NHS
Greater Manchester

Tackling Poverty: Programme Update

10th December 2024

Part of Greater Manchester Integrated Care Partnership

NHS GM Population Health Committee

10th December 2024

Required information	Details
Title of report	Tackling Poverty Programme Update
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Presented by	Rachael Nielsen – Strategic Lead Population Health, NHS Greater Manchester. Graham Whitham – Chief Executive Officer, Resolve Poverty
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Executive summary	This report provides an update on the Tackling Poverty Programme of work and includes updates on activity to date and proposals for future priorities.
The benefits that the population of Greater Manchester will experience.	Poverty is the single biggest overarching determinant of ill health and inequalities This paper describes the breath of work taking place to tackle poverty and improve health outcomes and reduce health inequalities.
How health inequalities will be reduced in Greater Manchester's communities.	Poverty is the single biggest overarching determinant of ill health and inequalities This paper describes the breath of work taking place to tackle poverty and improve health outcomes and reduce

	health inequalities.
The decision to be made and/or input sought	The Population Health Committee is asked to: • Acknowledge the contents of this report and the wide range of activities within the GM health and care system aimed at addressing poverty, reducing its impact on health outcomes, and improving the use of health and care services, while continuing to support ongoing delivery. • Support the priorities set out in section 5, with a specific agreement to support the development of a roadmap towards the voluntary adoption of the Socio-Economic Duty by partners within the GM health and care system.
How this supports the delivery of the strategy and mitigates the BAF risks	This report includes content that is relevant to key deliverables of the ICP Strategy, Multi Year Prevention Plan and Joint Forward Plan and the mitigation of BAF risk SR1: Widening health inequalities and continued poor health outcomes due to a reduced focus on prevention for the GM population.
Key milestones	• Roll out specialist training and workforce development to primary and secondary care clinical workforce. • Launch the Tackling Poverty Tool Kit through the Fairer Health for All (FHFA) Academy and demonstrate how this has made a difference. • Continue to engage with people with lived experience (PWLE) and support co-production through the Participation Fund • Facilitate the NHS GM Anti-poverty Community of Practice and

	demonstrate how this has made a difference. • Co-produce a road map for the potential voluntary adoption of the Socio-Economic Duty across the health and care system in GM, including NHS GM.
Leadership and governance arrangements	The is a paper for NHS GM Population Health Committee as per the agreed Population Health System Development Governance. The proposals set out in this paper were taken to the GM Population Health Advisory Group on 8/11/24, where they were supported.
Engagement* to date ***Engagement: public, clinical. Analysis: equality, sustainability, financial. Comments/ approval by groups/ committees.**	This programme of work has been approved by Population Health Committee, STAR and the ICB Board. The Delivery Group has a wide-ranging membership including VCFSE, Equality Groups and Clinicians from Primary Care and Secondary Care. The proposals set out in this paper were taken to the GM Population Health Advisory Group on 8/11/24, where they were supported.

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
Y	N	N	N	N	N	Y

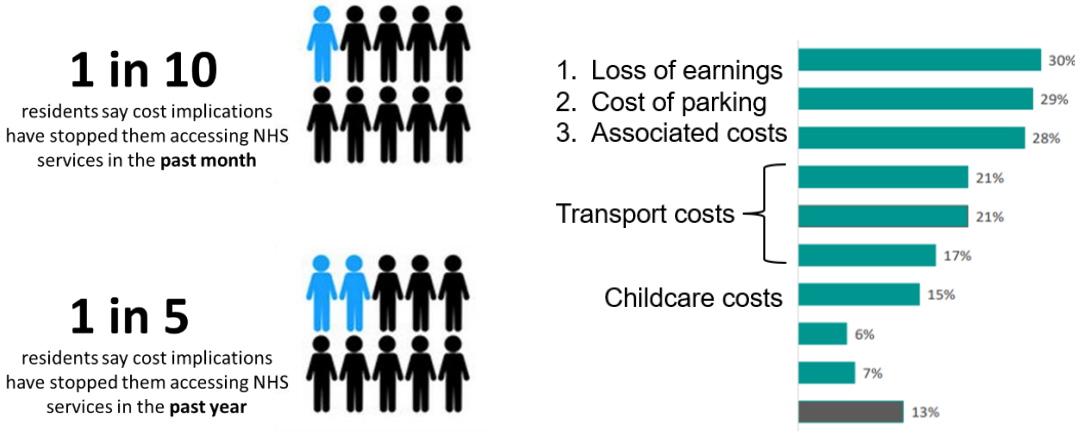
1. Introduction

1.1 Poverty is the single biggest overarching determinant of ill health and inequalities.

1.2 The current cost of poverty on health care in the UK is estimated at **£34 billion**.

1.3 Chronic pain, heart and lung disease, alcohol problems, anxiety and depression, and diabetes are all 50% more prevalent **amongst people who live** in the most deprived 10% of the country (25% of GM residents live in areas that meet that definition).

