



GM SHADOW EQUALITY BOARD

Date: 3 April 2019

Subject: Greater Manchester Inclusion and Wellbeing Partnership - Equality Engagement Report

Report of: Audrey Okyere-Fosu, GM VCSE Equalities Co-ordinator

SUMMARY OF REPORT:

This report provides an overview of the issues arising from the 'Advancing Equality' engagement events that were organised across Greater Manchester localities and the equality priorities arising from those events. The equality priorities will be presented to the GM Inclusion & Wellbeing Partnership (GM IWP) to enable the Partnership to develop a work plan to tackle inequalities in health and social care across Greater Manchester

PURPOSE OF REPORT:

This report is presented to the Shadow Equality Board (SEB) for comment and endorsement.

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1. BACKGROUND

On 12 May 2017 representatives of the Greater Manchester Health and Social Care Partnership formally signed a Memorandum of Understanding (MoU) with the region's Voluntary, Community and Social Enterprise (VCSE) sector.

Brokered by the Greater Manchester VCSE Devolution Reference group, the MoU outlined the sector's strategic approach to better engage with the Health and Social Care devolution agenda across Greater Manchester (GM) and within each of the 10 GM local authority areas. A core element of the MoU is recognition of the role that the GM VCSE sector currently plays in addressing existing health and social care inequalities.

A Shadow Equality Board (SEB) was established in June 2018 to provide strategic leadership around the implementation of the equality elements of the MOU and some work was undertaken via the VCSE assembly to identify equality priorities.

In May 2018, BHA for Equality was commissioned to operate as the equality host organisation, providing secretariat support to the SEB and undertaking operational duties aligned to the work of the SEB. The GM VCSE equalities co-ordinator was recruited into post in July 2018.

In September 2018 the SEB approved proposals for further locality engagement and six 'Advancing Equality across GM' locality engagement events were undertaken between November 2018 and March 2019.

This report provides an overview of the work that was undertaken and the equality priorities that were identified.

2. METHODOLOGY

The purpose of the 'Advancing Equality' events was to identify the locality equality priorities that could form the basis of a work plan of the proposed GM Inclusion & Wellbeing Partnership (GM IWP). Over November 2018 and March 2019 six 'Advancing Equality' engagement events were held in the following localities across Greater Manchester:

- Bolton
- Bury/Oldham/Rochdale/Tameside
- Rochdale
- Stockport and Tameside

- Wigan
- Salford and Trafford

In three cases a few localities were clustered to enable the completion of the engagement events by the deadline set by the SEB. The engagements events were supplemented by an online survey to ensure that stakeholders unable to attend locality events were able to contribute. The equality coordinator also ensured that hard copies of the survey were available to stakeholders on request and used social media for further awareness and engagement.

Local organisations with an in-depth knowledge of their communities and health and social care inequalities were invited to lead on organising the engagement events. Two events were planned in partnership with Bolton ETAG and Wigan Borough Partnership and facilitated by the SEB member who represents 10GM. Several NHS and VCSE sector equalities professionals were enlisted to facilitate and inform group discussions at the engagement events. Discussion at the events were guided by the following questions:

1. What are the continuing health and social inequalities that continue to impact your locality? Consider strengths, opportunities, areas for improvement and external pressures
2. What can the VCSE sector do to address and reduce identified inequalities? Who else needs to be involved?
3. How could a GM Wellness and Inclusion Partnership best add value to existing locality work and what should its priorities be?

BHA worked with Greater Manchester Council for Voluntary Organisations (GMCVO) to produce and circulate publicity materials for the events.

