#### **AGENDA FOR**

## **HEALTH AND WELLBEING BOARD**

Contact: Kelly Barnett
Direct Line: 0161 253 5130

E-mail: kelly.barnett@bury.gov.uk

Web Site: www.bury.gov.uk

#### To: All Members of Health and Wellbeing Board

**Voting Members**: Penny Martin, Supt Suzanne Downey, Val Hussain, Geoff Little, Lesley Jones, Councillor Andrea Simpson (Chair), Sajid Hashmi, Dr Jeffrey Schryer, Keith Walker, Councillor Eamonn O'Brien, Councillor Roger Brown, Councillor Debbie Quinn, Will Blandamer, Sheila Durr, Adrian Crook, Kath Wynne Jones, Ruth Passman and Tyrone Roberts

#### **Non-Voting Members:**

Dear Member/Colleague

#### **Health and Wellbeing Board**

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Thursday, 15 July 2021
Place:	Virtual via Microsoft Teams
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

#### **AGENDA**

#### 1 APOLOGIES FOR ABSENCE

#### 2 DECLARATIONS OF INTEREST

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

#### 3 MATTERS ARISING

#### 4 MINUTES OF PREVIOUS MEETING (Pages 5 - 12)

The minutes of the meeting held on 14th April are attached for approval.

#### 5 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

GREATER MANCHESTER HEALTH INEQUALITIES COMMISSION AND MARMOT BUILD BACK FAIRER REPORT - IMPLICATIONS FOR THE HWBB (Pages 13 - 288)

Lesley Jones, Director of Public Health to give a presentation at the meeting. The documents are presentation are attached.

#### 7 QUADRANT UPDATE

a WIDER DETERMINANTS - WORK, HEALTH AND SKILLS (Pages 289 - 304)

Tracey Flynn, Unit Manager - Economic Development and Jayne Garner, Head of Integration at Ingeus to present information on work, health and skills. The presentation and report are attached.

**b** HEALTH RELATED BEHAVIOUR - BURY MOVING - A PHYSICAL ACTIVITY STRATEGY (Pages 305 - 322)

Jon Hobday, Consultant in Public Health to present the Bury Moving – A Physical Activity Strategy. The presentation is attached.

**C** PERSON CENTRE APPROACHES - THE BURY DIRECTORY (Pages 323 - 338)

Joanne Smith, Development Manager to present information on The Bury Directory. The presentation is attached.

# d HEALTH AND SOCIAL CARE - TACKLING MENTAL HEALTH INEQUALITIES (Pages 339 - 350)

Kez Hayat, Programme Manager for Mental Health (Adults) to present on Tackling Mental Health Inequalities. The presentation is attached.

#### **8 OUTCOME AND PERFORMANCE UPDATE** (Pages 351 - 354)

Lesley Jones, Director of Public Health to give an update. The document is attached.

#### 9 COVID-19 UPDATE

Lesley Jones, Director of Public Health to give a verbal update at the meeting.

#### 10 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.



Minutes of: HEALTH AND WELLBEING BOARD

**Date of Meeting:** 14 April 2021

**Present:** Councillor A Simpson (in the Chair)

Councillors T Tariq

Lesley Jones, Director of Public Health, Julie Gonda, Director of Community Commissioning across the Council and CCG and Director of Adult Social Services, Kath Wynne-Jones, a representative of the LCO, Sajid Hashmi, Chief Officer Bury

VCFA, Tyrone Roberts, Director of Nursing, Sharon McCambridge, Chief Executive of Six Town Housing,

Katherine Atton, Greater Manchester Police

Also in

**attendance:** Dr Rebecca Fletcher, Chair of Bury, Rochdale and Oldham

Child Death Overview Panel, Kathy Batt, Independent Chair

Bury Integrated Safeguarding Partnership, Ian Mello, Director of Commissioning, NHS Bury CCG, Penny Martin,

Director of Operations, Bury Care Organisation

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:**Councillor E O'Brien, W Blandamer and Councillor

C Morris

#### **HWB.335 APOLOGIES FOR ABSENCE**

Apologies are noted above.

#### **HWB.336 DECLARATIONS OF INTEREST**

Councillor Simpson declared a personal interest in all matters under consideration as an employee of the NHS.

#### **HWB.337 MINUTES OF PREVIOUS MEETING**

That the minutes held on the 18<sup>th</sup> November 2020 be approved as a correct record.

#### HWB.338 MATTERS ARISING

It was agreed:

1. That the Terms of Reference be noted.

#### **HWB.339 PUBLIC QUESTION TIME**

There are no public questions.

#### **HWB.340 CHAIRS REMARKS**

Health and Wellbeing Board, 14 April 2021

Councillor Simpson gave a verbal update, explaining the items on the agenda.

#### HWB.341 REPORTS TO BE RECEIVED BY THE HEALTH AND WELLBEING BOARD

# HWB.342 BURY INTEGRATED SAFEGUARDING PARTNERSHIP - ADULT SAFEGUARDING ANNUAL REPORT 2019-2020

Kathy Batt, Independent Chair attended to provide an update on the Adult Safeguarding Partnership Annual Report 2019-2020. The report covers the period from 31 March 2019 to 1 April 2020. The report is a statutory requirement of the Board and has been delayed due to the pandemic. In future, the Bury Integrated Safeguarding Annual Report will include both adults and children's information.

The Adult Safeguarding Board commissioned two safeguarding adult reviews which were reported on after March 2020. Both reviews provided valuable learning which will now be incorporated into the multi-agency training programme. Some of the issues raised such as the fragmentation of mental health services, the tension around consent and the use of Section 42 enquires are not unique to Bury.

The Coroner's Office had raised concerns around Section 42 enquiries, they were concerned that Bury, Oldham and Rochdale were not doing enough official Section 42 enquiries. This has led to reflection, a tri-borough training event and looking at protocol and procedures.

The report includes individual agency reports. Kathy Batt explained that when the pandemic started all meetings and training went online. It was reported that attendance at meetings has been excellent.

A member agreed that it is useful that the Annual Report will combine children's and adults safeguarding in the future.

It is hoped that the Bury neighbourhood model of working would help people to engage more through community hubs to get involved in the safeguarding process.

#### It was agreed:

1. Kathy Batt be thanked for the update.

#### a CDOP ANNUAL REPORT

Dr Rebecca Fletcher, Chair of Bury, Rochdale and Oldham Child Death Overview Panel (CDOP) attended to provide a presentation and report on the Child Death Overview Annual Report.

The report includes data from closed cases from 1 April 2019 to 31 March 2020. The purpose of the Bury, Rochdale and Oldham CDOP is to undertake a review of all child deaths up to the age of 18 years.

There was a review of 29 closed cases in Oldham, Rochdale and Bury. The majority of child deaths in Oldham, Rochdale and Bury occurred in the first year of life; 66% of these cases were expected deaths. These figures were also similar to

Greater Manchester and the National CDOP reports. Prematurity was a theme in child deaths under the age of 1 and contributed to 76% of deaths; gender, deprivation and ethnicity were themes noted both locally and nationally.

There were modifiable risk factors which were identified as maternal obesity, maternal smoking and risk factors for sudden, unexpected deaths in infants.

In the Greater Manchester report during 2019/2020 there were 129 child death cases reviewed by Greater Manchester CDOPs and 240 child death notifications. Potentially modifiable factors were identified in 40% of all closed cases.

The recommendations focus on:

- Inequalities
- smoking cessation
- Reduce levels of obesity throughout the population
- Commission a review on 5-year Greater Manchester data
- A request on Greater Manchester data on suicides
- Ensure a mental health representative attends CDOP
- Implementing an electronic CDOP system (this went live on 1st April)

A member of the Board questioned the percentages of unexpected deaths in Bury. It was explained that as the numbers are small it can make a big difference to the percentages. It was explained that it is an interest to look at 5 years' worth of data.

A discussion took place around preventable deaths and the plans to highlight this to drive behaviour change. Bury has programmes in place focussed on addressing modifiable risk factors.

#### It was agreed:

- 1. Dr Fletcher to be thanked for the update.
- 2. That the Health and Wellbeing Board approve the contents of the reports.

#### HWB.343 DEVELOPING THE POPULATION HEALTH SYSTEM FOR BURY

# HWB.344 RECAP ON OUTPUTS AND NEXT STEPS FROM THE HEALTH INEQUALITIES WORKSHOP

Lesley Jones, Director of Public Health thanked members for their attendance at the Health Inequalities Workshop.

The workshop focused on health and care systems, the presentations shown how the 4 king funds quadrants that the Health and Wellbeing Board will be based around are also interconnected.

Following on from the workshop the aim is to look at issues from the perspective of inequalities to better develop understanding into planning and ways of working.

# HWB.345 OUTCOME AND PERFORMANCE - PROGRESS ON DEVELOPMENT OF THE FRAMEWORK AND MEASURING INEQUALITIES

Lesley Jones, Director of Public Health gave an update on the development of the framework and measuring inequalities.

The work that is being undertaken is in context of the development of the Bury strategy and 'Let's Do It' strategy and trying to create a single framework.

Lesley Jones explained the framework using PowerPoint slides. As the system operates it will hopefully focus on improved quality of life in particular, life expectancy and healthy life expectancy.

The framework will be looking at measures that could be broken down at a neighbourhood level and build in how to systematically collect, quality information to sit alongside this.

Board members thought that this is a useful framework and would like to be involved with the framework.

#### It was agreed:

1. Lesley Jones will continue to develop and look at how to involve colleagues with the metrics.

#### **HWB.346 QUADRANT UPDATE**

#### **Elective Care 'Building Back Better'**

Ian Mello, Director of Secondary Care Commissioning, Bury CCG and Penny Martin, Director of Operations, Northern Care Alliance attended the meeting to provide a presentation.

Covid-19 has significantly impacted upon the delivery of acute services across the NHS. There has been considerable increase in the time patients are waiting to receive non-urgent treatments. There is a joint programme of work to change the ways of delivering acute care to patients. The key focus is addressing health and inequalities and inclusion at a neighbourhood level.

Since the pandemic began Bury has experienced significant decreases in elective activity across acute providers. 43% of patients on waiting lists have been waiting 18 weeks or longer and 10% of patients on the waiting list are waiting 52 week or longer. There is an increased demand on primary care clinicians and secondary care clinicians from scanning waiting lists to make sure people are not being harmed by waiting a long time for their treatment.

A plan of the programme was shared with members, including timescales of when the programme would be implemented. The framework is inclusive, and all care organisations and localities are involved in the programme. New approaches will be explored to re-design person-centred, neighbourhood based holistic models across multiple agencies. The system will consider overarching socioeconomic approaches, rather than just statutory healthcare targets. The programme will be evaluated by outcomes.

Greater Manchester Elective Care Chair has requested that this way of thinking be shared, so other partners across Greater Manchester can implement it.

A member discussed issues of patients returning to their G.P's because they are still on the waiting list which is causing an increased demand in primary care. It was suggested that some communication should be created about the reality of the size of current waiting lists.

#### It was agreed:

- 1. Ian Mello and Penny Martin be thanked for their update.
- 2. Ian Mello and Penny Martin update at a future Board meeting.
- 3. Penny Martin to create communication about the reality of the size of current waiting lists.

#### **Developing Neighbourhood Health Improvement Plans**

Lesley Jones, Director of Public Health gave an update on the early stages of work that in being developed in relation to the Neighbourhood Health Improvement Plans.

The Neighbourhood Improvement Plans are being developed to align with the vision, aims and objectives of a number of key existing strategies to significantly reduce health inequality in Bury. The vision is to ensure the people and communities of Bury are supported to recover both physically and mentally from living with COVID-19, individually and collectively.

The data collected shows that COVID-19 has had negative impact on mental and physical health. People are needing more support around mental health, getting active, eating healthier and alcohol consumption. Data identified certain groups that have been impacted more than others during the pandemic where there will be targeted work. COVID-19 is considered as the deconditioning pandemic which has increased inequalities.

Jon Hobday, Consultant in Public Health will be programme lead with the Public Health Team and the Live Well Team to acting as facilitators.

A Board member explained that businesses were working through Bury Business forum to donate a small amount of money to create a neighbourhood fund, there is no money in the fund yet, but a lot of interest.

Board members expressed the importance of including wider staff across the neighbourhood hubs.

Kath Wynne Jones explained that the health and care teams are working with different partners and are looking at a broader piece of work around the early help offer at neighbourhood level.

#### It was agreed:

1. Lesley Jones be thanked for the update.

Health and Wellbeing Board, 14 April 2021

2. Kath Wynne Jones to present information about the early help offer at a future Board meeting.

#### **Wider Determinants of Health**

Tracey Flynn, Unit Manager for Economic Development provided a report to the Board on work, employment and skills for information.

A discussion took place between members who thought that this is important work. It was though that work needs to be completed with organisations and businesses to enable them to be good employers looking at the health of their staff.

Tracey to be invited to a future Board Meeting to look at how relationships can be built further.

It was agreed that this work could link in with the anti-poverty strategy.

#### It was agreed:

- 1. Tracey Flynn to be invited to a future Board.
- 2. The anti-poverty strategy to be on the agenda at a future Board meeting.

#### **Social Prescribing**

Sajid Hashmi, Acting Chief Officer Bury VCFA updated the Board on Social Prescribing.

VCFA Beacon social prescribing service helps patients access support and help in the local Voluntary Community and Faith Sector (VCSE) that can help them improve their health and wellbeing.

The service helps reduce the pressure on the G.P and gives patients the opportunity to take control of their own health. A significant part of the work is around loneliness and isolation.

The service is open to people who are aged over eighteen, registered with a Bury GP, are a Bury Resident and willing to engage with the programme.

The impact the service had on the people that were referred were that:

60% of referrals increased their satisfaction.

40% increased in feeling of worthwhile.

80% increased happiness levels.

80% decreased in anxiety levels.

It is expected that this impact will be higher in the future as in the last 12 months, the service was operating remotely and there was no face-to-face contact.

It was explained that people can self-refer to social prescribing and also be referred through their G.P and Secondary Care.

It was explained that Bury Primary Care network only has one social prescriber, The Beacon Service is negotiating with them to fund one more social prescriber.

#### It was agreed:

- 1. Sajid Hashim be thanked for the update.
- 2. That a summary of conditions be circulated or reported on at a future Board.

#### HWB.347 COVID 19 UPDATE

Lesley Jones, Director of Public Health provided a verbal update on COVID-19.

Cases have decreased to around 30 per 100,000 and there have been no reported cases in care homes in the last couple of weeks.

The vaccination programme is being rolled out and the uptake for the vaccine has been good. There is some targeted work being done where the uptake has been slightly lower. The programme is focusing on second doses at the moment.

England is now in the second phase of easing the lockdown. There has been reemphasis on the message of 'hands, face, space and air' and also 'test, trace and isolate'. Every person in England is now able to have two lateral flow tests per week, there is a wide availability of test kits. It is important to stop the transmission of the virus to stop the spread of the variants of concern.

Hospital activity is reducing although the system is under pressure from other none COVID-19 activity.

#### **HWB.348 URGENT BUSINESS**

There was no urgent business.

# COUNCILLOR A SIMPSON Chair

(Note: The meeting started at 6.00 pm and ended at 7.48 pm)









# Contents

Chair's Foreword	3
The Greater Manchester Independent Inequalities Commission	
Summary and recommendations	5
Full Report	
What is the Independent Inequalities Commission?	14
What do we mean by inequalities?	15
How unequal is Greater Manchester?	17
The vision: Good lives for all in Greater Manchester	24
The essential pivot	26
Power in people's hands	33
Good jobs, decent pay	39
Building wealth	44
Services for a good life	49
Creating a system for change in Greater Manchester	57
Actions for central government	60
Next steps	61
Acknowledgements	62

## Chair's Foreword

## "A good society is a society which believes that it is not good enough" Zygmunt Bauman

During the past few months, while the world has drawn a collective breath, imposed by the Covid-19 pandemic – the Greater Manchester Independent Inequalities Commission has seized this moment to survey the damage done and the inequalities exposed. Amid deep uncertainties, we believe this is a once in a lifetime chance to build a fairer society fit for the future; the pandemic brings opportunities as well as lessons.

At the same time that Covid-19 was laying bare the deep fractures of inequality running across our society, revealing just how unprepared we were for unexpected and unimagined challenges, the resurgence of the Black Lives Matter movement shone more light than ever on the blight of racism, discrimination and prejudice within our midst – in our institutions and in our relationships with one another.

Our Commission has set its compass by these two guiding stars: Covid-19 and Black Lives Matter have shown us the depth of the inequalities we must transcend but they have also revealed the strengths within our communities, our collective spirit, and how much we care for each other. We don't know what the future holds, but we know it can't be the same as the past. The Commission has focused on what truly matters for people in Greater Manchester, recognising that sustainable wellbeing should be the real wealth of the city-region.

This must be a time of great hope. A time for change, a time of recognition that we all want to build back better, and that we cannot let the shadows of the past dim the bright promise of a fairer future.

We applaud the openness to the Commission's work that we have encountered from everyone we've met in Greater Manchester. As we've engaged with diverse groups, we've been struck by two things. First, the wealth of good things already happening within this vibrant city-region to reduce inequalities – the Commission recognises these and hopes its recommendations will amplify them. Second, the strength of representations from the people we have met, rightly articulating the inequalities that affect them most, and sharing their ideas for change. Thank you to all who gave us your time and your truths.

I must also thank my fellow Commissioners. They are an outstanding group, bringing great expertise and experience to our work. They have brought passion, humour, integrity and tenacity to the Commission and devoted far more time to it than they could ever have anticipated at the start. All our work has been conducted remotely, with the technical and social challenges that involves, but there has been a real spirit of friendship and commitment to consensus in our meetings – so thank you, colleagues, for your work and your wisdom.

Finally, my thanks to everyone who reads this report and joins the conversation. This is a pivotal time, but we all need to pivot together. As an independent Commission our aim has been to encourage everyone in Greater Manchester - politicians, policymakers and public - to join in making the enlightened and bold changes that are needed. Those who currently have power and privilege need to come together with those most affected by interacting and intersecting inequalities and injustices to take the Commission's recommendations forward. This report is only the first step in taking Greater Manchester to the next level and creating good lives for all. We hope that reading it will give YOU hope: a vision that excites you, actions that you can take, inspiration to go further.

This must be a time of great hope. This is the time for change, a time of recognition that we all want to build back better, and that we cannot let the shadows of the past dim the bright promise of a fairer future. And this is the place.

#### Kate Pickett



## The Greater Manchester Independent Inequalities Commission

Chair: Kate Pickett

Professor of Epidemiology, Deputy Director of the Centre for Future Health and Associate Director of the Leverhulme Centre for Anthropocene Biodiversity, at the University of York



Saeed Atcha MBE DL CEO of Youth Leads UK, Deputy Lieutenant of Greater Manchester and UK Social Mobility Commissioner



Miatta Fahnbulleh Chief Executive of the New Economics Foundation



Ruth Lupton
Honorary Professor of
Education, University
of Manchester, and
former Head of the
Inclusive Growth
Analysis Unit



Neil McInroy
CEO of the Centre
for Local Economic
Strategies



Andrew Westwood
Professor of
Government
Practice and Vice
Dean Faculty of
Humanities, University
of Manchester and
Associate Partner at
Public First



Lord Simon Woolley
Director and founder of
Operation Black Vote,
and cross-bench Peer



The Commission thanks Christine Berry, independent writer and researcher, without whom this report would not have been possible; Beti Baraki and colleagues from the New Economics Foundation and Resolution Foundation for data, insight and research intelligence. Further acknowledgements follow our full report.

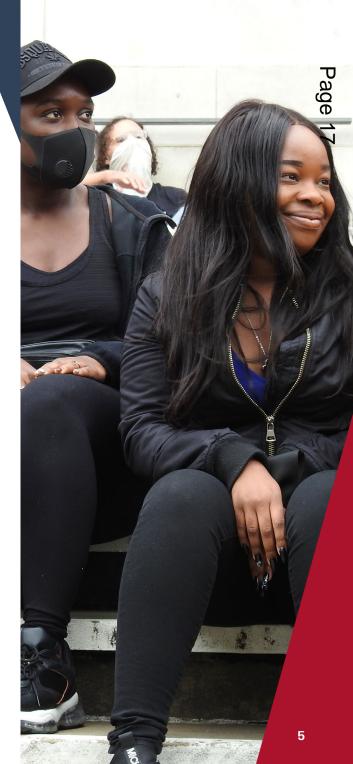
# Summary and Recommendations

## The Vision: Good Lives for All in Greater Manchester

#### Imagine a city-region where:

- Everyone works towards an agreed set of wellbeing and equality targets that aim to leave no-one behind, and those targets have been agreed through inclusive conversations.
- The city-region puts people at the heart of local economic development and regeneration. All its major institutions work together to use their financial power and role as influencers to direct wealth into the local economy, promoting inclusivity and social value.
- ▶ When policymakers make big decisions or change their strategies, they do so in partnership with the people who will be most affected by those changes. Diverse communities are represented at all levels of decision making.
- In this vibrant city-region, children and young people are supported on their journey to become healthy, fulfilled and engaged adults, supported in civic and cultural activity, and are taught in outstanding schools and colleges.
- The city-region has work programmes that create good, local jobs that are open to a wide range of people, whatever their background, in the growth sectors of the future in the green economy, the caring economy, and high-tech.

- People are helped when they enter the world of adult work for the first time and also throughout their working lives and retirement as well they can learn new skills, move into new sectors, work flexibly to fit their needs, get involved in their communities.
- ▶ If you want to start a small business in this cityregion, you know where to go for advice and support, there is investment finance to help you get started, and a community hub where you can build your business alongside other local enterprises.
- ➤ Thriving communities are built around decent, affordable homes and high-quality shared spaces in the high streets and parks; and communities are connected to each other by excellent public transport that everyone can afford to use.
- Public services in the city-region are accessible and community-based agencies work together to respond to and support local needs and individual people. When problems arise in this city-region everyone works together to tackle them, with specific "missions" focused on complex challenges.



The vision we describe above is not a utopia, and it is not a pipe dream for Greater Manchester. Everything we describe is **already happening**, either somewhere within the city-region, in one of its localities or one of its institutions, or in another city or place where we have looked for inspiration. Throughout our full report we shine a light on case studies and best practice that can be emulated. Nothing we describe in this vision for the city-region is impractical or unachievable. Good things might be already happening somewhere, but they need to be happening everywhere.

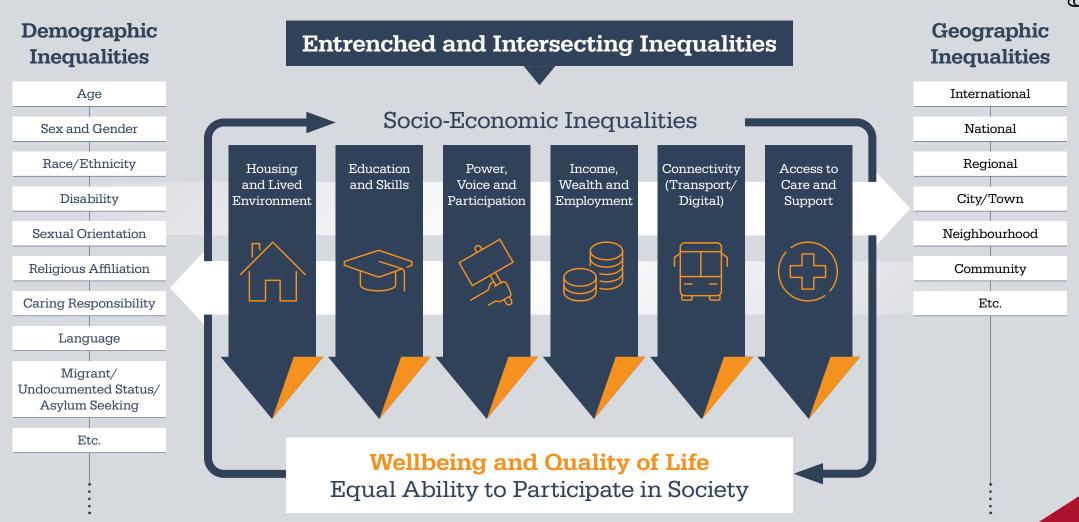
The Greater Manchester Independent Inequalities Commission was launched in October 2020 with a six-month mission to examine inequalities across the city-region, consider how they should be tackled and outline some specific and hard-hitting recommendations. The Commission has taken stock of existing evidence and good practice and engaged, in the short time available, with stakeholders in the business, public, voluntary and community sectors. We have asked people to tell us what change they would like to see. You can find more information on our approach and activities here.

The Commission has viewed inequalities within a framework that considers how **interacting** and intersecting inequalities create barriers that stop people from living the good lives they want. We have confronted the entrenched prejudices, discrimination and injustices, including **structural racism**, that withhold power and resources from diverse communities. We describe this approach to inequalities in detail in our full report.



## Greater Manchester Independent Inequalities Commission

# Model of Interacting Inequalities





We have brought together a wealth of evidence on inequalities within Greater Manchester, including from previous commissions, reviews and existing strategies, and commissioned new research from the New Economics Foundation and the Resolution Foundation to give us a deep dive into the structural inequalities across the city-region. A full supplement of evidence of Covid-19-related inequalities, as well as inequalities between communities and local areas in Greater Manchester is available here.

