

## **BACKGROUND**

Greater Manchester recently launched the Greater Manchester Strategy (GMS) with its bold new vision to make Greater Manchester one of the best places in the world to grow up, get on and grow old - a region where no person or place is left behind.

The GMS is co-owned by the GMCA, the Local Enterprise Partnership and the Voluntary, Community and Social Enterprise (VCSE) sector to ensure that all partners in the public, private and VCSE sector can work together to achieve our shared vision for the city region.

Building on this approach, the GM VCSE Accord has been signed, which sets out a new agreement between the Greater Manchester Mayor and Combined Authority and the VCSE sector based on a relationship of trust. The Accord sets out a framework for the delivery of that shared vision and our commitment to reduce inequalities. We recognize this will only be achieved through new ways of working which are shaped and driven by our communities themselves. This is essential if we are to truly unlock the full potential of our citizens and communities.

A key task will be to ensure that the voices of all communities of identity are at the heart of GM delivery and have an active role in shaping and challenging policy.

In addition two years ago we set out in 'Taking Charge' our collective vision, as a Health and Social Care Partnership (HSCP), to achieve the greatest and fastest improvement to health and wellbeing of the people of Greater Manchester. We have been doing this by implementing a transformation beyond that being done elsewhere in the country, focussing on people, their communities and the place where they live.

However, we know that we have deep rooted health inequalities and wide variation in life expectancy across our boroughs. As Marmot signalled in his report of 2010, addressing these cannot be achieved by the NHS or health services alone, but by integration and working together across our public and voluntary sector services to tackle health, care, education, employment and housing.

The GM Population Health Plan drew a direct connection between structural inequality and ill health, in line with mainstream theory on health inequalities. This suggests that addressing structural inequalities in society has to be at the centre of all health improvement work.

The scope of focus needs to be recognised in relation to GM level working as well as in the localities. It is important that equalities analysis and responses inform the implementation of GM level programmes.

The Memorandum of Understanding signed between the GMHSCP and the VCSE in early 2017 emphasised the opportunity and objective to work together to reduce inequalities and promote inclusion. Specifically, it sought to build on the work of the Equalities Advisory Board which supported the equalities analysis and actions arising from Healthier Together.

## **PURPOSE**

This paper sets out our inclusive approach to reframing how we address and respond to health inequalities- the result of a co-design process led by the GM VCSE Devolution Reference Group.

It highlights several examples of where we are already being proactive in pursuing Equalities across our transformation, the establishment of a Shadow Equalities Board and the rationale, ultimately, to establish a Greater Manchester Inclusion and Wellbeing Partnership. This will bring together parts of the GM system who contribute to health gain to act and pursue Health Equalities with the people of Greater Manchester.

## **1.0 OUR ORGANISING PRINCIPLE**

- 1.1** The GMS explains our ambitions for the future of our city-region and the 2.8 million of us who live in the towns, cities, communities and neighbourhoods that make up Greater Manchester. It covers health, wellbeing, work and jobs, housing, transport, skills, training and economic growth.
- 1.2** The GMS sets out a vision where Greater Manchester is one of the best places in the world to grow up, get on and grow old. Specifically, its objectives are:
- A place where all children are given the best start in life and young people grow up inspired to exceed expectations
  - A place where people are proud to live, with a decent home, a fulfilling job, and stress-free journeys the norm. But if you need a helping hand you'll get it
  - A place of ideas and innovation, with a modern and productive economy that draws in investment, visitors and talent
  - A place where people live healthy lives and older people are valued
  - A place at the forefront of action on climate change with clean air and a flourishing natural environment
  - A place where all voices are heard and where, working together, we can shape our future
- 1.3** Set out in the devolution strategy, 'Taking Charge', the leadership of Greater Manchester (GM) recognised that the health outcomes for its 2.8 million residents were amongst the worse in the country and compounded by deep rooted health inequalities.
- 1.4** We know that life expectancy can vary vastly across our boroughs of up to ten years or more from Salford to Sale, and from Altrincham to Ashton. Life expectancy is longest in men and women from white ethnic group compared to Bangladeshi men and Pakistani women who experience the worst.
- 1.5** We know Black and Minority Ethnicity (BME) groups have a reduced awareness of cancer symptoms. That dementia, mental health, cardiovascular disease and diabetes are more prevalent and these groups report facing problems to accessing care. Mental health, including suicide thoughts is high amongst asylum seekers and the travelling communities.
- 1.6** Hyper vulnerability, unintended consequences resulting from organisational approaches, engagement issues and complexity create and reinforce social as well as medical inequalities amongst some of our communities.
- 1.7** In Greater Manchester we are working hard to understand these barriers within service provision, to unpick these processes and address the issues through targeted action and by mobilising our system, for example, through initiatives such as Focussed Care.