The following VCSE, NHS and other public sector partners were instrumental in the success of the Advancing Equalities events:

- Greater Manchester Health Social Care Partnership
- Heywood, Middleton and Rochdale Clinical Commissioning Group
- NHS Equality, Diversity and Inclusion Professional's Network
- KYP
- Disability Stockport
- Stockport Nexus Equality Forum
- Salford CVS
- Salford Royal Foundation Trust/Northern Care Alliance
- Trafford Council
- Rochdale Borough Council
- Thrive Trafford
- Voluntary and Community Action Trafford
- GMCVO

- The Mayors of Rochdale, Oldham and Stockport

In total 213 stakeholders participated in the engagement events from the VCSE sector, public sector, service users, faith groups and local residents. 183 of the 213 stakeholders attended the locality events and a total of 30 online survey responses were received.

3. LOCALITY EQUALITY ENGAGEMENT ACTIVITY

The following sets out a summary of points arising from the VCSE assembly meetings held between September 2017 and February 2018 which were incorporated into a report produced by Michelle Scattergood (VCSE Equalities Lead). Full details of these recommendations are available in the report: Re-framing Equality to respond to Health Inequalities: Supporting Citizen Led Reform.

- Develop shared equalities vision, values and outcomes for Greater Manchester.
- Develop a governance framework that assures equalities within the governance system by:
 - Setting up an Equalities Board (currently referred to as the GM Wellbeing and Inclusion Partnership)
 - Design and Implement a 'Director Level Equality Assurance Scheme'
 - Design and Implement 'Equalities Sponsors Scheme'
- Develop an Equalities Performance Management framework
- In depth analyses or 'equality challenge' exercises of the commissioning, social prescribing, person centred and community GM work streams to ensure that there are effective actions to ensure inequality issues are addressed.
- Design and implement a commissioning process to make a step change in reducing health inequalities and a process to invest in the VCSE.
- Support, facilitate and encourage co-design, co-production at GM level to support citizen led reform. Ensure that GM population most affected by inequalities are engaged and supported to be engaged in co-production and citizen led reform.
- Develop a GM social prescribing strategy to ensure 'step change' in equalities.
- Develop a GM workforce equality plan.

- Develop and launch the GM equalities plan and formally launch the set-up of an equality board and the year one action plan.

The following table provides a summary of the discussions arising from each of the 6 locality engagement events:

| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan & Bolton | Salford & Trafford |
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| MENTAL HEALTH | | <p>Develop targeted interventions to address the disproportionately high numbers of Black and Minority Ethnic (BME) people accessing mental health services via the criminal justice route.</p> <p>Lead on initiatives to train individuals with 'lived experience' from 'seldom heard' communities as Mental Health First Aiders</p> | <p>Highlight across the GM public sector, communities' perceptions and stigmas regarding mental health and propose recommendations to develop culturally competent services.</p> <p>Source financial support to train people with 'lived experience' as Mental Health First Aiders to improve engagement with 'seldom heard' communities.</p> | <p>Recommend inclusive ways that marginalised groups can access holistic therapies in addition to medication.</p> <p>Propose targeted interventions to address the disproportionately high numbers of BME people accessing mental health services via the criminal justice route.</p> <p>Highlight communities' perceptions of mental health and advise on improved culturally competent services.</p> | <p>Highlighting the risks of red tape (i.e. delays in decision making) and its impact on service users.</p> <p>Highlight and circulate examples of culturally competent mental health services. Advise on ways to develop culturally competent services.</p> | <p>Source/broker financial support to train people with 'lived experience' as Mental Health First Aiders to improve engagement with 'seldom heard' groups.</p> |

| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport &Tameside | Wigan & Bolton | Salford & Trafford |
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| MENTAL HEALTH continued | | | | <p>Develop initiatives to address the variation in access to holistic mental health therapies.</p> <p>Source/broker financial support to train people with 'lived experience' as Mental Health First Aiders to improve engagement with 'seldom heard' communities.</p> | | |
| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport &Tameside | Wigan & Bolton | Salford & Trafford |
| MENTAL HEALTH continued | | | | Support VCSE led research to evidence the link between mental health and social isolation, experiences of | | |

