Manchester Partnership Board

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Subject:	**Strenthening our Approach to Equality, Inclusion and Engagement in the Manchester Locality**
Recommendations:	The Manchester Partnership Board is asked to comment on and support the paper.

1.0 Introduction

Manchester has been at the forefront of championing equality and diversity for decades, we have had an ongoing commitment to equality and making services, facilities, and opportunities fair and inclusive. Our diversity has made us a successful, growing, connected, and buzzing city and it is important that our workforce; many of which are Manchester residents; reflects the rich diversity of our great city at all levels. Equally, we need to ensure that our services meet the needs of our increasingly diverse city and that we take action to address known inequalities for different people in our city.

1.1 Key headlines from the Office for National Statistics (ONS) on the Census 2021 data for the city of Manchester relating to race and ethnicity, religion, national identity, and language is highlighted below. On each of these categories, the Census demonstrates the further increases in the diversity of the city's population during a decade of rapid change and unprecedented challenges. For example;

- Ethnicity: The non-white population has increased from 33.4% to 43.2%, including an increase in all Asian ethnic categories from 17.1% to 20.9%, and an increase in all Black ethnic categories from 8.6% to 11.9%.
- National identity: 77.2% of residents most identified with one of the various British categories, down from 83% in 2011
- Language: 89% (191,800) of households have at least one person who can speak English as their main language. Around 4% (21,400) of residents said they cannot speak English well or very well. Across the city, 94 languages are spoken with the highest numbers being Urdu, Arabic and Polish
- Religion: The Christian population has decreased from 48.7% to 36.2%, Muslim population increased from 15.8% to 22.3%, and those identifying as 'no religion' increased from 24.7% to 32.4%

The 2021 census in England and Wales asked about sexual orientation and gender identity for the first time. Nationally, 89.4% of respondents identified as straight of Heterosexual and around 3.6 % identified as LGBTQ+, in Manchester that figure was c 6%. The Census data will be used alongside our own intelligence to help plan services, better understand our population, and use Our Manchester approaches to align services with the communities that they serve.

1.2 With the creation of the ICS and Manchester Integrated Care Partnership we can further build on integration by drawing collective strengths together. There is ample evidence of how policies and practices can inadvertently adversely affect the health, well-being and outcomes for communities that experience discrimination and disadvantage. We therefore need a sustained focus to support the work of the partners to deliver the ICS's statutory equality objectives and ensure that responsibility for tackling inequalities sits at every level across the system. The

appointment of the Joint Director of Equality, Inclusion and Engagement across health and the council provides the opportunity to champion and embed a human rights based and anti-discriminatory approach across the Manchester system.

Collaboration between partners in a place across health, care services, public health, and voluntary sector can and should overcome competing objectives and separate funding flows to help address health inequalities. Our approach needs to be rooted in;

- Strong leadership, commitment to and investment in advancing equality
- Effective patient engagement and community involvement
- A person-centred and co-creative approach
- Developing an in-depth understanding of local needs particularly within communities that experience racism and discrimination
- Connecting with communities to build trust
- Collectively focusing on the wider determinants of health
- Mobilising local communities and building community leadership
- Harnessing the local economic influence of health and care organisations

1.3 As a statutory organisation, NHS Greater Manchester Integrated Care and localities will be subject to the Equality Act 2010 and the Public Sector Equality Duty provisions. In the exercising of our functions, we need to have due regard to the three tenets of the Public Sector Equality Duties which means 1) the removal or minimising of disadvantages experienced by people due to their protected characteristics 2) taking steps to meet the needs of people from protected groups where these are different from the needs of other people, and 3) encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Sections 2-4 provide examples of work being undertaken to meet our public sector equality duty but more importantly our approach to embedding equality and engagment into our ways of working.

2.0 Manchester Patient and Public Advisory Group (PPAG)

In Manchester, we are invested in continuing the facilitation and development of patient leaders by ensuring lived experiences continue to inform and influence our work. The Patient and Public Advisory Group forms part of the governance structure for Manchester Integrated Care Partnership. The group is made up of Manchester residents, registered with a Manchester GP, who provide assurance and feedback on patient and public involvement across all aspects of work of the organisation. They are a dedicated team of volunteers who provide their time, knowledge and experiences to improve health and care services for people and communities across Manchester. They work with patients, people who access services, carers, charities, community groups and others to bring diverse perspectives into our work.