- 1.8** The Greater Manchester 'Taking Charge' strategy's primary objective is to see the gap in health equalities reduced further and faster by bringing those who contribute towards health gain together both at GM level and within a place.
- 1.9** With extensive knowledge and understanding of communities, it recognised the valuable contribution that can be, and is made by the voluntary organisations (VCSE), a relationship strengthened by the signing of the Memorandum of Understanding (MoU) between the two sectors. Seeing the VCSE as equal partners in achieving our shared ambitions, the MoU set out a number of principles and a range of devolved activities to the GM VCSE Devolution Reference Group which support both parties' shared objectives, including Equalities.
- 1.10** In 2016 the VCSE led a series of conversations with communities across the ten boroughs of Greater Manchester on the ambitions of 'Taking Charge' and the devolution deal. These conversations yielded key issues and recommendations from communities, especially about equality. Participants drew a direct connection between structural inequality and ill health.
- 1.11** Two specific recommendations from the 'Taking Charge' conversations are set out below:
- Ensure health and social care services are accessible and inclusive by mainstreaming accessibility and inclusion to the highest possible level and offering additional targeted solutions to meet the needs of specific groups.
  - Invest in both neighbourhood and Greater Manchester level VCSE-led initiatives to reduce health inequalities by working with specific communities experiencing inequalities, and making the most of existing relationships and the position of trust VCSE groups and organisations enjoy vis-à-vis those people and communities most affected.

## **2.0 ACTION ON REDUCING INEQUALITIES**

Since 2016 we have not stood still but have stayed true to our organising principle. A number of substantial work areas have been initiated which are already showing to have an impact. A summary of these initiatives from across the GMHSCP and GMCA described in brief below.

## **2.1 EQUALITIES ACTIVITIES GMHSCP – January 2019**

### **2.1.1 Advisory or Support initiatives**

#### **2.1.2 Health and Faith sector**

The GMHSCP has been supporting the Health and Faith Sector Steering group to develop a memorandum of understanding between the HSCP and Faith Sector. The outcome is a formalised agreement based on dialogue of equals between HSCP and the Faith Sector. This includes a mutual understanding of the roles both sectors can play in supporting users of health services at a local level. In addition, the MoU provides an opportunity to promote better understanding between different faiths and non-faith communities including professionals within Health and Social Care.

#### **2.1.3 Supporting African and Caribbean communities**

The GMHSCP is supporting the Caribbean & African Health Network (CAHN), a non-profit organisation, whose purpose is to empower, enable and equip faith and community organisations with the infrastructure to deliver and shape health and wellbeing services.

#### **2.1.4 Building Leadership for Inclusion**

The people responsible for setting culture in organisations are often Organisational Development (OD) professionals and Equality, Diversity and Inclusion (EDI) professionals, yet often their plans for organisations take place in the silos of OD and EDI. We plan to bring together our two networks covering these professions across Greater Manchester public services to begin to enable them to share their expertise and approaches with one another to enable new shared approaches to emerge.