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| | | | | prejudice, hate incidents. Recommend interventions. | | |
| COMMISSIONING/ FUNDING | Review existing tender criteria to enable VCSE sector organisations to secure longer term public and private sector contracts. | Identify ways to embed equalities into the commissioning process, specifically in the review of projects, services and programmes. | Review current public sector tender criteria to enable more VCSE organisations to tender for public sector contracts. Also develop links with current commissioning hub work. Develop strategies to encourage a greater focus on social value to improve the chances of VCSE organisations tendering for local contracts. | Inform the ongoing GM work on commissioning by contributing to an 'inclusion commissioning charter': guidance to support all sectors. Make recommendations on how commissioners and funders can consider with equal weight the "lived experience" when | Negotiate financial support for VCSE organisations as tthreats to funding impact on locality work. Negotiate stable, longer term funding for VCSE sector to continue work in the areas of Ageing / Mental Health (CAMHS)/ Homelessness / Seldom heard voices. | Review of the current commissioning criteria to 'level the playing field'. Highlight and focus on the role of social value to improve the chances of VCSE organisations tendering for local contracts. |
| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan & Bolton | Salford & Trafford |
| COMMISSIONING/ FUNDING Continued | | | Identify ways to embed equalities into the commissioning process not only in the documentation (via contractual equality indicators) | Commissioning locality work and services. Co-designing more measurable equality outcomes | Support locality VCSE consortia bids with health social and equality remit. | |

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| | | | but also in the review of delivery of projects/ programmes of work. | and encouraging their use across the public and VCSE sector. Work with funders and commissioners to undertake more transparent and equality focused tendering processes. | | |
| SOCIAL PRESCRIBING | Clarify with public sector partners clear funding streams to address the lack of funding of VCSE organisations involved in social prescribing projects. | The appropriate funding of VCSE organisations involved in social prescribing projects was cited as a critical issue. Develop a cross sector social prescribing inclusion charter. | Source with public sector partners clear funding streams to address the lack of appropriate funding of VCSE organisations involved in social prescribing projects. Develop a GM Social Prescribing charter. | Avoid variation of social prescribing moving forward by contributing to the development of a Social Prescribing charter or good practice guidance. | | Source with public sector partners clear funding streams to address the lack of appropriate funding of VCSE organisations involved in social prescribing projects. |
| EQUALITY IMPACT ASSESSMENTS (EIAs) | Highlight the business case for EIAs. Celebrate and share templates and best practice across all GM sectors and localities. | Examine and question the effectiveness of existing EIAs and accompanying action plans. Ensure that EIAs of GM strategies are fit for purpose and | Share good EIAs and the organisations that produce them to all sectors as a model of good practice. Scrutinise existing Equality Action Plans- are they fit for purpose? Advise | Technology e.g. online appointments – undertake EIAs to avoid indirect discrimination. Examine key existing equality action plans – | Highlight and share the learning from good EIAs across GM localities – Identify who is doing this. | Share good EIAs Review EIAs to ensure service restructure or new services have considered equality and inclusion. |

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| | | associated actions plans are regularly monitored. | cross sector partners on monitoring equality and inclusion progress. | question and advise on continued implementation. | | |
| WORKFORCE | | | Develop recruitment interventions to inform how the public sector continues to give due consideration to an individual's 'lived experience' to enable a more diverse workforce. | Sharing public sector workforce equality data, interventions and resources to further develop inclusive leadership within the VCSE sector. Identify and highlight professional inclusive behaviours and practices – share ideas to embed these practices across GM. | Recommend strategies to minimize the impact on the health and wellbeing of VCSE staff due to restructure and funding cuts. Source/broker training for public sector workers to improve equality outcomes for service users living with a learning disability or a mental health condition. | |
| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan | Salford & Trafford |
| WORKFORCE Continued | | | | | Develop recommendations to ensure equality | |

