



Greater Manchester
Integrated Care

ICB Equality Objectives

28th September 2022

Meeting	Executive/Board Meeting		
Date	28th September 2022		
Title	ICB Equality Objectives		
Executive Summary	<p>This report summarises</p> <ul style="list-style-type: none"> The proposed Equality Objectives for NHS GM Integrated Care and high-level actions Proposed governance to advance and embed equality and inclusion. <p>The Board is asked to approve the proposed Equality Objectives and associated actions.</p>		
Previously considered by	GM ICS Transition Programme Board		
Next steps/future actions	Discuss	x	Receive
	Approve	x	Note
	For Information		Confidential y/n
Prepared by:	Sharmila Kar Jackie Driver	Presented by:	Warren Heppolette

How can we assure ourselves that the outputs delivered through the critical path are not widening inequalities for our people, our communities, and our workforce?

The paper sets out how we will advance equality and tackle inequalities as a GM Integrated Care Board by the delivery of the proposed equality objectives and related actions.

Prior governance/engagement (e.g., Accountable Officers; Finance Advisory Committee, Provider Federation Board etc).

The Equality, Diversity and Inclusion Transition Steering Group has supported the development of the Equality Objectives. Significant engagement work across the system has informed the proposals. Ongoing discussions are underway with localities and other stakeholders across the system regarding implementation plans.

Where is the report intended to go next?

The NHS GM Integrated Care Executive and Board for approval.

Executive Summary

This paper outlines the work done to date by the Equality, Diversity & Inclusion (EDI) Transition Steering group and interim equalities team to develop the NHS GM Integrated Care Board Equality Objectives and relevant actions that will be required to deliver them.

The NHS Integrated Care Board is a listed Public Authority for the purposes of the Equality Act 2010, and thereby is obliged to set out its Equality Objectives every 4 years alongside its progress towards meeting the Public Sector Equality Duties. The proposed objectives also integrate the new equality considerations set out in the Health and Social Care Act 2022.

The Health and Care Act 2022 has allocated clear levels of responsibility to address inequalities and advance equalities to Integrated Care Boards. The statutory nature of NHS GM Integrated Care will allow us to build on the ambitious ways we have been working over the last five years and continue to evolve to deliver even better health and care for the people of Greater Manchester.

In addressing inequalities, we will build on the previous work of GM CCGs and their partners, draw collective strengths together and work in an integrated way with localities to ensure that delivery is proportionate and appropriate to place.

The GM Equality team when established will be expected to collaborate with providers and localities for advancing equalities at system level and provide the NHS GM Integrated Care the expertise to deliver its own statutory equality functions. The team should be an enabling function to assure the Board that responsibility for tackling inequalities will sit proportionately at every level of the system, from place-based partnerships and provider collaboratives to system level partnerships.

This paper also provides a proposed governance structure for the Equality and Inclusion function for NHS GM Integrated Care.

Recommendation

The Executive/Board is asked to comment and approve the paper.

1. Context

Tackling injustice and inequities in our workforces and addressing existing inequality and advancing equality in our health and care delivery are symbiotic actions that will strengthen our ability to evidence a reduction in unwarranted disparities for our diverse communities in health and care access, experiences, and outcomes.

The [Greater Manchester Strategy](#), Independent Inequalities Commission [report](#) and Marmot's [Build Back Fairer in GM](#) have all highlighted the urgent need for broad actions on addressing health and care inequalities, the wider determinants of health, access to services and leadership and workforce inequalities including and particularly in our communities that experience racial inequality, discrimination and disadvantage.

Our equality objectives aim to support our system to tackle some of the most urgent priorities we face in health and care – tackling long waiting lists and excessive accident and emergency presentations and attracting and retaining diverse workforces will all benefit from our pro-active address of those people who end up in ‘revolving door’ presentations because of access barriers and unwarranted disparities in a career in health or care.

There is now ample evidence of how policies and practices can inadvertently adversely affect the health, well-being and outcomes for communities that experience discrimination and disadvantage (systemic discrimination).

ICs are expected to deliver effective interventions at the right place and level so that they can make a difference to our diverse populations’ unequal outcomes. We can now take systemic practical actions to address and remove unhelpful ‘baked in adverse bias’.

Our focus needs to be on understanding and then developing practical solutions to removing bias from systems and processes that tackle the underlying causes of inequalities.

