onset of multiple morbidities**

- **Increased social and economic activity as a result of reduced ill health**

- **Reductions in preventable or unmet health needs measured through reductions in demand**

In addition, working in partnership with the Institute for Health Equity (IHE) and GM stakeholders, a suite of 24 **Marmot Beacon Indicators (MBI)** have been developed to provide progress assurance. Work is ongoing to develop and build these MBIs into a wider measurement framework, to effectively assure and assess delivery of Fairer Health for All. These indicators will align to the **Joint Forward Plan** performance framework and NHS England (NHSE) Statutory Reporting requirements, including **Core20PLUS5**. These indicators will be available to view at GM and locality level on the Health and Care Intelligence Hub and will form an important way of assessing our progress on creating conditions for a good life, reducing prejudice and discrimination, increasing access to prevention, screening and early detection and creating equitable access, experience and outcomes of care.

These target measures will monitor access, experience and outcomes of care (aligned to the CORE20PLUS5 clinical pathways).

# 8. Fairer Health for All: In Action

## Fairer Health for All builds on neighbourhood, locality and system action and intelligence across Greater Manchester to tackle inequalities.

See next page for locality plans.

Our Five Year **Joint Forward Plan** sets out our whole-system approach to prevention and our pan-GM commitments against each of the six missions in the GM Integrated Care Partnership Strategy, each requiring continued co-ordinated action at all levels.

See pages 23-35 for how we're delivering on these missions, including a selection of Fairer Health for All in action stories, tied to strengthening our communities, helping people get into, and stay in, good work, recovering core NHS and care services, helping people stay well and detecting illness earlier, supporting our workforce and our carers and achieving financial sustainability.

"Our strategy and plan describes the improved outcomes we want to achieve for all people in Greater Manchester and how through our missions we will work together to achieve these.

Our Fairer Health for All Framework will help us to navigate that journey more boldly, to mobilise all the resources at our disposal and point them to improving the health and wellbeing of our population in a way that is fair, equitable and sustainable. This means health and care services, local government, the Greater Manchester Combined Authority (GMCA), the VCFSE, academia, businesses, the arts and culture – the whole of civic society."

**Sir Richard Leese**
**Chair, NHS Greater Manchester Integrated Care**

The Fairer Health for All Academy is a repository for each of the ten locality plans that outline how equity, inclusion and sustainability is being delivered at local level.

**Visit the Fairer Health For All Academy website here**

''We have so many examples of innovative partnerships at grassroot level in our neighbourhoods and across our ten localities - collaborating together to tackle the root cause of inequalities and create fairer health. Through the framework and investment in intelligence tools, we have an opportunity to build on good practice, spread and scale''