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| | | | | | <p>and inclusion is considered in relation to staff with zero hour contracts, bank/temporary staff and those that work unsociable hours</p> <p>Engage with public sector locality HR teams to develop communication to VCSE sector partners on the potential impacts of public sector service and staff re-structures.</p> | |
| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan | Salford & Trafford |
| COMMUNICATION & ALTERNATIVE FORMATS | Develop strong relationships with locality health, social and equality forums to support a more united VCSE sector voice. | Advise and make recommendations on communication strategies to meaningfully inform and engage seldom heard voices | | To ensure inclusive involvement, source/broker/resource communication formats, on behalf of the VCSE sector e.g. Translation, interpretation and alternative formats. | Highlight the importance of jargon free, plain English as a strategy to more inclusive engagement. Source and share good examples to | Clarify and communicate with localities the GM WIP's project timescales, aims and objectives. |

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| | Identify and champion further work into the ways in which social media and online programmes can widen service user engagement: e.g. Skype, social media, Facetime. | | | | cross sector partners. Champion and share examples of inclusive technology and alternative formats e.g. online appointments. Highlight identified public sector channels to address queries and source equality information. | |
| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan | Salford & Trafford |
| INTERSECTIONALITY | Consider widening the inclusion focus beyond the protected characteristics as defined by the Equality Act 2010. | Highlight the needs of carers. | Widen the GM WIP's remit to consider homelessness and the other GM Mayoral priorities. Highlight the link between an individual's 'layers of | Highlight other factors not recognised under the Equality Act 2010 that impact on the health and wellbeing of communities. | Broaden equalities to consider the needs of veterans and carers | Consider intersectionality and lived experience, particularly in the areas of mental wellbeing and lived experience. |

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| | | | <p>lived experience' and the potential risk of compounded health and social inequalities.</p> <p>Identify ways to factor intersectionality into programme/service delivery, strategy and policy to ensure equitable outcomes.</p> | <p>Consider and highlight equality issues around homelessness, carers, social isolation, cultural perceptions, hate incidents, National/global issues and their local impacts (e.g. Brexit).</p> <p>Raise awareness of the difference between equality and equitable outcomes when considering communities and services.</p> | | <p>Highlight the importance of intersectionality in in service transformation and provision and its potential to compound health inequalities for already marginalised communities.</p> <p>Develop recommendations to factor intersectionality into programme delivery and service outcomes.</p> |
| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan & Bolton | Salford & Trafford |
| LOCALITY AND STRATEGIC ENGAGEMENT & COMMUNITY MAPPING | <p>Keep localities informed of the progress of the development of the GM WIP.</p> <p>Communicate regularly with localities and</p> | <p>Mapping to evidence the need for targeted equality interventions.</p> <p>Support the development of locality equality</p> | <p>Lead on sharing data and commission targeted mapping to evidence the needs of 'seldom heard' voices.</p> | <p>Understand locality aims, strategy and activity regarding inclusion and equality. This is to prevent re-inventing the wheel.</p> | <p>Avoid working with only 'gatekeeper organisations' by good locality engagement to support a diverse GM WIP</p> | <p>Celebrate the work and knowledge held within localities, specifically cross sector health and equality forums and networks. Highlight the key</p> |