During 2022/2023 Patient and Public Advisory Group members have provided patient representation and used their lived experiences to provide feedback by participating in several groups and committees, including:

- Manchester Area Prescribing Group
- Healthy Lungs Steering Group
- Manchester Primary Care Commissioning Commitee
- Community Health Equity Manchester (CHEM)
- Carers Learning and Development Board
- Community Diagnostic Centre (CDC) Equalities Group
- Manchester Quality, Performance and Safety Advisory Group

PPAG members have provided input across the Manchester system on a range of subjects over the past year. These have included:

- Manchester Integrated Care Partnership Operating Model
- Community Diagnostic Centres business case
- Winter Vaccination Plan
- Manchester Local Care Organisation (MLCO) - transformation of community services review programme
- Disaggregation of North Manchester General Hospital services between Manchester University Hospitals NHS Foundation (MFT) Trust and Northern Care Alliance
- MFT - Patient Initiated Follow Up (PIFU) appointment system
- Making Manchester Fairer action plan
- Manchester City Council Population Health team – support for the National Institute for Health Research bid
- Healthwatch – their statutory role in Manchester

2.1 Understanding patient experiences of using their GP Practice

The Patient and Public Advisory Group developed a patient survey to understand the lived experiences of people using their GP Practice following the pandemic. This was based on PPAG members' own experiences of using their GP practices, which varied considerably. Over 300 responses to the survey were obtained by PPAG members sharing the survey with their networks, coffee mornings and friends and family. PPAG members were involved in the analysis of the findings and the engagement team drafted the final report including the recommendations as follows:

- Raise awareness of how patients access services and create resources to help patients understand what to expect from their GP practice
- Patients need to understand what to expect when managing diabetes or other long-term conditions
- To promote the role of local pharmacists and how they can support patients

- Raise awareness of the NHS Accessible information standards
- Raise awareness of digital training in the city for patients who may be digitally excluded.

PPAG would like to work collaboratively with primary care colleagues to develop resources to support and empower patients to understand what to expect when using their GP practice. There is a need for further engagement with ethnically diverse communities where response rates are particularly low. We will be developing an action plan from the recommendations within this report to inform the work plan for PPAG for 2023/2024.

2.2 **Manchester and Trafford Long COVID Peer Support Group**

The Long Covid Peer support group provides understanding of living with a long-term condition, managing recovery for some of the members and provides information and skills to empower them to have a voice and influence commissioners and providers. It also provides validation to the person, tackles social isolation, and enables peer support and the development of a network of people who share experiences.

The on-line group has over 200 people on a mailing list that receive an information email each week, around 30 people join the call each week and attendance varies depending on how they are feeling. There is also a WhatsApp group where members can keep in touch with each other, recognising that not everyone likes to use online services.

As of the 31 March and after three years support and development, the Manchester and Trafford Long COVID Peer Support Group was set up as charitable organisation. The new patient-led organisation is called Greater Manchester Long COVID Support and people living with Long COVID have become trustees and helped develop this new charity. Further details of the work undertaken by PPAG can be shared with the board.

2.3 **Recruitment of PPAG members**

The Equality and Enagament Team are developing resources to actively recruit additional PPAG members with a focus on increasing our membership particularly within ethnically diverse communities to ensure that we have a good breath of representation from across the city of Manchester. PPAG currently has 14 members, and with a review being undertaken to grow the membership.

3.0 Community (previously Covid) Health Equity Manchester (CHEM)

CHEM was originally set up in 2020 to inform our response to COVID-19, and the widening impact gap on different black and minority ethnic communities. Members are now having broader discussions around the indirect consequences of the pandemic and broader social, health and wellbeing priorities for their communities. They have been and will continue to be vital in delivering our vaccine equity commitments.

3.1 The main purpose of CHEM is to;

- Building TRUST between communities and statutory organisations.
- Share and amplify community VOICE and to provide INSIGHT.
- Be led by the DATA.
- Work in Collaboration and Partnership

The strategic group achieves its objectives through collaborative whole system working, influence and advocacy as well as direct actions through its programme of work. CHEM is a good example of where these improvements have built critically important trust with our communities and key stakeholders realising positive results. The CHEM programme through targeted engagement grants and the Sounding Boards have become a critical part of our system infrastructure for addressing health inequalities, even more so in light of 2021 census data for Manchester.