1.4 Poverty has a direct impact on the ability of local people to access NHS services:



Source: GM Residents Survey (July 2024)

2. NHS GM at the forefront of tackling poverty in health and care

2.1 Uniquely amongst ICBs and ICP's, the Greater Manchester Integrated Care Partnership made an explicit commitment in its Strategy and Joint Forward Plan to *"Enhance the Role of NHS GM in Tackling Poverty as a Driver of Poor Health".*

2.2 In a paper analysing the relationship between NHS services and poverty, the Joseph Rowntree Foundation and The King's Fund referenced NHS GM as an example of how the NHS can make a difference.

2.3 In February 2024, the Population Health Committee approved the Population Health 2024/25 business priority to continue advancing efforts that enhance the role of NHS GM and its partners in addressing poverty.

2.4 This paper provides an update on that programme of work and covers:

a) How NHS GM are building the foundations of a health and care system that has tackling poverty at its heart.

b) The opportunities of voluntarily adopting the Socio-Economic Duty and proposed road map.

c) Priority actions for the remainder of 2024/25

d) Recommendations

3. Building the foundations of a GM health and care system that has tackling poverty at its heart.

3.1 To integrate tackling poverty into the core of the GM health and care system, a number of key activities have been achieved this financial year.

3.1.1 **The NHS GM Tackling Poverty Delivery Group** was established in February 2024, with wide representation from across the GM Integrated Care Partnership, including the VCFSE sector and clinicians.

3.1.2 In April 2024, NHS GM re-commissioned Resolve Poverty (previously Greater Manchester Poverty Action) as a **strategic and delivery partner** to:

a) Serve as an engaged strategic partner to NHS GM, offering expertise and leadership to **drive system change** in alignment with the policy areas and recommendations from the GMPA review of the NHS GM approach to poverty.

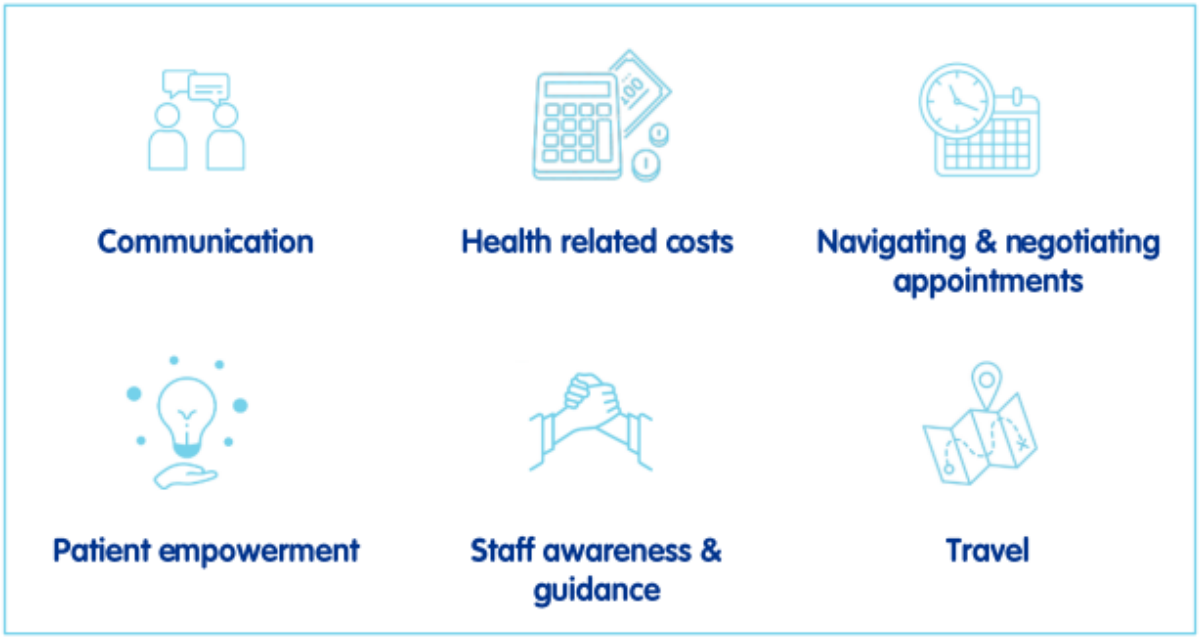
b) Continue to deliver and evaluate **Poverty Awareness Training** for the health and care workforce: To date this training has been delivered to **873 ICP staff**, ensuring an increased level of 'poverty literacy' amongst the GM health and care workforce.