We know that stories are a powerful way to engage people, create understanding and enable change. We therefore plan for this group to begin to collect stories from across the system in regard to the intersection of organisational culture with equality and diversity capturing staff experience. We will use these stories to influence the work we do and the leaders across the system so we can begin to look at how we are going to work differently in the future.'

### **2.2.0 Funded Programmes of Work**

#### **2.2.1 Tackling race inequality in the work place – Workforce Race Equality Scheme (WRES)**

For decades, research has shown that staff from Black and Minority Ethnic (BME) backgrounds experience discrimination, harassment, and exclusion in the workplace in the UK.

Greater Manchester's public sector employers will be the first in the country to work together to tackle race inequality in the workplace after leaders signed a collective commitment.

Discrimination is not only harmful to the individual, but also to the wider public sector. Evidence shows that having a more representative workforce and diversity at senior leadership levels results in better outcomes for the public. It creates a more inclusive, engaged and efficient workforce.

Public sector organisations currently have their own ways of approaching race inequality in the workplace, but this historic commitment means that for the first time the NHS, local authorities, police and fire service will be working together to take action.

Together, Greater Manchester's public services will build on existing work to improve diversity from the boardroom to the frontline, to tackle bullying and harassment experienced by BME staff and ultimately improve the services our public services provide.

### **2.2.2 Pride in Practice**

Pride in practice is a quality assurance support service that strengthens and develops Primary Care Services relationship with their lesbian, gay, bisexual and trans (LGBT) patients within the local community. Pride in Practice is a support package that enables primary care practitioners to effectively and confidently meet the needs of their LGBT patients.

The GMHSCP commissioned the LGBT Foundation to lead of the delivery of this programme across Greater Manchester.

Since April 2016 they have trained 3,628 health professionals and worked with 293 primary care services:

- 100% of health professionals can evidence changes to better support the needs of LGBT people.
- 98.6% of health professionals report feeling more informed.
- 97.5% report feeling more confident when working with LGBT communities.
- 99.7% would recommend the training.

### **2.2.3 Commissioning to address Inequalities**

We know commissioning for communities of identity is often fragmented, short term and not joined up, providing difficulty for service providers and service users alike.

Services for the Greater Manchester's LGBT population provide a text book example for the need and benefit of a consistent, joined up approach to commission across local

boundaries. As the LGBT community is a defined service user population with distinct health needs that are identity based rather than place based they transcend multiple boundaries.

24 commissioners across GM have individual contracts with the LGBT Foundation to provide services for the community. This duplicates effort and hinders uniform service delivery and affects many VCSE organisations.

The proposal is to reduce the number of contracts via a single footprint wide commissioner. This would be operationalised through either a lead commissioner or agreement to delegate commissioning to the central GM Hub.

#### **2.2.4 Adult gender Identity Services- Developing the Greater Manchester Proposal**

The current delivery model for gender dysphoria services is unlikely to deliver additional clinical capacity in response to increasing demand. This means that waiting times are likely to remain unacceptably high across the country, with un-even geographical spread.

NHS England are exploring alternative models for delivery that may offer better opportunity for increasing clinical capacity across the country, thereby reducing waiting times and improving the patient experience.

One proposal is for a properly trained multi-disciplinary team based in a primary care setting, delivering the types of care currently restricted to a specialist gender clinic. We will co-develop this proposal with NHS England and with stakeholders across Greater Manchester. The focus will be on designing a unique service appropriate for the particular needs of the population of Greater Manchester, but in a way that enables NHS England to evaluate its potential for wider adoption across the rest of England.

The working name for this model is *Trans Health Service*. In conjunction with key stakeholders, GM will develop a service model and business case which will be presented to the GM Joint Commissioning Board for agreement in November in readiness to submit to NHS England Specialist Commissioning Oversight Group for approval in December.