2020 was a wake-up call. The **Covid-19 pandemic** exposed the fractures running across our society and the **Black Lives Matter** movement forced us to acknowledge and confront the intractable realities of structural racism. These have been the guiding stars for the work of the Greater Manchester Independent Inequalities Commission. We want to help bring about a city-region that works for everyone, where the economy serves the people, and everyone has a voice.

In our full report, we set out a practical programme of policies for Greater Manchester to tackle the

root causes of inequalities. And by Greater Manchester, we mean not just the Greater Manchester Combined Authority, but also the local authorities of the cityregion, the businesses, institutions, voluntary and community sector, and the public. The Commission believes that Greater Manchester can only build a strong **economy** by focusing on the foundations - the services and sectors that meet our basic needs; by giving local people a stake and a say in the economy; and by asking more of highvalue 'frontier' sectors, to ensure that local people with the least opportunities benefit from the jobs and investment they create. Greater Manchester can only build excellent **public services** in partnership with those who use them, amplifying the ground-breaking 'Greater Manchester Model' of public service reform and taking its ambitions further. "Nothing about us without us" must be the mantra and the norm for co-designing and delivery of services across the system. Greater Manchester can only tackle structural racism and all forms of discrimination by empowering marginalised groups to hold decision-makers to account. and to have a seat at the table.

If Covid-19 and Black Lives Matter have shone a light on inequalities within Greater Manchester, they have also, like past crises, revealed its greatest strength. The city-region has a **collective spirit** of looking after one another, and a proud tradition of radicalism, co-operation and standing up against injustice. Greater Manchester can build on this spirit of co-operation to recover and rebuild for a fairer future.

Change can be hard, and the initial costs of effort and resources can feel intimidating. But the risks of doing nothing are stark. Inequalities are deeply damaging: to people's health, wellbeing and resilience throughout their lives; to a flourishing, productive and inclusive economy; to sustainability; and, not least, to the quality of the social fabric, to trust and the relationships between us. There are huge **costs to doing nothing**, and any challenges in implementing the Commission's recommendations need to be weighed against the serious risks and costs posed by a continuation of the status quo. Throughout the Covid-19 pandemic, we've seen different strategies adopted to contain the transmission of the virus, to treat infection, and to develop vaccines against the disease. Not everything worked, and usually local solutions

and partnerships and collective action worked best, but when you're trying to solve a big problem, it's OK to have some failures along the way and to need to adapt and flex policies and programmes until they do work. Fear of failure and fear of the size of the problem must be conquered.

This is the time for bold thinking and brave action, this is the time for an essential pivot towards a new way of doing things that puts tackling inequality at its heart, this is the time to take Greater Manchester to the next level, a place with good lives for all.



## Our Recommendations

There is a vast amount of good work being done and many areas in which Greater Manchester is leading the way and making progress. But now is the time for a step change in its delivery. Our recommendations focus on how Greater Manchester can both respond to the immediate challenges created by the pandemic, and pivot towards a new way of doing things that puts tackling inequality at its heart. We have not tried to provide a comprehensive blueprint for tackling all inequalities in Greater Manchester - that is beyond the scope of our short Commission. Instead, we have focused on some key ways in which Greater Manchester could seek to shift wealth, power and opportunity to those too often denied it.

Greater Manchester Combined Authority (GMCA) can set goals and show leadership, but ultimately the vision will only be achieved by the whole system working together: GMCA, local authorities, health and the wider public sector, businesses and trade unions, the community and voluntary sector, and local residents. The Commission recognises that many of the big shifts needed to tackle inequality are outside of Greater Manchester's control and sit with national government – for instance, the urgent need to repair our social safety net by reforming Universal Credit and lifting statutory sick pay.

The double hit of the pandemic and a decade of austerity has also put local authority budgets under more pressure than ever before. This makes it all the more urgent to be creative with the powers and resources that are available – targeting resources to where they are most effective and working in partnership with communities.

The Commission hopes that our proposals will take Greater Manchester to the next level in creating a good life for all, built on the strong foundations already present in the city-region.

#### **An Essential Pivot**

- 1. Put wellbeing and equality goals at the heart of the Greater Manchester Strategy and align budgets, portfolios and activities to these so that good lives for all is the focus of everything Greater Manchester does.
- 2. Convene a **GM Anchor Action Network** and use their spending, investment and soft power to drive social value, support disadvantaged groups and create good, secure, living wage<sup>1</sup> jobs.

## People Power

- 3. Create a **People's Taskforce** to put power into people's hands at every level of Greater Manchester and a **People's Assembly** to contribute to priority setting and work with public authorities in delivering them.
- 4. Give the **Equality Panels more teeth** with a stronger mandate and resources to constructively challenge public bodies.
- 5. Establish an **independent Anti- Discrimination body** to tackle breaches of the Equality Act.
- Agree a joint commitment across GMCA, districts and statutory partners to **tackle** inequality faced by minority groups with a clear plan for roll out.
- 7. Develop a **GMCA Race Equality Strategy**, backed by a plan to increase representation of Black and Asian minorities in senior positions in GMCA and tackle race inequality in health, education, policing, work and housing.

 $<sup>^{1}</sup>$  In this document, the term 'living wage' is used to mean the Real Living Wage calculated annually by the Resolution Foundation and overseen by the <u>Living Wage Commission</u>

#### Good Jobs, Decent Pay

- 8. Set up **'GM Works'** to create good jobs, upskill and reskill people to take up these jobs and provide apprenticeships and 6-month Job Guarantees for disadvantaged groups in key sectors.
- 9. Set an ambitious target for every employer in Greater Manchester to **pay the living wage**and offer living hours by 2030, using the Good Employment Charter, conditions on access to public goods, services and contracts and support for businesses in low paid sectors to get there.
- 10. **Bridge the skills divide** with universities, colleges and training providers working jointly to improve access to training, life-long learning and in-work progression schemes for disadvantaged groups.

## **Building Wealth**

- 11. **Create a Community Wealth Hub** to support and grow co-operatives, mutuals, social and community enterprises, staffed by people from the co-operative and community sector who understand the market.
- 12. Set up a **Community Investment Platform** to tap into local savings, unlock community investment and build-up assets to share wealth with everyone in Greater Manchester.
- 13. Set up a **Land Commission** to look at ownership and control of land in Greater Manchester, its impacts on inequality and potential solutions.

#### Services for a Good Life

- 14. Move towards **universal basic services** in which education, health, childcare, adult social care, housing, transport and digital connectivity are provided to all and lobby central government to invest and devolve funding to make this a reality.
- 15. Launch an **Education Challenge** to give every child an equal start in life by levelling up schools in deprived areas, supporting young people's transition at 16 and improving access to activities that build social skills, confidence and resilience.
- 16. Scale up **public and social sector housebuilding** to deliver affordable, decent homes, backed by a plan to acquire land, rental properties, new builds and commercial properties for social housing.
- 17. Amplify the Greater Manchester Model of integrated public services in 10 pathfinder deprived neighbourhoods and pilot an income guarantee in one or more to tackle inequality, using community-led priorities, cross-service teams, pooled budgets and participatory budgeting.

In our full report we give detail on these recommendations and encouragement for other actions, including GMCA's role as a convener of calls to action for national actions and policies.



# Full Report

2020 was a wake-up call. The Covid-19 pandemic exposed the fractures running across our society: the North-South divide, deep inequalities in health, our resilience and resistance eroded by austerity, and the fragility and insecurity of so many people's livelihoods and wellbeing. Even before the pandemic, death rates had started to rise in some groups and rates of mental ill health were rising in children and adults. And then in the middle of the pandemic, the Black Lives Matter movement forced us to acknowledge and confront the intractable realities of structural racism. These two things – Covid-19 and Black Lives Matter – have been the guiding stars for the work of the Greater Manchester Independent Inequalities Commission. We want to help bring about a city-region that works for everyone, where the economy serves the people, and everyone has a voice.

## What is the Independent Inequalities Commission?

The Greater Manchester Combined Authority launched the Independent Inequalities Commission in October 2020 to support and influence the city-region's renewal following the Covid-19 pandemic. The Combined Authority has challenged the Commission to be a catalyst for transformation, helping to develop ideas, and providing expert opinion, evidence and guidance to re-shape Greater Manchester's (GM's) economy and society over the coming months and years. Setting up the Commission was a key action in the one-year Greater Manchester Living with COVID Resilience Plan and its recommendations will shape the revised Greater Manchester Strategy, due later in 2021.

The mission of the Greater Manchester Independent Inequalities Commission has been to better understand the pre-existing and emerging inequalities in the cityregion, consider how these inequalities should be tackled, and outline some specific and hard-hitting recommendations. Our aim has been to shift the balance away from collecting evidence to taking action. The Commission's independence means that it sits outside all formal Greater Manchester decision-making structures, allowing us to scrutinize and challenge, praise all the good progress being made within the cityregion whilst setting out a road map for going further and faster to reduce inequalities.

We didn't have to start from scratch. We have built upon strong foundations of existing research, commissions, strategies and good practice, including, but not limited to, the Greater Manchester Strategy, the <a href="Maintenancements">GM Economic</a> Vision developed by businesses through the Local

Enterprise Partnership, the Greater Manchester Model, the Good Employment Charter, the Greater Manchester Independent Prosperity Review and the Centre for Ageing Better's partnership with the Combined Authority. We have drawn on the work of Fairness Commissions, Poverty Truth Commissions, the Marmot review of health equity in Greater Manchester and other enquiries.

As well as taking stock of the evidence already available across Greater Manchester, we have had meetings with expert witnesses, held round table discussions and hearings and commissioned specific evidence and research work, supported by the New Economics Foundation and the Resolution Foundation. In the short time we had available, we wanted to ask bold and searching questions about inequalities in the city-region. We have reached out to Greater Manchester's ground-breaking Equality Panels and engaged with the business, public, voluntary and community sectors. We worked with Greater Manchester Poverty Action to convene a new Poverty Reference Group. Together these groups and organisations are a strong movement, benefiting from lived experience and the talents of diverse communities. We asked people to tell us what change they would like to see.

Further information on the approach of the Commission, the engagement activities which took place and an Equality Impact Assessment for our work will be published <a href="https://example.com/here">here</a>.

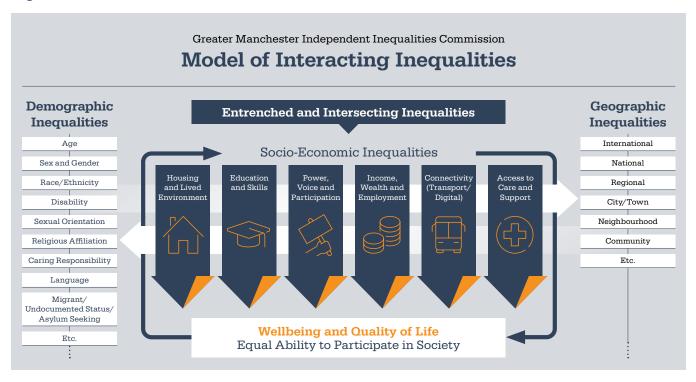
# What do we mean by inequalities?

Equality means each individual person or group of people has the same resources or opportunities or has an equal chance to take up opportunities and fulfil their potential. As well as giving people equal opportunities, a more equal society creates more equal outcomes for people.

There are many kinds of inequalities, such as inequalities between ethnic groups or inequalities in people's education or access to good jobs. Sometimes it can feel as if the need to tackle one kind of inequality might mean placing a lower priority on a different inequality. But this is not a zero-sum game.

The Commission views inequality through a framework of interacting and intersecting **vertical and horizontal inequalities** (Figure 1).

Figure 1



There are deep fissures between groups: inequalities between men and women, between ethnic groups, between those with disabilities and those without; inequalities related to sexual orientation, language, religion, who has access to public funds and who doesn't, inequalities related to migration status, and more, including all the characteristics protected by the 2010 Equality Act. There are also deep inequalities between places: between neighbourhoods, for example, or between cities and towns in the region, and between the North of England and the

South. We can think of these as 'horizontal inequalities', inequalities between groups of people with different characteristics or who live in different places.<sup>2</sup>

Then there are the inequalities running across society from top to bottom, what we can call the 'vertical inequalities': the inequalities of income and wealth, the disparities in access to resources and power. The scale of these vertical inequalities is a measure of the social hierarchy, which presses down and exacerbates all the horizontal inequalities.

There are many of these kinds of vertical inequalities, but they can be seen through two main lenses:

- ▶ Power not having agency or control over the things that matter to you, such as your working environment, your safety, or not being able to influence or participate in decisions that affect you, your family and your community.
- ▶ Resources not having access to assets or wealth, such as being able to own a home, not having enough income, not having access to services or resources, like health care, green space, public transport, and decent housing.

The inequalities experienced by, for example, women and girls compared to men and boys, or between different ethnic groups, are widened by the vertical inequalities pressing down through society, from the rich and powerful at the top to the poor and disempowered at the bottom. As just one example, in societies with bigger differences between rich and poor, women are less enfranchised and have less power, resources and prestige than women in societies where those differences are smaller.

Because inequalities are so interconnected, it doesn't make sense to think that one kind of inequality matters more than another. We wouldn't be happy if there was no gender pay gap in Greater Manchester, but everyone had very low pay. In fact, the gender pay gap in Greater Manchester is slightly smaller than in the rest of the UK, but only because men are paid less, on average, than elsewhere. The interactions and intersections between vertical and horizontal inequalities produce self-perpetuating cycles of inequality which systematically disadvantage particular groups. This affects people in different ways and inequalities can be compounded, based

on overlapping identities such as sex, race, migration status, class, disability, age and sexual orientation. For example, women, Black people and younger people are all less likely to own assets, and older Black women may have a different experience of inequality than younger White boys living with a disability. The Commission's aim has been to make recommendations to tackle intersecting inequalities as well as the interactions between <a href="both">both</a> horizontal and vertical inequalities, for the benefit of all.

#### Confronting structural racism

The Covid-19 pandemic and the resurgence of the Black Lives Matter movement brought structural racism to the fore. Historical and contemporary systemic and institutionalised discrimination and prejudice in the treatment of Black and Asian people, and people belonging to other ethnic minorities, have resulted in entrenched inequalities rooted in long-standing structural issues of poverty and disadvantage.

The Commission has used the definition of structural racism as a form of racism that is embedded as normal practice within society or an organization. It can lead to such issues as discrimination in immigration and asylum cases, in criminal justice, employment, housing, health care, political power, and education as well as the persistent ethnic inequalities in health exposed by the Covid-19 pandemic.

## The deep roots of inequality

In summary, the Commission's approach to inequalities has been to look at the **systemic and structural** causes in a framework of intersecting and interacting inequalities, not simply considering issues in isolation (for example, health, income or digital connectivity), but seeking to understand the common drivers of these inequalities.

# How unequal is Greater Manchester?

Covid-19 has exposed the deadly consequences of inequalities and research confirms that the health and economic impacts of the pandemic are falling on those already experiencing inequalities, widening those inequalities further.

Even before the pandemic, Greater Manchester was fractured by inequalities in health, wellbeing, employment and pay, skills, school readiness, child poverty and more, cutting across localities, ethnic groups, age and gender, with Greater Manchester too often falling below national averages.

The picture of inequalities in Greater Manchester is well known. In this report we highlight a few stark and salient statistics – a fuller picture of pre-existing and Covid-19 related inequalities in GM is available in an online supplement to this report.

Most starkly, nationally, Covid-19 death rates for people of Black African or Black Caribbean ethnicity were more than twice as high as for White people.<sup>3</sup> People with jobs that exposed them more to other people had higher rates of Covid-19 infection and mortality than people who could work from home, and Black and Asian men were the most likely to have these jobs.<sup>4</sup>

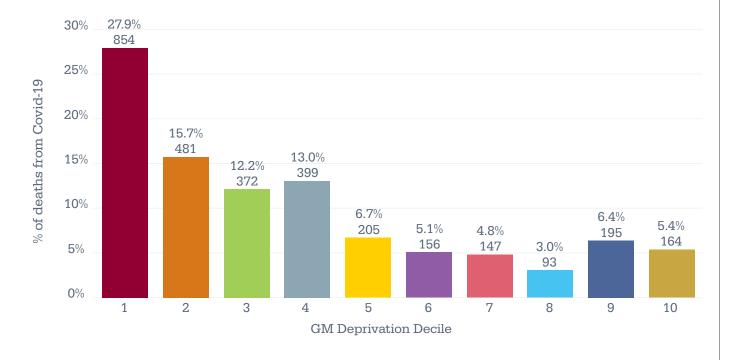
The economic and financial impacts of the pandemic have also been unequal. Workers from 'Other White' ethnic groups were more likely to have lost take-home pay than White British or people of Indian heritage; people from Pakistani, Bangladeshi, Chinese or Other Asian ethnicities were more likely than White British people to worry about their future financial situation.<sup>5</sup>

Shielding during the pandemic, and self-isolating, has been more challenging for people living in larger, more over-crowded households. This has been a particular issue for multi-generational households, and notably those with older family members; this is more common for people of Pakistani, Bangladeshi and Indian ethnicity, felected in the higher death rates among South Asian older women who live with younger people.

Disabled people have also experienced a disproportionate impact from Covid-19. National research found that deaths were 40% higher for 'more-disabled' women, compared to their non-disabled counterparts, 20% higher for 'less-disabled' women and 10% higher for 'more-disabled' men, even after taking into account pre-existing health conditions and personal and household characteristics. Before making those adjustments, the differences were even wider, which highlights how inequalities related to disability are amplified by socio-economic inequalities. People with learning disabilities had an even greater risk of Covid-19 death, 70% higher than people who did not have a learning disability after taking into account personal and household characteristics.<sup>8</sup>

Figure 2 shows a steep gradient in Covid-19 related deaths in GM by the deprivation of the area where the person lived, from the most deprived areas on the left to the least deprived on the right. More than a quarter of deaths were among people living in the most deprived areas of Greater Manchester.

**Figure 2:** Greater Manchester Covid-19 related deaths (within 28 days of a positive test) by deprivation decile of residency, March to July 2020



Source: Office for National Statistics *Deaths involving Covid-19 by local area and deprivation* (August 2020).

The higher Covid-19 infection and death rates experienced by people of Bangladeshi, Pakistani and Black ethnicity can in large part by explained by their concentration in more densely populated, deprived areas, and the inequalities related to this.

## Nothing new

These Covid-19 related inequalities are not surprising. Greater Manchester has made a transition from its industrial past to a modern knowledge economy but that success has not reached everyone and the transition has left a legacy of inequalities. The effects of the 2008 recession after the global financial crisis and the subsequent decade of austerity compounded those inequalities, and Covid-19 and Brexit have added further pressure.

Greater Manchester's employment rate is consistently below that for England, and the unemployment rate higher. Although the government's Coronavirus Job Retention Scheme (furlough) has helped, unemployment-related benefit claims increased rapidly following the first lockdown, and have remained high (8%) and above the national average (6%); the rise has been steepest among the young. And nearly a quarter of Greater Manchester adults of working age (24%) are economically inactive, well above levels for England as a whole (21%).

On all labour market indicators, there is considerable variation across the city-region. For people from minority ethnic groups in Greater Manchester, employment rates are over ten percentage points below the overall working-age employment rate, six percentage points below the national average, and with significant variance by locality. Only half of Greater Manchester working-age residents with a disability are in employment, lagging the England average, and 25 percentage points below the employment rate for the city-region's working-age population as a whole.

Skills levels in Greater Manchester are also well below the national average: 37% of the cityregion's working-age population have higher level (Level 4+) skills, compared to the England average of 40%; and GM has a disproportionately high proportion of working-age people with no qualifications (9%).<sup>15</sup>

# Inequalities start young – and widen through the education system<sup>16</sup>

Before the pandemic, school readiness for all pupils had been improving steadily in Greater Manchester, but still trailed the national average by a considerable margin: in the 2018/19 school year, 68% of reception-age children in Greater Manchester were assessed as having a 'good level of development', compared to 72% nationally. And although the gap had been narrowing in recent years, pupils eligible for free school meals were less likely to have reached this level. The pandemic has disrupted the learning, development, and wellbeing of all children, but particularly so for the most vulnerable. A national Ofsted survey of early years and childcare providers in November 2020 found that more children were needing help for issues such as special educational needs and disability, particularly in the most deprived areas.<sup>17</sup> Locally, around a third of providers of early years education and care in Greater Manchester fear they might have to close in the coming year. 18

At later stages of education (Key Stages 4 and 5, GCSE and A-level), Greater Manchester lags behind the national average. There are noticeable differences by gender and ethnicity, and considerable variation across Greater Manchester localities, much of it explained by deprivation.

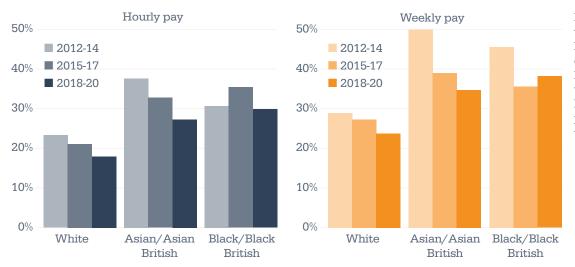
#### Pay and poverty

The skills deficit evident at all levels of the Greater Manchester population is a key driver of the enduring productivity gap between the city-region and England as a whole, and reinforces the predominance of lower value, low pay employment in the city-region compared to the south of England and GM's international comparators. Median gross weekly pay for all workers (full and part-time) living in Greater Manchester in 2020 was £456, £26 per week less than the England average. Median pay for Rochdale residents was £420 per week, more than £100 below that for Bury residents (£525). Women's pay in GM was £125 per week lower

than men's pay, and the majority of GM workers paid less than the Real Living Wage in GM in 2020 were women. Locally, the highest levels of low pay for women were in Bolton (38% earning less than the Real Living Wage), compared to 17% for Manchester and 16% for Salford.<sup>19</sup>

Figure 3 shows ethnic inequalities in low pay for employees in Greater Manchester (hourly pay in grey, weekly pay in orange), and has been provided for the Commission by the Resolution Foundation from its recent research on low pay. Although there has been some reduction in low pay over the period charted (largely down to the introduction of the National Living Wage), this has benefited Black and Black British workers less than others.

Figure 3: Proportion in low pay, Greater Manchester



Rates of low
weekly pay are
higher than rates
of low hourly pay,
because some
workers have
both low hourly
pay and few
work hours

Source: Resolution Foundation analysis of Office for National Statistics Labour Force Survey data. Low pay = earning less than two-thirds of the median for all UK employees.

It should be noted that in this report, where the term 'living wage' is used, this is taken to be the Real Living Wage, which is calculated annually by the Resolution Foundation and overseen by the Living Wage Commission.

Low income levels underpin high levels of child poverty (26%) in Greater Manchester, which are well above the national rate of 18%.<sup>20</sup> Child poverty is increasing across Greater Manchester, but faster in some areas (particularly Bolton and Oldham) than others. Analysis by Greater Manchester Poverty Action suggests that areas with the highest ethnic populations in the cityregion also have the highest levels of child poverty: 15 out of the 20 wards with the largest ethnic populations in Greater Manchester had a child poverty rate (after housing costs) of over 50% in 2018/19.21 During the pandemic, more than 4.500 additional children in Greater Manchester became eligible for free school meals over the period from January to October 2020.<sup>22</sup>

But Greater Manchester's population is ageing, and the growth in the number of people in mid and later life represents the biggest demographic shift facing the city-region over the next few decades. The growth in older workers, those aged 50+, over the next two decades represents one of the biggest changes in the workforce composition in Greater Manchester and there is compelling evidence of ageism in recruitment and retention of older workers, leading to low incomes and lack of social roles in mid-life and later life.

# Tackling Health Inequalities – work with the Marmot Team at the Institute of Health Equity

In Autumn 2019, the Marmot Team at the Institute of Health Equity at University College London was commissioned to work collaboratively with Greater Manchester to become the first city-region to actively apply the Marmot principles in a considered, in-depth way. The aim was to assess what Greater Manchester could do to address health inequalities, building on successful approaches around school readiness and work and health and based on the opportunities for system-wide approaches in a connected city-region with devolved powers.

A Greater Manchester case study, published alongside the Marmot Review 10 Years On report, provided a detailed baseline. The aim has been to further narrow the gap in health outcomes experienced by the most disadvantaged families and communities in GM, by focusing on the social determinants of health such as education, quality of work, living standards, housing, and the broader life chances and opportunities that support good mental and physical health and enable us to thrive.

The Greater Manchester Marmot programme reflects on the impact of Covid-19 and will provide a steer on system-wide policy and practice approaches to reduce health inequalities that also consider the direct and indirect effects of the pandemic. The outputs from the collaboration will include a Marmot Beacon Indicator set that will help to track progress in the coming years, various in-depth analyses, and Greater Manchester-specific recommendations for action.