**Debbie Watson, Chair of GM Public Health Leadership Group**
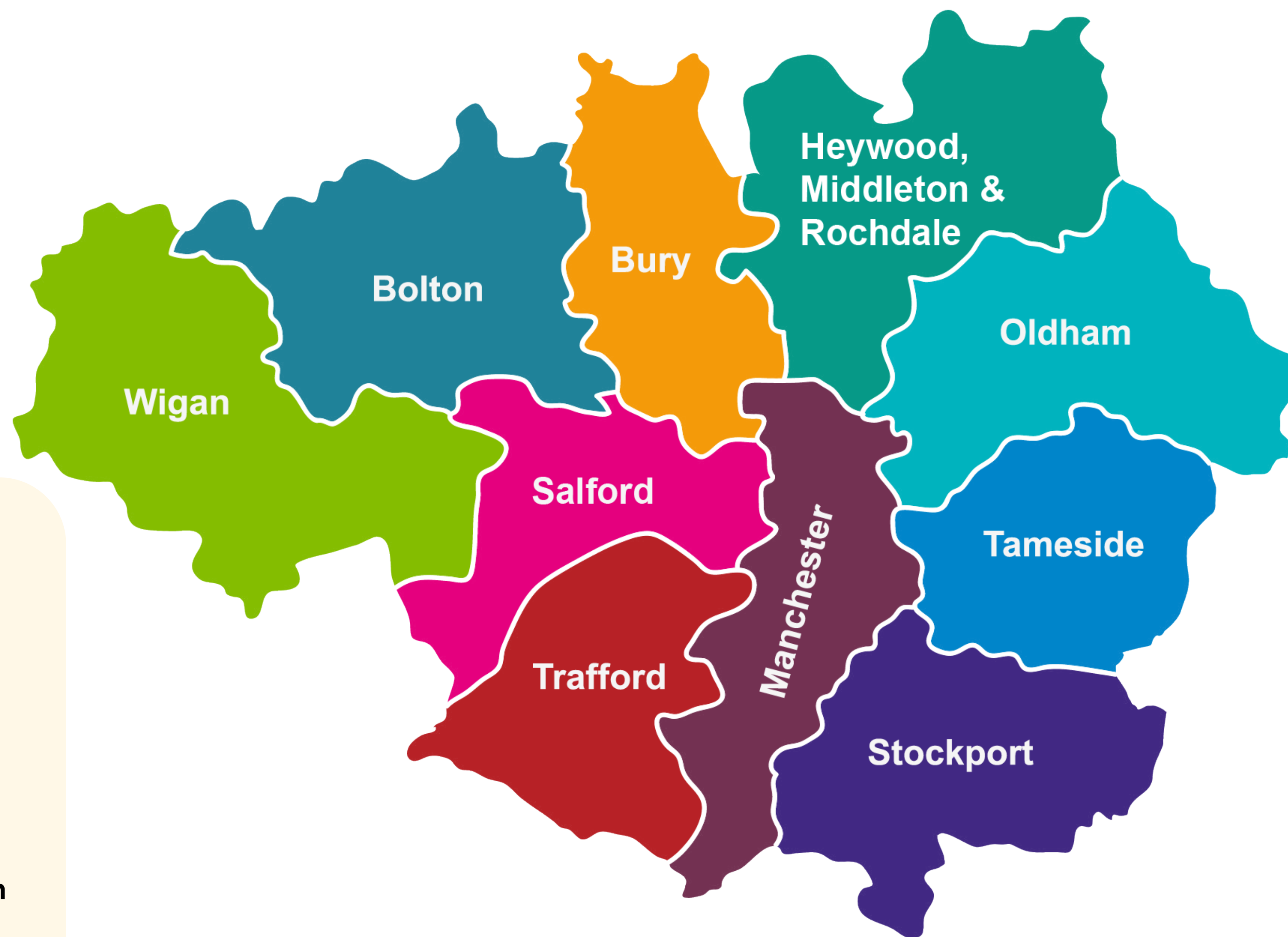
## Our Strategy Missions



## Mission 1

# Strengthening our communities

Help people, families and communities feel more confident in managing their own health.

- **Scale up and accelerate delivery of person-centred neighbourhood models** including community-led health and wellbeing (Live Well) and tackling poverty as a driver for poor health

- **Develop collaborative and integrated working** including Best Start, Aging Well, housing and health, violence prevention and consolidated programmes for those experiencing multiple disadvantage

- **Develop a sustainable environment for all** including delivery of the NHS Green Plan

## Mission 1 Case Study

# Live Well is a movement for community-led health and wellbeing.

Only by working alongside people and communities to create healthier happier lives will we see sustainable improvements in the health of our population. This involves a shift in power and resource - through community wealth building, real co-production and investment towards those who experience inequalities.

Live Well is our co-designed programme to support this across GM, as a key component of the person-centred neighbourhood model. Every day, people help each other and take part in activities that keep them moving, creative, and sociable – improving their physical health and mental wellbeing. Many people, particularly those experiencing inequalities, do not have the same chances to access these opportunities - this is where social prescribing can help.

Social prescribing is a way for local organisations, services and professionals to refer people to a worker who acts as a 'link' between the health and care system or wider public services and the community. There are now over 250 Social Prescribing Link Workers in GM working alongside GPs and other community organisations. Over 45,000 people a year directly access this.

