

Greater Manchester Population Health Board

8th September 2022

Overview

The GM Population Health Board undertook a deep dive inquiry into ***“the impact of poverty on health and inequalities in Greater Manchester, and the opportunities for action”***.

The session included contributions from Graham Whitham (GM Poverty Action), Charlie Steer (NHS GM), Jane Pilkington (NHS GM) and Andrew Lightfoot (GMCA).

Summary of Scope

The session inputs covered the following:

- What is poverty?
- What is the challenge we face in relation to poverty and health?
- What action are we already taking and what further actions might we take?

The primary emphasis of Board members was to co-design and agree a priority set of actions, proposals, and recommendations.

Key Topics of Discussion

Initial feedback from board members included:

- Whilst there is a broad understanding of the impact of poverty in GM, the scale of the current and projected future impact of poverty on health in Greater Manchester was greater than many Board members had realised.
- Poverty is not a new feature of Greater Manchester, but the long-standing and structural challenges, which had already been amplified by the Covid-19 pandemic, are currently being exacerbated by the cost-of-living crisis.
- For the first time that people could recall, poverty was at the very top of the political agenda, given the specific challenges associated with the current cost of living crisis.
- There is a role for GM institutions in preventing and mitigating poverty, but there needs to be realism about the extent to which we can mitigate all the potential harms.
- Action is already taking place at GM and locality level, but there are also opportunities to go further. Commitment to act urgently must be secured via the ICP and ICB.
- The scale of the challenge means that there will be a need to be bold and ambitious, and to explore the feasibility and desirability of options which may be challenging and contentious.
- There are opportunities for us to learn from each other, and to learn from others, as we shape and mobilise our response. There will also be a need to evaluate the impact of our actions.
- The absence of a single system narrative on poverty and health, which can be amplified across GM, is a barrier to an effective system response. Establishing one would enable Board members to perform the ‘*pollinator*’ role that was explored at the recent Board development session.
- Any action on poverty needs to systematically embed co-design and the involvement of those with lived experience.
- When acting on poverty, we need to ensure that we take short term action that seeks to address the immediate pressures, whilst not losing sight of the medium and long-term opportunities to address the structural drivers of inequality in GM.

- There are opportunities to understand and use data and intelligence more effectively, and to strengthen the quality and availability of data that around poverty, and the impact it has on health.
- Poverty is the legacy of the economic history and structure of GM and we must ensure that we continue to focus regeneration of our most deprived areas in GM.
- Our Voluntary, Community and Social Enterprise (VCSE) sector will be at the forefront of responding to the consequences of the cost-of-living crisis. As such, we need to ensure the necessary resources to support the sector are forthcoming.

Greater Manchester Population Health Board Recommendations

Short Term

- a) Encourage partners to work collectively, under the leadership of the GM Cost of Living Group, to map current anti-poverty activity that is taking place, to identify opportunities for scaling and spreading good practice, and to opportunities for additional action.
- b) Advocate for cost of living and poverty to be included as key considerations within the health and care winter planning process for 2022/23. With a key focus on maximising sign posting opportunities to benefits and debt advice, improving uptake of free prescriptions, patient transport etc and action to address cold homes.
- c) Require the systematic engagement of people with lived experience in the design and health and care services.
- d) Agree and disseminate a single shared narrative around the impact of poverty and health in Greater Manchester.
- e) Escalate poverty and the cost-of-living crisis to Integrated Care Partnership and Integrated Care Board.
- f) Ensure that poverty and cost of living is a prominent feature of the emergent GM Integrated Care Partnership Strategy and the GM Build Back Fairer Framework
- g) Undertake an evidenced based review with academic colleagues, GM PA re collation of evidence to support intervention

Medium Term

- h) Assess the feasibility and desirability of voluntarily adopting the socio-economic duty across NHS GM, GMCA and Local Authorities in GM (including engaging with colleagues from Wales and Scotland who have already made this a statutory requirement, and with localities who have already adopted the duty on a voluntary basis).
- i) Systematically review the GM health and care approach to poverty through the lens of the recommendations made by the Kings Fund in their publication – '*The NHS's Role in Tackling Poverty*' - and explore the feasibility and desirability of NHS GM developing an anti-poverty strategy.
- j) Continue to advocate for NHS GM becoming a Real Living Wage employer, and for the NHS to require this of its supply chain.
- k) Engage with NHS GM (and particularly the GM and East Cheshire Strategic Clinical Network) on the potential for "poverty-proofing" across health and care pathways.
- l) Explore options for increasing awareness raising of the link between poverty and health across public services in Greater Manchester.
- m) Continue to iterate the GM Good Employers Charter to strengthen the emphasis on employers as a vehicle for preventing and mitigating poverty in GM.
- n) Explore the opportunities to strengthen data and intelligence to better understand the impact of poverty on health (and vice versa) in GM.

- o) Strengthen the way in which health and care organisation work together to optimize and expand their role as *anchor* organisations, and to maximise the social value that can be elicited from the health and care sector.
- p) Explore the opportunities for health and care services to collaborate with local authority and VCSE and connect to social and financial welfare provision.
- q) Ensure health and care system involvement in any design activity aimed at exploring the feasibility and desirability of income maximisation initiatives in Greater Manchester.

Long Term

- r) Continue to focus city-regional regeneration efforts on the most deprived parts of Greater Manchester.
- s) Continue to engage with central government on opportunities to tackling the structural causes of poverty and inequality in Greater Manchester.
- t) Explore the feasibility of implementing policies approaches which will deliver significant population level impact on health outcomes, such as water fluoridation.