#### **2.2.5 Meeting the needs of Young Trans people**

In partnership with TransAction, the GMHSCP is actively supporting the experiences of young Trans people against the main points within 'Future in Mind' (the blue print that CYP emotional wellbeing services should be aligned with). TransAction is a multiagency and service user alliance from across GM working together to improve young Trans people's experiences of housing, health and education. Representatives include; GMHSCP, youth work, mental health, housing, education, physical health and young Trans people.

The objectives of TransAction are to improve the experiences of young trans people through sharing initiatives, resources and information as well as problem solving health inequalities faced by young trans people in a strategic and holistic way.

Already this initiative is yielding positive feedback from people who have attended the training:

*"I think all professionals who work with children and young people should attend this training"*

*"I am better prepared to help Trans young people and their families"*

*"I am keen to share this knowledge with my colleagues to improve practice, and to change policies"*

*"The day was the best training I have attended in a while and extremely thought provoking- making me look at my own practice"*

### **2.2.6 Asylum seekers and refugees**

The GMHSCP are working with the Greater Manchester Asylum & Refugee Health Advocacy Group (RPSA) to explore how the Partnership can help to:

- a) Promote a clear message across GM that GPs have a duty to register any patient; regardless of immigration status or ability to show supporting paperwork and that their care should be equitable.
- b) Promote the 'Safe Surgeries Toolkit' to GP practices, in order to protect the data of vulnerable patients.
- c) Invest to Explore and assess the availability and need for specialist healthcare services for people seeking asylum across GM, addressing primary care and mental health needs, and delivered in partnership with voluntary sector. This is an ideal opportunity for innovation and triple integration in health and social care.
- d) Explore a specialist independent advocacy service to help patients challenge erroneous NHS charges.

The outcome is to strategically align the Refugee Persons Seeking Asylum issues highlighted above with the Primary Care Asylum Health Board by extending its remit and membership and include the proposal from the GM Asylum & Refugee Health Advocacy Group as part of their priorities going forward.

### **2.2.7 Improving Access to Psychological Therapies (IAPT) Positive Action Project**

This initiative supports vulnerable service users and diverse communities to increase their knowledge of available IAPT services. This has seen the development of a partnership project led by Health and Social Care Partnership Strategic Clinical Network to bring the experience and knowledge of LGBT, Faith and BAME Groups together for meaningful engagement with vulnerable communities and services users of mental

health. The outcomes is to increase the awareness of participants regarding IAPT (access and recovery) services available to them; promoted better understanding between different faith, sex, LGTB and race groups, breaking the myth that “faith and LGBT groups and organisations do not work together” and increase the understanding of challenges faced by professionals (clinical lead, commissioners and providers of IAPT services).

## **2.2.8 Supporting people with Learning Disabilities (LD)**

Health inequalities for people with LD and /or autism have been identified as a priority in the new GM LD Strategy. To support delivery of this, there will be a new GM working group to consider best practice and gaps, develop GM standards and monitor progress.

In recognition that nationally Transforming Care has not applied equally to Children and Young People (CYP) as it has for adults, GM has been selected as one of six sites nationally to accelerate Transforming Care for CYP. This will involve:

- a. The roll out of a dynamic risk support model and care, Education and Treatment Reviews for children and young people with LD and/ or autism
- b. Establishing a CYP LD forum
- c. Piloting new intensive support and short break services in 3 or 4 GM localities.

GM HSCP and GMCA are working together on a proposal for a GM Specialist Employment Service for people with LD, autism and severe mental illness which will provide additional investment to support people into paid work; rates of paid employment among these groups in GM is lower than the national average.

## **3.0 EQUALITIES ACTIVITIES GMCA – January 2019**

### **3.1 Advisory or Support initiatives**

#### **3.1.1 The LGBT Advisor and Panel**

Advising GMCA and the Mayor on LGBT issues and policy. This group is currently working to set out its plan and the activities which it will focus on. This is likely to initially be around topics of concern to the LGBT population which fall within the GMCA / GM Mayor’s remit or where he can influence (e.g. transport, skills, employment etc) but the scope could be expanded to cover health and social care.