A range of test and learn sites will be exploring how communities can play a leading role in creating Fairer Health for All and learning about what works to shift local and systemic barriers so we can:

- develop participatory budgets for commissioning and delivery of community-led prevention

- build capacity and skills to create an asset-based approach

- utilise intelligence to better understand the value of our community-led activity
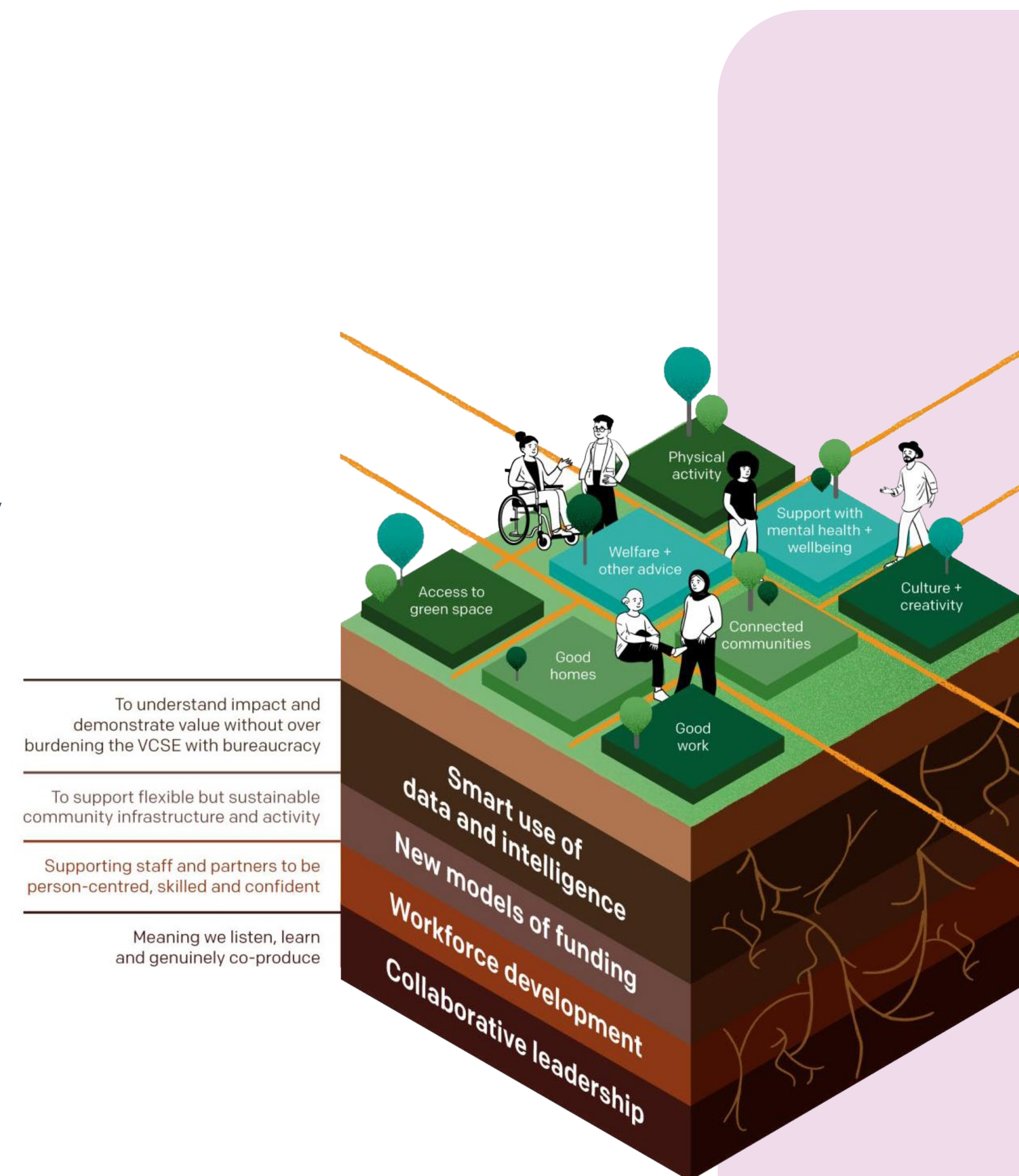
**Our Strategy Missions**

**Mission 2**

# Helping people stay well and detecting illness earlier

## Preventing illness and reducing risk and inequalities.

- **Tackling inequalities by enabling equity in access, experience and outcomes of care** for children and adults

- **Supporting people to live healthier lives** by promoting mental wellbeing, enabling an active population and opportunities to 'eat well' and be a healthy weight, reducing harms from tobacco and alcohol and eliminating new cases of blood-borne viruses

- **Upscaling secondary prevention** by increasing early detection of cancer, respiratory and cardiovascular disease, and identification of unmet health needs for people living with a learning disability and those with Severe Mental Illness

