

Greater Manchester Integrated Care Partnership Board

Date: 27th March 2026

Subject: *'No Space for Racism'* – Campaign launch and programme update

Report of: Evelyn Asante-Mensah, Independent Chair, Black, Asian, and Minority Ethnic Assembly, NHS England North West Region
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PURPOSE OF REPORT:

This report provides an update following the GM ICP Board meeting in December 2025, outlining the launch of *No Space for Racism* campaign website and plans for the underpinning asset pack and communications toolkit, and offering further detail on the insight and context that have shaped the campaign's development. It highlights the emerging underpinning workstreams and the overall delivery approach, alongside progress in strengthening connectivity, alignment and integration between the health and care-focused anti-racism programme and wider ongoing Greater Manchester work on racial equity, inclusion and community cohesion, ensuring a unified whole-system contribution to the Greater Manchester Strategy. Finally, the report sets out recommendations for next steps to sustain momentum and embed a coordinated, system-wide response to tackling racism across health and care in Greater Manchester. This report highlights that racism is not unique to Greater Manchester, but here there is the will to take assertive action in solidarity and partnership with citizens, communities and the workforce.

RECOMMENDATIONS:

The GM Integrated Care Partnership Board are requested to:

- Publicly endorse and participate in sharing the initial campaign materials and messages (as referenced in section 4).
- Provide advocacy and support for the underpinning pillars of work described in section five and endorse the development by the ICB of a new working group (as referenced in section 5.9) to convene colleagues around an anti-racism work programme
- Help ensure a coherent, consistent and sustained approach to anti racism as part of our collective efforts to deliver the Greater Manchester Strategy (as described in section 7) and endorse the GMCA and Equalities and Workforce Portfolios playing a system leadership role with oversight from the GM Race Equity Group.

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1. CONTEXT

- 1.1. The Greater Manchester Strategy: *Together We Are Greater Manchester*, sets out our collective commitment, as people and partners across the city region, to accelerate progress towards a more equal future, this includes putting equity and inclusion at the heart of public services, and building stronger and more cohesive communities, so everyone can live a good life.
- 1.2. This commitment sits against a national context of rising experiences of racism, antisemitism, Islamophobia, misogyny, hate crime, polarisation and alienation. This division is being driven locally, nationally and globally by factors including the changing geopolitical environment, heightened international tensions, a social media ecosystem which rewards conflict and polarisation, falling trust in institutions and the economic challenges faced by our communities.
- 1.3. Whilst most people in the city region treat each other with respect most of the time, the behaviours and actions of a small yet significant minority of people can breed fear and harm, and if unchecked there is a risk this will spread and grow across our public services, GM system and the communities we live in and serve.
- 1.4. Greater Manchester leaders have recognised this rise and have been clear that racism, in all its guises, will not be tolerated.

2 RACISM IN HEALTH AND CARE SETTINGS

- 2.1 Health and care staff have been reporting a significant increase in experiences of racist and discriminatory behaviours nationally across a series of settings¹². Throughout 2025, concerns raised by the workforce across the GM system and nationally³ have highlighted the increasing scale of the issue and the harm being caused.
- 2.2 A meeting between the Mayor of Greater Manchester, Andy Burnham, and the chairs of Pennine Care FT and the NHS North West Black, Asian and minority

¹ [Racism in nursing: RCN reports 55% rise in members facing abuse | News | Royal College of Nursing](#)

² [Migrant-care-worker-report-2025.pdf](#)

³ [NHS staff facing rising tide of 'ugly, 1970s-style racism', Health Secretary says | The Independent](#)

ethnic Regional Assembly in October 2025, brought forward powerful testimonies from affected staff. These accounts underlined the severity of the problem, the inconsistency of responses across organisations, and the urgent need for a more visible, coordinated and system wide action.

2.3 This collective insight shaped the decision for Greater Manchester to develop a unified movement, mirroring the approach taken in the first phase of the *Is This Ok?* campaign, and supported by a strengthened and more consistent programme of internal change. At the December meeting of the GM ICP Board, it was agreed that the campaign should be progressed ready for a launch at the meeting of the Board in March 2026.

2.4 Although racist behaviours are not unique to health and care, a focus on NHS and social care settings was recommended for the initial phase of the campaign, given the propensity of the problem within those settings, the scale of the health and care workforce, and the breadth of touchpoints with the public. This was seen to present the greatest opportunity to have a significant impact at pace.

2.5 Discussions have also progressed with wider partners across Greater Manchester to learn from and align with work across other public-facing services and in readiness of a broader focus for future phases of the campaign. This phased approach enables immediate and urgent action to be taken, to deliver against the timeline set in the December ICP Board meeting, to tackle the most affected areas, while laying foundations for a coherent whole system response across all public services over time.