c) Provide **digital and physical resources,** as part of a 'Poverty toolkit' hosting within the Fairer Health for All Academy, to support NHS GM staff to better understand how we tackle poverty and support those in poverty.

d) Facilitate an anti-poverty **'community of practice'** with senior staff in the NHS GM system, as a means of enable shared learning and the spread / scaling of good practice.

e) Co-ordinate and evaluate a pilot **GM Participation Fund** to enable people with lived experience to be financially reimbursed for their involvement in Population Health Programmes, as a means of increasing participation and co-production.

3.1.3 Testing a **'poverty proofing'** approach to health and care led by Children North East focused on the impact of poverty on health service access, experiences and outcomes amongst pregnant women and their newborn child living in the most deprived 20% of GM. The report that was produced following this engagement exercise highlights a range of issues and recommendations across the following core themes:



Activity is underway to share the comprehensive CNE report across key stakeholders and to progress the key recommendations. A copy of the full report has been provided to PH Committee members alongside this paper.

3.1.4 Commissioning the Shared Health Foundation as a strategic partner to provide leadership and deliver specialist training and workforce development opportunities to Primary and Secondary Care clinicians as means of encouraging 'test and learn' activity within clinical settings.

3.1.5 In collaboration with GMCA, the GM Residents Survey has been revised to include questions about experiences of poverty and its impact on health, providing valuable insights and allowing us to track the long-term impact of this programme. This has enabled an unprecedented level of insight into the impact of poverty on health service access, experience and outcomes.

3.1.6 We continue to analyse the wealth of GM data and intelligence to **generate insights into the impact of poverty** on health outcomes and health / care service activity in GM, in order to optimise actions and decision-making.

4. Adopting the socio-economic duty

4.1 The socio-economic duty (SED), although contained within Section 1 of the Equality Act 2010, has not been enacted by successive governments**,** however, the **Labour Government made a commitment to enaction** in the 2024 party manifesto.

4.2 The SED places a duty on public bodies to consider how their decisions and policies could increase or decrease the inequalities that arise from socio-economic

disadvantage.

4.3 As recently reported "***GM is the torchbearer for the anti-poverty agenda"*** with 8 out of 10 GM Local Authorities, Transport for Greater Manchester and Manchester Foundation Trust all having voluntarily adopted the duty.

4.4 The Tackling Poverty Delivery Group, having considered the potential benefits, costs and risks of voluntary adoption, are supportive of the wider voluntary adoption of the SED across the health and care system and there is a roadmap under development which aims to take a final proposal to the ICB Board in June 2025.

4.5 Based upon the evidence that has been reviewed and engagement with organisations who have already adopted the SED, successful implementation of the SED can lead to:

a) Improved decision making
b) Better engagement with people with lived experience
c) Reductions in inequality of access, experience and outcomes
d) Improved outcomes across protected characteristics/ intersections
e) Changes in the way decisions are made.
f) Changes to organisational cultures and behaviours

4.6 If approved, NHS GM would be the first ICB in England to voluntarily adopt the socio-economic duty.

5. Priorities

5.1 The programme priorities for the next 6 months are to:

- Roll out specialist training and workforce development to primary and secondary care clinical workforce.
- Launch the Tackling Poverty Tool Kit through the Fairer Health for All (FHFA) Academy and demonstrate how this has made a difference.
- Continue to engage with People With Lived Experience, support increased co-production through the Participation Fund, and evaluate the impact of this fund.
- Facilitate the NHS GM Anti-poverty Community of Practice and demonstrate how this has made a difference.
- Co-produce a road map for the potential voluntary adoption of the Socio-

Economic Duty across the health and care system in GM, including NHS GM.

6. Recommendations

6.1 The Population Health Committee is asked to:

6.1.1 Acknowledge the contents of this report and the wide range of activities within the GM health and care system aimed at addressing poverty, reducing its impact on health outcomes, and improving the use of health and care services, while continuing to support ongoing delivery.

6.1.2 Support the priorities set out in section 5, with a specific agreement to support the development of a roadmap towards the voluntary adoption of the Socio-Economic Duty by partners within the GM health and care system.