<https://www.greatermanchester-ca.gov.uk/what-we-do/communities/lgbt-adviser-and-panel/>

#### **3.1.2 The Disabled People’s Panel**

Acting as a standing panel to advise / provide direct engagement around disabled people’s issues. This will focus on the key GM strategies and in particular xx, which are delivered at a GM level. It will not cover access to transport, which will be the

responsibility of the Disability Design Reference Group and other programmes of engagement convened by TFGM. The Panel will be a critical friend and independent advisor, with a standing membership. The idea is that the people involved are linked to wider disabled people's networks, but that they bring the knowledge of all into the conversation. Again, it is possible that the remit of this group could be expanded to cover broader issues around health and social care, if required. The first meeting of the Panel is likely to be in March 2019.

### **3.1.3 GM Youth Combined Authority**

Well established now with a clear work programme of gathering ideas from young people and advising GMCA (and partners') policy – e.g. lobbying around free bus travel etc. The aim of the YCA is to give young people in Greater Manchester the opportunity to have their voices heard and influence GMCA policy and decision making.

<https://www.greatermanchester-ca.gov.uk/what-we-do/young-people/youth-combined-authority/>

### **3.2.0 Campaigning Functions:**

#### **3.2.1 Gender**

A programme of work is emerging under the banner of 'Turbo Charging Equality for Women and Girls' – which is being led by the Deputy Mayor (Bev Hughes) and the portfolio holder for equalities (Brenda Warrington) but again its early stages. This has already made links through to other campaigning around women's equality through Women's Aid, the Pankhurst Centre and the Diva Manc campaign.

### **3.3 Funded programmes of work:**

#### **3.3.1 GM Ageing Hub**

GMCA is working with our partners to set up the Greater Manchester Ageing Hub to coordinate a strategic response to the opportunities and challenges of an ageing population. The hub is coordinating activity around the economy and work; age-friendly places; healthy ageing; housing, planning and transport; culture and learning; and communications.

The priorities are:

- to build on our position as the first age-friendly city-region in the UK
- to be a global centre of excellence for ageing, pioneering research, technology and new ideas
- to increase economic participation among the over 50s

GMCA sets out to embrace equality (and tackle inequality) through implementation of the Greater Manchester Strategy, and the activities listed above are part of the way to ensure that happens. They are not direct interventions with specific populations or communities of identity, but are more creating space for knowledge and understanding to be shared in such

a way for everyone who is making policy, writing commissioning specifications, designing services and managing staff to 'do the right thing'.

#### **4.0 REFRAMING OUR APPROACH TO EQUALITIES**

**4.1** Whilst much is happening across GM and with partner organisations to address inequalities, the approach to date has largely been pioneered by enthusiastic system champions with an energy and commitment for making a difference.

**4.2** With the energy coming out of our communities providing leverage, and set against our founding and organising principle the GMHSCP together with the GMCA, both as enthusiastic partners with the VCSE, set about to reimagine our collective approach to tackling inequalities.

**4.3** Combined with the legacy and learning from the 'Healthier Together' Equalities Board acting as a back drop to reframing our approach we recognised 2 key principles:

1. That any new approach needed to be co-designed with the VCSE sector, citizens and system leaders
2. That we needed to think beyond those characteristics listed in the Equalities Act if we really want to achieve our intention set out in Taking Charge and think more broadly in the context of economic, social and cultural rights but identify and prioritise areas of current health inequality.

**4.4** In November 2017 the GM VCSE Devolution Reference Group was commissioned to lead a co-design process with key stakeholders and citizens from Greater Manchester. This would facilitate a new approach to embedding equalities with the work of GMHSCP and across the GMCA.

**4.5** The resultant set of recommendations from the co design piece forms the basis and consideration for the equalities work moving forward.