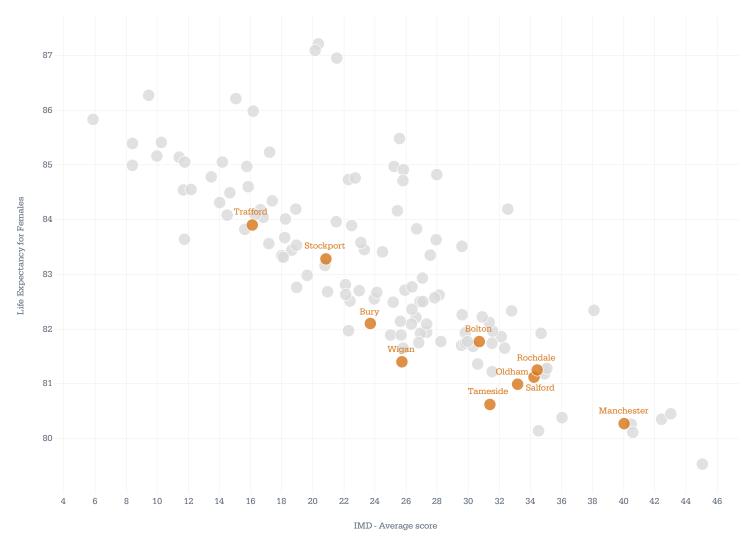


#### **Health inequalities**

A full report on health inequalities and inequalities in the social determinants of health in Greater Manchester was published by the Institute for Health Equity alongside the national Marmot Review 10 Years On report.

Figure 4 shows female life expectancy at birth by deprivation for local authorities in England, with Greater Manchester localities highlighted in orange.<sup>23</sup> There is a strong correlation: life expectancy is higher in Stockport and Trafford - with lower levels of deprivation; and lowest in Manchester where deprivation levels are high. There are even bigger gaps (26-27 years) in *healthy* life expectancy between different places in Greater Manchester.<sup>24</sup> Even within the more affluent areas of the city-region, the gap for males was 24 years across different areas of Stockport, and nearly 17 years across Trafford.<sup>25</sup>

Figure 4: English local authorities by female life expectancy and Index of Multiple Deprivation (IMD) average score



Source: Office for National Statistics *Life expectancy estimates, all ages, UK, 2017-19* (2020); Ministry of Housing. Communities and Local Government *English indices of deprivation 2019* (2019)

#### A closer focus

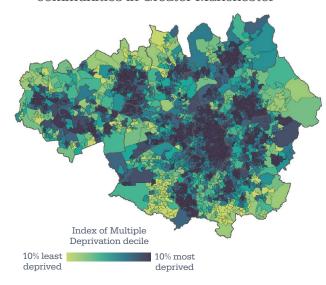
Although it's not always possible to get data for smaller areas than local authorities, when we are able to take a finer-grained look at inequalities, the conditions and outcomes for communities come into sharper focus. The maps in Figure 5 demonstrate this and have been chosen because they represent risk factors for inequalities in the health and economic impacts of Covid-19.

We could look at many more maps relating to Covid-19 risk factors, such as the prevalence of long-term health conditions for example diabetes or obesity, lack of access to a private vehicle and hence a dependency on public transport, household over-crowding and/or population density. These maps would show a similar pattern of clustering in the same areas. The distribution of the root causes of inequalities in infection, illness and death is clear and without radical action, there is a grave risk that these inequalities will widen even further.

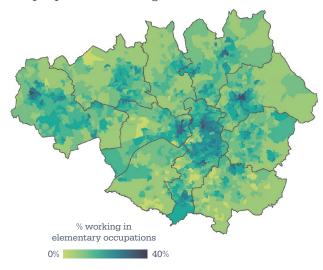
#### Figure 5:

Overlapping geographical inequalities in Greater Manchester

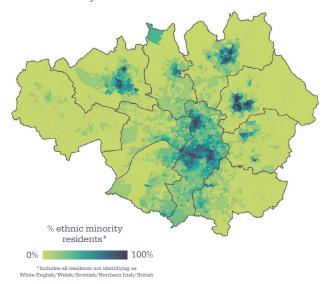
▶ Deprivation scores by tenths – the darker colours show the 10% most deprived communities in Greater Manchester<sup>26</sup>



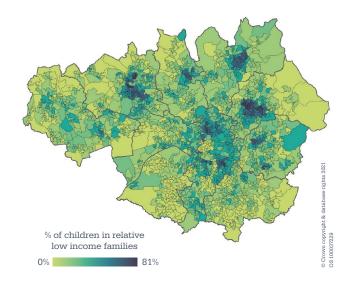
► Elementary occupations requiring a minimum level of education for residents; again, the darker colours show where proportions are higher<sup>28</sup>



People who are not of White ethnicity, with darker colours showing where communities of diversity are concentrated<sup>27</sup>



► Children living in low-income families – the darker colours showing where the poorest families live<sup>29</sup>



#### The cost of doing nothing

Inequality has long been recognised as a problem in Greater Manchester. Nearly a decade ago, the Greater Manchester Poverty Commission was based on the recognition that "despite the economic success of the subregion... economic growth has not benefited those areas and residents that need it the most." One of their recommendations was that "all strategies for growth and economic development within the sub-region [should bel designed to ensure future levels of growth provide benefits for all sections of the Greater Manchester population". The 2017 Greater Manchester Strategy includes a "focus on ensuring that the people of Greater Manchester can all benefit from economic growth and the opportunities it brings throughout their lives".

In 2019 the <u>GM Independent Prosperity Review</u> noted that health inequalities were holding back productivity. The Review refuted the idea of a trade-off between inequality and growth – greater equality actually leads to more growth.

"The interactions between poor physical and mental health and growth stand out dramatically in Greater Manchester. The proportion of the adult population in Greater Manchester with long-term health conditions in employment is nearly 13 percentage points lower than for the GM adult population as a whole. This demonstrates that poor health

outcomes have a significant negative impact on the productivity of city regions. Health needs to feature far more prominently in discussions of human capital, labour market participation, and productivity. A focus on health and social care is also important for spreading prosperity and tackling disadvantage in some Greater Manchester communities."

A key question for the Greater Manchester Independent Inequalities Commission therefore, has been why inequalities have proved so intractable.

But the pandemic has focused minds. The GM Independent Prosperity Review noted in its 'One Year On' report that "the crisis has made the case for tackling our economic and social inequalities unarguable... national government must take a lead here. But if Greater Manchester is committed to building back better, the city region will also need to do more and put tackling inequality at the centre of recovery plans." There is widespread agreement that this is a time for change. The Commission agrees with the Local Enterprise Partnership that this is the moment for an 'economic reset' in Greater Manchester. As they note in their new Economic Vision. "much about the current model simply hasn't worked for many of our people – their wealth and wellbeing - or for our planet." The Voluntary. Community and Social Enterprise (VCSE) Leadership Group has described the crisis as "a unique opportunity to revision and repurpose

our economy towards one which more equitably distributes wealth and opportunity across GM's people and places; provides high levels of health and well-being for all; reduces poverty; and works within environmental limits." Numerous community leaders have suggested that we need a GM-wide conversation to build "a shared vision for the city we want to be a part of creating" as we emerge from the crisis.

The pandemic is already disrupting the old ways. The ways people work and shop are changing - and evidence suggests that the rise of home working and shift to online retail may be here to stay. This poses huge challenges for city-regions like Greater Manchester whose prosperity has relied on thriving city centres. But it also presents huge opportunities to spread that prosperity more widely – to places that have not previously benefitted from it. The pandemic response has also brought out the best in people and pointed the way towards new partnerships between local government and communities from distributing food during school holidays to rolling out the vaccine for homeless people. The most successful city-regions will be those that lean into these changes – finding creative ways to reinvent themselves whilst also protecting people from the economic damage they face.

This is the time for bold thinking and brave action – the risks of any new approach need to be weighed against the serious risks posed by a continuation of the status quo.

## The Vision: Good Lives for All in Greater Manchester

We have found broad recognition of the need to focus on the foundations of Greater Manchester's prosperity and wellbeing. A good job, a decent home, affordable transport, digital access, green space, clean air and safe streets, support to maintain good health, the chance to learn and develop: these are some of the things people have told us matter most. Just as the pandemic and Black Lives Matter have been the guiding stars for our Commission, Greater Manchester needs to pivot all of its strategy and all that it does towards reducing inequalities and growing wellbeing. In practical terms, this means ensuring that everyone in Greater Manchester has access to the basics for a good life - no matter who they are or where they live.

And in all of this, we have not forgotten the climate emergency and the need for the cityregion's future to be grounded in sustainability. The climate crisis risks compounding existing inequalities if we do not respond to it in a way that is just. Therefore, the vision we lay out for Greater Manchester must help both people and planet.

The Commission has been focused and we have been practical. Our proposals target resources at the people and places within Greater Manchester who face the greatest barriers to living good lives. But when we reduce inequalities everyone benefits.

A fairer future is not a pipe dream for Greater Manchester. By scaling up and emulating existing good practice and endorsing and adopting the Commission's proposals, Greater Manchester can make this vision a reality.

## Getting practical: "nothing about us without us"

In a recent speech, the Mayor of Greater Manchester declared his belief that "you can only level up from the bottom up". We think this is vital, although top-down actions and leadership are also necessary. This is as true within Greater Manchester as it is for the UK as a whole. Just as local leaders know what their city-region needs better than ministers and officials in distant Whitehall offices, so local people know best what their neighbourhoods and communities need. More than this, they have the skills and ability to make it happen, if they are resourced and empowered to do so. And, just as 'levelling up' the UK economy means redirecting investment from the capital to the regions, so levelling up within Greater Manchester means redirecting investment to the places and people who have been cut off from the benefits of growth.

The challenge for Greater Manchester is therefore to combine clear leadership from the top on *prioritising* inequalities, with being brave enough to share power with those most affected by inequalities. The message we have heard loud and clear from local people is: "nothing about us without us."

We need to tackle the root causes of inequalities in the economic system, in the way public services work, and in deep-rooted discrimination of all kinds, including structural racism.

At the heart of our approach in all these areas is democracy and empowerment. To tackle the root  $\mathbf{Q}$ causes of inequalities, Greater Manchester must embrace the following principles:

We can only build a **strong economy** if we focus on the foundations: the services and sectors that help us all meet our basic needs. like care, retail. housing and transport. Building the foundations also means giving local people a stake and a say in the economy - putting wealth and power in the hands of people in our communities, through democratic ownership, community investment and support for small local businesses. And it means asking more of high-value 'frontier' sectors, to ensure that local people with the least opportunities benefit from the jobs and investment they create.

We can only build excellent public services if we break down siloes and shift spending towards preventing problems and meeting needs in holistic ways, working in partnership with people and communities. The 'Greater Manchester Model' of public service reform is ambitious and ground-breaking but more integration and investment is needed for it to fulfil its potential. And still too often people find some services dehumanising and disempowering. Treating people as whole human beings rather than labelling them (as unemployed, mentally ill etc), and involving them in co-designing and delivering services, must become the norm across the system.

We can only tackle **structural racism and all forms of discrimination** by empowering marginalised groups – not just to hold decision-makers to account, but to have a seat at the table. GMCA has led the way in establishing Equality Panels. These now need to be given more power to hold decision-makers to account for reducing inequalities. More also needs to be done to embed these voices and this participation right across the system – from education to healthcare, from policing to planning.

If the pandemic and the Black Lives Matter movement have shone a light on inequalities within Greater Manchester, they have also revealed the city-region's greatest strength: its collective spirit, people's desire to help each other and work together. Communities, voluntary organisations and small businesses have stepped up and worked together with local authorities with dedication and creativity to support those at the sharp end of inequalities. We must build on this spirit of co-operation to recover and rebuild for Greater Manchester's fairer future.

### Building on what's there

Throughout this report, we highlight examples of action already being taken - both across Greater Manchester and within the ten boroughs - that aligns with the Commission's vision. There is a vast amount of good work being done and many areas in which the city-region is leading the way and making progress. But now is the time for a step change. Our recommendations focus on how Greater Manchester can both respond to the immediate challenges created by the pandemic, and pivot

towards a new way of doing things that puts tackling inequality at its heart. We have not tried to provide a comprehensive blueprint for tackling all inequalities in Greater Manchester – that is beyond the scope of our short Commission. Instead, we have focused on some key ways in which Greater Manchester could seek to shift wealth, power and opportunity to those too often denied it.

GMCA can set goals and show leadership. but ultimately the vision will only be achieved by the whole system working together: GMCA, local authorities, health and the wider public sector, businesses and trade unions. the community and voluntary sector, and local residents. The Commission recognises that many of the big shifts needed to tackle inequality are outside Greater Manchester's control and sit with national government – for instance, the urgent need to repair our social safety net by reforming Universal Credit and lifting statutory sick pay. The double hit of the pandemic and a decade of austerity has also put local authority budgets under more pressure than ever before. This makes it all the more urgent to be creative and resourceful with the powers and resources available - targeting resources to where they are most effective, working in partnership with communities, and ensuring that resources are not creamed off to perpetuate inequalities but are returned to, and distributed within, communities.

Now is the time to establish Greater Manchester's fairer future. The Commission hopes that our recommendations will be a scaffolding to create a framework for a good life for all in Greater Manchester from the building blocks already present in the city-region.





### The essential pivot

### Put good lives for all at the heart of everything Greater Manchester does

Ensuring that everyone in Greater Manchester has access to the basics for a good life – no matter who they are or where they live – should be the guiding star for all strategy across Greater Manchester.

Across the world, countries, regions, cities and neighbourhoods are deciding to focus on the things that matter for a good life, rather than economic growth that leaves inequalities untouched. For countries, such as Wales, Scotland and New Zealand, that means turning away from Gross Domestic Product as a measure of success and focusing instead on wellbeing.

As the Local Enterprise Partnership's *Economic Vision* and the Greater Manchester Strategy both recognise, achieving economic growth is important but it cannot, without a change of focus, improve lives for the poorest areas and most marginalised groups.

Measures of economic growth, such as gross value added (GVA – the measure of the value of goods and services produced) and productivity should be pursued to the extent that they demonstrably help to improve lives for the people of Greater Manchester – not growth for its own sake, or growth that increases inequalities.

Tackling inequalities and promoting wellbeing needs to be the responsibility of the whole system – importantly, it needs to be part of economic strategy – and not left to other systems, such as social policy or health systems.

### What do we mean by wellbeing?

When people hear the word 'wellbeing' they often think first of health, or things like physical activity, nutrition and meditation. But the Commission means much more when we talk about wellbeing.

Wellbeing encompasses all the things that enable people to have good lives. It is as much about a good environment, for example having access to parks and green spaces, as it is about optimal health and accessible health and social care services. Wellbeing means having a good standard of living, living in a vibrant community where cultural diversity is respected and cultural expression encouraged. Wellbeing is about the work you do (paid or unpaid) and the places you do it in and being able to balance work and other important things in life, such as time with family and friends. Wellbeing is your physical, psychological, and spiritual health.

Wellbeing is about opportunities for participation and self-determination, being governed well and having your voice heard.

### Wellbeing targets in other places - food for thought

The Welsh Wellbeing of Future Generations Act (2015) set out seven 'wellbeing goals', based on a national conversation involving 10,000 people, which public bodies must work towards: a prosperous Wales, a resilient Wales, a healthier Wales, a more equal Wales, a Wales of cohesive communities, a Wales of vibrant culture and thriving Welsh Language, and a globally responsible Wales. The Act also set out five ways of working: long-term, collaboration, involvement, prevention and integration. An independent Commissioner was appointed to drive the implementation of the Act.

The <u>London Prosperity Index</u> was developed through an in-depth deliberative process with communities in east London to define the things that matter most to their prosperity and quality of life. It measures 15 factors including good quality and secure jobs, voice and influence, healthy, safe and secure neighbourhoods, and sense of community.

Amsterdam's city government is using 'doughnut economics' to help it plan its recovery from the Covid-19 pandemic. Doughnut economics asks communities to consider how to build a home for thriving people, in a thriving place, whilst respecting the wellbeing of all people and the health of the planet? The doughnut model provides a different way of looking at the world, in which the aim of a city like Amsterdam should be to bring all of its residents into a safe space that provides the essentials of a good life (such as food, housing, healthcare and political voice), without overshooting planetary boundaries – replacing the traditional focus on only driving economic growth. Amsterdam worked with all stakeholders to decide what benchmarks would bring them inside "the doughnut". Most of the City's priorities were assessed to ensure that they at least matched or exceeded the level of ambition set out in the Sustainable Development Goals and their related targets. A central part of the approach is engagement and collaboration. Amsterdam's Doughnut Coalition comprises 40 organisations including community groups, commons-based organisations, SMEs, businesses, academia and local government. The City is developing a 'Monitor' to track progress.

Recommendation 1: GMCA should agree a new set of wellbeing and equality goals to sit at the heart of a refreshed Greater Manchester Strategy, and then align budgets, portfolios and activities around these goals.

Throughout the world a lot of work has focused on how to measure wellbeing and set goals, targets and indicators. The Commission encourages GM to draw on the wealth of best practice that is available, including the <a href="United Nations Sustainable Development Goals">United Nations Sustainable Development Goals</a>,

the Marmot Indicators and the World Health Organization's Healthy Cities' Indicators, as well as its own experience and expertise. The Equalities and Human Rights Commission has developed a measurement framework for equality and a "Human Rights Tracker". What really matters is to prioritise the drivers of wellbeing – for instance, secure and meaningful work, a decent home, a sense of belonging. This might include furthering GM's ambition to become a Real Living Wage City Region, to achieve 100% digital inclusion, or the recent declaration of support for a legal 'right to food'.

But crucially, the Commission favours a democratic approach – allowing residents to **help define** what matters most for them to be able to live good lives, and then orienting policy around that.

The input we have received from people across GM has given us a clear sense of the things they value. A good job, a decent home, affordable transport, digital access, green space, clean air and safe streets, support to maintain good health, the chance to learn and develop: these are some of the things people have told us matter most. A participant in one of our roundtables felt that inequalities were sometimes treated as a "bolt-on" to "the proper stuff...after things like roads and airports". Instead, it should be front and centre: "You don't get to build your skyscraper unless it's clearly got massive benefits in reducing inequality. If we're going to build back better, we build for everyone." Thinking about how to measure success in reducing inequalities should not be delayed.



A dashboard of wellbeing and equality goals, targets and indicators needs to extend across all the pillars of the GM Strategy, so there is wellbeing and equality in all policies and aspirations for the city-region as a whole. And it won't be enough to simply 'raise the average' on indicators, Greater Manchester needs to set 'baseline threshold targets': levels of wellbeing below which no residents or neighbourhood should fall, as well as 'equity targets' of narrowing inequalities between groups, and between areas of Greater Manchester.

These goals should inform the organisation of budgets, portfolios, staff teams and policy impact assessment. Over time, GMCA should reorientate its resources so that tackling inequalities and supporting good lives for all is at the heart of every portfolio. Once again, it is crucial that this includes economic as well as social policy. For instance, over time the activities of the Business Investment Fund and Housing Investment Fund must actively support these goals – whilst still generating a return

– going beyond their current stated aims of "encouraging business growth and investment in property and infrastructure".<sup>30</sup>

The Commission also encourages a greater focus on social mobility, and that the proposed refresh of the Greater Manchester Strategy should have consideration of how to enable greater freedom for individuals, families, households, or other categories of people to move within or between social strata in society. This is a theme which will be further developed in the good jobs and decent pay section of this report.

Other partners such as the <u>Growth Company</u>, <u>Transport for Greater Manchester</u>, and the <u>Health & Social Care Partnership</u> should also re-orientate their resources around these goals. With the replacement of EU structural funds, there is in any case a need and an opportunity to rethink strategies and pursue new objectives in areas previously financed by those funds.

Some of Greater Manchester's local authorities already have their own inequality strategies,

and the Commission encourages all local authorities to follow this example – as well as working together through GMCA to address common challenges across the city-region. Similarly, we applaud the decision of a number of boroughs to implement or consider implementing a duty to promote socioecomplementing a duty to promote socioecomomic equality (Section 1 of the Equalities Act), as advocated by the Equality Trust and Greater Manchester Poverty Action, and encourage GMCA to do likewise.

The GMCA Tackling Inequalities Board should have overall responsibility for driving this change but ultimately this is a shared agenda for all of the Combined Authority – with the Growth Board and the Reform Board tasked with embedding this pivot into economic policy and public services respectively. At the end of this report, we indicate how our recommendations map onto the three boards and the ten pillars of the current Greater Manchester Strategy, and how they relate to the wider GM system.

### Local economic strategies across Greater Manchester

Across Greater Manchester, individual local authority areas are already embracing the tackling inequality agenda through their approaches to building community wealth or inclusive economies.

**Bolton** has described community wealth building as part of its approach to creation of 'social value'. Social Value is about the additional value created in the delivery of services which has wider community and public benefit and is a key plank of the work to achieve the Bolton Vision.

**Bury** Council has published its <u>Growth</u> <u>Plan</u>, which involves creating the right circumstances for fostering growth through economic development initiatives, supporting social growth and creating thriving, healthy and equitable communities.

Manchester City Council has used its procurement to build community wealth. Working in partnership with the Centre for Local Economic Strategies for over 10 years, it monitors its annual spend with local organisations and undertakes analysis of its own ability to retain its local spend within Manchester and the city-region to promote local growth.

**Oldham** has invested in a series of policies and strategies developed to support the borough's growth and development, including the <u>Oldham Town Investment Plan</u>, which was published in December 2020.

**Rochdale** Council has a strategic approach to supporting community wealth, an inclusive local economy, and social value, driven through a huge number of grass roots co-operative and community-led projects across the town.

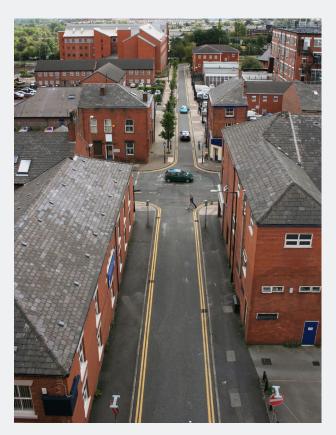
**Salford** has put inequality at the heart of the 'Salford Way' three specific strategies (Inclusive Economy, Tackling Poverty; and Equality, Diversity and Inclusion), which are being brought together to support a renewed focus on tackling systematic economic, health and social inequalities in the city.

The **Stockport** Council Plan focuses on inclusive and resilient neighbourhoods. Inclusive growth is an on-going focus and Stockport has put in place a <u>Mayoral Development Corporation</u> to drive forward some of this work.

**Tameside** Council is developing a new Inclusive Growth Strategy and has carried out extensive community engagement in its development. Tameside also adopted a <u>Social Value Charter</u> in early 2020 and have recently formed a local Inequalities Reference Group.

The **Trafford** Inclusive Growth Board provides strategic leadership in the delivery of key priorities which reflect the GM Strategy, the Northern Powerhouse agenda and <u>Trafford's Economic and Housing Growth</u> Framework.

Wigan launched its Community Wealth Building Strategy in September 2020. Wigan aims to use Community Wealth Building to tackle economic inequality locally and create a fairer borough with greater opportunities for all. The Council has published a vision and principles document which sets out how it will move forward with this approach to create sustainable social, economic, and environmental benefits for all residents for decades to come.



### Get anchors to focus on inequality

Tackling endemic inequalities is a whole place effort. All kinds of large 'anchor' organisations have a role to play in building a movement to tackle inequality.

Anchor institutions are large organisations rooted in place, which, because of their scale, have a significant economic, social and ecological influence as purchasers of goods and services, as employers and as owners of land, property and financial assets. Examples include local authorities, NHS organisations, universities and further education colleges. They can also be private companies and voluntary and community sector organisations, who are tied to particular places (historically or commercially).

There are a range of anchor institutions in Greater Manchester. By deeper collaborative working they could exert more measurable impact on the Greater Manchester economy and play an enhanced role in tackling inequalities. Fortunately, there is no need to start from scratch. As well as much collaborative and

partnership working across the city-region over many years, there has also been some foundational work on creating an anchor network from the Joseph Rowntree Foundation, the Inclusive Growth Analysis Unit and the Centre for Local Economic Strategies with 7 key Greater Manchester anchors. This offers a launchpad to build a broader, cogent, and focused anchor network. FE colleges will be important anchor institutions in their communities, and it is vital that they are included, to fully support their civic and community, as well as their economic role. The ingredients are in place, to move forward simply requires the political and institutional will to deliver.

The 'size of the prize' could be huge – the Centre for Local Economic Strategies analysis for the GM Health and Social Care Partnership showed that if they adopted a social value approach this would unlock more than £65 million each year to drive wellbeing and equality goals. If social value was adopted as common practice across the city-region the estimated value would be more than £750 million per year.

The Greater Manchester Social Value Framework provides a strong basis for using this collective financial power to tackle inequality. Although the past focus has been mostly on public sector procurement, perhaps missing opportunities to build community wealth and promote the public good, there is now an opportunity to harness business interest in social value and channel this into tackling inequality in Greater Manchester. The Social Value Framework can be used to guide business actions and spearhead a campaign to change business behaviours, driving 'good employment' and sustainability measures, for example, throughout a network of 'anchor' organisations. The aspirations and priorities set out in the Framework now need a focused political mandate, dedicated resources and institutional leadership. Creating a focal point within the GM system to help embed the Framework within commissioning and procurement processes would be a significant step forwards.