2. Meeting our Equality and Inclusion requirements as NHS GM Integrated Care

2.1 The Health and Care Act 2022 has introduced a range of ICB obligations in relation to health inequalities, which should underpin the discharge of our functions.

ICs have been tasked with leading efforts to identify and reduce health inequalities in their area, alongside broad objectives to improve population health and contribute to social and economic development. To help guide action, NHS England has developed an approach – [‘Core20PLUS5’](#) – that focuses on reducing inequalities by targeting efforts at the most deprived 20% of the national population.

In GM, 36.3% of the population live in areas that are amongst the 20% most deprived in England, so this targeted reduction of health inequalities will be very pertinent to Greater Manchester. Our proposed Equality Objectives encompass the work necessary to evidence this targeted reduction in collaboration with the Population Health teams through our Build Back Fairer framework.

NHS England have also set out what measures will be needed to tackle workforce inequalities that will contribute towards tackling health and care equalities.

3. Proposed GM NHS Integrated Care Equality Objectives

3.1 As a statutory organisation, NHS Greater Manchester Integrated Care will be subject to the Equality Act 2010 and the Public Sector Equality Duty provisions. It must, in the exercise of its functions, have due regard to the three tenants of the Public Sector Equality Duties.

Having due regard involves the removal or minimising of disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people from protected groups where these are different from the needs of other people and encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

It requires equality considerations to be reflected into the design of policies, strategies, practices, the delivery of services (including internal policies) and for these issues to be kept under review.

To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities to publish, Equality Objectives at least every four years and annually demonstrate their compliance with the public sector equality duty.

The Equality Objectives drafted herein are not to be considered in isolation but intended to map across relevant frameworks, strategies, standards, and reports (such as the GM Strategy, Build Back Fairer, People and Culture strategy etc.) to create optimum conditions to succeed. In developing these objectives, we have considered work on-going in localities and the work done by prior CCGs in relation to meeting their public sector duty.

3.2 We have engaged extensively on setting out Equality Objectives for GM Integrated Care and would seek Board agreement to adopt and publish at the earliest opportunity as is required of a listed public authority.

We have prioritised three overall Equality Objectives. These relate to:

- **Our People**
- **Our Communities and Insight**
- **Improving our Outcomes**

Based on research and findings of existing disparities and disadvantages evident in Greater Manchester, we have outlined the areas we believe we need to focus on to address inequality and advance equality and human rights.

We are proposing three overall Equality Objectives to cover the period July 2022 to March 2026. Each of these equality objectives is supported by associated actions which will be set out through a more detailed delivery plan to be reviewed annually.

	Equality Objective	<i>In doing so, NHS Greater Manchester Integrated Care will:</i>
	1. Our People	

1.1	Strengthen inclusive and accountable decision making and leadership with a clear organisational commitment to advance Equality and Inclusion.	<ul style="list-style-type: none"> • Develop and monitor equality performance objectives for all senior leaders and staff in NHS GM Integrated Care. Measure and share progress and achievements. • Develop and implement a diverse leadership, talent, and career progression action plan to work towards reaching representational parity over time with a focus on race and disability initially. • Strengthen governance for equality and inclusion with a particular focus on ensuring equality impact assessments are integral to decision making.
1.2	Improve representation and provide an accessible and inclusive working environment and culture enabling NHS GM Integrated Care to become an employer of choice where all people can flourish.	<ul style="list-style-type: none"> • Have designed and begun delivering an equality education programme for all ICB staff and board to meet the challenges set out for ICS's to improve outcomes in population health and healthcare and tackle inequalities in outcomes, experience, and access. • Strengthened staff and leadership capability to recognise and act on existing workforce disparities by setting and moving towards aspirational targets to improve recruitment, experience, and development opportunities for minoritised ethnic staff and disabled staff in the first instance¹.
2. Our communities and insight		
2.1	Engage and involve communities who experience discrimination and disadvantage in planning, design, and delivery of health interventions.	<ul style="list-style-type: none"> • Improve the collection, analysis, and application of quantitative and qualitative equalities related information, insight and learning to enable targeted action where required. • An agreement with VSCE and user led/community organisations where NHS Greater Manchester Integrated Care decisions will be co-designed with communities /VCSE. • Strengthened and harmonised an approach to integrating community intelligence into commissioning decision making.
3. Improving our Outcomes		

