

What is the socio-economic duty? What does it mean for NHS GM?

A strategic partnership



The socio-economic duty ("the duty") is a powerful tool for addressing poverty and creating a fairer society.

Contained within Section 1 of the Equality Act 2010, though currently unenacted, the duty requires that all public bodies actively consider the way in which their decisions increase or decrease inequalities that arise from socio-economic disadvantage.

Following a manifesto commitment by the Labour Party ahead of the 2024 general election, the current government is working towards statutory implementation of the duty, expected in 2026. In July 2025, NHS GM Integrated Care Board supported a proposal to voluntarily adopt the socio-economic duty, joining a growing number of public bodies that actively considers how their decisions affect people experiencing poverty.



9 of the 10 local authorities in Greater Manchester and Transport for Greater Manchester have adopted the socio-economic duty.



Scotland and Wales have each implemented the duty, through the "Fairer Scotland Duty" and "A More Equal Wales" initiatives.

What does the socio-economic duty mean in practice for NHS GM?



Formal incorporation of socio-economic disadvantage, alongside the nine protected characteristics in the Equality Act 2010, in equality impact assessments.



Using data to inform its implementation.



Developing clear criteria to measure impact and identify what works through monitoring and evaluation.



A clear commitment from senior leaders to tackling socio-economic disadvantage throughout every level and structure of the health system.



A shared commitment across every department to consider socio-economic disadvantage in all aspects of their operation.



Recognition of the importance of engaging people with lived experience of socio-economic disadvantage in decision-making, and a commitment to innovatively and sustainably incorporate diverse expertise into health services' commissioning, design and delivery.



Establishing space to share learning and best practice across settings and services.

Case studies on the next page





Case study: Welsh Government Vaccination Transformation Programme

Having adopted the duty in 2021, the Welsh government prioritises reducing inequalities of access to key preventative healthcare measures. Recognising that equitable vaccine uptake ensures all citizens are protected from the harms of vaccine-preventable disease, their National Immunisation Framework (2022) requires all health boards in Wales to prepare a Vaccine Equity Strategy. By considering socio-economic disadvantage alongside protected characteristics and underserved groups, these strategies **seek to overcome historically low uptake among deprived communities through a variety of means to improve accessibility and affordability**, including creating vaccine hubs on well-travelled transport routes.

Centred on the duty, the Welsh government framework directly reduces inequalities of outcome in health and access to healthcare caused by socio-economic disadvantage.



Case study: Merseyside Fire and Rescue Service (MFRS)

The MFRS example, while not related to the health system, illustrates more broadly the opportunities brought by adoption of the duty.

Adopted in 2021, the duty has led MFRS to review and overhaul recruitment processes, to help overcome underrepresentation of individuals experiencing socio-economic disadvantage in firefighter applications. Government data demonstrates that women, those from minority ethnic backgrounds and those from socio-economically disadvantaged backgrounds are less likely to hold driving licenses. Recognising that the requirement to hold a driving license when applying to become a firefighter was a barrier, **MFRS removed it and instead offers a driving licence bursary for successful applicants from 20 of the most deprived areas in Liverpool**. This led to an additional 195 firefighter applications in 2022, 48% of whom came from the 10% most deprived areas of Merseyside.

Complementing other duties

The intersectionality of poverty with the nine protected characteristics is well-established.

Race, sex (in the case of women) and disability are particularly strongly associated with risk of poverty and those with more protected characteristics are at greatest risk.

NHS GM should consider how they can ensure the socio-economic duty complements and adds value to the existing Public Sector Equality Duty in reducing inequalities of outcome related to socio-economic disadvantage. Though distinct, they are designed to work synergistically towards greater equality of outcome, particularly supporting those at greatest risk.



Staff training

For the health system to effectively support those experiencing poverty in GM, it is vital that all staff in the system understand the duty. Building on Poverty Awareness Training delivered by Resolve Poverty, staff should be trained on its purpose, how it works in practice, and how it affects their role.