#### Social value in Greater Manchester

Greater Manchester has been an early adopter of social value following the Social Value Act. In 2014, GMCA published its first Social Value Procurement Policy and Framework setting out how the Combined Authority would deliver social value through its commissioning and procurement activities. Six years on, and the Mayor of Greater Manchester announced a new Social Value Framework, approved by all ten Greater Manchester Local Authorities.

The aim is that every organisation in Greater Manchester acts to manage its resources and draw in investment in ways that create lasting benefits for the people of Greater Manchester, and improve the local economy, whilst positively contributing (or at least minimising damage) to the environment.

This framework can be used across all sectors to tackle widening inequalities and build back a better, fairer and greener economy in Greater Manchester, and contains six priorities:

- Provide the best employment that you can
- ► Keep the air clean in Greater Manchester
- Create the employment and skills opportunities that we need to
   Build Back Better
- ▶ Be part of a strong local community
- ► Make your organisation greener
- Develop a local, GMbased and resilient supply chain

National legislation and guidance around procurement is changing post-Brexit, with an increased focus on 'public

good' and on allowing 'below threshold' contracts to be placed directly with 'local' SMEs or social enterprises. The core principles proposed in the Procurement Green Paper (public good, value for money, transparency, integrity, fair treatment of suppliers, non-discrimination) could underpin a shift in public procurement strategy in Greater Manchester that focuses on creating wellbeing and tackling inequalities.

If - as expected - the forthcoming National Procurement Policy Statement includes a requirement to create new businesses, jobs and skills in the UK through public procurement, to improve supplier diversity and innovation, to tackle climate change and reduce waste, this will mean that 'social value' can be explicit in contract specifications, and not iust an 'add on'.



## Recommendation 2: The Mayor of Greater Manchester should convene a GM Anchor Action Network with a focus on tackling inequality.

This should be an early action by the Mayor of Greater Manchester following the elections in May; bringing together organisations which have previously been involved in this work with others which have shown leadership on tackling inequality. The Network should quickly develop a plan for mutual activity and commit to meeting regularly.

The Mayor should convene the major anchor institutions across Greater Manchester with a common purpose to tackle inequalities through:

### Using their spending and investment power to deliver social value, including:

- Adopting a consistent framework that weights social value highly in all procurement
- ➤ Positive weighting for enterprises that represent marginalised groups in the economy (e.g. Black-led enterprises based in deprived areas) in any shortlisting for 'below threshold' contracts
- ➤ Growing local enterprises, SMEs, employee owned businesses, social enterprises, cooperatives and community owned enterprises. (See also recommendation 11).

### Progressive stewardship of land, property and financial assets, including:

- ➤ A shared approach to all publicly-owned land and assets with commitment to consider social value in all new developments
- ▶ Proactively supporting communities who wish to use or develop underutilised assets
- Supporting and promoting progressive finance initiatives including ethical pension investments and encouraging their staff to open savings accounts with local credit unions.

#### Fair employment, including:

- ► Incentivising sign-up to the Good Employment Charter through the procurement and commissioning processes of GMCA and the ten Districts, with an ambition to roll this out across all anchors and the VCSE and private sectors
- ► Committing to a 'fair for all pledge' to pay the Real Living Wage, providing secure, safe employment, addressing gender and ethnic pay imbalances and developing strategies for in-work progression and wellbeing support<sup>31</sup>
- ➤ Seeking to recruit locally and from priority groups where appropriate e.g. young people, people with disabilities and long-term health problems, people experiencing poverty
- ► Ensuring workers are respected and have an effective voice.

Recommendations 1 and 2 lay the foundations for a system-wide refocus on the urgent need to tackle inequalities. The remainder of our recommendations focus on actions that can be taken now to address urgent inequalities arising from the pandemic, whilst also helping to pave the way for the longer-term system changes described above. This is not a comprehensive blueprint for tackling inequalities across Greater Manchester - which is well beyond the scope of our short Commission. Rather, we have focused on interventions that could help to spread power, opportunity, good work, wealth and services more widely across the city-region - simultaneously tackling multiple sources of inequalities.



### Power in people's hands

A respondent to the Commission's call for ideas told us "a refocused Greater Manchester economy would be a place where every citizen has the opportunity to participate and feel empowered to make a difference through their communities, workplaces, and local democratic institutions."

Power and voice have been consistent themes in our discussions with local people. Inequality affects everyone and building a more equal city-region means creating structures where everyone can have a stake and a say in the things that affect their daily lives: be it their work, homes, high streets or green spaces. These themes run through all the recommendations in this report, not just the ones in this section. This is about more than formal politics or policy – it's also about new forms of social ownership and a new relationship between local government and community organisations.

We heard a clear message that people want to be more involved in decisions that affect them, and that decision-making could be improved by drawing on the lived experience of people worst affected by inequality. Councillors do an incredible job of representing their local communities, but even more could be achieved by complementing this with greater participation by people from diverse communities and from those whose voices are not always heard. We need spaces for participation to complement and strengthen systems of elected representation. If Greater Manchester's approach to tackling inequalities is to be successful, the people who

live in the city-region must be empowered to help shape it – and hold their leaders to account for delivering it.

### Put power in the hands of ordinary people

A round-table participant told us: "People who decisions relate to should be centred in all decision-making processes"

People felt that public engagement, such as surveys and one-off consultation events were limited, sometimes feeling only like an opportunity "to feed back on someone else's agenda". Instead, people told us they wanted more spaces for people to help set the agenda and be equal partners in delivering it – participating in discussions on the 'big picture' as well as on details and being involved in development and evaluation throughout the policy process.

These processes also need to be constantly alert to who is being excluded or marginalised from the conversation – whether physically (e.g. if meetings are held in non-accessible buildings), culturally (e.g. by language barriers or social stigma) or economically (e.g. lacking the time or resources to participate). A round-table participant told us: "People with learning disabilities are disenfranchised and disempowered almost from the moment they are born". One person pointed out that even the language of 'citizenship' can be experienced as threatening and exclusionary by migrants and asylum seekers, and we should be

thinking in terms of 'active residents' rather than 'active citizens'. Processes that do not actively seek to redress these inequalities will inevitably reproduce them.

One way to address this is to start from the ground up, making use of the relationships and infrastructure that already exists in communities across Greater Manchester and connecting this into the policy making process, rather than starting with policy makers who consult from the top down. As recognised by programmes like gmsystemschangers.org.uk, marginalised people need spaces to organise and advocate on their own terms. People want to be in 'organic spaces' not just 'invited spaces' so they can participate in discussions on their own terms - such as those run by Reclaim, an organisation that works to support and amplify the voices of working class young people. As one person told us, "we're not hard to reach, you just have to get on the 192 bus."

The Commission heard many examples of where participation has been done well – from creative approaches such as 'walking tours' to facilitate dialogue between people from different parts of the city, to Poverty Truth Commissions and volunteering programmes for local councillors. One response to the Commission's call for ideas suggested 'reverse mentoring' programmes pairing people experiencing inequalities with councillors or officials.

But Greater Manchester needs to go further than just better consultation on decisions - a more diverse range of people need to be making those decisions. This means better pathways to representation in elected office and positions of power for people from diverse communities and in marginalised groups who feel 'locked out' of politics. Power and resources can be devolved to community level - for example, through neighbourhood assemblies, community forums and participatory budgeting - so that people can deliberate together about their priorities and how to achieve them. Some people will want to participate in big-picture conversations about Greater Manchester's future, but many others just want more say in what happens on their own streets - for instance, decisions about planning and local services.

Finally, the Commission heard a strong desire for more accountability mechanisms

 for communities to be able to see how decision-makers have acted on their priorities. People wanted to know how they could continue working with city-region leaders beyond the life of the Commission – recognising that tackling inequalities will be a long process and one that requires sustained dialogue and pressure. Greater Manchester can draw on a passionate and committed base.

This needs to happen both inside and outside established power structures. A thriving democracy needs a thriving civil society – including trade unions, tenants' unions, community organisations and others. The pandemic has shown the vital role that such organisations play, not just in providing direct support, but also in advocating and campaigning on the local and national stage.

It is beyond the scope of the Commission to make detailed recommendations for widening participation at every level of GM's decision-making - especially as there is no 'one size fits all' solution. However, we do suggest some next steps at GM level to ensure wide participation in the next phase of the conversation about tackling inequality in the city-region, and to enhance the role of the existing Equality Panels in this process. We also urge individual local authorities to consider how they can take this agenda forward.

The WHO-endorsed Age-friendly Greater Manchester framework is about working with older residents to improve the physical and social environment. Central to the 'movement' have been the voices from a range of actors, including the GM Older People's Network, community organisations representing LGBTQ+ people, those from minority ethnic communities and from right across the ten GM local authority areas. The Ambition for Ageing programme, led by GMCVO, worked in 29 neighbourhoods, the Pride in Ageing project gives a voice to LGBTQ+ elders across GM, in addition to creating local older people's forums and committees and multiple research projects. The Mayoral Age Friendly neighbourhood challenge was awarded to 57 local partnerships. In 2021 a new representative Age Equality Panel, bringing together these voices, will be launched. Central to this work is tackling ageism, and campaigns such as "Valuable not Vulnerable" during the pandemic represent how older adults can lead initiatives that challenge society's entrenched and dangerous attitudes to older people.

The **GM Ageing Hub**, based in the Combined Authority, is a unique strategic and collaborative space that brings together public services, research institutions, communities and businesses to take action on the challenges and opportunities of population ageing. Tackling social exclusion was the core conceptual approach taken in the 2018 Age-friendly GM strategy, covering themes such as employment and economic life, place, culture, housing, transport and planning and health. The Hub's strategic partnership with the Centre for Ageing Better is an example of its approach.

There is clear evidence that interventions in later life, in public health, housing, transport and other areas, can reduce inequalities faced by older people, and that tackling ageism plays a critical role in how a society and services support a creative and active later life for all.

Recommendation 3: Create a People's Task Force with a remit to improve participation and democracy at all levels in GM, including how a permanent People's Assembly could contribute to priority setting and working with public authorities in delivering them.

Citizens' Assemblies are well-established and successful ways of addressing complex problems - such as climate change or constitutional reform - in a participatory and deliberative way. The Commission envisages that this body would work according to these established practices, but have used the term 'People's Assembly' to make clear that such a body should aim to represent everyone who lives in the city-region, rather than making distinctions based on formal citizenship status. We suggest that a Greater Manchester People's Assembly could be convened in the first instance to hear evidence and call expert witnesses in relation to a specific issue, followed by an evaluation of its effectiveness and any necessary adaptations made before convening a permanent body made up of:

- One-third elected representatives nominated from across the 10 local authorities
- One-third GM residents chosen by lot (sortition) from across the city-region
- One-third representatives of the Greater Manchester Equality Panels.

The Commission also encourages the 10 districts to consider setting up their own structures to allow diverse local people to play an advisory and accountability role in driving action on equalities – as some are already doing, for example the Tameside Inequalities Reference Group and the Rochdale Equalities Assembly.

#### Tackle discrimination and structural racism

As well as improving democratic participation generally, tackling power inequalities demands a specific focus on groups who face particular oppressions or injustices because of their identity. Greater Manchester has led the way in recognising this, establishing a range of panels and other networks to engage with diverse communities. These include the Disabled People's Panel, LGBTQ+ Adviser and Panel, Greater Manchester Ageing Hub, Race Equality Panel, Women and Girls' Panel and the Youth Combined Authority. The contributions made by members of these panels and the organisations and individuals who have set up and sustained them should be recognised and celebrated. A round-table participant told us "Representation is massive – I've never seen so many people of colour in one place as when I joined the Race Equality Panel, and that's big."

However, in our conversations with the panels themselves and others from under-represented groups, we encountered a widespread feeling that the Equality Panels need to be given more 'teeth'. There was frustration within some panels that their role and mandate were not clearly defined and that it was often difficult to persuade people in the system to come and talk to them. There was also a feeling that the panels sat in different silos and more needed to be done to bring them together in an intersectional approach.



Recommendation 4: Give the Equality
Panels more teeth with a stronger mandate
and resources to constructively challenge
public bodies.

#### In particular:

- ▶ All Panels should be fully independent with a clear mandate to: (a) co-develop city-region wide commitments for their communities of identity; (b) be consulted at an early stage on issues and decisions that affect their communities of identity, so that their experience and expertise can help shape them; and (c) proactively examine and constructively challenge GMCA (and other bodies) for their delivery of equality commitments, acting in an advisory capacity. There should be an expectation that leaders and officials will attend meetings with the panels if asked.
- ➤ All Panels should also have a budget to carry out research and produce reports at their own initiative, as well as being consulted by GMCA. Discussion should take place with all Panel

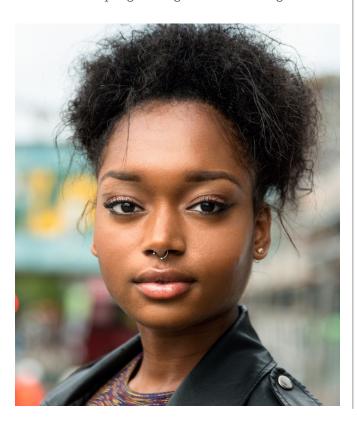
- members as to how their operation can be made accessible to everyone in GM, including removing financial barriers to participation and choosing meeting times that allow those in work or with other personal commitments or responsibilities to join.
- ➤ The Panels should have connections through their Chairs with an independent Anti-Discrimination body (see recommendation 5) and have the power to escalate issues for consideration by that body.
- ▶ GMCA should ensure that the voices of older people and faith communities are also heard alongside the existing Panels, and that they all work collaboratively to ensure intersectional discussion around the key socioeconomic inequalities.
- ▶ Building from the Poverty Reference Group, which was brought together for this Commission, a new Panel should be established for people with lived experience of poverty, to complement the existing panels based on communities of identity. As with

- all the Panels, this should complement and is not a substitute for wider work to improve participation and engagement of people with lived experience in decision-making.
- A Forum where representatives of each Panel can come together to discuss and take action on common issues with an intersectional approach should be created. They will always, and should, be able to take diverse approaches to how they work because the communities and groups they work with are diverse. But by working together on a common agenda they can have greater impact on the overlapping and intersecting inequalities set out in this report.

In addition to the 'soft power' exerted by the panels, we also heard that there is a need for an independent body that can improve enforcement of existing legal duties under the Equalities Act – in both the public and private sectors. At the current time, local authorities do not have the capacity to actively root out systemic discrimination across all organisations operating in their area.

Recommendation 5: Greater Manchester should look at options for establishing an independent Anti-Discrimination body to tackle breaches of the Equalities Act.

This body could be supported in the early phases by GMCA and other statutory partners. It should be staffed by professionals, but members of the Equality Panels could be represented on its governing board, and it might operate in a similar manner to Health Watch organisations acting as a critical friend to the whole Greater Manchester system. The Anti-Discrimination body should be empowered to meet with key organisations to help them set clear targets for improvement and monitor their progress against these targets.



Recommendation 6: The GM Lead Member for Ageing and Equalities, supported by the Tackling Inequality Board, should agree a joint commitment with districts and their statutory partners to tackle inequalities faced by minority groups.

The roll out of this commitment should include:

- ▶ Developing or revising an Equality Strategy for each district in partnership with communities of identity and existing Equality Panels.
- ► Appointment of a cabinet member for equalities (where this doesn't exist) and lead Councillors for particular communities.
- Collection and publication of data about the communities in their area.
- ► Ensuring staff and senior leadership represent the communities the organisation is operating in – and if it does not, they should have specific targets and plans in place to address this.
- ➤ Ensuring existing community and civil society infrastructure those already working with the most marginalised are properly resourced and empowered, ideally at district and neighbourhood level as well as at GM level.

Greater Manchester Combined Authority itself should have a clear equalities policy and objectives set in consultation with each of the panels, and in line with its obligations under the Public Sector Equality Duty. The Disabled People's Panel has already been working with GMCA to develop a 'Disabled People's Commitment' under which GMCA will commit to realising the rights of disabled people under the UN Convention on

the Rights of Disabled People. A similar approach should be adopted for all panels.

In light of the Black Lives Matter protests and the disproportionate impacts of the pandemic on people experiencing racial inequality, the Commission feels strongly that structural racism must be a top priority for any serious agenda to tackle inequality. For too long, debates about race equality in the UK have been sidelined or ignored, yet – as described earlier – the pandemic has exposed the deadly nature of these inequalities. Manchester takes pride in its role in abolishing the slave trade, but we are less keen to remember that our prosperity was built on slavery – and that the resulting inequalities of power and wealth endure to this day.

Greater Manchester's ability to get to grips with racial inequality is hampered by the lack of representation of racial minorities in the organisations that have the power to act. A key issue raised with us by the Race Equality Panel was the small percentage of people from diverse communities in senior leadership positions across Greater Manchester. Three of Greater Manchester's NHS Trusts have no board members from an ethnic minority background.<sup>32</sup> One of GM's local authorities has no ethnic minority councillors, although 8% of its population are from ethnic communities; in a further four councils, the proportion of elected members from ethnic backgrounds is lower than the proportion of local residents from ethnic communities.<sup>33</sup> Despite a recently successful strategy by Greater Manchester Police to recruit more officers from ethnic minority backgrounds, in March 2020 only 5% of GM police officers were Asian and 1% Black (compared to a resident population of 9% and 3% respectively).34

Recommendation 7: GMCA should publish a Race Equality Strategy, in consultation with the Race Equality Panel, and should encourage other anchor institutions to do the same. Individual local authorities should also publish their own strategies.

In developing the Race Equality Strategy, the Race Equality Panel should be empowered to meet with key bodies – including the Health and Social Care Partnership, NHS Trusts, universities, colleges, schools, the LEP and chambers of commerce. The Commission does not wish to pre-empt discussions with the Race Equality Panel about what this strategy should include. However, based on our discussions with them and on the available evidence, we indicate some possible priority areas for action:

- ▶ Leadership and representation A Mayoralled initiative to achieve equal representation of racial minorities in the public, private and voluntary sector could bring together mentoring and leadership programmes with stepping up action via the Good Employment Charter on recruitment practices - creating pipelines into both entry-level and senior leadership positions. GMCA should lead by example with a major push to improve racial diversity in its staff and senior leadership.
- ▶ **Health** Priority areas for action could include improving representation of racial minorities in NHS senior leadership, identifying gaps in health outcomes based on race and publishing a plan to close these gaps; and effective support structures like outreach or translation services to ensure the health system is open to all groups.

- ► Education and young people Setting targets for representation in governing bodies and amongst teaching staff; working towards zero exclusions to address the systematic marginalisation of black boys in the education system; inclusion of youth workers within schools; improving digital inclusion for children from minority backgrounds; and ensuring that post-Covid-19 catch-up programmes are tailored to specific communities that need additional support.
- ▶ Jobs and pay Using the Good Employment Charter to promote ethnic minority pay gap reporting for all companies above a certain size (say, 50 employees); representation targets for boards and committees of large companies; and a wider push to reduce low pay and insecurity as this disproportionately affects racial minorities.
- ▶ **Policing** Transparency and consistent reporting of the use of policing powers, including stop and search;<sup>35</sup> reversing the use of school-based police officers; a more robust response to hate crimes; targets for representation of racial minorities in the judicial system and emergency services (such as Fire and Rescue).
- ► Housing Tackling overt discrimination in the private rented sector; improving the availability of affordable housing in deprived neighbourhoods and consistent roll out of neighbourhood equalities officers.

### Good jobs, decent pay

Access to good jobs and decent pay is still out of reach for too many people in Greater Manchester. Nearly a quarter of working age adults in the city region are economically inactive and, according to the Resolution Foundation, in 2019 17% were trapped in low paid work: work which is often insecure and with no routes for progression. The pandemic has simply compounded these old divides with the poor, the young and the less highly educated paying the largest economic price of both the virus and the lockdowns. For example, there has been almost no fall in the number of graduates in paid work over the past year, while there have been big declines in the number of nongraduates in work. Those aged under 25 have been three times as likely as those over 35 to have stopped work.

Unless we can make good jobs and decent pay the norm for every person in Greater Manchester, we cannot get to grips with inequality. But the city-region has good foundations to build on. Greater Manchester has a strong record of training and job creation for the unemployed, including through the Greater Manchester Growth Company and a network of voluntary, community and anchor institutions. Its districts have a long tradition of finding creative ways to support people into work and

the devolution of the adult skills budget to the Combined Authority creates the opportunity for further innovation.

Critically, the city-region has opportunities to create good jobs. Greater Manchester is proud to be home to world-leading industries in sectors such as life sciences and advanced manufacturing, which together employ some 60,000 people across Greater Manchester and are projected to deliver significant increases in productivity over the next ten years. These sectors are amongst those targeted as 'industries for the future' under the Greater Manchester Local Industrial Strategy;<sup>36</sup> as part of ongoing work to produce sector development plans, it will be important to explore employment and progression opportunities for under-represented groups.

The city region has an ambitious target to transition to net zero by 2038, with the opportunity to create significant numbers of new jobs as we take carbon out of our homes, businesses and public spaces and build the green industries and services we will need for the future. This will include jobs in retrofit, low carbon construction, green energy, low carbon transport and nature conservation. And thousands of jobs will continue to be created



in the foundational economy that provides all of us with basic things we need for everyday life.<sup>37</sup> This includes sectors like care and retail, which are characterised by low pay, and where we must drive up pay and conditions so that people in these jobs are rewarded properly for the valuable and essential work they do. To make the most of these opportunities, Greater Manchester should redouble its efforts to provide good work for all as it recovers from the economic fallout from the last year.

### 'GM Works' and how to make it happen

Recommendation 8: Greater Manchester should set up GM Works to create good jobs, upskill and reskill people to take up these jobs and provide apprenticeships and 6-month Job Guarantees for disadvantaged groups in key sectors.

GM Works should be a city-region wide initiative that brings together the Combined Authority, employment services across districts, the Local Enterprise Partnership, information, advice and guidance services, FE colleges, local businesses and the Growth Company with a common aim to get people into good work. This should include:

- ➤ Targeted investment and a clear plan to support job creation in **frontier**, **green and foundational economy** sectors.
- ▶ Identifying the **pipeline** of jobs that could be created across these sectors and the skills needed to open up these opportunities to local residents.

- Developing a **training offer** to upskill or reskill people for these emerging jobs.
- Providing dedicated training provision in target sectors, such as a Green Jobs Academy and a Caring Academy, to accelerate workforce training and skills development in these areas.
- Creating a **job placement scheme**targeted at the unemployed and particular
  disadvantaged groups and communities
  with an offer of coaching, training and a
  paid apprenticeship or a 6 month paid Job
  Guarantee.
- In-work progression programmes targeted at disadvantaged groups, supported by equalities plans for all high growth frontier sectors (health and life sciences, business services, advanced manufacturing, creative and digital, green industry and services) and the public and social sector to ensure disadvantaged groups have the opportunity to access the jobs that are being created.

### Living Wage guarantee for all

Greater Manchester is home to an impressive movement for good jobs that involves businesses, trade unions, the VCSE sector, academic experts and the public sector backed up by the resources and convening power of the GMCA - culminating in the development of the **Good Employment Charter**. This is a unique platform to build upon. With more than 230 employers involved, covering more than 200,000 employees. the Good Employment Charter already has impressive scale and reach and great potential to go further. The Commission welcomes recent efforts, in partnership with the Equality Panels. to enhance the Charter's focus on equality and diversity, ensuring that employers implement good equalities practices.

But Covid-19 demands that we redouble our efforts. In addition to rising unemployment, the crisis is already exerting downward pressure on the quality of existing jobs. Supporting the creation of good, decent paid jobs, and resisting the pressure to settle for 'any jobs', will be critical during recovery from the pandemic.

Recommendation 9: The Mayor should set an ambitious target to get every employer across Greater Manchester to pay the living wage and offer 'living hours' by 2030, using the Good Employment Charter, conditions on access to public goods, services and contracts, and support for businesses in low paid sectors to get there.

The lessons from the development of the Good Employment Charter – promotion, engagement, peer support and GMCA incentivisation – should be applied in delivering this ambition.

#### This should include:

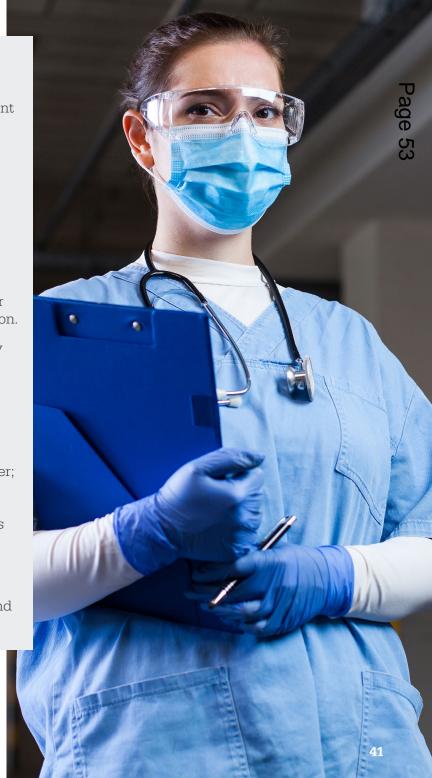
- ▶ Growing the movement of organisations signing up to the Charter
- ▶ Building a living wage and guaranteed living hours requirement into procurement and planning activities across the GMCA, districts and anchor institutions (See recommendation 2)
- ▶ Making access to public funds and services conditional on signing a 'fair for all pledge' (See recommendation 2) with its commitment to a living wage and secure contract
- ➤ Working with employers to change pay structures and practices in sectors where low pay and poor working practices are endemic such as social care, childcare, retail and hospitality as they are reshaped after the pandemic.