3 WHAT THE GREATER MANCHESTER HEALTH AND CARE WORKFORCE HAVE TOLD US

3.1 Colleagues across Greater Manchester have reported overt and subtle forms of racism, Islamophobia and antisemitism including racist slurs, insults, derogatory comments about identity, exclusion, and threatening or intimidating behaviour. These incidents arise in clinical spaces, waiting rooms, community settings, during home visits, and while travelling to and from work.

3.2 These incidents are occurring not only from patients and wider public, but also between colleagues and, in some cases, from managers. Leaders have also been

made aware of incidents whereby staff have discriminated against patients based on their race which is also wholly unacceptable.

- 3.3 It is understood that racism and discrimination are under-reported. Colleagues describe feeling pressure to absorb racist behaviour to avoid escalation or negative consequences. Some feel that racism is an inevitable part of working life. Many colleagues particularly those from Black, Asian and minority ethnic backgrounds describe racism as something they feel they must simply endure because of their identity or role. This internalised acceptance of harm discourages reporting and deepens feelings of vulnerability. There is also uncertainty about whether they will be supported in the moment to step away from unsafe or abusive encounters.
- 3.4 The cumulative effect is a culture in which racism risks becoming tolerated rather than challenged. Staff repeatedly describe the personal and professional toll of these experiences, with clear impacts on wellbeing, morale, team culture and retention.
- 3.5 This is further compounded by considerable variability in how organisations respond to incidents, leaving colleagues uncertain about the timeliness, seriousness and robustness of the protection, escalation and action taken when racism occurs. While some organisations have policies in place, colleagues experience variation in how these are interpreted and acted upon.
- 3.6 It is important to be clear that these behaviours, whilst significantly damaging, reflect the actions of a minority. The majority of patients, service users, families, workforce colleagues and communities across Greater Manchester treat health and care colleagues with respect, kindness and appreciation, recognising the vital role they play.

4 NO SPACE FOR RACISM – CAMPAIGN MATERIALS

- 4.1 Insight gathered shows there are two central challenges which must be addressed directly and consistently:
- Behaviours that should be unequivocally unacceptable have, in some cases, become normalised and active in health and care environment.

- Racist language and conduct can be minimised or dismissed as “part of the job”, masking harm and eroding staff trust.

4.2 A focused campaign in support of health and care staff was supported at the ICP Board meeting of 12th December 2025. It aims to:

- Increase public understanding of harmful behaviours by naming them, the impact that they have and why they are not acceptable
- Reinforce clear expectations for how staff should be treated.
- Make colleagues’ lived experiences visible and impossible to ignore.
- Make clear that racism towards staff will not be tolerated.
- Not be a judgement on our communities, but to challenge the normalisation of racism in interactions with services and commit to protect staff and patients from unacceptable behaviour wherever it occurs and to reinforce shared expectations of dignity and respect.

4.3 Key campaign outputs will include:

- A *No Space For Racism* campaign website
- A communications pack including aligned key messages from leaders to support Greater Manchester wide rollout across all partner organisations.
- Asset pack including high impact visuals, graphics, messaging and language co-produced with staff.
- Visual materials to use as part of staff training and awareness raising.

4.4 The website will be launched on week commencing 30th March as a key first step and statement of intent. It will act as a central route to learn more information as to why GM is taking a stand and will highlight that a co-produced public-facing campaign is currently in development. The website will offer clear reporting and support routes for those who have experienced a racist incident, as well as advice on what allies, managers and fellow staff can do to safely support health and care workers. Release of further resources, such as the wider comms, asset pack, social media toolkit and visual materials will follow in due course as to maintain the rhythm and longevity of the campaign. A coordinated approach will be designed in to ensure consistent language, visuals and messages across partner organisations with the initial intention of highlighting to people working in the health and care that the system has heard their concerns and is working to support them.

4.5 A public facing campaign video is also under development which aims to maximise visibility and reach. The content of the video is being carefully co-designed with a core cross-partner leadership group and advised by case studies of lived experience of members of the health and care workforce who have been affected by racist and discriminatory behaviour. The working group will continue to develop the video messaging for a full release later this year. The outward-facing campaign will call out racism and set clear expectations for how staff should be treated, evoke feelings of empathy, encourage unity action and allyship, and signal that there are consequences for racist behaviour.

4.6 The campaign assets will also support internal culture change across organisations. They can be incorporated into anti racist leadership training to build leaders' confidence in responding to racist behaviour effectively and with clear accountability, and they can be used in internal communications to reinforce expectations and raise awareness through consistent stories and messages.