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| | <p>make use of local knowledge as evidence for change.</p> <p>Link to established VCSE work such as the Happiness in Bolton Survey and the Golden Oldies Project.</p> | <p>networks and resource/support a local and trusted 'anchor' organisation to manage these networks.</p> <p>Share examples of projects/activities that have successfully mapped local equality projects</p> | <p>Develop relationships with VCSE representatives on the GMHSCP programme boards to support and inform their role.</p> | | <p>membership and equality network.</p> <p>Ensure localities are informed and aware of how they can inform public sector benchmarking such as the NHS Equality Delivery System (EDS2) and the Equality Framework for Local Government.</p> <p>Actively engage with private sector healthcare service providers to focus on outsourced services.</p> | <p>role these networks will continue to play in informing work to address inequalities.</p> |
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| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan & Bolton | Salford & Trafford |
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| PUBLIC SECTOR ENGAGEMENT, EXISTING PROCESSES & ACCOUNTABILITY | <p>Advise public sector bodies on the importance and benefits of completing the 'communication feedback loop' with VCSE organisations.</p> <p>Co-design new models of transparency and accountability with the NHS and public sector.</p> <p>Highlight public sector processes to avoid community frustrations with the amount of time that even simple changes can take locally</p> | <p>Develop a relationship with GMHSCP Programme Board VCSE to influence the system and affect change at a locality and strategic level.</p> <p>Understand the work of the GMHSCP boards and other existing public scrutiny and health and wellbeing boards. (The Healthwatch network?)</p> | <p>Develop a relationship with GMHSCP Programme Board VCSE reps to support, inform and influence.</p> | <p>Be aware of locality aims, geographic divides and "don't reinvent the wheel"</p> <p>Develop opportunities for open dialogue with VCSE sector organisations and commissioners about the use of equality analysis to review, redesign services</p> | <p>Equality work needs to be aligned with locality plans.</p> <p>Lead on improving locality and strategic communication with all sectors. Liaise with a wider range of groups to avoid only linking with gatekeeper organisations – to help diversify GM membership and engagement.</p> <p>Prioritise engagement with private sector organisations that provide health and wellbeing services. (As NHS services continue to be outsourced).</p> | <p>Broker/source opportunities for existing locality networks and forums to lead on engagement work.</p> <p>Outline steps to ensure a balance of locality VCSE representation on the GM WIP.</p> <p>.</p> |

| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan & Bolton | Salford & Trafford |
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| PUBLIC SECTOR ENGAGEMENT, EXISTING PROCESSES & ACCOUNTABILITY continued | Highlight the importance of cross sector communication and accountability and the routes available to provide evidence of poor performance. | Use existing equality tools, levers and league tables (e.g. Index of Multiple deprivation, CQC reviews etc) to make the case for targeted equality interventions | | | Create opportunities for locality VCSE organisations to participate in public sector benchmarking activity e.g. NHS Equality Delivery System (EDS2). Outline steps to ensure a balance of locality VCSE representation on the GM WIP. | |
| SHARING, INFORMATION, LEARNING & BEST PRACTICE | Highlight the experience and learning from establishing the Ambition for Ageing equalities board. Build locality trust, to encourage communities to lead on change. | Identify and share locality examples of good practice around effective engagement to include the voices of 'seldom heard' groups. Share good EIAs and guidance. | Lead on sourcing and sharing locality equality data. Commission targeted mapping to evidence the needs of seldom heard voices. Share good practice E.g. Rochdale Council and HMR CCG's joint Equality Strategy. | Advise and share examples of good practice to ensure effective engagement with 'seldom heard voices' Sharing the learning from ALL interventions i.e. success and lessons learnt. | Champion the business case for a thriving and equitable VCSE sector - the added value that it brings. Highlight existing professionals' network as a source of information and support to the VCSE sector. | Highlight GM's thematic equality issues as many localities experience similar health and wellbeing inequalities. Identify opportunities to co-design interventions to meaningfully |

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| | | | | | | address health inequalities. |
| | Bolton | Oldham, Rochdale, Tameside & Bury | Rochdale | Stockport & Tameside | Wigan & Bolton | Salford & Trafford |
| SHARING, INFORMATION, LEARNING & BEST PRACTICE Continued | Ongoing work - to keep people informed via local equality forums. (E.g. Bolton ETAG). | | | Highlighting the VCSE sector's work around equalities and sharing contacts. Data sharing | Partnership working and the strength of the asset-based model. Share VCSE best practice in public sector Workforce training (e.g. neurodiversity – autism) with the VCSE and private (care) sectors. Share locality welfare reform work. Highlight the work of Wigan Pride – and the collective cross sector efforts to bring communities together (CCG and Be You). | Create regular opportunities for cross sector networking. Support and highlight interventions to discuss equalities, specifically faith and race in a respectful, safe and managed way (eg. Human Library conversations). Share best practice on inclusive engagement. |