### The Greater Manchester Good Employment Charter

The Greater Manchester Good Employment Charter is a voluntary membership and assessment scheme that aims to raise employment standards across the city-region, for all organisations of any size, sector or geography. The Charter describes seven key characteristics of good employment: secure work, flexible work, real living wage, engagement and voice, recruitment, people management, and health and wellbeing. It is closely linked with the campaign to make Greater Manchester a Real Living Wage City Region.

The charter has three levels in which any organisation that employs people can get involved: – **Supporters** have made a commitment to improving practice in all characteristics of good employment; **Members** have made the Supporter Commitment and meet the membership criteria in all characteristics of the Charter; and **Advocates** excel in characteristics of good employment and share their expertise with others to support the aims of the Charter.

Members include public sector, private business, educational institutions and employers in the voluntary, community and social enterprise sector.



### **Bridging the Skills Divide**

As we described in an <u>earlier section</u> skills levels in Greater Manchester are low compared to the rest of England and the city-region has many more people with no formal qualifications than other areas. There are particular skills challenges in the poorest communities where a range of inequalities intersect. These include many of the former industrial towns in Greater Manchester, but also communities and declining economic centres in more prosperous local authorities.

The Commission recognises that **employment** and training programmes must fit the needs of the people they are for: many of the people we spoke to said that they had found their encounters with some services or programmes to be dehumanising and stigmatising often being steered towards work that was inappropriate or undesirable for them, or feeling judged based on their skin colour or disabilities. They wanted to be treated with respect, and supported to develop their talents and capabilities. There are good examples of projects underway within Greater Manchester that take this more supportive, person-centred approach often led by grassroots organisations which are best placed to reach and support marginalised people (see box). Such approaches may be more effective than rigid target-driven approaches at supporting people into work.

Greater Manchester's Colleges have a vital role to play for young people as they continue their learning and for adults seeking to gain new skills or to retrain. The scale and importance of their role – in supporting the city-region's local economies, social mobility and tackling disadvantage – should not be underestimated.

For example, Oldham College in 2020/2021 has over 5,000 students, including 3,500 from disadvantaged areas and more than half overall from Black, Asian and minority ethnic communities.

The Commission also recognises GMCA's leadership in creating a vision of good apprenticeship employment for people at all working ages: aiming to remove barriers to apprenticeships (e.g. free public transport for apprentices); working with the national 5 Cities Project to increase the diversity of the apprenticeship workforce; encouraging the development of part-time apprenticeships; working with the Greater Manchester Ageing Hub; launching a Greater Manchester small-tomedium enterprise apprenticeship package; working with levy-paying employers, and working to put apprenticeships are at the heart of the public sector. This leadership can be underpinned by the city-region's educational institutions.

Recommendation 10: Universities, FE Colleges and training providers within the Greater Manchester Anchor Action Network (Recommendation 2) should work to bridge the skills divide.

The city-region's educational institutions and anchor network should:

### ► Provide enhanced access programmes

– with a commitment to meet more Access and Participation targets across the cityregion – building on the work of <u>GM Higher</u><sup>38</sup> and existing institutional plans. To accelerate social mobility, this should aim to double access to HE courses from the most deprived groups over the next five years.

- ▶ Build an improved system for adult skills and lifelong learning in GM. More provision and opportunities for adults both inside and outside the workplace is desperately needed. This should be a key mission in a refreshed GMS increase skill levels across the city region and particularly in the most disadvantaged areas.
- ▶ Improving access to in-work training and progression. This could include changing entry requirements and pre-entry programmes targeted at specific areas and groups; development bursaries for career changers; and targeted programmes for those moving from benefits to work such as the University of Manchester's 'The Works'.
- ► Apprenticeships and Jobs Guarantees Targeting apprenticeships and the GM Job Guarantee at disadvantaged groups (e.g. people living in deprived areas, carers and care leavers, people with disabilities) to increase access to in-work training.

### Case study: Greater Manchester European Social Fund Community Grants

The Workers Education Association is now entering the second phase of a four-year programme distributing and managing ESF Community Grants in Greater Manchester. These grants support local adult education projects with the aim of helping participants move into formal education, skills training or employment.

In just over 12 months, £4.4 million has been allocated through WEA to the voluntary, community and social enterprise sector, creating 243 local adult education and employability projects across the 10 Greater Manchester boroughs. The projects are run by people from diverse communities, using diverse methods, often based on the organisation's knowledge of their community or client group. Employability skills and functional learning is often combined with

practical hands-on activities, with a strong focus on well-being. Developing digital skills, a focus on self-employment and one-to-one mentoring are strong themes. Organisations' established links are being used to engage marginalised groups, such as young people not in education, employment or training, people experiencing racial inequality, those with physical disabilities and neuro-diverse communities.

➤ Community Revival worked across four areas in Manchester and Oldham engaging 70 pre-entry – entry level participants from ethnic minorities around employability and English for Speakers of Other Languages. There was a 100% completion rate for the project with 70% of participants moving onto further training and education.

- ▶ YPAC Manchester, a Young People's organisation working with young people and the wider community has used its detached youth work presence in Harpurhey, Newton Heath and Collyhurst to identify and support 25 young people who are vulnerable and/or at risk of offending. Thirteen of those young people have progressed into further training, one has secured an apprenticeship, and eight are participating in a new social enterprise, which has recently secured development funding.
- ▶ Flourish has created a group of 18 women acting as a force for social change. Six women have already got into work, 10 of the women who accessed the programme have set up early stage social ventures and two have secured development funding.



### Build wealth

Jobs and incomes are just one dimension of economic inequality. If we are serious about building a more equal Greater Manchester, we also need to look at flows of wealth. At the core is a focus on effective flows of finance and locally productive forms of business. These "generative" businesses, such as employee-owned firms, cooperatives, community business and social enterprise are firms in which wealth is both created and shared broadly between owners, workers and consumers. By offering local people a genuine stake and say in local economies in this way, we can help to reduce inequalities of power and help secure better local wealth outcomes.

Several local authorities in Greater Manchester are already adopting 'community wealth building' (including Wigan, Salford and Stockport). There is both a need and an opportunity to amplify the scale and reach of this work and bring it together as part of an overarching city-region strategy which puts community wealth building at the heart of addressing inequalities and building a more inclusive economy after the pandemic.

### **Building Community Wealth**

GM can lay claim to being the birthplace of the social economy with the founding of the co-op movement in Rochdale in 1844. But today co-operatives represent only 0.5% of the city region's GDP according to GMCA's assessment.39 Although it isn't easy to measure the scale of the social economy, the Commission estimates that there are nearly 7,000 social enterprises in Greater Manchester, some 6% of the total number of businesses. 40 In other countries the social economy is significantly larger, e.g. it is estimated to make up some 12% of the economy in Spain - driven by places like the Basque Country and cities like Bilbao, home to organisations including the Mondragon Corporation, a large federation of worker cooperatives.41

But the practical barriers for people looking to establish and grow these organisations with a social as well as commercial purpose are significant. In addition to challenges in raising capital, there is a need for better pathways to access business support and legal advice (as identified by the Greater Manchester Co-operative Commission). As one respondent to our consultation noted: "Many people have the propensity to become great socially conscious entrepreneurs but can find it difficult to understand and engage with the full range of options available to them when setting up a new enterprise."

It is clear that if Greater Manchester wants to grow the social economy then it needs to actively 'market-make' these sectors. The Business Growth Hub and other business support services need to develop their expertise to support businesses with a social purpose – and should be measured in their success in doing that. New approaches to procurement and commissioning by GMCA, local authorities and other anchor institutions (See recommendation 2) should also actively seek to grow the social economy.

Crucially, support needs to be provided by people who understand the specific issues faced by co-operatives and social enterprises, and who are trusted by local entrepreneurs, especially those from groups under-represented in business and enterprise. As one person put it to us, "it's really important for communities to support themselves, to talk to people who are like them and who they trust to give them good advice". Often, they added, support services "don't have people who look like the people they want to help." There are already examples in Greater Manchester of this being done well at community level, for instance under the umbrella of the Abram Ward Community Co-operative, which could be drawn on and scaled up.

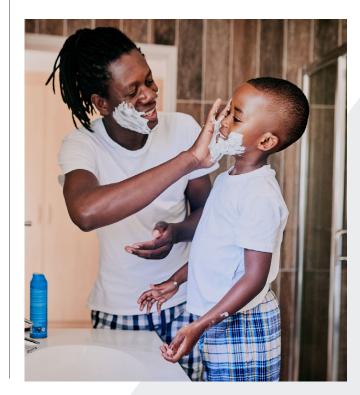
Recommendation 11: GMCA should create a Community Wealth Hub to support and grow employee-owned, co-operative, mutual, social and community enterprises, staffed by people from the co-operative and community sector who understand the market, connecting and scaling existing efforts to grow and 'market make' the social economy from across the ten boroughs.

Learning from exemplars across the UK, The Hub should host or facilitate:

- ▶ Business support services that provide wraparound advice and support to social economy organisations (for example, the Greenwich Co-operative Development Agency offers local support, advice and training for social enterprise initiatives tackling poverty).
- ► Funding streams to support the development of new social economy firms to supply target sectors (linked to equalities plans for high-growth 'frontier' sectors see recommendation 8).
- ▶ Support for co-operative, mutual and social enterprise models in key 'foundational economy' sectors the Commission urges that a high initial priority should be the **childcare and social care sectors**. Finding better ways to organise care has high potential to alleviate multiple intersecting inequalities by improving the quality of both jobs in care and the care provided.

- ➤ Support (technical and financial) for the conversion of existing businesses to new models of ownership, including employee-ownership for example, worker ownership conversion support targeted at businesses which are at the point of business transition (e.g. owners retiring, owners selling), or businesses which are struggling due to the impact of the pandemic and are at risk of takeover by vulture capital.
- ➤ Support for developing "platform cooperatives" umbrella organisations in key sectors, such as childcare and social care, to provide the scale needed for small organisations to compete in public sector and commercial markets.
- ➤ Targeted programmes to help diversify the sector and address business ownership gaps, e.g, support for social entrepreneurship among people experiencing racial inequality (in 2019 just 5% of UK SMEs were ethnic minority-led). <sup>42</sup> Support for the voluntary, community and social enterprise sector to create new, **generative alternatives to meet local needs**.
- ➤ Support for communities to take over empty shops or buildings and repurpose them as community hubs (discussed further in relation to the Investment Platform below).

The Hub should recruit and second people in from the local VCSE and co-operative sector, with a focus on under-represented identities, as well as disbursing money out – ensuring that programmes are led by the people they are designed to help. This will both enhance their effectiveness and contribute to diversifying the offer. It should also act as a focal point for knowledge exchange, peer learning and resource sharing between local authorities. There are many exemplars and case studies to learn from as Greater Manchester steps into a leading role supporting community wealth building.



### Case studies: support for building community wealth

One example of Wigan's Community Wealth Building approach is led by Abram Ward Community
Co-operative, which acts to provide umbrella support to community businesses in that part of Wigan, under the 'Made in Wigan' banner. The Co-operative welcomes local residents who want to set up a business to come and talk about their ideas, access advice, join the shared marketing platform, or access physical space to run their business. The Made in Wigan platform encourages other businesses and consumers to buy locally, is used by the Council and other public sector organisations in their procurement, and helps small, local businesses trade with each other.

**Middleton Co-operates** – Originating as an initiative with a focus on Warwick Mill in Middleton. a partnership has been established between local residents and businesses, along with organisations from the voluntary, community and public sectors to deliver community-led economic development based on a co-operative approach to community wealth-building, to create Middleton Co-operative Community Partnership. The aim of this Partnership is to implement an innovative community-led economic development approach in Middleton and create a place-based 'co-operative zone'. Middleton Co-operates will act as an umbrella or development agency for local, community-driven projects and businesses. Local anchor institutions such as the local authority, housing provider and VCSE infrastructure organisation are all active members of the Partnership.

### **Unlocking Community Investment**

To build a just and sustainable recovery from the pandemic, GM must expand its ability to mobilise local resources (public, household, large-scale private or philanthropic), and channel them into viable investments that help build community wealth. The Commission acknowledges that the mainstream finance sector is not well designed to do this. Resolving this will ultimately require a long-term strategy to cultivate local, socially-driven finance institutions which could include the proposed GM Mutual Bank – and support to scale up the credit union sector. However, this strategy will take time to bear fruit and the need is urgent. The pandemic risks widening wealth inequalities at community level as well as for individuals, posing a serious threat to the viability

of local businesses, high streets and community assets (such as community centres and leisure centres). This is likely to be most severe in the most deprived areas which have been hardest hit by both the virus and the economic fallout. GMCA is already partnering with social investors in schemes to help social enterprises survive and thrive such as Access Partnership. Meanwhile, in city centres, innovative thinking could prevent a sustained (and perhaps permanent) decline of high-street retail and officebased working. The hospitality and leisure sectors similarly risk widespread failures, empty premises and job losses, as well as making previously-planned (pre-pandemic) future developments now potentially unviable.

### **Access Partnership**

The £2.25 million GM Emergency Investment Fund, is a partnership between Access – the Foundation for Social Investment (Dormant Assets), with coinvestment from GMCA and managed by GMCVO. The Fund is making flexible low cost funding available to community enterprises threatened by Covid-19 – such as the Kashmir Youth Project based in Rochdale that operates a nursery and community hub, and Bolton Wanderers Community Trust, which runs mentoring and education projects. Philanthropic grant funding has been key in de-risking the loan component of the funding from GMCA's perspective – meaning that they can absorb a high loan failure rate and still break-even.

These shifts create opportunities to rethink our high streets and revitalise towns and suburbs, for example if people continue to work more from home and shop more in local high streets, as they have done throughout the pandemic.<sup>43</sup> And, as commercial property values decline, there are potential opportunities to acquire buildings and put them to work to achieve community wealth ambitions. As the Greater Manchester Independent Prosperity Review noted, cities will need to "evolve" and "reinvent themselves". finding "new uses... for old space." Such 'old spaces' could be turned into shared spaces such as cafes, shops and markets, spaces for co-working or colocating micro-businesses, community centres and wellbeing hubs. As well as strengthening local economies, such shared spaces are vital for reducing social isolation and promoting a sense of community - as Ambition for Ageing emphasised in their response to our consultation.

Meanwhile, the Bank of England estimates that £250bn of excess savings will have been built up by July by more affluent households due to lockdown restrictions. Although regional data for bank deposits and savings are not available, a rough estimate based on disposable household income would suggest that GM's share of this could amount to £10.2bn.

As well as a source of widening inequality, this represents a potentially significant untapped resource to help drive the recovery and build community wealth. For comparison, the government's entire 'Levelling Up Fund' amounts to £4.8bn nationally, with a maximum bid size of £20m per project/locality, and no control for communities over which projects the government chooses to fund.

Recommendation 12: Greater Manchester should set up a Community Wealth Investment Platform to tap into local savings, unlock community investment and build up assets to share wealth with everyone in the city-region.

The GM Community Wealth Investment Platform would act as an online portal or 'shop front' connecting local individuals and social investors to opportunities to invest their money for community good. GMCA should spearhead a major campaign to encourage people to put their money to work to support communities across Greater Manchester to recover from Covid-19 – whether by saving with their local credit union, donating or investing directly via the Community Wealth Investment Platform (for example, via municipal bond issues or community share offers).

This should be part of a wider **GM Community**Wealth Investment Strategy, building on
existing GM investments and partnerships to
mobilise public and social investment, alongside
philanthropic funding, to support a recovery
based on community wealth. We suggest that
two key priorities for this strategy should be:
bringing together 'social investment' - Social
Investment Tax Relief Funds, philanthropic
funding and GMCA investment funds; as well
as providing a platform for local individuals
to invest or donate. These funds should be
invested for blended financial and social return,
with grant funding helping to de-risk these
investments, focussing on:

- ▶ supporting the acquisition of land and empty buildings for community use, with the aim of working in partnership to create social infrastructure in every neighbourhood including multi-purpose spaces which can combine premises for small businesses, co-working space, sports and leisure facilities, health and wellbeing services owned and run by the local community, who are best placed to identify their specific needs.
- ➤ supporting local small businesses directly and/or by investing in the capacity of the local credit union sector to lend to SMEs, for example by providing part-grant, part-loan funding to help support Credit Union expansion (the Access Partnership has reached agreement in principle to trial this approach with Oldham Credit Union, and GM's other credit unions are keen to scale up to meet demand).

A respondent to the Commission's call for ideas told us: "Communities who need the most." support, are least likely to have social capital to bid for resources". A particular challenge is to find ways to distribute capital from more affluent areas, where excess savings are building up through the pandemic, to deprived areas which may not have the spare capital to support community share offers or similar. In the Commission's view, this is the added value of a city-region wide Community Wealth Investment Platform, and could be achieved for example via a municipal 'green recovery bond' issue to finance decarbonisation projects - as pioneered by Abundance Generation with West Berkshire and Warrington Councils. Debtbased instruments have the advantage of being compatible with local community ownership since they do not involve taking an equity stake. Importantly, interest rates need to be at least as low as available to councils elsewhere, to ensure that the net effect is redistributive rather than regressive.

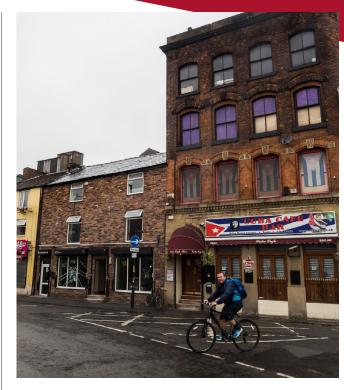
### Case study: Firs Community Benefit Society, Sale West

The Firs Community Benefit Society is a community-owned and controlled organisation working to develop a new sports and community centre in Sale West. Supported by social investment from the Resonance Community Developers Fund. the group is taking over and rebuilding an existing sports centre next to an under-used outdoor space, transforming it into a multipurpose community hub. As well as sports and leisure facilities, the new building will house local services such as citizens' advice and the local food bank. A café and community gym will aid footfall and help the building to be financially sustainable whilst also creating local jobs, training and apprenticeship opportunities. The centre is located close to the Firsway Health Centre and aims to partner with it on programmes to promote health and wellbeing for the local community - for example, with the health centre referring patients to the centre to prevent and address health problems through physical activity.

#### A future GM Land Commission

One critical driver of wealth inequalities that the Commission has had insufficient time and expertise to investigate is the ownership and use of land. We know that land wealth in Greater Manchester is substantially concentrated in Manchester city-centre where land values are highest. High land values can act as a barrier to communities taking ownership of properties, and to small businesses who struggle with high commercial rents. This acts as a block to a more diverse and plural economy which would better meet local needs for affordable goods and services, and also discourages entrepreneurship amongst those on lower incomes, including young people. We also know that the pandemic is disrupting the housing market by prompting many people to move out of urban centres seeking more space, in part due to the rise of home working – but there are currently major uncertainties over how these trends will play out in the long term, and what impacts they will have on land values, high streets, housing affordability and gentrification across the city-region.

We are aware of a number of research projects currently underway, for example at the University of Manchester and the New Economics Foundation, to map and explore the dynamics of land ownership and use in Greater Manchester. This will provide critical intelligence about the factors driving inequalities in the city-region and how they might be addressed. Scotland and Liverpool have both recently set up Land Commissions and research by the New Economics Foundation and Shared Assets is currently underway to establish what the role of such a Commission might be in an England-wide context.



We believe that Greater Manchester would benefit from a similar initiative to build from previous work carried out with a focus on the effective collective use of public sector land to harness the important work being done in this space and explore its implications for policy to reduce inequalities. In particular, this might consider ways to connect interested parties to the right skills to buy and develop land from the private sector.

Recommendation 13: GMCA should set up a Land Commission to look more closely at the ownership and control of land in Greater Manchester, its impacts on inequality, and potential solutions.

### Services for a good life

The Covid-19 pandemic is increasingly being described as a '1945 moment'. After 1945. investment in public goods and universal services was seen as key to building a more equal society. In the decade preceding the 2020 pandemic the UK government implemented a fiscal policy of sustained reductions in public spending with the aim of reducing the government budget deficit. When the Commission spoke to local people about what would help to tackle inequalities in Greater Manchester, often their responses were about public goods such as affordable housing. transport, green space and digital access. Building (and in some cases rebuilding) an offer of basic services required for a good life must be the ambition for Greater Manchester in the months and years ahead as the underpinning of a healthy and resilient society and economy.

But as the Greater Manchester Model of public service reform recognises, the way public services are traditionally organised must also change. Services operate in silos, making it difficult for people to get the holistic support that they need and for public money to be spent in the most effective ways – for example to avoid the short- and long-term costs of school exclusion by investing more in youth work or family support.

This is challenging as public services operate on different geographical footprints and with different funding models which all take account of need and place in different ways. As a result, services do not always tap into the energy, knowledge and capacity that exists on the ground, too often leaving people feeling 'done to' rather than empowered to shape their own lives or to improve things in their local areas.

Greater Manchester has been leading the way in a reform programme for public services that can address these problems and this approach has already been accelerated by the need for rapid collaborative responses to the pandemic. Now is the moment to push on even further.

#### Towards universal basic services

The Commission endorses the principle of 'universal basic services' as a key plank of a more equal society i.e. that by providing costfree or low cost basic services to everyone we can enable everyone to live a decent life and to contribute to the economy and society.44 Advocates of a Universal Basic Services identify core services as: education and training. health, childcare, adult social care, housing, transport and digital connectivity. In endorsing the need for universal basic services, the Commission also endorses the principle of proportionate universalism (the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need), recognising that some people and some communities need targeted, stepped up or more intensive services. The proportionate universalist approach is inherent in Greater Manchester's becoming a 'Marmot city-region' to reduce health inequalities.

Recommendation 14: Greater Manchester should build up an offer of universal basic services for all its residents and lobby central government to invest in making this a reality.

As Greater Manchester seeks to develop an offer of universal basic services, it must ensure that these are **accessible to the most disadvantaged groups** that need them the most. It must seek to improve the **quality and affordability** of universal services to the extent that it can, through more democratic ownership and delivery models (See recommendation 11), and co-production with those who use them (See recommendation 17). GMCA and local authorities cannot do much about the lack of money for public goods and services, but they can do something about where that money goes – ensuring it works to build community wealth and reduce inequalities.

The Commission recognises that many of the levers to achieve universal basic services are outside of Greater Manchester control – and indeed that the Combined Authority and local authorities are facing more pressure on services than ever before with the effects of the pandemic falling on already stretched budgets. We urge central government to step up its support for local authorities to meet cost pressures and income losses resulting from the pandemic: failure to do so risks further widening inequalities by hitting services such as social care and homelessness support. And we encourage Greater Manchester to continue advocating to central government for policy changes that will enable it to move towards truly universal basic services. Most obviously, this means funding

changes, but it also includes greater devolved powers over services and budgets.

Whilst we need central government to act to make universal basic services a reality, there are things that Greater Manchester can do now to build towards this. Over the coming years, the Combined Authority and the boroughs might choose to campaign and focus on specific issues. The Commission believes that there are two areas that stand out for action coming out of the pandemic: education and housing - but choosing priorities for future missions could be a deliberative and democratic process. A great education and access to activities is vital for ensuring every child and young person gets the best start in life but the pandemic has highlighted how unequal this access is. Decent **housing** is the most basic necessity for a good life yet stark inequalities in housing quality have been exposed and amplified throughout the pandemic year and during lockdowns.

### Giving every child an equal start in life

Every child and young person in the city-region deserves a safe, happy, full and supported life and the opportunity to explore and develop their identity, interests and talents, fulfil their potential and shape the lives they want to lead. But currently children and young adult lives are vastly unequal. The pandemic has shone a new light on the huge differences that exist between richer and poorer children from differences in access to food, a decent and warm home, books, computers, internet access, green space, and parental time and expertise in home learning. There were also enormous differences in access to after-school and weekend opportunities,

extra support with learning, and social networks that provide work experience or job opportunities.

The education system should play a key role in mitigating inequalities between children, and in many cases it does. But in Greater Manchester, as nationally, children's experiences of this system remain stratified by socio-economic status, ethnicity, gender, and special educational needs and disabilities. Children from poorer backgrounds are much less likely to be in independent schools or high-ranking state schools and more likely to be in schools judged inadequate by Ofsted: schools which are under the most pressure and often have the greatest difficulties with teacher recruitment and retention. 45 They are more likely to be excluded; in 2018/19 children in Greater Manchester state schools who were eligible for free school meals and those with special educational needs were at least three times more likely than others to be excluded from school.

These issues are difficult to resolve entirely at Greater Manchester level because there are no devolved powers over education. But that doesn't mean action can't be taken. Evidence from the London Challenge and City Challenges (of which Greater Manchester was one) demonstrate the value of place-based approaches which bring organisations together to collaborate on system improvement. And nationally, there are increasing calls for similar approaches to be developed, to counter the fragmentation of the school system that has developed in the last decade with widespread conversion to Academies.