- **Living well with long-term conditions** by managing multimorbidity and complexity and optimising treatment of long-term conditions

**Mission 2 Case Study**

## Making Smoking History: Creating smokefree futures for all across Greater Manchester.

Tobacco remains the single most important preventable cause of ill health, disability and death in the country, responsible for 5,700 deaths in Greater Manchester each year and more than 24,000 hospital admissions to treat smoking-related illnesses. No other consumer product kills up to 2 in 3 users and data shows that the highest prevalence of smoking is within our most deprived areas – meaning support is being tailored for communities who need it the most and where we can make the most impact in tackling inequalities.

Our work to become a smokefree city-region is one example of how we have used VCFSE leadership - alongside intelligence, research, monitoring and evaluation tools to:

• **Expand smokefree spaces**

• **Advocate for regulation and GM-wide enforcement activity**

• **Strengthen regional illicit tobacco programmes**

• **Advocate for local and specialist services**

• **Launch city wide behaviour change campaigns shaping smokefree norms and quitting**

•

**MAKE SMOKING HISTORY**

✓ ONS revealed that **14.3% of adults** (equivalent to around 316,000 people) in GM were smoking in 2022 – an estimated 24,000 fewer smokers compared to 2021. **The lowest smoking prevalence on record for GM.**

✓ Smoking at the time of delivery (SATOD) rates have fallen from 12.6% in 2018 (launch of programme) to 8.2%. Equating to an additional **4,500 smokefree babies per year.**

✓ While a quarter of patients coming into our hospitals are smoking, through treating tobacco dependency, **1 in 4 patients are smokefree 12 weeks** after leaving hospital, saving lives and reducing hospital re-admissions.

**Our Strategy Missions**



**Mission 3**

# Helping people get into, and stay in, good work

## Support good work and employment.

- **Enhance scale of Work and Health Programmes** including targeted support to people with Learning Disability, Autism and Severe Mental Illness

- **Develop good work and enhance employee wellbeing** through the Greater Manchester Good Employment Charter

- **Increase the contribution of the NHS to the economy** including development of a Greater Manchester network of anchor institutions that align social value, employment and community wealth building approaches

## Mission 3 Case Study

**'Working Well' helps create a prosperous, self-reliant Greater Manchester with high employment and a wealth of job and training opportunities.**

Unemployment remains a problem across the city-region, disproportionately impacting disadvantaged communities in Greater Manchester.

At the beginning of 2020, quarter of a million people in Greater Manchester claimed out-of-work benefits, with the number steadily increasing as a detrimental effect of the Covid-19 pandemic.

In response 'Working Well', a family of services, offers people experiencing or at risk of long-term unemployment – including people with health conditions or disabilities - support into sustainable employment across the city-region. 'Working Well' refers to the relationship of both employment and health and is grounded in the principles laid out in the Work, Health and Disability policy paper 'Improving Lives'. In short 'good work is good for your health'.

## Mission 3 Case Study

'Working Well' programmes have supported over 70,000 Greater Manchester residents since 2018, unpicking a wide range of barriers to work. Of these, over 25,000 people have found employment (July 2023), many of whom were not likely to move into work without specialist intervention.

The programme offers over 200 different health interventions through a keyworker-based delivery model.

## A whole population approach to health, disability and work.

### Economically Inactive.

Support for economically inactive people with barriers such as complex health conditions and/or disability who want to work, to find and sustain paid work.

### Long-term Unemployed.

Support for long-term unemployed with barriers such as health conditions and/or disability to find and sustain paid work.

### At risk of ill health related job loss.

Advice, guidance and/or support for employees with health issues and/or disability at risk of falling out of work and newly unemployed with health issues.

### In Work.

Cohort comprises those in good health, people with risk factors and people with a disability and/or health conditions, including fluctuating conditions.

Zoe got a job as a support worker for a charity and said: **"I would never have gone into this role without their support. I will be forever grateful, they were so great."**

**Our Strategy Missions**

**Mission 4**

# Recovering core NHS and care service

Continuing to improve access to high quality services and reducing long waits.

