Appreciative Enquiry Framework

This framework accompanies
Tackling Health Inequalities in Mayoral and City Regions – Impact report 2022

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This framework was developed by the project policy team, using learning from the three sponsor regions. The team analysed a range of case-study examples of regional approaches to addressing health inequalities, led by mayoral combined authorities. This generated a number of themes, which were then developed into a set of guiding prompts, to help regions identify local assets, opportunities and levers for change. The framework includes examples, to support cross-regional learning.

The questions fall into three themes, each with three subsections, shown below.

Theme A: Identifying needs and prioritising action

1. Using strategic capacity to identify entry points
2. Promoting responsivity to gaps in the rest of the system
3. Using public health intelligence

Theme B: Identifying and using levers for change

4. Identifying opportunities through devolved powers and functions
5. Capitalising on political leadership and 'soft power'
6. Leveraging financial resources

Theme C: Identifying the value-add of action at regional level

7. Supporting collaboration and partnerships across sectors and agencies
8. Supporting work at locality level
9. Engaging residents and building the public mandate

Theme A: Identifying needs and prioritising action

1 The role of the combined authority within the regional population health system

- **In relation to which issues can regional work add value and respond to gaps in the rest of the system?**

Examples identified included:
- making use of mayoral levers to shape healthy places, including political influence, convening powers, and devolved responsibilities such as those for economic growth, transport and planning (see Themes B and C)
- working through economies of scale, for example when addressing the needs of minority populations
- bridging organisational silos
- addressing issues that cross borough boundaries
- coordinating services across wider geographical areas.

- **How does co-terminosity of local authority and integrated care-system geographies (or a lack thereof) influence opportunities for action?**

- **What are the structures (HR financial and governance) that support the combined authority to respond to gaps in the rest of the system?**

In some regions shared posts facilitate joined up working across the system. For example, in London the statutory Health Advisor to the Mayor is the OHID London Regional Director. The GLA Group Director of Public Health is the Deputy Statutory Health Advisor, and is professionally accountable to the OHID Regional Director.

2 Strategic capacity to identify entry points

- **What strategic capacity is there to respond to policy windows to address health inequalities, including horizon scanning for new entry points and opportunities?**

- **How do public health specialists collaborate and communicate with colleagues across directorates?**

The GLA Group Public Health Unit was set up to provide public health expertise and skills to support a Health In All Policies Approach across the GLA organisations (including regional fire, transport and police and crime services). The Unit will operate strategically to maximise opportunities to address health inequalities through all aspects of the GLA Group's work (see case study p8)

- **What approaches are used to prioritise opportunities for influence and collaborative work?**

The WMCA undertook a collaborative design-sprint process with health and wellbeing system partners to identify gaps in the system, to inform the health inequalities programme of work and identify areas for collaboration.

3 Public health intelligence function

- **What is the combined authority's approach to using data to understand regional inequalities and priorities for action?**

- **How has the impact of the pandemic on regional health inequalities been captured and communicated, to build the mandate for action?**

In Greater Manchester, the Marmot Beacon indicator set was developed to inform regional priorities and strategy, as well as monitor progress against agreed areas for action (see case study p10).

- **How can data be used to drive action across the system?**

In Greater Manchester, school readiness was one indicator that galvanised action across both health and education sectors. The region was below the England average and this was a strong political driver for action to close the gap and level up on early years services.

- **How can we ensure we are using relevant data to guide decision-making?**

Examples of the ways in which regional data was used included:
- for setting strategic direction
- for allocating financial resources
- for monitoring programme performance
- to demonstrate policy impact
- for system accountability and assurance

Case studies showed how these different data functions required different types of data, as well as different methods of analysis and reporting, in order to effectively guide decision-making

Theme B: Identifying and using levers for change

4 Captialising on devolved powers and functions

- **How have opportunities to influence wider determinants of health through devolved powers been used?**

The Mayor of London has a manifesto commitment to promote a Health In All Policies approach across the GLA group. This will support a strategic approach to identifying and prioritising opportunities to address health inequalities through the Mayor's responsibilities such as planning, economic development, crime and transport. (see page 8 of the report)

- **How has this been achieved – for example, through influencing policy programmes or using regulatory powers?**

In 2019, the Mayor of London capitalised on his responsibility for London's transport, by banning junk-food advertising on London's transport network, resulting in a reduction in unhealthy purchases among Londoners.

- **What were the facilitators to capitalising on the opportunities to address health inequalities though devolved powers which shape health?**

Examples included:
- policy windows – eg the levelling up agenda
- new partnerships or regional priorities
- identifying win-wins across departments and building a shared narrative about co-benefits
- embedding public health expertise across departments

- **As new powers have been granted, has this shifted focus from determinants to services (or vice versa)?**

Early research into the impact of health devolution in Greater Manchester suggests positive impact on population health and a narrowing of inequality.