3.1	Working with others to drive the reduction of inequalities in access, experience and outcomes of health and care services.	<ul style="list-style-type: none"> • Build capabilities and confidence across the NHS Greater Manchester Integrated Care workforce to recognise and mitigate disparities experienced by protected groups and their intersectionality across all commissioned services through performance requirements of providers. • Be able to evidence consideration in commissioning expenditure decisions to address inequalities and advance equalities. • Quality and performance reviews of providers able to identify and measure provider progress towards addressing inequalities and advancing equality in their 6 priority areas (elective care, urgent and emergency care, vulnerable services, clinical services, mental health, learning disability and autism, cancer). • Evidenced meeting agreed targets to reduce inequalities in our Core 20 plus 5 priority areas (maternity, mental health and learning disability, elective care, urgent and emergency care, chronic respiratory, early cancer diagnosis, hypertension, anti-smoking).
3.2	Set equality performance goals and develop a measurement framework to evidence how we are addressing inequalities and advancing equalities.	<ul style="list-style-type: none"> • Co –produce a single bank of online community and NHS equality intelligence and insight • Develop a broad approach to inclusive data particularly for gender, ethnicity, disability, and sexual orientation to better understand patterns and gaps and to respond accordingly • Agree equality related performance objectives for all its staff. • Developed an equalities measurement framework by which we can evidence impact and change towards addressing inequalities.
3.3	Pro-actively address existing systemic and structural racism through the implementation of an anti-discrimination approach for NHS GM Integrated Care. Intersectional by default.	<ul style="list-style-type: none"> • Develop an effective and evidence-based race equality action plan aligned to the Race Equality Strategy being developed through the GMCA and the GM Race Equality panel (Intersectionality will be considered within this work to understand how systems of oppression overlap to create distinct

		<p>experiences for people with multiple identity categories e.g. race and gender.)</p> <ul style="list-style-type: none"> • Become an early adopter of the NW BAME Assembly’s anti-racist framework and set structures to deliver fair and equitable outcomes for people and communities that experience racial inequality which will include our workforce. • Set out an approach with providers and localities that will evidence improved outcomes for those most likely to have difficulty accessing health and care, have a poorer experience or outcomes related to institutional discriminations.
--	--	--

When publishing its equality objectives, it is good practice for listed authorities to set out how it intends to measure progress. We are proposing to bring together a small task and finish group to develop a measurement framework to evidence incremental progress over the 4-year period.

4. Governance

4.1 Ultimate responsibility and accountability for advancing equality and addressing inequality in health and care rests with the NHS GM Integrated Care Board with strategic EDI leadership within the Chief Strategy and Innovation officer’s portfolio.

4.2 The Board will need to provide visible leadership on equality, diversity, and inclusion issues across the system. A proposed governance infrastructure for NHS GM Integrated care includes the development of an Equality and Inclusion Council ideally chaired by the Chief Executive and/ or NED with responsibility for E&I. This is based on a similar model developed by NHSE where their Council provides visible leadership on equality and diversity issues across the health service.

4.3 It will support the mainstreaming of equality and inclusion across the ICB as an employer and commissioner of services including establishing and sharing a clear evidence-base to understand and address key and emerging equality and inclusion issues. The proposed Council will have oversight of all equality and inclusion activities, assess progress against the Equality Objectives and plan, provide direction and guidance on prioritisation for and areas of focus.

4.4 Senior equality and inclusion leadership will enable and facilitate the delivery of the objectives and action plans, providing assurance on progress.

5. Risks

Discrimination, structural and institutional bias, and barriers are among the most detrimental determinants of health and wellbeing. The rich diversity of our GM communities is not being realised whilst structural inequalities in health and care persist which means we are not

making the most of available talent and we are hampering those communities' contributions towards economic growth.

Without aiming for equity for and within our GM population, we will continue to incur unnecessary excessive costs to individuals and communities and to system resources. Without creating the conditions for diverse leadership, workforce, and talent to flourish, we will lack the insight and ability to deliver to our diverse community's needs. Without developing more robust and systematic approaches to engaging our communities, supporting them to have influential voices, especially those from marginalised parts of our system we will continue to fail to effectively meet their needs.

6. Recommendations

The Executive team/Board is asked to:

- Agree the proposed Equality Objectives and associated actions for NHS GM Integrated Care.
- Support the further development of governance proposals to advance equality and inclusion within NHS GM Integrated Care.