#### **5.0 ESTABLISHING A SHADOW EQUALITIES BOARD**

**5.1** The plan recommended establishing a Shadow Equalities Board (SEB) to develop Terms of Reference, membership, form and function and the co-design of a vision that is distinctly focused on reducing inequality and which would incorporate critical high level outcomes.

**5.2** The Shadow Equalities Board met for the first time on 6 June 2018 when it debated the characteristics and purpose of an equality's function/body for GM health and social care. It concluded the central aim of the SEB is to:

*'Develop a proposal to establish a GM Inclusion and Wellbeing Partnership (GM IWP) for GM to lead on the creation of a shared equalities vision, values and outcomes for Greater Manchester.'*

**5.3** BHA for Equality has been appointed as the equality host organisation to co-ordinate the delivery of the equalities work for the Health and Social Care VCSE Engagement project and enable the development of the GM Inclusion and Wellbeing Partnership. BHA for Equality is a health and social care charity which exists to challenge and address health and social care inequalities, and support BME and marginalised communities to improve their health and well-being.

**5.4** As a working group the SEB has drawn membership from the GM VCSE Devolution Reference Group, GMHSCP, GMCA, GMCVO, 10 GM and the previous Healthier Together Advisory Group Chair.

## **6.0 CONSIDERATIONS FOR THE GM SYSTEM IN ESTABLISHING THE PROPOSED GM INCLUSION AND WELLBEING PARTNERSHIP.**

**6.1** The ambition of the voluntary, community and social enterprise sector is to take measurable steps, over the next 3 years, to reduce all forms of social and health inequalities that impact on the lives of people in Greater Manchester.

**6.2** This will be achieved through the development of a collaborative approach to reduce inequality experienced by groups given protection under current equality legislation and experienced by communities of identity or experience. The GM Inclusion and Wellbeing Partnership aims to bring together parts of the GM system that contribute to population health gain to act and pursue health equalities with the people of GM. Initially it will build on priority areas of work underway across the GMHSCP and GMCA whilst actively identifying potential opportunities to reduce the gap in health inequalities further, faster. The draft Terms of Reference found in appendix 2.

**6.3** Initial discussion on objectives suggested a GM Inclusion and Wellbeing Partnership (GM IWP) would:

- Establish partnership working across GMHSCP and GMCA governance to support the implementation of inclusive practices at a service design and implementation level.
- Identify and facilitate channels of communication between VCSE board representatives and the GM IWP to influence good practice on equality at board level.
- Set out a framework of priorities across sectors that delivers a commitment to reduce inequalities, designed with and driven by our communities – initially informed through a series of Equality Roadshows.
- Identify, share and celebrate areas of improvement and support the implementation of equality good practice to reduce variation.

- Explore how Equalities is embedded in processes across different sectors, making most of the opportunities in the GMCA White paper: A Unified Public Service, and recommend actions to enable tender participation from the VCSE sector as a means to reduce inequality.

**6.4** The following areas of Priorities identified through cross sector co design and engagement:

- Build on the 7 priority areas identified as through the locality roadshows and engagement events: Mental health, Commissioning, Social Prescribing, Workforce, Communication & Language, Equality Analysis, and Intersectionality to develop a cross sector delivery framework.
- Utilise existing system and locality data, governance, performance management frameworks (e.g. Equality Delivery System - EDS2) and tools (e.g. Equality Impact Assessments) to continue to identify inequalities and propose recommendations to embed equalities good practice in system change, workforce and service implementation.
- Establish a GM Equalities Network, as a mechanism to utilise the skills of the VCSE sector (as Equality Sponsors), to support the continued re-design and implementation of GM health and social care, and wider services at both and operational and strategic levels.
- Implement with partners across all sectors, the GM IWP Action Plan

**7.0 RECOMMENDATIONS:**

XXX are asked to:

1. Discuss and support the proposal for a new GM Inclusion and Wellbeing Partnership connecting to both GMHSCP and GMCA.
2. Debate the route of engagement across the system prior to approval