### Place-based Approaches to Educational Improvement and Equity

Between 2003 and 2011, schools in London were part of the **London Challenge**, England's most substantial and successful example of a wholesystem approach to improving quality and equity across a city-region. The London Challenge does not explain all of the large improvement in educational attainment in London and the closing of 'disadvantage gaps', but multiple evaluations suggest that it was an important contributing factor.

System-wide changes included: 'figurehead leadership' (a London Schools Commissioner); a powerful sense of moral purpose and a positive framing; use of data to identify key priorities and link similar schools; engagement of experienced school leaders as advisors; and fostering of school-to-school collaboration. The programme focused on 'Keys to Success': schools and key boroughs facing the deepest challenges. It established professional development opportunities for teachers tailored to the context (for example new teacher and leader networks around English as an additional language, and a Chartered London Teacher scheme). Among other things, it also developed a London student pledge relating to cultural

and sporting opportunities and a coordinated partnership with higher education institutions.

The 'challenge' approach was extended to Greater Manchester, but with less funding and for three years only, nevertheless external evaluations reported significant impacts. Some of the key principles of the GM Challenge – effective use of data, fostering inter-school collaboration, and a focus on equity – remain at the heart of Greater Manchester's current approach.

Since 2011, area-based approaches at city-region level have not been supported by central government, but many areas are developing new forms of collaborative approach, recognising that when organisations take collective responsibility for education in an area, fewer schools and fewer children will be left behind (Area-Based Education Partnerships Association). Strong area-based partnerships can develop collective responsibility for fair admissions, for vulnerable pupils, for school improvement and capacity-building, so that professional knowledge is shared and all schools improve.<sup>46</sup>

Greater Manchester has taken important strides to help children and young people get an equal start in life from establishing the **Education and Employability Board** to coordinating action across the multiple organisations involved in the education system, creating the **Greater Manchester Apprenticeship and Career** Service, to the Youth Taskforce. These developments provide the foundation for a more ambitious programme to address inequalities amongst children and young people in education.

Recommendation 15: Greater
Manchester should launch
a new Education Challenge,
building back from the pandemic
to provide better and fairer
opportunities for all of its children
and young people.

#### **Youth Task Force**

In June 2020 the Mayor of Greater
Manchester, Andy Burnham, announced
the appointment of former Olympian Diane
Modahl as Chair of the new Youth Task
Force. Set up in response to the impact of
the Covid-19 crisis on young people, the
Task Force developed a Young Person's
Guarantee in Greater Manchester. Its work
involved hearing from hundreds of young
people from across the city region.

The Guarantee focuses on four key areas:

- ➤ **Keeping connected** Increased challenges caused because of social and digital exclusion, particularly amongst young people who are most disconnected and disadvantaged.
- ➤ Staying well Greater risk of poorer mental health and wellbeing caused by social isolation, reductions in support and increased anxiety about the future.
- ▶ Preparing for transition back into work and/or education Increased chances of young people experiencing longer-term labour market inequalities and challenges because of the consequences of the pandemic.
- ▶ Reducing economic inequalities Greater risk of poorer transitions from school and college, particularly for those young people in Years 11 and 13, and for those seeking employment.

The Education Challenge can build on existing work and strong collaborative relationships established in the city-region over the past two decades. In particular, it will inspire, mobilise and convene families, schools, colleges, local authorities, public organisations, like the police and health services, voluntary organisations, businesses, universities and local communities, to work together in the interests of Greater Manchester's young people, particularly those growing up in the most difficult circumstances. Greater Manchester can become a centre of innovation and excellence in breaking the link between economic disadvantage, low educational outcomes and limited life chances.

At the heart of the Education Challenge should be a set of wellbeing goals for children and young people that all agencies can work towards. These will be a sub-set of the goals developed through Recommendation 1 and should be coproduced with young people and communities. These goals will include educational qualifications - success in exams like GCSEs, 'A' and 'T' Levels but not be limited to them. Education is not only about exams, and the Commission expects the goals to include, for example, physical and mental health, safety, participation and employability. These goals should also be the basis for extending and embedding the existing Young Person's Guarantee beyond the immediate post-Covid recovery period.

The Education Challenge should initially focus on three main areas:

➤ Strengthening and re-focusing collaborative work across the education system, including supporting schools in the most challenging areas and identifying and supporting the least advantaged learners.

Schools should take collective responsibility for fair admissions policies, and the inclusion and progress of disadvantaged and vulnerable pupils, supported by a strengthening of data and intelligence systems to better highlight inequalities and areas for action. Existing work on the sharing of good practice and professional development should be built on and extended, focusing most on the schools that need greater support. Building on lessons from London Challenge, a team of expert advisors should be established to work across the system, in particular with schools facing challenging circumstances.

- A new cross-Greater Manchester focus on improving post-16 transitions for those most at risk of dropping out or needing extra support. This should involve supporting information-sharing between pre- and post-16 providers, ensuring that careers guidance and support focuses on those who need it most, developing additional provision where needed, and developing schemes with employers and to support enterprise.
- ▶ Equalising opportunities in access to extracurricular activities, so that all children and young people can explore their talents, build their confidence and lead full and rich lives. This should be enabled by the establishment of a Children and Young Persons' Fund, funded through creative use of public funds (for example the Pupil Premium), social investment and philanthropy, and a voluntary levy on sport and leisure activities. A new network should be established supporting schools to bring their facilities into community use and to work with other schools and the VCSE sector to expand shared local extra-curricular opportunities.

The Challenge should be led and coordinated by the existing Education and Employability Board. However, the Board will need new resources in order to create the flexibility that will encourage further collaboration and innovation. To support its efforts to position itself as a centre for innovation and learning, Greater Manchester should also establish an education research hub, involving universities working in partnership with practitioners and community partners.

### **Decent Housing for All**

Housing is a critical driver of inequalities of both health and wealth. Access to home ownership is a key driver of wealth inequalities – with private renters significantly more likely to be young and from ethnic minorities. Overcrowding, damp, cold and vermin-infested homes are also associated with health inequalities – and poor housing has been associated with Covid-19 spread. <sup>47</sup> As one respondent to our survey put it bluntly: "bad housing makes you sick."

The intersection of inequalities is all too apparent in the data on over-crowding: only 3% of White households in Greater Manchester were over-crowded in 2011, compared to 17% of Asian or Asian British households, and 12% of Black African, Black Caribbean or Black British. 48 People with disabilities also experience disproportionate housing inequalities: the *GM Big Disability Survey* found that 32% of respondents were worried about their housing situation, and 37% reported that their housing was not accessible or only partially accessible, with considerable implications for their ability

to live independently.<sup>49</sup> The LGBTO+ panel has also found that issues of homelessness and housing insecurity have been exacerbated by the pandemic for members of this community.

The Commission endorses the **Greater** Manchester Housing Strategy, Greater Manchester's ground-breaking commitment to eradicate rough sleeping, various initiatives such as 'A Bed Every Night' and recent moves to accelerate the delivery of decent, affordable housing. Greater Manchester is leading the way on building new publicly-owned housing and 'in-sourcing' management of existing social housing. For example, 'Hive Homes', the Registered Providers Joint Venture, is buying up land to build new social housing in deprived areas of boroughs such as Rochdale and Bolton where private developers are not interested in building, while Salford City Council is building a new generation of affordable homes via its development company 'Derive'. Social homes are also being taken back into public control in North Manchester, where ALMO Northwards Housing is being in-sourced at an expected saving of £77m over 30 years. The recent establishment of the Greater Manchester Community-led Homes Hub provides advice, training, funding and practical support to local groups, councils and developers looking to develop community-led housing.

Recommendation 16: GMCA should scale up its delivery of affordable housing through public-owned and social sector housebuilding.

This should include:

- ➤ Setting a 15-year target for **half of new homes built to be genuinely affordable**, using the
  planning system to secure more affordable
  homes as part of new developments, including
  by fast tracking developments that meet a
  minimum threshold.
- ▶ Lobbying central government to devolve funding for housing as well as new powers to enable the Combined Authority and districts to build at scale.
- ▶ Using existing funding through the Housing Infrastructure Fund, Shared Ownership and Affordable Housing Programme to acquire land as well as rental properties from private landlords, unwanted new build and empty property space for social housing.
- ▶ Investing in innovative social investment projects to provide affordable housing to specific groups facing disadvantages. Purchasing homes from the private rented sector, retrofitting them, and leasing them as affordable housing for those who would otherwise struggle to access suitable accommodation, delivers a 'win-win-win' for tackling inequality.
- ▶ Building strategic partnerships with housing associations to increase the delivery of social housing on publicly owned or bought land.

### **Resonance Supported Homes Fund**

The Resonance Supported Homes Fund for people with learning disabilities, autism and mental health challenges launched in 2020 with initial investment of just over £10m, of which GMCA invested £5m alongside other social investors. The fund will buy, refurbish, and adapt - or potentially build - residential properties in communities, with half the funds initially invested within Greater Manchester. The fund is managed in partnership with learning disability charity United Response and learning disability housing provider Reside Housing Association, who will provide personcentred support to enable people to move out of unsuitable housing and into homes of their choice, as well as specialist support for independent living. The Resonance Homelessness Property Fund has utilised a similar model in other UK cities to provide housing for people at risk of homelessness.

The pandemic is also exacerbating inequalities between private renters and home-owners. In particular rent arrears are becoming a significant issue for those who have lost income during the pandemic. We urge GMCA and local authorities to explore ways to help alleviate the immediate crisis facing renters – for instance, by exerting soft power to encourage landlords to offer forbearance on rent debt – and to lobby central government to bring forward the ban on no-fault evictions as well as devolve powers to introduce rent-controls.

### **A Bed Every Night**

Greater Manchester has a strong 'system' approach to addressing and preventing homelessness. A Bed Every Night provides a bed, warm welcome, and personal support for anyone who is sleeping rough or at imminent risk of sleeping rough in Greater Manchester. It is part of an integrated support system and is one of a number of options available to people experiencing or at risk of rough sleeping in Greater Manchester. What is different. is that A Bed Every Night isn't just a commissioned service, it is a collaboration across all sectors, with each stakeholder playing their role in fundraising, promotion, co-ordination, referrals, services and helping people onwards in their lives. The Greater **Manchester Homeless Action Network** brings together everyone in Greater Manchester working to end homelessness: people with personal insights into homelessness, people from frontline organisations, public sector officers, and anyone working to find more effective solutions to the homelessness crisis. A Bed Every Night is just one of the initiatives that the Network supports.

The **Greater Manchester Mayor's Charity**, founded by the Mayor and run by volunteers, helps people in need of special care or support. 100% of funds raised go to help the most vulnerable across the city region, and its giving is focused on people who are, or at risk of becoming, homeless.

### Tackling inequalities in neighbourhoods

Greater Manchester has already made great strides towards transforming public services so that they are **more holistic, more people-centred and more place-based**. There is an opportunity to build on this with greater collaboration between the public sector and the voluntary, community and social enterprise (VCSE) sector to tackle inequalities in Greater Manchester's most deprived neighbourhoods.



### The Greater Manchester Model of public service reform

The Greater Manchester Model outlines how public service delivery works in Greater Manchester to deliver the vision contained in the Greater Manchester Strategy. It describes a fresh relationship between the public and the public sector and includes: freeing up frontline services to be more responsive to communities; devolving power; and allocating resources more effectively to meet need.

The Greater Manchester Model is presented in the form of a White Paper in which a people-centred theme of 'names, not numbers' is central. The Paper describes a shift in philosophy, not just policy, and a focus on people in communities who most need support. It also describes a need to build integrated solutions around certain communities, rather than chasing the statistics and targets that public services are forced to monitor by government departments and outdated commissioning practices.

Six key features are core to the Model: geographic alignment; leadership and accountability; one workforce; shared financial resource; programmes, policy and delivery; tackling barriers and delivering on devolution.

The Greater Manchester Model is owned by a multi-agency partnership board – the Greater Manchester Reform Board, chaired by the Mayor of Greater Manchester and involves key public and voluntary, community and social enterprise leaders in driving the transformation of services for the people of Greater Manchester.

Recommendation 17: Amplify the Greater Manchester Model of integrated public services in 10 pathfinder deprived communities, alongside piloting an income guarantee in one or more.

#### This should include:

- Creating **neighbourhood teams**, involving residents and volunteers working alongside professionals, building from the emergency response arrangements put in place as a response to the Covid-19 pandemic.
- Agreeing **shared goals** with local communities, through participatory processes that allows them to set their own priorities.
- Developing collective responsibilities for achieving outcomes, which include an increased role for neighbourhoodlevel political leadership, alongside local communities, VCSE organisations, local businesses and public bodies.

- Calculating total public spend in a place and developing participatory budgeting processes, areas of pooled budgeting, and joint commissioning with and for communities.
- Breaking down barriers to shared data and intelligence to target support.
- Seizing opportunities to develop and link local economic development and public service plans for communities.

The local authorities of Greater Manchester should work collaboratively to bid for new funding from Government, and invest existing resources to turbo-charge the implementation of the GM Model in 10 deprived neighborhoods, (one in each local authority) and piloting an income guarantee in one or more communities. The pilot should draw on approaches and the evidence-base that has been developed in other areas that have trialled an income guarantee such as Stockton in the USA or North Ayrshire in the UK.



### Levelling up from the bottom up - case studies

Rochdale Boroughwide Housing is a social landlord which is co-operatively led by its tenants and staff. It has been working across two of the borough's most deprived neighbourhoods, Lower Falinge and College Bank, to implement a radical new approach to support residents. From conversations with local residents, it was clear that employment, health and wellbeing, and housing quality were all things that they wanted to improve, along with connectedness within and to the wider community.

A masterplan was developed for the physical redesign of the area to provide a better physical basis for the housing and community residents wanted, connecting them to local assets, the town centre and each other. To fill gaps between national and Greater Manchester level support, Rochdale Boroughwide Housing created the Rochdale New Pioneers Programme to support residents stuck in a cycle of unemployment and insecure under-employment. The Programme has three main parts: (1) a New Pioneers' Income (which so far has been limited to a small bursary); (2) New Pioneers' Brokers – intensive, personalised coaching and practical support for people; (3) New Pioneers' community and peer support, including through a dedicated New Pioneers' Space.

### The estates of Holts and Lees in Oldham

have seen services brought together to support residents in the context of high demand for public services. The team brought together Greater Manchester Police, First Choice Homes, Oldham MBC, Positive Steps and those employed in the community and voluntary sector.

Evaluation has shown high levels of engagement and trust, an increase in self-referrals and improvement in casework outcomes for people, including many substantial improvements in individuals' and families' financial situations. There are social benefits too, the team is combating social isolation and loneliness. Over time, research shows that being socially isolated or lonely is as damaging to health as smoking with significant costs to public services.

# Creating a system for change in Greater Manchester

In order to go to the next level, Greater Manchester needs to create a 'system' which fully collaborates around the vision of good lives for all. This requires strong and purposeful leadership from individuals and organisations, and from communities and institutions. Figure 6 describes how the Greater Manchester partnership boards which focus on Growth, Reform and Tackling Inequality can work together to drive forward activity against the shared objectives of people power, good jobs and decent pay, building wealth, and services for a good life.

Critically, the refresh of the Greater Manchester Strategy provides a unique opportunity to bring wellbeing and equality goals front and centre of the work of the Combined Authority and its partners, and the Tackling Inequality Board should be charged with ensuring that this essential pivot is put in place.

Figure 6 – this diagram shows the recommendations of the Commission and the role of key actors in making them happen – including the Greater Manchester Growth Board, Reform Board and Tackling Inequality Board. It suggests that all sectors should work with communities to achieve good lives for all in Greater Manchester.

Figure 6: Creating a system for change in Greater Manchester



### Finding the money

The Commission is acutely aware of the financial pressures facing local government. This means creative ways are needed to harness the resources that exist in the city-region, and to ensure that all spending and investment delivers maximum value in tackling inequalities and improving people's lives. Throughout this report we have suggested ways in which this could be done, but they include:

- pooling budgets to support joint action on inequalities in priority neighbourhoods or thematic areas:
- ▶ treating community wealth building as an investment in deprived neighbourhoods, promoting economic development in Greater Manchester and thus meriting use of investment funds, and preventing future public service costs;
- redeploying investment resources and scaling up existing social investment activity until investing to tackle inequalities becomes the norm across all investment activities:
- ▶ finding new ways to harness the estimated £10bn of additional savings built up during the pandemic by more affluent GM households – for example via municipal bond issues, a community investment platform and promoting local credit unions;
- ensuring that procurement and commissioning practices support good jobs, local ownership and a thriving VCSE sector – and reducing or eliminating the extent to which they support business and ownership models that extract wealth from the city region or enable poor employment practices;

convening anchor institutions to maximise the potential benefits of their combined spending in terms of social value; ensuring that high-growth 'frontier' sectors play their part in tackling inequalities – through social value commitments in contracts and section 106 agreements.

We note that many Greater Manchester development activities, such as the work and skills provision and Growth Company, are funded via **EU structural funds** which will shortly be withdrawn. The constraints attached to this funding are presently a barrier to innovation and to reorienting approaches in these areas – the transition to a new funding settlement offers an opportunity for Greater Manchester to rethink its strategy and redesign systems.

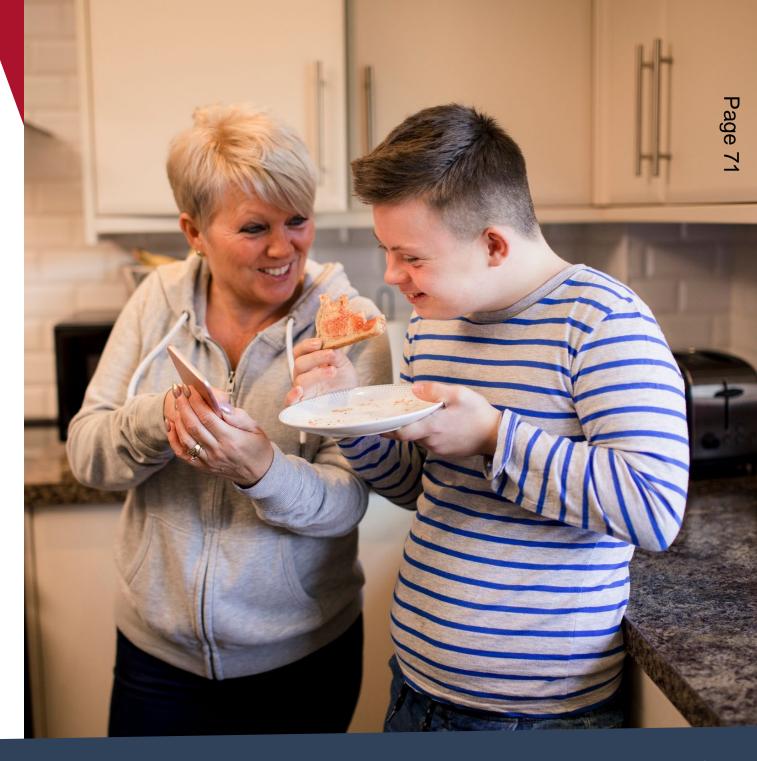
The Commission also urges local authorities within Greater Manchester and others preparing bids into the new Levelling Up and Towns Funds, and also the **UK Community Renewal Fund** to take on board our recommendations, including seeking capital investment to create 'assets' which will be held in partnership with communities, taking holistic, bottom-up approaches to neighbourhood development, and using mutual, co-operative and worker business ownership models. As government has chosen a centralised bidding and funding allocation process for these new sources of funding. local authorities will need to find creative ways to make the most of the funding available to tackle inequalities and build community wealth. This should include finding new ways to collaborate on areas of common interest.

#### A collaborative culture

The system shift needed to realise the Commission's vision for Greater Manchester is not just about resources – it also requires new ways of working. As we learned from approaches taken elsewhere, for example in Wales and Amsterdam, collaboration and creative thinking have been key in enabling systems to pivot to work towards new goals. Now, more than ever, it is critical that everyone in Greater Manchester works together towards the common goal of a just and fair recovery from the pandemic. This applies both across policy silos within institutions, and between institutions including GMCA, the ten local authorities, the Health and Social Care Partnership, FE colleges, universities and other anchor institutions, such as the NHS and business.

This demands a **new social contract** between local government, communities and local residents – giving people genuine opportunities to participate and have control over things that affect their lives and working closely with groups and organisations that represent them. Making this meaningful requires local leaders to be brave enough to share power with those most affected by inequalities.

Finally, as we have emphasised throughout this report, this culture must be one that is willing to experiment and take risks – recognising that in a crisis, the biggest risk of all may be doing nothing.



### Actions for central government

Greater Manchester, including GMCA and the 10 local authorities, has demonstrated its soft power in helping to influence and support central government throughout the pandemic. The Commission urges Greater Manchester to develop and amplify its convening power across the city-region and across the North of England. The elected mayors of Northern combined authorities, the membership of the Convention for the North, as well as Leaders and elected Mayors of the major cities can be a powerful collective voice for tackling inequality.

Greater Manchester should (continue to) compel central government to:

- ► Enact the **Socio-economic Duty** of the 2010 Equality Act
- ► Make the **Universal Credit uplift** permanent and introduce a minimum income guarantee
- ▶ Give local and combined authorities more devolved decision-making over budgets to help support people into good employment, and more control over universal credit – especially the housing component

- Work with local government to test and fully evaluate an **Income Guarantee** within the city-region
- ► End the hostile environment and 'no recourse to public funds' for migrants
- ➤ End no-fault evictions and give local authorities the power to introduce rent controls
- ▶ Fund local authorities fully to compensate for the extra budgetary pressures created by the pandemic and long-term funding for local services, including social care, transport and housing.

# Next steps

The Commission suggests that GMCA should develop a roll-out plan to implement our recommendations, including plans for governance and accountability. GMCA should **report on progress against our recommendations after six months, or on the publication of the Greater Manchester Strategy** (whichever is later), including how the recommendations have been included in the refreshed strategy. At this stage, the Commission should reconvene briefly and produce a short report commenting on progress as well as any wider developments since our report was published. We encourage everyone implementing our recommendations to continue the conversations with those most affected by inequalities. Whilst the process for developing new wellbeing and equality targets is ongoing all actors can simply ask:

- ▶ Will this action make someone's life better?
- ▶ Will it work for everyone that it needs to?
- Will it reduce inequality at individual, institutional, and structural levels?
- Will it work in the long term?

# Acknowledgements

For advice, guidance and encouragement, Kate Pickett thanks: Debbie Abrahams, Fran Darlington-Pollack, Danny Dorling, Bill Kerry, Neil Lawson, Alyson Malach, Katherine Trebeck, Andrea Westall, Martin Wilkinson, Richard Wilkinson, Wanda Wyporska, The Equality Trust and the Wellbeing Economy Alliance.

The Commission would like to thank the people of Greater Manchester who took the time to respond to our call for ideas, as well as everyone who took part in round tables, workshops, and discussions for the Commission, including members of the Greater Manchester equalities panels, the Poverty Reference Group, and GM Equalities Alliance. We have included insight from a range of communities of identity and experience in our online Annex alongside the quantitative data.

Finally, the Commission thanks the team at GMCA for their support and hard work, in particular: Anne Lythgoe, Amy Foots, Francis Markus, John Wrathmell and Alan Harding.

This has been a huge exercise conducted at speed: it would have been impossible without the support and enthusiasm of the many, many people who have joined us in wanting to make good lives for all in Greater Manchester.

### Notes

- In this document, the term 'living wage' is used to mean the Real Living Wage calculated annually by the Resolution Foundation and overseen by the <u>Living Wage Commission</u>.
- The Commission recognises not only the inequalities between groups defined by the protected characteristics (age, sex, race, disability, sexual orientation, pregnancy and maternity, religion and belief, gender reassignment, marriage and civil partnership), but others too, such as inequalities related to caring responsibilities, migration status, and so forth.
- Office for National Statistics Updating ethnic contrasts in deaths involving the coronavirus (Covid-19), England and Wales: deaths occurring 2 March to 28 July 2020 (October 2020). Data are quoted having adjusted for age, geography, socio-economic characteristics and health measures, including pre-existing conditions.
- Office for National Statistics Coronavirus (Covid-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020 (January 2021).
- National data, sourced from Office for National Statistics Why have Black and South Asian people been hit hardest by Covid-19? (December 2020).

- <sup>6</sup> Office for National Statistics *Coronavirus* (*Covid-19*) roundup, 13 to 17 July 2020 (July 2020).
- Nafilyan, V. et al, Ethnicity, Household Composition and Covid-19 Mortality: A National Linked Data Study (November 2020).
- Office for National Statistics Updated estimates of coronavirus (COVID-19) related deaths by disability status, England: 24
  January to 20 November 2020 (February 2021).
  Disability status was sourced from 2011
  Census self-reported data, with those who said that their day-to-day activities were 'limited a little or 'limited a lot' referred to in the ONS paper as 'less disabled' and 'more disabled' respectively.
- More recent fine grained local data on Covid-19 deaths (at MSOA level) are not available.
- Office for National Statistics Annual Population Survey (data for the year to September 2020).
- Department for Work and Pensions *Claimant Count* (January 2021 data). The quoted percentages relate to the 16+ population, for whom the number of claimants increased by 89% between February 2020 and January 2021; the increase for 16-24 year olds was 93%.