Examples of some of the work delivered is outlined below;

- Networks of chat champions/ volunteers to extend the reach of the programme
- Improved cultural and accessible reach of public health guidance
- Removal of barriers to services due to lack of access to digital services preventing access to healthcare and wider support and advice services
- Safe and accurate trusted pathways to COVID vaccination and self-care information
- Encourage increased take up of preventative measures including short film/ peer group imagery

3.2 Representation covers groups and communities; disabled people including people with learning disabilities, communities experiencing racial inequality, which include Pakistani, Bangladeshi, Black African and Caribbean sounding boards, Inclusion Health group and people or groups that experience multiple forms of discrimination that intersect or combine (intersectionality). This will be kept under review based on emerging and evolving understanding of our communities. It is important to note that whilst needs of other at-risk groups e.g., people who are homeless, older people, are being addressed through other work streams we will continue to share the learning and good practice.

3.3 The main functions of the Sounding Boards are to:

- Bring together a group of people that can act as a voice for their communities.
- Give the communities they represent a voice in the development and delivery of CHEM's programme of work.
- Identify and share what the priority issues and concerns are for the communities they represent.
- Share their views on statutory sector initiatives and activities that impact their communities based on their first-hand experiences and the experiences of people that they connect with.

The work of CHEM has been alongside the valuable localised work that has taken place with community groups through the MCC and MLCO neighbourhood teams who deliver much of the face-to-face engagement work in the city.

This engagement work also requires its own bespoke communications support to provide messaging in the right way, for the right audiences, so that we help people to live well, where they live. This has been a large part of our approach, where there has been a very successful cycle of listening to community feedback to create communications that complement and help with engagement work.

4.0 Strenthening our approach to Equalities and Inclusion

4.1 **Community Diagnostic Centre programme (CDC)**

Whilst the CDC programme is a national one, at locality level it was recognised from the start that equalities and engagement were embedded throughout the development and now delivery of the programme in order to ensure that the programme met the needs of our unique and diverse population and reduced demand on acute services. Collaborative working between the MICP locality lead, MFT, MLCO and enabling support from the locality Equalities and Engagement leads has been critical in ensuring that access, experience, and outcomes are equitable for communities and groups who experience known health inequalities.

Through early production of an Equality Impact Assessment (EIA), mitigating actions were identified to address known and anticipated inequalities and built into the development and governance of the programme with a clear reporting line to the programme board. Key to this was MFT's clear commitment to resourcing this work with support from the locality team, including the creation of a Community Engagement Lead and care navigator roles, equalities fund and transport fund to address the significant gap in CDC provision for North Manchester residents.

The Equalities and Engagement function was able to support with the EIA by connecting the CDC team to existing data and intelligence as well as training such as the locality work on digital exclusion and the LGBT Foundation's Pride in Practice

training. Continued involvement in the programme governance has ensured that as other initiatives such as the locality response to the cost-of-living crisis was developed, we have been able to align resources, avoid duplication and ensure that the access needs of people who experience barriers to health services are addressed throughout the CDC programme. The opportunities to connect the CDC to other locality programmes such as CORE20PLUS5[1] initiatives delivered across the locality and the connection to CHEM and PPAG will continue throughout the lifetime of the programme as we recognise that structural inequalities will not be reversed in just one part of the system.

4.2 Improving data collection and use of intelligence

There has been a clear focus on improving our data collection to address inequalities across the locality, supported by the locality Equalities function. The collection of data on protected characteristics through the locality primary care system was critical to improving COVID vaccination coverage for those at highest risk of infection and mortality. Having the data enabled the vaccination team to work across the system with partners including the VCSE to deliver vaccination pop ups in trusted locations such as Manchester Deaf Centre and to work with specialist teams such as MLCO's Community Learning Disability team and Neighbourhood teams.
In order to support improved collection of data and to support implementation of the Accessible Information Standard, the Equalities function has worked across primary care, the VCSE, CHEM and other system partners such as MLCO, MFT and GMMH to support frontline staff to collect the data with guidance and training. We have been able to share learning on what works and to address common barriers to implementation such as ensuring that we are able to put in place adaptations and ensure that people can book and attend appointments. Critically, we have developed a shared data collection template to ensure that we have asked for consistent demographic and other data to allow for comparison with the ONS and Census data. The learning from this has informed further work with primary care and wider partners to deliver targeted support to meet local needs and address inequalities through national requirements such as the Primary Care Network (PCN) Tackling Neighbourhood Health Inequalities.

