Greater Manchester Population Health Board

ITEM 3

Date: 16th June 2022

Subject: **Tackling Inequalities in Greater Manchester – Build Back Fairer Framework**

Report of: Jane Pilkington, Director of Population Health - GMHSC Partnership

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SUMMARY OF REPORT:

This report provides an update on the development of the Greater Manchester Build Back Fairer Framework.

KEY MESSAGES:

- This update on the progress of the Build Back Fairer framework highlights the initial engagement of over 120 people to develop the principles and key enablers of the framework which will continue to be developed through further engagement
- Intelligence tools are being developed, to support the mobilisation of the Build Back Fairer Framework, due to be available in Sep 2022, which can be localised and adapted to different spatial and sectoral needs to support planners and practitioners.
- To develop the core content for the framework, four Task and Finish groups have been established: *reducing variation in access, experience and outcomes; culture change and organisational development; intelligence; and social value/anchor institutions*. These groups will collect insight and evidence from a range of partners to generate a collective understanding of the evidence base, good practice across GM and the system level action required to help the much wider adoption of these approaches to support a step change in addressing inequalities.

RECOMMENDATIONS:

The Greater Manchester Population Health Board is asked to:

- To review and comment on the revised Build Back Fairer principles and the emerging themes.

- Review and comment on the process for co-producing the framework including the scope and objectives of the Task and Finish groups

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1. BACKGROUND

1.1 At Population Health Board on Feb 10th, 2022, a paper was presented which said that:

"PH and EDI have proposed to develop a joint ICS Build Back Fairer Framework and Action Plan, together with a consistent GM approach to Equality Impact Assessment, which will outline system requirements for the ICS to ensure that health equity and equalities is at the heart of decision making, system leadership and governance and provide the system infrastructure to deliver against GM ambitions and national planning guidance for CORE20PLUS512 and reducing inequalities in access to care.

The BBF framework will provide a strategic framework for embedding health equity and inclusion within the DNA of the emergent ICS and ensuring the principles of equity are built into ICS infrastructure and decision-making including finance, governance, workforce, and operational delivery."

1.2 It was envisaged that the BBF framework would outline shared principles and ways of working, define objectives, priorities for action at city-region level, short-, medium- and long-term goals and resource requirements for leadership and capability, governance, strategic intelligence and people power.

1.3 This paper provides an update on the development of the framework, the engagement process and an overview of the tools that are being developed to support this. These include intelligence tools, that can be localised and adapted to different spatial and sectoral needs, that will be critical to support the shift in making 'build back fairer' business as usual.

2. Engagement and development of the GM Build Back Fairer (BBF) framework

2.1 In April and May two virtual workshops brought together 129 people from across Greater Manchester (GM) working across health and social care, councils and the voluntary, community, faith and social enterprise sectors to agree a shared vision for how the GM Integrated Care Partnership (ICP) can ensure inclusion, equity and sustainability are at the heart of all GM Integrated Care Partnership processes and governance.

2.2 Over the coming months there will be ongoing engagement through a range of GM forums to enable the process of co-producing the BBF framework, including:

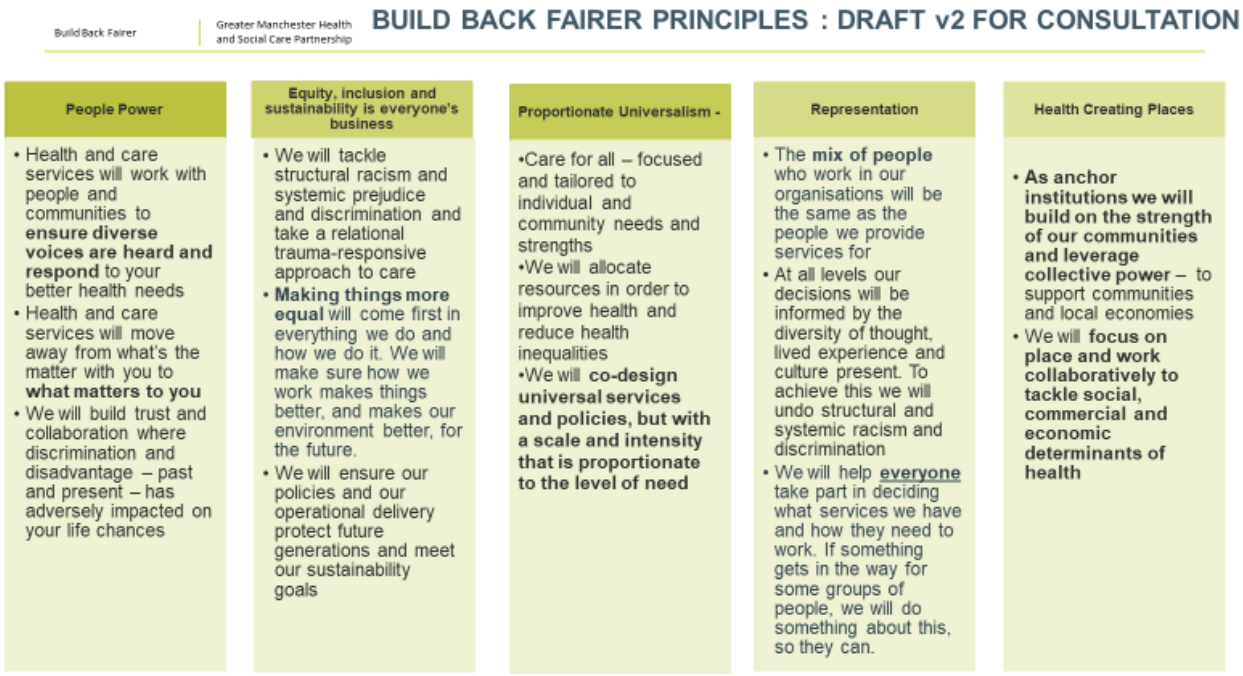
- **GM Equalities Panels** – to advise on the process and methods for VCSFE engagement to ensure wide range of VCSFE partners are able to engage
- **BBF Reference group** - to be co-chaired by the VCFSE sector - to reflect on engagement and useability of the framework and associated tools across spatial levels and sectors

[1] Core20PLUS5 is the NHS England and NHS Improvement approach to supporting the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the Core20PLUS – and identifies 5 focus clinical areas requiring accelerated improvement

3. Shared principles

3.1 There was consensus at the workshops that the draft Build Back Fairer principles presented there align with current and emerging locality inequalities strategies. Following feedback, the principles have been reviewed to simplify and clarify the language (see 1 - draft version 2 below). Further review is planned through consultation and engagement with the GM equality panels and to draft a public facing easy read version.

Figure 1



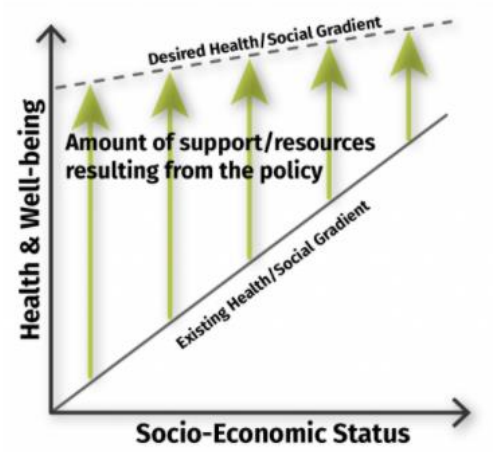
3.2 One of the key challenges when agreeing the wording for the principles has been finding a shared language for the concept of 'proportionate universalism' (see figure 2 below). This will require further engagement to find a suitable term in plain English for the public facing document, which is based on a commitment in GM to proportionate universalism. For us this means:

- To acknowledge that inequalities exist across the social gradient. So to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage

- More disadvantaged groups receive more support and resources to narrow the gap with other groups, reducing the social gradient and health inequities.

- While retaining investment in universal offers is important for the population at large, shifting resources towards more disadvantage groups requires commitment and leadership as it may involve difficult investment and dis-investment decisions.