- Office for National Statistics Annual Population Survey (data for the year to September 2020). Note that 'economically inactive' includes students, people looking after the family or home, those who are temporarily or long-term sick, 'discouraged' and retired people.
- Office for National Statistics Annual Population Survey (data for the year to September 2020).
- Office for National Statistics Annual Population Survey (data for the year to September 2020). Disability is defined under the Equality Act (2010) core definition: a person is considered to have a disability if they have a long-standing illness, disability or impairment, which causes difficulty with dayto-day activities.
- Office for National Statistics Annual Population Survey (all data quoted are for the year to December 2019).
- Crawford C, Macmillan L & Vignoles A. (2017) When and why do initially highachieving poor children fall behind?, Oxford Review of Education, 43:1, 88-108, DOI: 10.1080/03054985.2016.1240672
- Ofsted Covid-19 series: briefing on early years, November 2020 (December 2020).
   'Deprivation' is based on the estimated percentage of funded three- and four-year-

- olds eligible for Early Years Pupil Premium (EYPP) in the spring term 2020. Providers with no eligible EYPP children are considered the 'least deprived', whilst providers with 40% or over are considered the 'most deprived'.
- <sup>18</sup> GM Early Education Leads and GMCA School Readiness Team *Childcare provider pulse survey Wave 2* (December 2020).
- All data in this paragraph sourced from Office for National Statistics Annual Survey of Hours and Earnings (2020 provisional data).
- Data on the proportion of children aged under-16 living in relative low income families, sourced from Department for Work and Pensions / HM Revenue and Customs Children in Low Income Families local area statistics, Great Britain: 2014/15 to 2018/19 (Experimental) (2020). Relative low income is defined as a family in low income before housing costs. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in the data.
- Note that the Greater Manchester Poverty Action research draws on a different source of child poverty data, published by End Child Poverty (Child Poverty In Your Area 2014/15 – 2018/19). See <a href="https://www.gmpovertyaction.org/poverty-monitor-child-poverty/">https://www.gmpovertyaction.org/poverty-monitor-child-poverty/</a> and <a href="https://www.gmpovertyaction.org/wp-content/uploads/2020/10/Poverty-monitor-child-poverty-and-ethnicity-table.pdf">https://www.gmpoverty-and-ethnicity-table.pdf</a>
- Numbers grew by over 12,500, instead of the c.8,000 that might have been expected due to ongoing roll-out of Universal Credit under 'business as usual' conditions. This is a 13%

- increase, five percentage points higher than the 8% increase seen for the period from January to October 2019.
- Life expectancy at birth is the average number of years that would be lived by babies born in the year the data refer to, if current mortality levels at each age remain constant in the future. The 2019 Index of Multiple Deprivation (IMD) average score is a summary measure that weights scores across the seven IMD domains; the more deprived an area, the higher the IMD score. Areas plotted to the bottom right of the chart have higher levels of deprivation and lower life expectancy, and those to the top left have lower levels of deprivation and higher life expectancy.
- Office for National Statistics Life Expectancy (LE) and Healthy Life Expectancy (HLE) at Birth by Sex for Middle Layer Super Output Areas (MSOAs) in England, 2009 to 2013 (2015). Healthy life expectancy at birth is an estimate of the average length of time that babies born in the year the data refer to would live in a state of 'good' general health, if current levels of mortality and good health at each age remain constant in the future.
- $^{25}$  The Stockport and Trafford data are for male healthy life expectancy, from the same source.
- Ministry of Housing, Communities and Local Government English indices of deprivation 2019 (2019).
- <sup>27</sup> Census 2011.
- <sup>28</sup> Census 2011. Elementary occupations require a minimum general level of education, equating to that acquired by the end of compulsory education.

- Department for Work and Pensions / HM Revenue and Customs Children in Low Income Families local area statistics, Great Britain: 2014/15 to 2018/19 (Experimental) (2020). Note that the map plots data on the proportion of children aged under-16 living in relative low income families.
- https://www.greatermanchester-ca.gov.uk/what-we-do/investment/
- A good example of this kind of work is the adoption by a number Local Authorities of Unite's Construction Charter into their procurement procedures. This charter lays out 11 requirements for both contractors and their supply chains, such as developing and implementing skills and training opportunities, mandating direct employment of workers and ensuring access to trade union representation.
- 32 NHS Workforce Statistics, March 2019.
- Operation Black Vote, BAME Local Political Representation Audit, 2019.
- Police workforce (see <a href="https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/police-workforce/latest#download-the-data">https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/police-workforce/latest#download-the-data</a>).
  Population data are from Census 2011.
- Greater Manchester statement on George Floyd and Black Lives Matter -Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)
- <sup>36</sup> HM Government / Greater Manchester Combined Authority <u>Greater Manchester Local</u> <u>Industrial Strategy</u> (2019), p.20.

- Foundational Economy: The Infrastructure of Everyday Life. The Foundational Economy Collective. Manchester University Press. 2018.
- Examples include:
  <a href="https://documents.manchester.ac.uk/display.">https://documents.manchester.ac.uk/display.</a>
  <a href="https://documents.manchester.ac.uk/display.">https://documents.manchester.ac.uk/display.</a>
  <a href="https://documents.manchester.ac.uk/display.">aspx?DocID=44186</a>

https://www.mmu.ac.uk/media/ mmuacuk/content/documents/students/ ManchesterMetropolitanUniversity APP 2020-21 V1 10004180.pdf

https://www.bolton.ac.uk/assets/Uploads/ Updated-Access-Participation.pdf

https://www.salford.ac.uk/schools-and-colleges/outreach-and-widening-participation

201920-Access-and-Participation-Plan-1.pdf (rncm.ac.uk)

- 39 https://gmcommission.coop/
- <sup>40</sup> Bureau van Dijk Financial Analysis Made Easy (FAME) business database (2020). The dataset does not define social enterprises specifically, and the quoted data comprises businesses that are listed as either a 'Charitable Organisation' or a 'Private Limited' / 'Limited by Guarantee' company that is categorised as a 'Community Interest Company'. The data include businesses that either have a registered office or trading address in Greater Manchester.

- http://oa.upm.es/41201/1/INVE MEM 2015 227727.pdf
- https://www.ethnicity-facts-figures.service.
  gov.uk/workforce-and-business/business/
  leadership-of-small-and-medium-enterprises/
  latest Businesses are considered to be
  'ethnic minority-led' if 50% or more of their
  management team are from ethnic minorities,
  or if a person from an ethnic minority is in
  sole control of the business.
- https://www.theguardian.com/business/2020/aug/30/independent-shops-enjoy-business-boost-due-to-commuting-drop
- 44 'Social prosperity for the future: A proposal for Universal Basic Services'. UCL Institute for Global Prosperity
- Ofsted Childcare providers and inspections (March 2020). Nearly one in five (18.8%) of state-funded schools located in the 20% most deprived areas of Greater Manchester were rated as either 'inadequate' or 'requires improvement' at their last Ofsted inspection, more than double the 8.2% of providers in the 20% least deprived areas. Data are sourced from Ofsted State-funded schools inspections and outcomes as at 31 August 2020 (August 2020). The deprivation data used by OFSTED are drawn from the income deprivation affecting children index (IDACI), part of the

- 2019 Index of Multiple Deprivation (each school was assigned a score based on the home postcodes of pupils at the time of the January 2020 school census, with the schools then placed into one of five deprivation bands).
- Cousin, S. and Crossley-Holland, J. (2021) Developing a New Locality Model for English Schools.
- 47 https://www.insidehousing.co.uk/insight/insight/the-housing-pandemic-four-graphs-showing-the-link-between-covid-19-deaths-and-the-housing-crisis-66562
- Office for National Statistics Census 2011 (2011).
- <sup>49</sup> Greater Manchester Disabled People's Panel, GM Big Disability Survey: Covid-19 (Greater Manchester Coalition of Disabled People, 2020), p.23.

This page is intentionally left blank



# **CONTENTS**

ACKNOWLEDGEMENTS	3	Housing, transport and environment in Greater Manchester during the pandemic	31
CHAPTER 1. INTRODUCTION	4	Housing, transport and environment in Greater Manchester after the pandemic	32
COVID-19 AND INEQUALITIES	5	Housing, transport and environment - Recommendations	34
CHAPTER 2. BUILDING BACK FAIRER IN		4C EARLY YEARS, CHILDREN AND YOUNG PEOPLE	35
GREATER MANCHESTER	6	Early years, children and young people and health	35
A FRAMEWORK FOR BUILDING BACK FAIRER IN GREATER MANCHESTER	8	Early years, children and young people in Greater Manchester before the pandemic	35
Build back fairer for future generations	8	Early years, children and young people in Greater Manchester during the pandemic	36
Build back fairer resources	9		
Build back fairer standards	9	Early years, children and young people in Greater Manchester after the pandemic	37
Build back fairer institutions	9	Early years, children and young people - Recommendations	
Build back fairer monitoring and accountability	11	Larry years, children and young people - Recommendations	33
Build Back Fairer through greater devolution and		4D INCOME, POVERTY AND DEBT	40
local power and control	11	Income, poverty, debt and health	40
Build Back Fairer - Recommendations	12	Income, poverty and debt in Greater Manchester before the pandemic	40
<b>CHAPTER 3.</b> HEALTH INEQUALITIES IN ENGLAND BEFORE THE PANDEMIC	14	Income, poverty and debt in Greater Manchester during the pandemic	41
COVID-19 MORTALITY IN GREATER MANCHESTER	17	Income, poverty and debt in Greater Manchester after the pandemic	43
COVID-19 mortality and deprivation in Greater Manchester	18	Income, poverty and debt - Recommendations	44
Components of area deprivation driving COVID-19 mortality	21	•	
INEQUALITIES AND COVID-19 VACCINATIONS	22	4E WORK AND UNEMPLOYMENT	45
Reducing inequalities in vaccine uptake and in infection and mortality rates - Recommendations	23	Work, unemployment and health  Work and unemployment in Greater Manchester	45
		before the pandemic	45
<b>CHAPTER 4.</b> FACTORS DRIVING HEALTH INEQUALITIES IN GREATER MANCHESTER	24	Work and unemployment in Greater Manchester during the pandemic	46
4A COMMUNITIES AND PLACE	25	Work and unemployment in Greater Manchester after the pandemic	47
Communities and place and health	25	Work and unemployment - Recommendations	48
Communities and place in Greater Manchester before the pandemic	25	4F PUBLIC HEALTH AND THE PANDEMIC	49
Communities and place in Greater Manchester		Public health in Greater Manchester before the pandemic	49
during the pandemic	25	Public health in Greater Manchester during the pandemic	50
Communities and place in Greater Manchester after the pandemic	26	Public health in Greater Manchester after the pandemic	54
Communities and place - Recommendations	28	Public health - Recommendations	56
4B HOUSING, TRANSPORT AND THE ENVIRONMENT	29	CHAPTER 5. MARMOT BEACON INDICATORS	57
Housing, transport, environment and health	29	REFERENCES	59
Housing, transport and environment in Greater Manchester before the pandemic	29		



#### **ACKNOWLEDGEMENTS**

#### **AUTHORS**

Report writing team: Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison.

Peter Goldblatt, Joana Morrison and Tammy Boyce coordinated production and analysis of tables and charts.

Team support: Kit Codling and Felicity Porritt.

**Suggested citation:** Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2021) Building Back Fairer in Greater Manchester: Health Equity and Dignified Lives. London: Institute of Health Equity

#### **AUTHORS' ACKNOWLEDGEMENTS**

We are indebted to the Greater Manchester Steering Group that informed the review: Joanne Roney, Sarah Price, Matt Hennessey, Jane Pilkington, Andrew Lightfoot, Tom Whitney, John Patterson, John Wrathmell, David Regan, Ed Dyson, Jane Forrest, Warren Heppolette, Matt Ainsworth, Pam Smith, Katrina Stephens, Andy Hollingsworth.

We are also grateful to the many members of staff from Greater Manchester Health and Social Care Partnership and Greater Manchester Combined Authority and its local authorities for their advice, insight and input.

# CHAPTER 1 INTRODUCTION

'Build Back Better' has become the mantra. Important, but we need to Build Back Fairer. The levels of social, environmental and economic inequality in society are damaging health and wellbeing. As the UK emerges from the COVID-19 pandemic it would be a tragic mistake to attempt to re-establish the status quo that existed before – a status quo marked in England, over the past decade, by a stagnation of health improvement that was the second worst in Europe, and by widening health inequalities. That stagnation, those social and regional health inequalities, the deterioration in health for the most deprived people, are markers of a society that is not functioning to meet the needs of its members. There is an urgent need to do things differently, to build a society based on the principles of social justice; to reduce inequalities of income and wealth; to build a wellbeing economy that puts achievement of health and wellbeing, rather than narrow economic goals, at the heart of government strategy; to build a society that responds to the climate crisis at the same time as achieving greater health equity.

Recognising persisting inequalities in health in Greater Manchester, the Greater Manchester Health and Social Care Partnership, including Greater Manchester Combined Authority, considered if, as a devolved region, it could take the necessary steps to improve health and reduce health inequalities. To aid this process, in 2019 the UCL Institute of Health Equity (IHE) was invited to work with the Greater Manchester system to establish a Marmot City Region, focussed on reducing health inequalities and inequalities in the social determinants of health. Then, the COVID-19 pandemic arrived, exposing and amplifying inequalities in health and the social determinants of health in Greater Manchester, as in the rest of England. IHE's work with Greater Manchester was reoriented, the aim being to provide evidence of the health inequality challenges the City Region will face post-pandemic and to make recommendations to reduce them.

#### **COVID-19 AND INEQUALITIES**

Within Greater Manchester, as across the world, inequalities in COVID-19 mortality have been only too apparent and the long-term economic and social impacts of containment measures will widen inequalities in health for the foreseeable future. Analysis shows that rates of mortality from COVID-19 in Greater Manchester are 25 percent higher than in England as a whole. Life expectancy in the North West of England also declined more during 2020 than in England overall (according to provisional data).

Economic inequality, working and living conditions, types of employment and high levels of physical interconnectedness partly explain the circumstances that have led to high infection and mortality rates in Greater Manchester; and the timing of the containment measures implemented in England did not align well with the trajectory of the pandemic in the City Region. Greater Manchester has also experienced highly unequal mortality rates: the COVID-19 mortality ratio in the most deprived decile was 2.3 times greater than in the least deprived decile between March 2020 and January 2021. These socioeconomic inequalities in mortality from COVID-19 are wider than in the rest of England.

The City Region has also experienced particularly damaging longer-term economic, social and health effects from a combination of local and national lockdowns during the autumn of 2020 and through the first half of 2021. Impacts include deteriorating community and environmental conditions as the public purse is further strained, widening inequalities during children's early years and in educational engagement and attainment, increasing poverty and income inequality, rising unemployment, particularly for young people, and deteriorating mental health for all age groups but again particularly for young people. All of these negative impacts will damage health and widen health inequalities in Greater Manchester. This report assesses these unequal impacts and makes proposals about how to take urgent, remedial action.



# CHAPTER 2 BUILDING BACK FAIRER IN GREATER MANCHESTER

This report provides a framework for how Greater Manchester can 'Build Back Fairer' in the aftermath of the pandemic. Fundamental to achieving a permanent reduction in health inequalities is a focus on the social determinants of health: those factors outside health care that affect health. Some of our recommendations are new and some offer support for, and expansion of, existing approaches in Greater Manchester. The framework calls for health equity to be placed at the heart of governance, including resource allocation, in Greater Manchester and for all policies in the region to be geared towards achieving greater health equity.



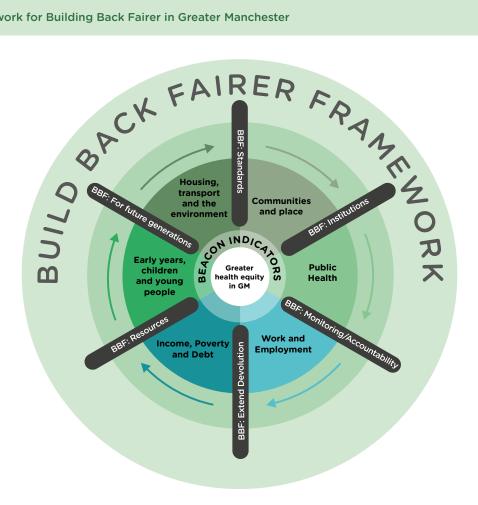
The Marmot City Region approach developed in Greater Manchester over the last two years has provided a good basis to place health equity at the centre of action in communities, local authorities and in the Combined Authority, and, we hope, with business, to focus on Building Back Fairer. Greater Manchester is well positioned to lead on this agenda. As a devolved region, it has the leadership, capacity, powers, partnerships and a strong identity that enable it to act on health inequalities in ways that are not available in other parts of England. Greater Manchester already has many investments, policies and strategies that are pro-equity in relation to economic inclusion, employment, housing, transport, the environment, education, early years, community support and public health. The Inequalities Commission has made further important recommendations to push forward the goal of greater equity in Greater Manchester and to prioritise wellbeing. This report challenges the whole of Greater Manchester to go further and faster on reducing health inequalities and inequalities in economic, social, environmental and cultural circumstances.

The time is appropriate for the actions we set out here. Due to the pandemic, health and equity have been at the forefront of the national consciousness, the whole of government and society have worked together in common endeavour, and there is greater recognition of the importance and efficacy of public systems; these are essential features of successful action on health inequalities. The unfairness of economic and social arrangements, ethnic disadvantage and racism and the extent of health inequalities have been exposed and public and political appetite to remedy these may have increased. There has been greatly heightened awareness of the vital role of key workers and the importance of local assets – clean air, green spaces and the role of the voluntary sector. Community resilience and social cohesion have been strengthened, at least in the short term.

### A FRAMEWORK FOR BUILDING BACK FAIRER IN **GREATER MANCHESTER**

The framework we have developed for the Build Back Fairer approach is based on our assessment of priority areas for action and required approaches in order to strengthen implementation and governance for health equity in the region. Specific recommendations in each of the social determinants of health areas are set out in the rest of this report and relate to the social determinants in the Building Back Fairer framework in Figure 1.

Figure 1. Framework for Building Back Fairer in Greater Manchester



#### **BUILD BACK FAIRER FOR FUTURE GENERATIONS**

While children and young people have been at far less risk from COVID-19 disease than older adults, they have been disproportionately, and inequitably, harmed by the impacts of restrictions and lockdowns. Closure of early years services and schools and disruption to universities, further education and apprenticeships have led to widening inequalities in children and young people's development and education and in post-18 training and employment. Restrictions on socialising have been harmful for many young people. This group is also experiencing rapid increases in unemployment, with many of the sectors that especially employ young people - sport, leisure and hospitality - being most affected by COVID-19 restrictions.

There has been an increase in poor mental health among children and young people from already concerning levels before the pandemic. A significant acceleration is needed in the provision of mental health services for young people and in programmes to support mental health in schools, further education and workplaces.

Greater Manchester has an excellent record on reducing inequalities in early years development and educational attainment, but given the impacts of the pandemic this work needs to be immediately strengthened and scaled up: while greater support is needed for all young people, it needs to be proportionately greater in more deprived areas, educational settings and workplaces.

#### **BUILD BACK FAIRER RESOURCES**

Cuts to public funding in the decade to 2020 damaged health and contributed to England's high and unequal toll from COVID-19 (2). The cuts to funding were regressive – poorer areas and those areas outside London and the South experienced proportionately larger cuts. The resulting damage to local authorities with greater deprivation have affected the course of the pandemic and, crucially, the resilience of areas to cope with the economic and social impacts of pandemic containment measures.

In order to achieve the Government's own agenda to 'level up' across regions in England, and to Build Back Fairer, these regressive cuts must be reversed and compensated for. Greater funding must be allocated to more deprived areas and those areas that have experienced higher rates of COVID-19 and endured longer lockdowns and restrictions. The case for increasing national funding allocations across Greater Manchester is powerful, the City Region having experienced significant cuts prior to the pandemic, high and unequal rates of COVID-19 infection and mortality, and longer lockdowns. Additional resources would enable Greater Manchester to begin to recover faster and more equitably. Several of our recommendations relate to national advocacy for increases in resource allocations from central government.

Proportionate universalism is an important principle. Funding should be proportionate to the scale of the problem, but universal in reach: more funding should be given to areas of greater deprivation and to communities experiencing high levels of poverty and exclusion. The mechanisms that Greater Manchester has already established to enable this need to be re-examined and extended, given the impacts from COVID-19 and containment measures.

In addition to advocating for higher levels of funding allocations from central government, it is important to generate more resources and action locally in support of the Building Back Fairer Agenda. One way of achieving this is through contractual mechanisms where 'additional social value' is included in the tender requirements and contracts partly awarded on the basis of what additional social value they bring (3) (4). Business has a significant role to play here.

Despite increasing levels of demand for services, it is crucial that funding for interventions that reduce the likelihood of poor outcomes is increased. This applies to local government funding allocations as well as national allocations. Services must focus increasingly on preventing problems such as homelessness, school exclusions and low educational attainment, food poverty, debt, poor health and unemployment before outcomes deteriorate further. Evidence shows that such prevention-based interventions are hugely beneficial and cost-effective. Across Greater Manchester there is evidence of successful action on

prevention and public service reforms have facilitated the necessary shared working to support such actions, but there is still a need to build capacity and knowledge about prevention approaches and to significantly scale up these efforts. We also propose that the budget for prevention in the total health care budget in Greater Manchester should be doubled within five years and a system-wide prevention/health creation spending target for all of Greater Manchester is developed by the end of 2021, with incremental targeted increases over five years.

#### **BUILD BACK FAIRER STANDARDS**

In order to reduce health inequalities and build back fairer, standards in several key drivers of health need to be improved in Greater Manchester. We propose that Greater Manchester develops a set of minimum standards, a quality threshold that underpins a commitment to provide healthy living and working standards for all the City Region's residents. These standards should cover quality of employment, environment and housing, transport and clean air and have a high public profile and transparent accountability mechanisms that enable residents to challenge employers, businesses, service providers and local authorities that do not meet these standards. Guaranteeing access to a range of quality services in Greater Manchester could form the basis of a Greater Manchester universal services guarantee. Services covered should include health care, education and training, police and fire, environmental and housing services and public health and go beyond what is currently available in terms of environment, housing, employment support services, and training, for instance.

Alongside commitments to improved standards of living and employment and access to services, a baseline minimum income for healthy living needs to be developed for Greater Manchester. The minimum income standard, developed in 2008 by the Joseph Rowntree Foundation and Loughborough University, is a useful measure of the income needed to live a healthy life (5). It includes clothes, shelter and healthy food as well as social participation, travel and leisure. The minimum income for healthy living for Greater Manchester is likely to differ from England-wide minimum incomes enshrined in the living wage, which is often too low to support healthy living.

#### **BUILD BACK FAIRER INSTITUTIONS**

Across Greater Manchester there has been a welcome focus on developing anchor institutions. Anchor institutions are usually conceived in relation to large public sector organisations that are rooted in places and connected to their communities, such as universities and hospitals (6). These large institutions have significant assets and spending power and can use these resources to benefit communities, often through their own employment



#### Page 88

practices and recruitment approaches, hiring from local populations and directing supply chains to support local economies. They can add social value by providing fair and good employment, recruiting from lower income areas and offer the living wage, investing locally and sharing use of land and property (3). In Greater Manchester it is estimated that health and care organisations employ 127,715 people and spend nearly £16 billion per year. If even a small part of their budgets were spent on local suppliers, this could help to generate local economic opportunities (3). While Greater Manchester does have an established programme of anchor institutions - particularly NHS anchor institutions - there is now a need to significantly extend these approaches and incorporate other public sector organisations and business

In this report we highlight the potential greater role that business can play in action on health inequalities and the social determinants of health in Greater Manchester. Businesses have a significant and often underdeveloped contribution to make, summarised in Box 1. As the pandemic recedes, there are signs of renewed interest from business in reducing health inequalities, a response to the worsening conditions through the pandemic and a greater awareness of the injustice of health inequalities. The Combined Authority and local authorities in Greater Manchester can take a lead in supporting and advising businesses to contribute more to Building Back Fairer in terms of direct financial contributions and partnering with the public sector and the voluntary, community and social enterprise (VCSE) sector, but also through making shifts to their business operations, investments and services.

#### **BOX 1. BUILDING BACK FAIRER BY BUSINESS**

**Employers:** Good working conditions, fair progression, decent pay and security of work are vital to good health. Developing within-work training and extending apprenticeships and other training schemes are important ways to skill-up the workforce at all ages, to contribute to reducing the numbers of young people not in education, employment or training (NEET), and to reduce unemployment in Greater Manchester.

**Service and products:** Businesses procure and deliver services and products. These services and products and the related contracts offer potential routes to greater health equity. Healthier products are important, but supply chains also need to support healthy living and working conditions, and businesses have an important role in scrutinising suppliers and contracts to ensure they protect health and equity in the supply chain.

**Social value:** Businesses have a great potential to add social value through their usual business practices, including the addition of social value in tenders and in contract awards - contracting for social value.

**Investments and assets:** Businesses invest in and own and manage assets that can benefit or undermine good health and equity in the social determinants of health. Divesting from assets that undermine health and equity is a powerful lever for supporting change. Thriving businesses have an opportunity to fund and support essential services and assets for local communities. We suggest a regional investment fund to facilitate coordinated investment in Building Back Fairer.