- **Does further devolution support or detract from making the most of the powers that mayoral combined authorities already have to shape the wider determinants of health?**

5 Political leadership and 'soft power'

- **Where do drivers and the mandate for action on health inequalities come from?**

Examples included:
- statutory responsibility to address health inequalities (London)
- health devolution deal (Manchester)
- workforce productivity, regional economic growth (West Midlands)

- **Are there examples of strong political leadership without devolved powers?**

The West Midlands Combined Authority convened a regional group of health and wellbeing system leaders to respond to the impact of Covid-19 on health inequalities. This led to a regional framework for action and delivery of 50+ pledges across the wider system. The Mayor Chairs the Roundtable taking this workstream forward.

- **Did COVID-19 change the way Mayors engaged on health issues, and are there opportunities to build on this?**

During the pandemic, regional mayors used their devolved powers and collective influence to support continued mandatory mask wearing on public transport.

- **How has political leadership progressed an issue?**

Examples included:
- convening leaders
- activating cross-sectoral networks
- upwards advocacy to national government
- shaping public debate

- **What creates the opportunity for political leaders to want to invest their own political capital into health issues?**
- **When has a leadership opportunity not been taken up, and why?**

6 Financial resources

- **How have additional resources shifted the balance between prevention and service delivery?**

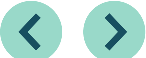
In Greater Manchester, 'invest to save' models were developed as part of a population health approach, to support prioritisation of transformational opportunities afforded by their health 2016 devolution deal, with a focus on prevention.

- **How have combined authorities leveraged additional resource for system-wider work?**

The West Midlands Combined Authority secured funding from the Work and Health Unit to test a model of individual placement support to integrate health, care and employment services. This has resulted in the expansion and further funding of the service across several more referral pathways and a wider geographical patch.

- **Are there opportunities for combined authority-led work to facilitate pooling of funds to facilitate cross-system working?**

The London Violence Reduction Unit pools funds from the Greater London Authority, the Mayor's Office for Policing and Crime and the Home Office.



Theme C: Identifying the value-add of action at regional level

7 Supporting collaboration and partnerships across sectors

- **How did a regional approach help overcome gaps and silos? Who was engaged and how?**

- **What were the facilitators for partnership work at regional level?**

The West Midlands Combined Authority collaboratively developed a regional narrative and vision for inclusive growth with regional partners. The shared vision and accompanying tools have been used to support internal and external partners to overcome system siloes and unlock social and environmental outcomes of economic activity (See page 9).

- **Where did the leadership for partnership work come from, and why?**

The Greater Manchester Integrated Health and Justice Strategy aimed to address entrenched inequalities experienced by those in contact with the criminal justice system. Strong partnerships emerged from the opportunity afforded by Health and Justice devolution deals, and built on prior innovative local joint commissioning in custodial settings. Collaborative working was supported by engaged senior leadership from Deputy Mayor (and Police and Crime Commissioner) and the CEO of GM Health and Social Care Partnership.

- **What structural factors (powers, resources or governance) helped galvanise action?**

8 How can a regional approach support work at locality level?

- **Through providing technical support, including public health intelligence, service delivery models, workforce development?**

The Greater Manchester School Readiness Programme supported 10 regional localities to overcome challenges in implementing local evidence-based integrated Early Years service pathways. Through expert technical support, and the investment of devolution moneys, the CA supported localities to overcome challenges relating to workforce development and data sharing.

- **Through supporting innovation and piloting and sharing best practice?**

The GLA has supported the development of London's Anchor Institution Network. Leaders of London's largest organisations have pledged to leverage their procurement budgets, recruitment resources, and estate management capacity to address inequality and boost local economies. This initiative builds on anchor institution work undertaken in various cities in the US and the UK, sharing learning and setting joint priorities for action.

- **Achieving economies of scale to address regional issues (such as inclusive growth and air quality work)?**

- **Creating incentives and opportunities to influence universities and encourage the production of knowledge, evidence and skills that serve the needs of the city?**

9 Engaging residents and building the public mandate

- **What is the approach to engaging citizens around health inequalities?**

- **How can citizens influence regional priorities to address health inequalities?**

The West Midlands Combined Authority supported community co-production approaches to leverage civic voice in strategic priority setting through a citizen panel.

- **How can the combined authority be held accountable to the public on progress in tackling health inequalities?**

The North of Tyne Combined Authority funded small grants to community groups, to run structured conversations to understand the wellbeing priorities for people living and working in the North of Tyne. The resulting evidence was used to create a wellbeing framework, to allow decision makers and the public to track progress towards a shared vision for economic recovery.

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