- **Improving urgent and emergency care and flow** including increased ambulance capacity, improved discharge and admission/attendance avoidance

- **Reducing elective long waits and cancer backlogs, and improving diagnostic performance** including reducing unwarranted variation in waiting times and access to diagnostics

- **Improving service provision and access** including making it easier for people to access primary care and core mental health services

- **Improving quality through reducing unwarranted variation in service provision** including development of virtual wards

- **Using digital and innovation** to drive transformation

- **System Resilience and Preparedness**

## Mission 4 Case Study

# Real-world examples of how a prioritised, person-centred, multimorbidity approach is applied to long-term condition management.

Our social model for health is enabling a shift away from only seeing the 'patient' and the condition towards working with people and communities. Our commitment to 'Names and not numbers' recognises intersectionality and the different experiences in access, experience and outcomes of care across our diverse communities.

Creating mechanisms to collate insight and data on health needs and access to care is essential, so that we can better understand how care can be proportionate and tailored to need.

Health and care providers are using a range of population health management approaches to reduce health inequalities by identifying people most at risk and prioritising access to care.

This includes making long-term condition dashboards available to GP practices to support data-led approaches to multimorbidity reviews, and enabling focused neighbourhood activity in collaboration with Local Authority and VCFSE partners.

In Manchester Locality, intelligence tools have been developed for GP practices so they can identify and provide targeted support to patients with diabetes and cardiovascular disease who are at highest risk of further or worsening CVD (for example, those with poor control of blood pressure or cholesterol). This has led to improvements in treatment targets across a range of CVD indicators. These tools are now included in the GM health and care intelligence hub for use by Primary Care Networks across GM.

**Our Strategy Missions**

**Mission 5**

# Supporting our workforce and our carers at home

## Ensure a sustainable workforce.

- **Workforce Integration by enabling leaders and staff to work across traditional boundaries** to support service integration and through sharing best practice

- **Good Employment** including increasing membership of the Greater Manchester Good Employment Charter and payment of the Real Living Wage

- **Workforce Wellbeing** including improved staff wellbeing support

- **Addressing Inequalities** including adapting the recruitment process to provide alternative entry routes for diverse talent

- **Growing and Developing** including developing our Greater Manchester careers approach and retention plan

- **Supporting Carers** including more consistent and reliable identification and support for unwaged carers

## Mission 5 Case Study

# Good Employment Charter: Creating opportunities for all.

Despite Greater Manchester's underlying economic strength, there remain some significant issues with the quality of work offered – with unstable and low-paid work still prevalent in our economy, wages not meeting the cost of living, and roles not offering accessibility or flexibility, leading to a workforce that lacks diversity.

Supporting the NHS in realising its contribution to social and economic development is now a core remit of NHS GM.

Public Sector partners across GM are committed to improving the Greater Manchester economy through our roles as employers, by attracting more people from local communities into health and care, and to building a sustainable workforce for the future by increasing membership numbers of the Good Employment Charter in health and social care.

In March 2023 Hawkley Brook Medical Practice in Wigan became the first Primary Care member of the Good Employment Charter. We now have thirteen approved members (in primary care, social care and VCFSE) and a further 100 organisations have pledged their commitment to raising standards of employment across Greater Manchester by officially registering as supporters of the GM Good Employment Charter.

The GM Health Anchor network is creating space for shared learning, coherent vision and aligned plans for local supply chain opportunities and enhanced local employment pathways. A community of practice networks has been established across primary care, social care, NHS trusts and community organisations to support employers to learn about best practice and implementation from exemplar employers; reflect on existing workforce practice and policy; and develop a greater understanding of the Charter membership assessment process and benefits.

This work is helping to improve people's lives by supporting employers to offer roles that provide better opportunities for our diverse residents to grow, develop, and thrive in the workplace.

"This Good Employment Charter is a major step towards making sure that new and existing jobs right across Greater Manchester are underpinned by a commitment to equality, fair pay, and giving employees a say in how their workplaces are run – securing our city-region as an area of employment excellence. As we face up to the challenges of these unprecedented times, the Good Employment Charter will be absolutely fundamental to our ambitions to build back better and fairer for all."

**Mayor of Greater Manchester,
Andy Burnham**

**Our Strategy Missions**

**Mission 6**

# Achieving financial sustainability

Manage public money well to achieve our objectives.