4. EQUALITY PRIORITIES

Stakeholders that attended Advancing Equality locality engagement events stated that the proposed GM Inclusion & Wellbeing Partnership (GM IWP) should focus on the following equality priorities to support improvement of health and social care outcomes for communities:

Mental Health

- i. Services to have a greater understanding of communities' perceptions and stigma regarding mental health; to better develop culturally competence services
- ii. Greater access to holistic therapies in addition to medication
- iii. Targeted interventions to address the disproportionately high numbers of BME people accessing mental health services via the criminal justice route i.e. sectioned under the Mental Health Act 1983/2007.
- iv. Financial support to train people with 'lived experience' and the VCSE sector as Mental Health First Aiders to reach seldom heard communities

Commissioning

- i. An opportunity put forward by many delegates was a review of the current commissioning criteria to 'level the playing field'. A greater focus on social value would improve the chances of VCSE organisations tendering for local contracts.

Social Prescribing

- i. The appropriate funding of VCSE organisations involved in social prescribing projects was cited as a critical issue.

Workforce

- i. The continued need for a workforce that reflects the communities it serves via recruitment.
- ii. The importance of staff understanding all communities, enabling them to provide culturally competent services and targeted interventions to address current health and social inequalities.
- iii. Create opportunities to increase the diversity of leadership in health and social care at GM and within localities.

Communication and Language:

- i. Consider the lack of availability of languages and communication formats as barriers to accessing health and wellbeing information and services
- ii. How messages around health and wellbeing are communicated to communities to ensure a more effective take up of screening and other services
- iii. Targeted communication to raise awareness within communities currently experiencing poor health and wellbeing outcomes

Equality Impact Assessment

- i. The importance of undertaking equality impact assessment at the start of service re-design
- ii. An understanding that any accompanying equality action plan is implemented and regularly monitored

Intersectionality

- i. An acknowledgement in service transformation and provision that intersectionality or 'layers of inequality' not only contribute to but compound health inequalities for already marginalised communities

Development of the GM Wellbeing and Inclusion Partnership

Locality stakeholders also identified several relevant actions that would assist in the operation and development of the proposed GM Wellbeing and Inclusion Partnership:

- i. In setting up the GM IWP links should be with existing locality networks. Examples include the following:
 - Salford CVS' VOCAL Forum
 - Stockport Healthwatch
 - Trafford Health and Social Care VCSE Partnership
 - Trafford Healthwatch
 - Stockport Nexus
 - Rochdale VCS Alliance Structure Equalities Sub Group
 - Bolton Equality Target Action Group
 - Wigan Borough Partnership
 - 10 GM
- ii. Clarify and communicate the proposed GM IWP's powers and influence and confirm its place within existing GM equality, health and social care structures. Several organisations questioned why embedding equalities remained a challenge for GM leadership, considering its legal duties under the Equality Act 2010 and Human Rights Act 1998. Some organisations refused to engage because of this.
- iii. Use existing equality resources and data (e.g. Index of Multiple deprivation, CQC reviews etc) to recommend interventions in localities.
- iv. Sponsor locality equality mapping through local VCSE organisations
- v. The GM IWP should consider thematic equality priorities as opposed to locality equality priorities to account for the historic inequalities experienced by 'seldom heard voices' across localities.

- vi. The inclusion of 'partnership' in the name of the GM body lacks clarity and could be problematic.
- vii. The quality of Joint Strategic Needs Assessments (JSNA) should be improved to respond to changing communities and support organisations to develop targeted equality interventions.

General Points

Other general issues arose in engagement discussions as follows:

- i. Lack of long term VCSE funding identified as a critical threat and to further develop equitable and inclusive practices.
- ii. Connect locality stakeholders with each other to highlight and share equality resources, best practice, data and research.
- iii. Signpost sources of funding, workforce and professional development across GM
- iv. Feedback, question and challenge at a GM level equality issues impacting on localities and communities

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April 2019