5 THE NEED FOR SYSTEM CHANGE AND UNDERPINNING WORKSTREAMS

5.1 Though the development of a public campaign is seen as a helpful starting point to explicitly name and acknowledge racism as a significant and pervasive issue, there is also a need to change internal organisational cultures and commissioning practices at individual provider and ICB level that builds the structures, behaviours and consistency needed to make change sustainable, to reduce the likelihood of incidents and to assure staff that they will receive adequate support if they are subjected to this behaviour.

5.2 A suggested programme, available for all Health and Care Partners to adopt and be part of includes four key pillars which are summarised in the bullets below and described more deeply throughout this section:

- Improving reporting of racist incidents at provider level, agreeing consequences for this behaviour and reinforcing these messages.
- Opportunities to collaborate on training and development such as active bystander training
- Developing with HR Directors a consistent set of system principles on the *Right to Withdraw*

- Embedding anti racist principles into procurement, commissioning and leadership approaches through the developing role of the ICB as a strategic commissioner as described in the Model ICB Blueprint.

5.3 Further development is required across the system to strengthen the reporting of racist behaviour and the consistency and quality of organisational responses. To include clear and consistent consequences for racist behaviour, enhanced leadership representation, expanded training for leaders, managers, HR teams, bystanders and frontline staff, anti-racism more fully embedded within commissioning, contracts and assurance, and enhanced oversight and learning mechanisms. During April 2026, NHS GM will launch a new Datix reporting system to enable greater visibility of incidents.

5.4 The scenarios in the campaign lend themselves to active bystander training and messaging, helping colleagues develop practical skills in challenging harmful behaviour and supporting others safely and confidently. They provide a powerful starting point for staff group workshops, enabling honest conversations and building confidence in reporting. HR teams can use the materials to support more consistent, fair and trauma informed approaches during formal processes, while teams can draw on the stories within routine huddles and reflective practice sessions to strengthen shared understanding and cultural competence across everyday work. Concentrated and bespoke efforts are already being made to spread this learning in a number of GM trusts such as Pennine Care.

5.5 Health and Care Providers have agreements and policies around how staff can remove themselves safely and without detriment from racist behaviour, with managers expected to provide timely support, clear escalation and predictable follow-up. Second, it makes explicit that racist behaviour has consequences for the delivery of services, reinforcing that care cannot be expected to continue as usual where staff safety and dignity are compromised. Staff should never be expected to absorb racism as part of their role. Working together to align our policies and agreements under a common set of system principles will help strengthen this. We want to see the *Right to Withdraw* being understood and applied reliably across the system.

5.6 Anti-racism requires a system-level approach that actively reduces the conditions in which racism can persist. The system needs to use all the levers it has to set

clear standards of behaviour, grow trust and confidence in reporting, build accountability into service delivery, and intervene early to prevent harm. Embedding anti-racism in these levers ensures that racism is challenged structurally not left to individual courage alone and that organisations stand in the way of discriminatory behaviour, by design, rather than having to react to it after the fact. In light of GM's response to the ongoing organisational changes, there is an opportunity to explore and confirm how the GM ICB as a strategic commissioner can weave anti racist principles into its procurement, commissioning, and leadership functions.

5.7 As part of the ICB 2026/27 plan each Chief Officer has a personal objective on Equality, Diversity and Inclusion which were worked up through a dedicated executive session earlier this year. This speaks directly to anti racism being a key priority in this year's plans. A Board and Chief Officer session on race equity is due to be hosted later this year and facilitated by the BRAP charity.

5.8 Leaders have also co-produced a series of new staff experience commitments with the NHS GM staff networks, providing additional senior leadership and sponsorship to their work in future.

5.9 The ongoing organisational reform process has made it challenging to assign a group to proceed with this underpinning work, with most available capacity having been directed in support of the development of the campaign. It is envisaged that internal facing programme of work described above will be driven by a new group at the ICB which will be developed after confirmation of the new structures in April 2026, and will align culture, organisational development and inclusion colleagues and will report into one of the new committees. The work of this new group will build on GM's pre-existing anti racist approaches in health and care, such as progressing against the NHS North West Black Asian and minority ethnic Regional Assembly Anti-Racist Framework and Workforce Race Equality Standard (WRES).

5.10 Together, the internal programmes and external campaign elements are essential to disrupt both the normalisation of racism and the internalisation of harm experienced by staff.