- **Finance and Performance Recovery Programme**
- **Developing Medium-Term Financial Sustainability Plan**
  including the development of a three-year financial plan

# Mission 6 Case Study

As part of our development of a medium-term financial plan – a Sustainable Financial Framework has been developed which provides the underpinning analysis of the expected health of the population over the next five years. This builds on our efforts to tackle the current financial challenges we face and to understand and address what factors are driving the financial deficit.

This is the first time that we have drawn on the actual care record of every resident in GM to project the nature of future demand based on current trends. This is a unique asset for GM based on the Advanced Data Science Platform (ADSP).

The framework shows that the proportion of the population in 'good health' is set to decline by 10% in the next five years under a 'do nothing' scenario – this leads to an additional £1.9bn of acute activity beyond our expected allocation.

It highlights which groups of the population are likely to experience the worst deterioration in health and it sets out the population health interventions that will make the most significant impact in improving the health of these groups.

**This provides the opportunity for:**

1. Reducing prevalence growth and progression of ill health by comprehensive approaches to prevention across five key areas (smoking, food and healthy weight, physical activity, alcohol dependency).

2. Optimising models of care to deliver more consistent proactive care to support effective population health management and reduce the financial costs to the system if people are seen/ supported by the most appropriate teams.

3. Addressing inequalities in access and improving care for the most disadvantaged communities so that people are seen in in the most appropriate care setting, reducing the need for acute services which will improve outcomes and reduce costs to the system. This includes working collaboratively to take action on the key social determinants of health.

# 9. Fairer Health for All: Support for Delivery

We are committed to utilising our unique data architecture, and pan-system intelligence, infrastructure, and innovation to give us a better understanding of inequality across the city-region. In order to facilitate delivery of the framework's ambitions and embed new ways of working as we shift towards a social model of health we are focusing on three key enablers:

**Culture Change and Leadership.**

**Population Health Management.**

**Governance and Resourcing.**

**These enablers are underpinned by two new tools to support localities and the wider system to deliver our shared ambitions:**

## The Fairer Health for All Academy

## The Health and Care Intelligence Hub

All Fairer Health for All tools and resources described in this framework are subject to extensive and diverse co-production with partners from the VCFSE sector playing a critical role and engagement across NHS GM including Maternity, Children and Young People, Mental Health, Primary Care and Cancer, Equality and Inclusion, Workforce and Organisational Development, the Strategic Clinical Network in addition to the Public Health Leadership Group, GMCA and local authorities. This teamwork has helped create practical resources to support all those planning and delivering health and care across the system.
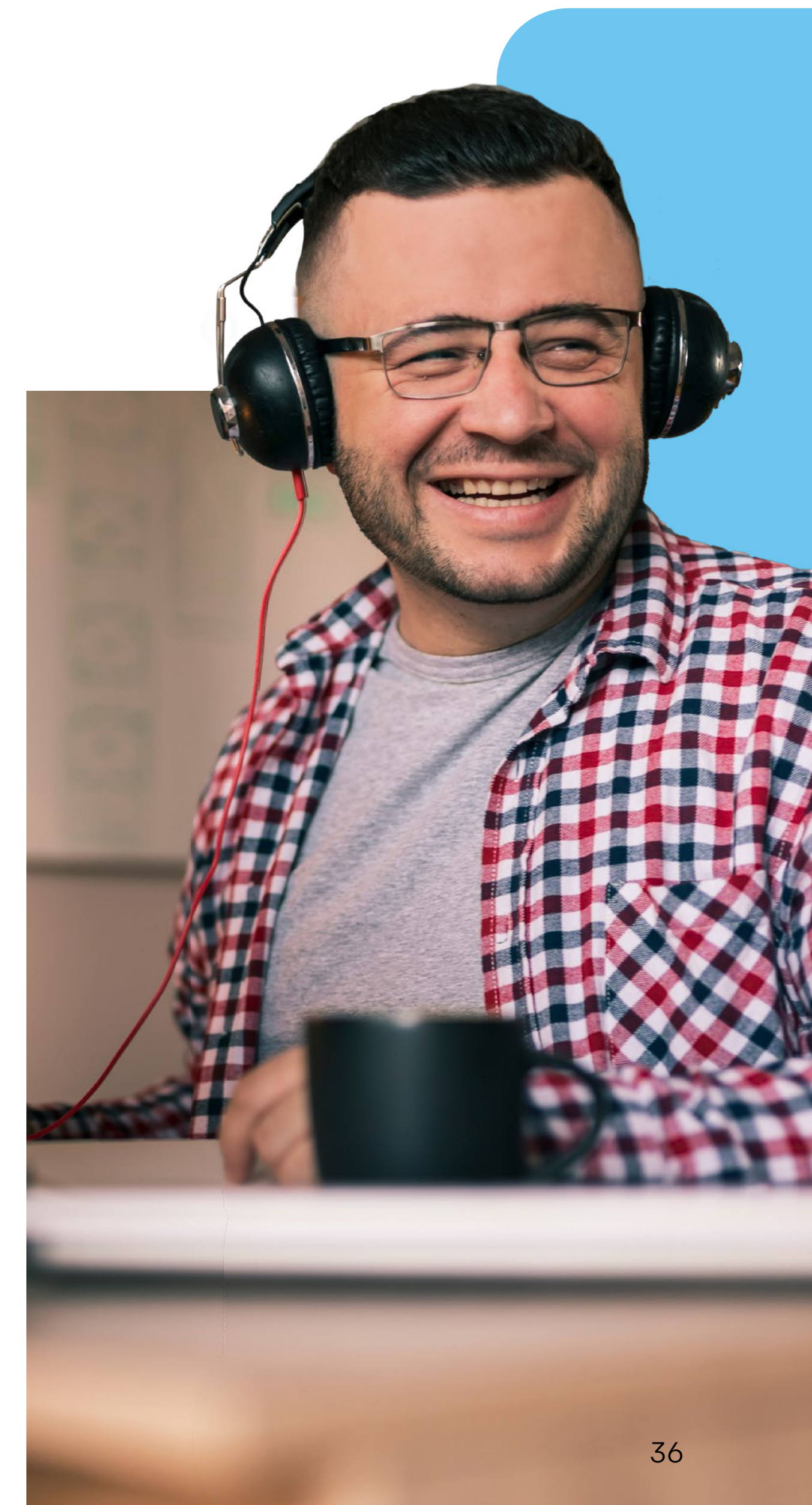
# Fairer Health for All Academy