Figure 2



3.3 Principles: next steps

- Principles to be refined through discussion with Equality Panels
- Further consideration to be given to how 'proportionate universalism' may be expressed for public facing communication
- Principles to be incorporated into/aligned with the GM Integrated Care Partnership strategy as it develops – included in shared commitments and ways of working as appropriate
- Easy read versions of principles produced

4. Key themes and priority areas of focus

4.1 A core set of high level themes arose from both workshops which will help shape the ongoing development and priorities for the BBF framework:

- Ensuring that through Building Back Fairer, health equity and inclusion is central to the work of GM Integrated Care Partnership and an acknowledgment that this will require a step change in how we work so that we go beyond national operating frameworks and KPIs to deliver real change.

- Equally, there was a recognition that change will take time and a belief *that what gets measured gets done* –thus stressing the importance of setting the right outcomes and indicators supported by the appropriate governance processes. Ultimately this is an enduring mission to tackle inequality setting out action, measures and investment for the next 15 years and which requires immediate action as GM ICP is formally established.

- There was also consensus on the key system priorities for GM ICP in order to build back fairer and these align with the stated core GM Integrated Care Population Health aims and are also in line with the themes in the emerging GM ICP 5 year strategy. (see figure 3)

- Confirmation of the centrality of people power and putting lived experience at the heart of the ICS operating framework. A recommendation that GM ICP and GM NHS prioritise building community capability and build a long-term commitment to co-production

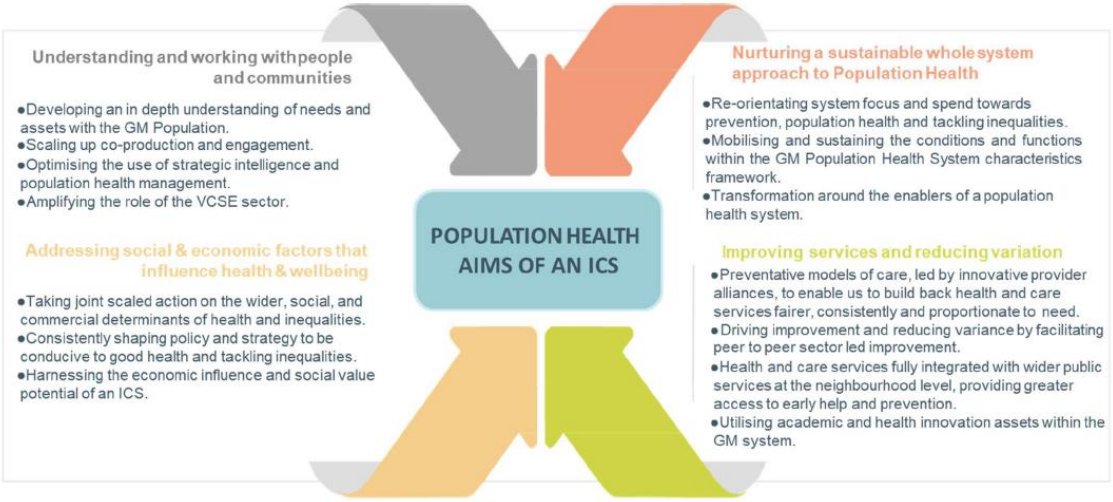
- Recognition that there is an opportunity to build on the VCSE Sector Accord to maximise the long-term capacity and capability of VCSE organisations to take a leadership role in building back fairer.

- Strong support for the continued shift in GM's approach to integrated care from the medical model to the social model that creates a much needed cultural shift in the discussion away from illness and conditions and towards whole person-centred approaches and integrated place-based working

- Wide recognition of the importance of investing differently if we are to drive real change in health inequalities. This includes the need to significantly shift investment into prevention and for work on inequalities to endure, a need to change the way baseline spending is allocated, to include treating inequalities spending as part of the mainstream and not as short-term funding.

- Renewed focus on our role as a network of anchor institutions by leveraging our assets, spending power and roles as employers to support our local communities and economies. This was seen as reviewing action, scaling best practice and accelerating programmes of work to secure bigger health gain.