4.3 Equality Impact Assessments

The Equality Impact Assessment (EIA) framework we have developed and are using already has socio-economic disadvantage embedded as a prerequisite to ensure we are addressing socio-economic deprivation despite the socio-economic duty; section 1 of the Equality Act 2010 not yet being enacted in England.

In addition, our assessment requires consideration for potential breaches of human rights and requires proportionate consideration of 'inclusion health' groups, for

[1] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

example, people experiencing homelessness, care leavers, veterans etc. We also have plans to extent the framework to include sustainability impacts.

Critically, we have worked across the locality to change the culture around the use of EIAs to ensure that they are carried out as early as possible in the development, design, and commissioning of services and that equally importantly, actions to mitigate against anticipated and known inequalities are built into programme and service management with regular reviews. The Equalities and Engagement function has ensured that programme and service leads base their EIAs on local and national intelligence and feedback through CHEM and PPAG to inform service design. A good example is the recent development of spirometry services. The function has supported action to ensure that where demographic and other data has not previously been collected, it is a key delivery priority. Underpinning this has been the commissioning of training on EIA completion and the embedding of EIAs within risk management approaches.

4.4 Anchor Work

A key priority in the transition into the ICS has been the requirement for ICBs to use their role as Anchor institutions to address the wider determinants of health, including employment. Learning from the pandemic, The Health Foundation has identified the building blocks that organisations should have in place to enable Anchor action – leadership, vision, partnerships, momentum, scale and spread, shared insights, metrics, and evaluation – underpinned by the guiding principles of purposefully tackling inequalities and co-producing with communities.

MICP organisations in Manchester are committed to improving the outcomes and life chances of people in the city through the Making Manchester Fairer plan. In the context of inequalities, the impact of the Covid-19 pandemic, poverty, and the rising cost of living, this requires creative and collaborative action. Anchor approaches to social value offer a way to join up and maximise the collective impact of partners' efforts. As reported to the April '23 Strategy and Planning Board, a coordinated mapping of Anchor work across a number of domains has been undertaken, using the Health Foundation's framework to inform the locality plan for this work. We recognise that many of the barriers to addressing inequalities and advancing equalities are in part linked to the need to better reflect our diverse population at all levels of our organisations. Equally, we know that some ethnically diverse communities and disabled people are much more likely to be in insecure and low paid work or on health-related unemployment benefits which has a detrimental impact on health. We have therefore agreed as a locality to focus on collaboration on targeted recruitment and progression initiatives to address known workforce inequalities and embed an equalities approach within the MPB local recruitment priority.

5.0 Next Steps

5.1 In Manchester there is a clear locality commitment to taking a system wide approach to addressing inequalities with shared ownership across system leaders including our VCSE partners. Further development will take place over the next few months to ensure that all of our locality resources support a common framework to take this work forward in collaboration with partners, so we are advancing and embedding equalities across the system level and providing the locality with the expertise to deliver its equality priorities aligned to the Manchester Partnership Board (MPB). For example, our Race and Health equity educational programme which is part of Theme 7 (Tackling structural racism and discrimination) within Making Manchester Fairer will be part of our toolkit to help us maintain our focus along with strengthening our approach to engagement and community involvement through the work of Community Health Equality Manchester (CHEM), our Patient and Public Advisory Group (PPAG) and other initiatives over the next 12 months.

6.0 Recommendation

The Manchester Partnership Board is asked;

- To support the work of the locality Equality and Enagament team with MPB partner organisations to ensure we continue to build community and patient voice into our approach to engagement and involvement across the system
- To support the opportunity to work work with partners to strengthen our approach to embedding equality, and inclusion accrss the locality to enable delivery on our ambitions by scaling up and accelerating action to reduce inequality.