The Fairer Health for All Academy facilitates shared learning, innovation and collaborative approaches to workforce development and leadership. The Academy provides access for VCFSE and public sector partners to:

- **Cross-sectoral, co-produced leadership approaches** which support the culture and behaviour changes needed to embed the Fairer Health for All principles into practice. Existing and emerging leadership and workforce development opportunities have been identified and will be accessible through the Academy, alongside new collaborations later in 23/24 aligned with Good Lives GM. An intentional co-creation process will create spaces for lived experience to be heard across systems and communities and acknowledge and value the diverse leadership and behaviours required to create Fairer Health for All.

- **Fellowship programme, open to people working across VCFSE, primary care and secondary care, including mental health.** The Fellowship programme is enabling cross-sectoral learners from a non-public health background to develop their knowledge and skills in population health, equality and sustainability and to put their learning into practice in their workplace with guidance from professional mentors. A limited scheme is underway as proof of concept, with learnings intended to build out a more substantive scheme across the next three years increasing capacity for up to 30 GM fellows. This will substantially build workforce capacity and capability to deliver our Fairer Health for All ambitions.

- **Communities of Practice:** will deepen our understanding of the links between inequality, discrimination, climate change, and participatory democracy. These community-learning spaces are capturing shared insight from across the system, focused on priority areas such as:

  – **Women's Health**

  – **Integrated Neighbourhood Working**

  – **Co-production with Communities**

  – **Population Health Management**

  – **Live Well**

  – **Poverty Proofing Pathways**

**Click here** to access the Fairer Health for All Academy

# Health and Care Intelligence Hub

The Health and Care Intelligence Hub is part of our Fairer Health for All approach to enable adaptive capability for population health management in relation to our people, systems and analysis.