6. TAKING A WHOLE SYSTEM APPROACH TO RACE EQUITY

- 6.1 This campaign, and the underpinning anti-racism work programmes set out above, are part of a substantial and growing body of work already underway across Greater Manchester to progress racial equity and inclusion across our public services and the wider system and ensure a confident and coherent anti-racist approach.
- 6.2 To maximise coherence, capacity and impact, the ICP Board is asked to play their role to support a stronger join-up of system efforts across public, private and voluntary, community, faith and social enterprise (VCFSE) sectors more broadly.
- 6.3 This is critical to ensure anti-racist principles are embedded across policies, practice, employment, governance, and service delivery, addressing the root causes of racism to dismantle systemic inequities. Meaningful change will require ongoing collective leadership and evidence-based action, rooted in a deep understanding of systemic racism and its operation at various levels within any given organisation, with decisions evaluated against their potential for racist or anti-racist impact.
- 6.4 A variety of race equity frameworks, standards and strategies have been adopted across Greater Manchester institutions and there has been in growth in cross-system partnerships actively shaping learning and action, for example with trade unions addressing the experiences of migrant workers; hate crime boards, staff networks, race equality panels and communities of practice. An explicit race equity focus is also being embedded within flagship Greater Manchester programmes such as Live Well, Fairer Health for All and Housing First. There is now a need and opportunity to bring these efforts together for greater consistency and impact.
- 6.5 The Greater Manchester Race Equity Framework, endorsed by GMCA leaders in October 2023, provides a common approach for advancing anti-racism across public services and partner organisations in the city-region. All ten local authorities, Transport for Greater Manchester (TfGM), Greater Manchester Fire and Rescue Service (GMFRS), the (GMCA) are all actively engaged, each appointing political and organisational leads responsible for driving the Framework within their organisations, and contributing to an annual progress report to the GMCA. The Framework sits within the Greater Manchester Strategy (GMS) delivery plan, providing a strong foundation for a single, reinforcing system architecture.

6.6 There is an opportunity for clearer integration with NHS Greater Manchester efforts to align and implement race equity standards across health and care settings, working in partnership with GMCA, local authorities, Health Innovation Manchester, the GM Growth Company, VCFSE partners and other system groups.

6.7 Joint work is already underway through the GM Tackling Inequalities Board, Population Health Committee and the GM Black Asian and minority ethnic Leadership Council. Increasing alignment of activity across the GM system includes shared work on communications and campaigns, lived experience engagement, leadership pathways, and improved use of workforce data to drive organisational culture change. This includes strengthening workforce race equality standards in Adult and Children's Social Care, developing inclusive recruitment toolkits, and supporting leadership development through Elevate and related programmes.

6.8 Stronger collaborative architecture and integration, through the GM Equality and Workforce portfolios, with oversight and coordination through the GM Race Equity Group, would reduce duplication, strengthen accountability, amplify community voice, and accelerate progress towards a more equal Greater Manchester.

7. PROPOSED NEXT STEPS

7.1 There is now a critical opportunity to bring this work together more deliberately across health and care, and between all partners working together in the city region: pooling insight and learning, strengthening collaboration, and amplifying collective action for a more coherent, visible, and impactful system response.

7.2 The ICP Board are asked to consider next steps to include:

- ICP Board members to all play their role to promote the campaign and share the assets within their organisations and externally.
- ICB to establish a new group to develop, coordinate and drive internal work programme across four key pillars set out in section 5.
- Priorities for future phases of the campaign and system alignment to be scoped between public sector, VCFSE, provider organisations, and trade unions, to include consideration of cross-sector collaboration on:

- Cross-sector training and frameworks, to include potential to roll out active bystander and allyship training
 - Racial equity in research, insight, engagement and participation (drawing on the GM Research Engagement Network, GM Race Equality panel and GM Faith and Belief Covenant and the GM Participation Playbook and Participation Oversight Group)
 - Anti-racism in communications, commissioning and contracting
 - A system wide anti-racism baseline assessment (drawing on Manchester City Council's approach and current GM health system progress against the North West Black Asian and minority ethnic Regional Assembly Anti-Racist Framework)
- Shared learning and scope for further alignment of internal anti-racism work programmes to be explored further with the GMCA and GM Workforce Portfolio leads, including the HR Directors Group and the Workforce Inclusion Standards oversight group.
 - Join-up of externally facing workstreams on racial equity to be accelerated through the GMCA and GM Equalities Portfolio and Race Equity Group.

7.3 Proposals and work plans to be taken to the GM Race Equity Group for coordination and oversight with updates to GM ICP Strategy Group and GM ICP Board in six to nine months.

8. RECOMMENDATIONS:

The GM Integrated Care Partnership Board are requested to:

- Publicly endorse and participate in sharing the initial campaign materials and messages (as referenced in section 4).
- Provide advocacy and support for the underpinning pillars of work described in section five and endorse the development by the ICB of a new working group (as referenced in section 5.9) to convene colleagues around an anti-racism work programme.

- Help ensure a coherent, consistent and sustained approach to anti racism as part of our collective efforts to deliver the Greater Manchester Strategy (as described in section 7) and endorse the GMCA and Equalities and Workforce Portfolios playing a system leadership role with oversight from the GM Race Equity Group.