Figure 3 GM ICP Population Health aims



5. Further development of the framework

5.1 The previous paper to Population Health Board specified that the framework would define objectives, priorities for action at city-region level, short, medium and long-term goals and resource requirements for key enablers re leadership and capability, governance, strategic intelligence and people power.

5.2 ***Task and finish groups***

5.2.1 Based on the priorities emerging from the original GM Marmot report and emerging priorities from the stakeholder workshops, a series of Task and Finish groups are being set up to further develop the framework.

5.2.2

5.2.3 Table 1 shows the objectives for these groups as currently defined. These groups will collect insight and evidence from a range of partners to generate a collective

understanding of successful approaches and to develop tangible proposals for what could help the much wider adoption of these approaches to support system priorities.

Table 1 Build Back Fairer Task and Finish Groups

Group	**Objectives**
1.Reducing Variation in access, experience, and outcomes of care	1.1 Share learning across clinical programmes about how we have reduced variation in access, experience and outcomes of care and developed sustainable care pathways and identify opportunities to scale and spread 1.2 Agree short (22/23) and medium term (3year) priorities for Build Back Fairer to reduce variation in access, experience and outcomes of care at system level to support PCN and Localities, provider collaboratives etc 1.3 Review opportunities to incorporate BBF into ICP approach to performance and improvement 1.4 Agree system priorities and support required for CORE20PLUS5 to enhance locality/neighbourhood action
2.Intelligence	2.1 Consider the role and function of the ICS to facilitate translating strategic intelligence into action and impact, and act as a hub for research and innovation in relation to equity, inclusion and sustainability 2.2 Agree set of BBF indicators (for greener, fairer, inclusive) 2.3 review provider/locality impact assessments and consider GM tool for single impact assessment (equity, inclusion, sustainability) 2.4 Collate evidence of what works (for greener, fairer, inclusive) and system for continuously collating this intelligence
3.NHS role as anchor institutions/social value	3.1 Review opportunities to build Anchor/Social Value into ICP and GM NHS leadership and governance 3.2 Review opportunities for increased collaboration to enhance impact 3.3 Review GM action and tools to support Anchor institution work at neighbourhood/Locality/Provider collaborative
4.Leadership/OD	4.1Agree core skills, systems and processes to support BBF principles and culture shift

5.3 ***Task and Finish groups: next steps***

- PHB to review and comment on task group objectives
- Recruitment of VCSFE partners into the T+F groups – co-ordinated through VSNW

Tools to support the system

5.3.1 To enable BBF to be enabled across the GM Integrated Care Partnership, there is a need to develop shared tools which can be adapted for use at different spatial levels and across sectors and organisations. These tools will be developed through

bringing diverse stakeholders together from VCSFE, health and care, academia and local government to collate tools that we can use to:

- Understand health needs and assets in different communities (of geography, interest and identity)
- understand variation in access, experience, and outcomes of care (combined intelligence on service and health outcome data alongside community insight) and the root causes of these disparities
- understand allocative efficiency and cost effective of our delivery models - if we are doing the right things as well as whether we are doing them right.
- stimulate discussions about how to work together differently to analyse the intelligence and co-design solutions applying the principles of people power and representation
- Support staff to reflect on their skills, networks and organisational change required to Build Back Fairer

5.3.2 The GM tools that are currently being developed to support the BBF framework include:

5.3.3 **Curator** – a web-based portal that will provide a range of intelligence and performance management tools (and related training). This site is under development (due to launch in Autumn 2022) and a variety of tools/web functions are being explored, including:

- Interactive web-based GM Impact Assessment tool which combines health equity, equality and sustainability and informs commissioning, policy and partnership approaches
- Insight bank – to collate learning about 'what works' regarding equity, inclusion and sustainability
- Interactive data tools which will enable analysis of linked primary care, elective care, urgent care and cancer databases enabling both strategic and operational planning, and direct care provision.
- Build Back Fairer performance indicators and outcome metrics

5.4.4 **Leadership/OD resources**– including collaboration with universities and Health Education England to develop a Build Back Fairer fellowship model and work with North West ICB partners and the Kings Fund to develop leadership programmes for BBF.