Hosting a range of web-based intelligence tools, the hub has been co-designed to powerfully consolidate data and insights from public and VCFSE sector partners across the city-region into a single portal, enabling people and partners the opportunity to:

- **Bring data to life**, understanding how health inequalities and variations in care change throughout a person's life

- **Focus on 'names not numbers'** by capturing the insight and stories of change from different communities

- **Share wisdom and learning** about which interventions work and why

- **Deepen understanding** which communities have fewer opportunities to live healthily and are more likely to develop poor health by exploring the interactions between individual, family, and community factors

- **Ensure resources are targeted where needed**, so policies and programmes can super-serve prioritised communities

- **Proactively work with communities** to offer more opportunities to stay well and find and treat illnesses early

- **Measure progress**, evaluate outcome indicators for different communities across various clinical pathways, and combine service data with community insights to understand reasons for poor access, unmet needs, and hidden harm

- **Model the anticipated impact of policies/interventions** on different communities, protected characteristics, and environmental sustainability as well as costs vs benefits

**Click here** **to access the Health and Intelligence Care Hub**

*Your username and password are the same as you currently use to access GM Tableau, any issues with access can be reported to **england.gm.tableau@nhs.net.**

If you do not have a current login and would like one, please use this link to request one.

# Fairer Health for All – Levers for Change

The three key enablers highlighted were widely recognised by partners as critical levers for change that will enable neighbourhood and locality partners together with NHS GM to deliver on our shared vision of Fairer Health for All and support delivery of locality health inequality strategies and plans.

# Culture Change and Leadership

We recognise that achieving Fairer Health for All requires a step change in the ambition, measurement, resourcing and workforce proficiency to tackle inequalities. Creating the conditions for diverse leadership, workforce and talent to flourish across our public and VCFSE sectors will ensure we have the insight and ability to deliver to our diverse communities tackling those unwarranted health disparities resulting from institutional discrimination.

The Fairer Health for All Academy facilitates shared learning, innovation and collaborative approaches to prevention and upstream models of care. Hosting a range of leadership and workforce development tools and resources, the Academy also provides a dedicated space to share lived experience from across the system. The academy will build capacity and capability for distributed leadership to enable health equity, equality, inclusion and sustainability into health and care commissioning, governance, and leadership at every level.

# Population Health Management

NHS GM is working with other key stakeholders within the GM system including VCFSE partners to develop a comprehensive data and intelligence functionality through the Health and Care Intelligence Hub that is capable of delivering actionable intelligence to support population health, planning and service design and front-line clinical decision making. Building a shared understanding of inequalities through insight, as well as data is essential, and can drive and sustain improvements in tackling inequalities in health outcomes. Interactive Impact Assessment Tools which combine health equity, equality and sustainability are under development which will inform commissioning, policy and partnership approaches.

# Governance and Resourcing

Work is underway to co-produce a Fairer Health for All Assurance framework with a test and learn approach being taken with the new Maternity and Neonatal System Group, supported by the NHS GM Organisational Development team and the Royal College of Physicians of Edinburgh, and prior to agreement of the final assurance process via the NHS GM executive. As part of this work an Assurance Tool is under development.

A Fairer Health for All group will be established as a formal sub-group to the Population Health Committee, that will:

• Support the development of a consistent and joined up strategic health inequalities narrative across the Integrated Care Partnership

• Provide strategic leadership for the development and implementation of the Fairer Health for All framework and assurance process

• Support interpretation and dissemination of health inequalities data and intelligence

• Provide expert advice into NHS GM plans and strategies

• Facilitate building capacity and capability to embed a health equity approach across NHS GM including via the Fairer Health for All Academy and the GM Health and Care Intelligence hub programme

• Enable access to the latest health inequalities evidence, technical expertise and national products

## Quick links to Fairer Health for All tools

Click on the links below to access more information on the Fairer Health for All framework, including access to strategic intelligence tools, best practice population health management and stories of change from across the system:

- **Health and Care Intelligence Hub**

- **Fairer Health for All Academy**

To find out more, hear about upcoming opportunities to get involved and collaborate across Fairer Health for All, or if you require this framework in easy read or an alternative format email:

**gmhscp.adminpopulationhealth@nhs.net**

## Accessibility Statement:

We want to ensure that the information we communicate is accessible to all sections of our local communities. Patients, the public and staff can request reasonable adjustments such as information converted into other formats for easier reading.

To request information or any of our key documents in an alternative format such as braille, larger print or audio please email **gm.icp@nhs.net** or call us on **0161 742 6023** (during office hours) quoting the title and date of the publication, plus the format you require.

**Greater Manchester Integrated Care Partnership**