**Business anchor institutions:** Anchor institution approaches have mainly been developed in the health care sector, with some additional developments in other public sector organisations such as universities. Businesses are also located in places and have an important place-shaping role. This includes but extends beyond their role as employers as they affect social, economic, cultural and environmental conditions within places and includes social value contracting and ensuring that assets and investments support, rather than undermine, health equity.

**Wider partnerships:** Business should be closely involved with other organisations working to improve local conditions and foster healthier local areas. Hitherto, these collaborations have been weak or one-offs, and greater more sustained collaborations between business, the VCSE sector, local authorities. and public services would be highly beneficial to building back fairly.

**Workforce contributions:** Many businesses support their staff to volunteer their time and expertise to support local communities. We suggest these roles and support are extended so that all staff who wish to are able to support their local communities local communities, including those employed in small and medium-sized enterprises (SMEs).

**Advocacy:** Businesses can also be powerful advocates for greater health equity and equity in the social determinants nationally and locally.

#### Page 89

The 2020 Greater Manchester Social Value Framework is structured around six priority goals: provide the best employment that you can; keep the air clean in Greater Manchester; create employment and skills opportunities; be part of a strong local community; make organisations greener; develop a local, Greater Manchester-based and resilient supply chain (7). Despite good support for the idea of social value, and while social value policies and frameworks are used by all local authorities in Greater Manchester, implementation has been limited and interviews with staff across the City Region found there was a lack of consistency in the use of social value in commissioning and procuring (3). However, there are examples of good practice. From 2016, Manchester City Council introduced a minimum 20 percent weighting for social value into its tender decision-making process and can show significant social value from the commissioning/procurement process (3).

# BUILD BACK FAIRER MONITORING AND ACCOUNTABILITY

The Greater Manchester Marmot Beacon Indicators (see Chapter 5) were proposed specifically for monitoring equity in areas that are highly relevant to health equity as set out in the framework diagram (Figure 1). The Indicators underpin the Build Back Fairer approach. Greater Manchester's Marmot Beacon Indicators are intended to help the City Region monitor the impact of, and recovery from, COVID-19, through an equity lens. The proposed regular monitoring of these indicators will enable greater understanding about likely health and health inequality trajectories, inform action and maintain a focus on the social determinants of health.

# BUILD BACK FAIRER THROUGH GREATER REGIONAL AND LOCAL POWER AND CONTROL

While Greater Manchester, as a devolved region, has more powers and flexibilities than other regions in England, there are still significant limitations in how far the Combined Authority can make decisions that affect health and equity. There are many areas where the Combined Authority has no leverage or power to make changes and where there is no flexibility about how to invest nationally distributed funds. We suggest some areas where national advocacy could be strengthened to devolve greater powers to the City Region to benefit greater health equity.

In the main, the City Region has made great strides in unifying public services and fostering collaborative work over geographic areas (local authorities) and sectors and this has been enhanced during the pandemic. This kind of collaborative working is essential for action on the social determinants of health and, even without further devolution of powers, can be extended. The

Build Back Fairer framework emphasises the power and value of multi-agency and cross-sectoral partnerships. It provides a structure for greater collaboration between sectors and a coherent framework for the multiple approaches and strategies that are already being adopted across Greater Manchester. There is a tendency in the City Region for strategies to be siloed. Strategies for education, housing, employment and transport, for instance, focus mostly on their specific sector rather than supporting a coherent systemwide approach to reducing inequalities.

The response to the pandemic nationally and within Greater Manchester has led to new ways of working that are beneficial to actions on the social determinants and equity. These changes are important for work being carried out to reduce health inequalities and they need to be extended. They are based on better knowledge about and inclusion of local communities in the design and implementation of interventions. The public service workforce, VCSE sector, local authorities and the private sector have worked closely with communities to reduce levels of infection to support people who are shielding and self-isolating. The rollout of the vaccination programme has further enhanced such collaborations.

Discussions we have had suggest that as a result of this response, collaborations with communities have been strengthened and trust between services and communities may have increased. A range of services and workforces physically went to where people were and worked hard to make sure approaches to offer support, control infection and increase access to vaccinations and uptake were attuned to the specific needs of different communities: there was more outreach by the NHS and local authorities with faith-based organisations, community groups, workplaces and schools, for example. Local data about small areas and communities were developed and drawn on extensively. These approaches must be reinforced after the pandemic has receded.

The recommendations we set out below include commitments that the public should expect in Greater Manchester in the post-pandemic period. Some of the recommendations are ambitious - for example, supporting all young people into education, work or training, and establishing and providing healthy standards for housing, air quality, conditions of employment and a living wage. But these targets are realisable with sustained focus and action and increased support from central government, and allocation of funding that is proportionate to need and increasingly focussed on prevention. We anticipate that securing the public's involvement and their awareness of these commitments will galvanise further action and support population health, wellbeing and greater equity in Greater Manchester. Additional recommendations made in this report, in each social determinant of health, fit within this approach.

#### **BUILD BACK FAIRER - RECOMMENDATIONS**

1

Build Back Fairer for future generations

#### Prioritise children and young people

- Provide further support for early years settings in more deprived areas, including additional support for parents
- Extend interventions to support young people's mental health and wellbeing at school and at work
- Ambition for all young people, 18-25 years old, to be offered in-work training, employment or post-18 education
- · All policies assessed to consider impacts on health equity for future generations
- Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee

2

Build Back Fairer resources

#### Rebalance spending towards prevention

- Share expertise and evidence of prevention interventions across local authorities and public services, and continue to build capacity and partnerships
- Double the budget for prevention in the total health care budget in Greater
  Manchester within five years and a system-wide prevention/health spending target
  for all of Greater Manchester to be developed by end of 2021, with incremental
  targeted increases over five years
- · Advocate for real terms percentage increase in the regional budget for public health

#### **Build Back Fairer opportunities for all**

- Ensure proportionate universal funding increase funding in more deprived communities and particular areas of public services
- Advocate for increases in local government funding and public service allocations and other regional shares of national budgets
- Establish a Build Back Fairer Investment Fund in Greater Manchester to include contributions from businesses that support the Build Back Fairer agenda
- Increase funding and support for training and apprenticeships in more deprived communities
- Request that businesses invest in a regional Build Back Fairer Investment Fund or equivalent through social value approaches and corporate social responsibility

#### **Build Back Fairer commissioning**

 Extend social value commissioning to all public sector contracts and to businesses in Greater Manchester to enhance business contributions to Building Back Fairer 3

Build Back Fairer standards

#### Standards for healthy living

- Identify the minimum income for healthy living in Greater Manchester and advocate for national resources to meet this in public sector pay and support business to pay the minimum income for healthy living
- Guarantee offer of universal access to quality services including existing public services and public health services and universal access to training, support and employment for young people
- Develop Greater Manchester minimum standards for quality of employment, environment and housing, and transport and clean air and advocate for enforcement powers and resources

4

Build Back Fairer institutions

#### **Extend anchor institution approaches**

- Implement Greater Manchester's social value framework and extend anchor institutions approaches to VCSE sector and businesses
- Extend the remit of anchor institutions to incorporate social value procurement and commissioning and contributions to the Build Back Fairer Investment Fund

#### Scale up social value contracting and extend business role

- Health and social care act as leaders in social value commissioning and work in partnership across local authorities to develop local supply chain across Greater Manchester
- Embed widescale social value requirements in the Local Industrial Strategy and Good Employment Charter
- Add provision of apprenticeships for all ages to the social value framework
- Link Innovation Greater Manchester with social value framework

5

Build Back Fairer monitoring and accountability

#### **Develop Build Back Fairer equity targets for Greater Manchester**

- Based on the Marmot Beacon Indicators develop publicly accessible targets to monitor progress towards Building Back Fairer
- Report bi-annually on Marmot Beacon Indicators related to targets
- Invest in routine data collection to support monitoring of reductions in inequalities in wellbeing, opportunity and community cohesion within local authorities

6

Build Back
Fairer
through
greater local
power and
control

#### **Build Back Fairer devolution**

- Advocate for increased local control of employment services, post-16 skills, labour market, social housing and early years policies and services
- Build on success of devolved services and advocate for further powers and resources to deliver local health and wellbeing needs
- Further involve communities in the design and delivery of interventions to support their health and wellbeing
- Enhance public visibility of the Build Back Fairer approach in Greater Manchester including explicit commitments and offers to the public
- Develop publicly accessible data on equity in health, wellbeing and the social determinants of health

# CHAPTER 3

# HEALTH INEQUALITIES IN ENGLAND BEFORE THE PANDEMIC

In the IHE report of February 2020, *Health Equity in England: The Marmot Review 10 Years On*, we documented three worrying features of health in England over the decade from 2010, pre-pandemic:

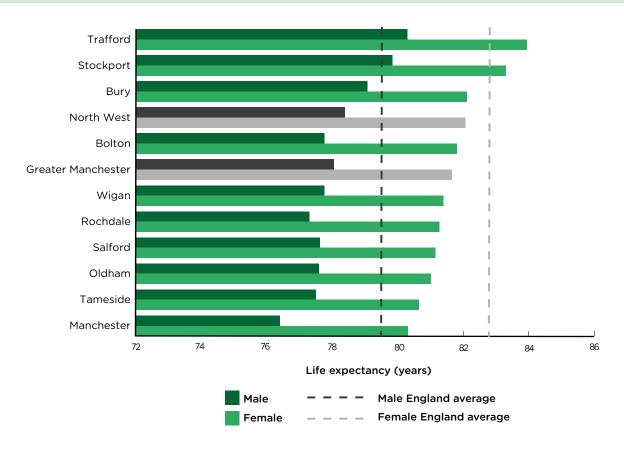
- A slowdown in improvement in life expectancy that was more marked than in any other rich country except Iceland and the United States
- Increased health inequalities
- Declines in life expectancy for the poorest people, outside London.

#### Page 93

Prior to the pandemic Greater Manchester had relatively poor overall health and, as nationally, increasing health inequalities. It had also experienced some deteriorations in social and economic conditions in the decade to 2020. Greater Manchester is slightly more ethnically diverse than England and Wales as a whole, household incomes are lower than the national average, and there are higher levels of deprivation (8) (9) (10). All of this has contributed to the City Region's high and unequal mortality rates from COVID-19.

Figure 2 shows life expectancy in Greater Manchester for 2017–19. The average life expectancy for women in Greater Manchester at 81.7 was lower than the average for England, 83.4 years. For men in Greater Manchester, the average life expectancy of 78.1 years was lower than the England average 79.8 years. Only Trafford and Stockport had higher life expectancy than the average for England for both men and women.

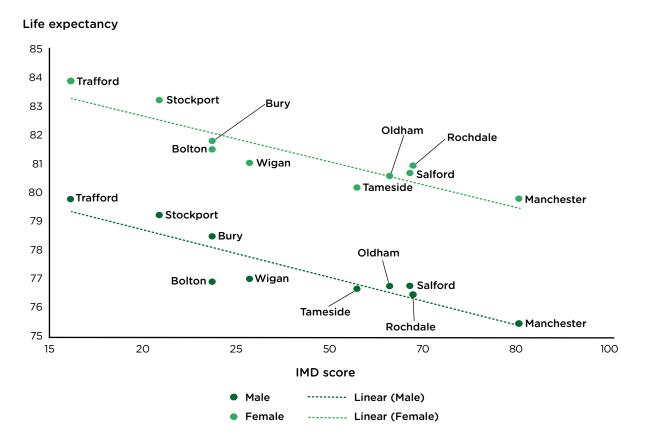
Figure 2. Estimated male and female life expectancy at birth for Greater Manchester, its local authorities, the North West region and England, 2017-2019



Source: Office for National Statistics (ONS). Life expectancy estimates by sex, age and area, 2017-19 (11).

In Greater Manchester life expectancy is related to level of deprivation, as shown in Figure 3 for each local authority. The graded relationship with deprivation is remarkably similar to that seen in England as a whole, although, as noted above, life expectancy is generally lower in Greater Manchester.

Figure 3. Male and female life expectancy at birth (2017–19) and average score in the Index for Multiple Deprivation (IMD) (2019)

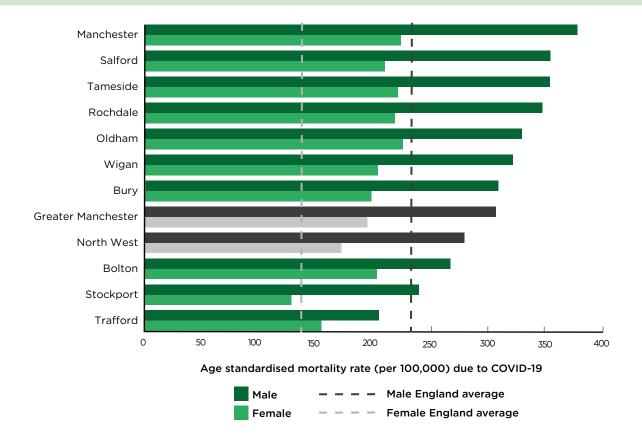


Source: ONS. Life expectancy estimates by sex, age and area, 2017-19 (11).

#### **COVID-19 MORTALITY IN GREATER MANCHESTER**

While England has experienced high COVID-19 mortality rates compared with other countries, the rate in Greater Manchester has been even higher than the average in England. The COVID-19 mortality rate between March 2020 and April 2021 in Greater Manchester was 307.1 per 100,000 population for men and 195.2 for women compared with England averages of 233.1 per 100,000 for men and 142.0 for women (14). Figure 4 shows that Greater Manchester as a whole, and all but one of its local authorities (Trafford for men, Stockport for women), had higher mortality rates from COVID-19 than England over the same period (15).

Figure 4. Age standardised COVID-19 mortality per 100,000 for England, the North West, Greater Manchester and its local authorities, 13 month total (March 2020 to April 2021)



Note: Deaths 'due to COVID-19' only include deaths where COVID-19 was the underlying (main) cause.

Source: ONS. Age-standardised rates from COVID-19, People, Local Authorities and Regions in England and Wales, deaths registered between March 2020 and March 2021 (15).

Overall, according to provisional figures, life expectancy in the North West declined more during 2020 than in England overall: for females in the North West by 1.2 years, compared with 0.9 for females in England as a whole, and for males in the North West by 1.6 years, compared with 1.3 for males in England as a whole (16).

The IHE's report of December 2020, *Build Back Fairer*, which covered England, showed a disproportionately high burden from COVID-19 and consistently higher mortality rates from COVID-19 among Black British people and those of South Asian descent across England compared with other ethnic groups (2). There are also signs of disproportionate social and economic harm on some ethnic minority communities as a result of containment measures.

Research shows that minority ethnic populations experience more barriers when accessing health and care services, and as a result have higher unmet needs (12). A study of the older ethnic minority population in Greater Manchester found a lack of trust in healthcare providers, including local GPs and hospitals, and showed levels of satisfaction and confidence in services were lower and that many older people from ethnic minorities in Greater Manchester did not feel they were treated with dignity in health and social care settings (13).

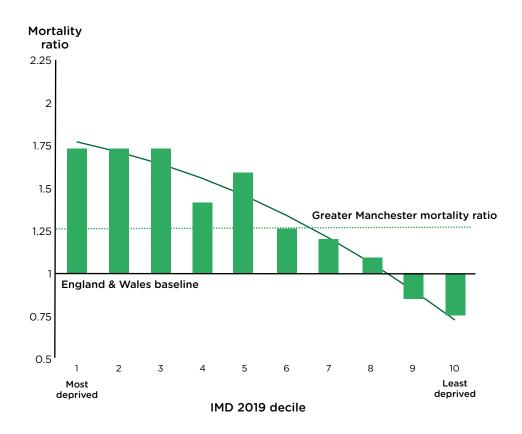
#### COVID-19 MORTALITY AND DEPRIVATION IN GREATER MANCHESTER

Understanding the close associations between deprivation and mortality rates from all causes of death and COVID-19 is important for understanding how COVID-19 has affected inequalities in mortality in Greater Manchester and in developing appropriate and effective remedial interventions. Figure 5 shows the ratio of COVID-19 mortality by deprivation (using deciles in the Index for Multiple Deprivation/IMD) within Greater Manchester compared with the number expected on the basis of COVID-19 mortality rates (age- and sex-specific) in England and Wales. Overall, COVID-19 mortality in Greater Manchester was 25 percent higher than the England and Wales average between March 2020 and January 2021, with wide inequalities in mortality across deprivation deciles. Mortality ratios in Greater Manchester were equally high in the three most deprived deciles and then decreased as the level of deprivation decreases. In the two least deprived areas, mortality from COVID-19 was lower than the England and Wales average over the same period, but in all other deciles COVID-19 mortality in Greater Manchester was greater than the England and Wales average.

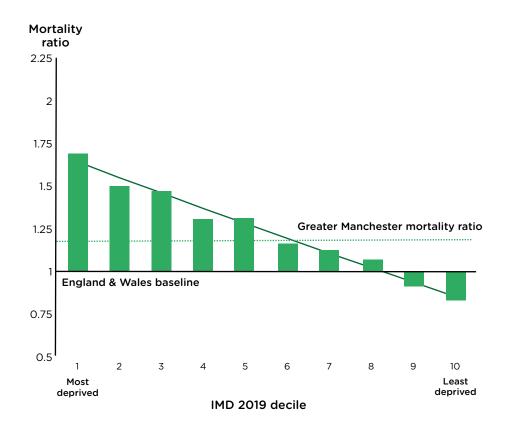
In Greater Manchester the COVID-19 mortality ratio in the most deprived decile was 2.3 times greater than in the least deprived decile, and the corresponding figure for all causes of death in Greater Manchester was 2.1, shown in Figure 5. In the City Region as for England as a whole, inequalities in COVID-19 mortality are slightly wider than for all-cause mortality (Figure 5b).

Figure 5. Age- and sex-standardised mortality ratios by deprivation deciles of MSOAs\* in Greater Manchester against the England and Wales baseline, March 2020 to January 2021

#### a) COVID-19 mortality ratios



#### b) All-cause mortality ratios



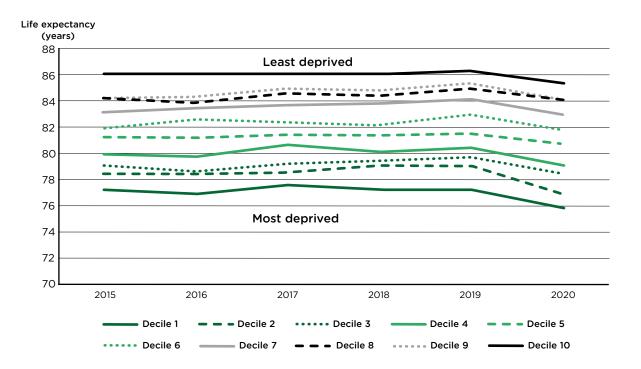
Notes: \*MSOA = middle layer super output area. Uses the Index for Multiple Deprivation (IMD) 2019, calculating the score for each MSOA in Greater Manchester by taking the average of the lower super output area (LSOA) scores for each domain of the IMD and then taking a weighted average of these domains for each MSOA, as set out in the Technical Report on The English Indices of Deprivation 2019 (17). Deciles were obtained by ranking each MSOA within Greater Manchester and then population weighting these ranks to split all MSOAs into 10 groups with equal sized populations, ordered according to the IMD scores of the MSOAs in each group. Mortality ratios were obtained by applying England and Wales COVID-19 mortality rates to the age and sex specific populations of each decile to obtain an expected number of deaths and then dividing the observed number in each decile by this figure. The horizontal black line shows a ratio equal to one, representing the England and Wales average. Deciles above this line have more deaths than expected based on this average, those below the line fewer deaths. The ratio of COVID-19 mortality for Greater Manchester as a whole is shown by the horizontal green dotted line.

Source: ONS. Deaths due to COVID-19 by local area and deprivation, March 2020 to January 2021 (18)

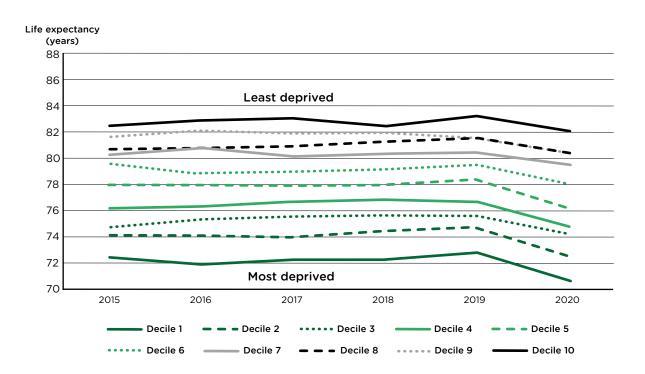
The high and unequal impact of COVID-19 mortality on life expectancy in the North West region is shown in Figure 6, based on provisional data for January to December 2020, by deprivation decile (16). Mortality data by deprivation are not yet available for Greater Manchester or for local authorities. In the least deprived half of areas in the North West, changes in life expectancy were in line with trends since 2018 but in the two most deprived deciles the reduction in life expectancy in the North West was much greater, leading to increasing inequalities in life expectancy – from 9.8 years difference between the highest and lowest deciles for men in the same period in 2019 to an 11.3 year difference in 2020. For women, the difference in life expectancy between the highest and lowest decile grew from 9 years in 2019 to 9.5 years in 2020.

Figure 6. Life expectancy at birth by national deprivation deciles (IMD 2019) 2015–2020, North West region of England (provisional data)

#### a) Females



#### b) Males



Source: Public Health England (PHE). Wider impacts of COVID-19 on health monitoring tool (16).





# COMPONENTS OF AREA DEPRIVATION DRIVING COVID-19 MORTALITY

The high mortality rates in Greater Manchester relate to its socio-demographic characteristics, previous health status, living and working conditions and occupations, ethnicity, levels of deprivation and physical inter-connectedness. Characteristics that contribute to the relationship between COVID-19 mortality and deprivation shown in Figure 5 above include: living in multi-generational housing or crowded conditions; having to continue working at a place of employment (outside the home) through lockdowns; type of employment - especially jobs in health and social care, other frontline occupations such as security occupations, process plant occupations - e.g. cleaners and workers that pack/bottle and can, food, drink and tobacco process workers, chefs and taxi drivers (19); not feeling secure enough financially to self-isolate; being in poor health prior to infection; and being from an ethnic minority group.

These characteristics are often experienced simultaneously by lower income groups and lead to much higher risks of mortality. For example, being in poor health, older, male, from an ethnic minority group, a key worker and living in a deprived area is associated with a much higher risk of mortality from COVID-19. Furthermore, ethnic minority groups are disproportionately represented among key workers and are more likely to live in more deprived neighbourhoods

(2). In 2020 a slightly greater proportion of the population of Greater Manchester identified as being non-White than in England as a whole, at 15 percent compared with 13 percent (20).

Our analysis for Greater Manchester shows that levels of income, education and skills, type of employment and health are more strongly related to inequalities in COVID-19 mortality (and all-cause mortality) than other factors associated with neighbourhoods and deprivation (crime, housing, living environment).

Given the associations between deprivation, ethnicity and mortality from COVID-19 in Greater Manchester, it is important that programmes to reduce the risk of infection and mortality and to encourage vaccine uptake are universal but with proportionately more effort in those areas and specific communities where risk is highest. These interventions will also help reduce inequalities in health more broadly. Without this focus on inequalities COVID-19 risks becoming entrenched among more deprived and certain ethnic minority communities.

#### **INEQUALITIES AND COVID-19 VACCINATIONS**

There is a risk that lower uptake of COVID-19 vaccinations among more deprived and certain ethnic minority communities will further entrench inequalities in infection and mortality from COVID-19 in Greater Manchester. Lower uptake is associated with difficulty in accessing vaccinations, inability to take time off work, lack of awareness about the programme and vaccine hesitancy (when individuals delay or refuse vaccination despite the opportunity to be vaccinated being provided to them) (21). The ONS's data on vaccine hesitancy are based on estimates of those who have either been offered the vaccine and decided not to be vaccinated or who say they would be very or fairly unlikely to have the vaccine if offered (22). The data from April 2021 show that in Great Britain, Black or Black British adults were most likely to report vaccine hesitancy compared with White adults. However, vaccine hesitancy decreased at the start of 2021 among Black/Black British adults, from 44 percent (13 January to 7 February 2021) to 22 percent (17 February to 14 March 2021) and rose again to 30 percent (31 March to 25 April 2021) (22).

Data on daily uptake of vaccination show a strong correlation between deprivation and vaccine uptake, with less deprived areas more likely to have high vaccination uptake (23) (24). Inequalities in uptake related to deprivation and ethnicity give a good indication of where efforts to encourage vaccination uptake should be concentrated.

Some of the programmes and practices developed during the pandemic to roll out programmes and support the vaccination effort have led to insights and practices that are highly relevant for work on health inequalities. These include collaborations with excluded communities to provide appropriate support and services and multisectoral partnerships that allow a 'whole of society' response to challenges of inequality.



#### **Page 101**

The vaccination rollout in Greater Manchester is an example of this. It has required great awareness about individuals and communities who have not had access to relevant information about the vaccination programme, are unaware about the delivery of the programme or may be concerned about safety (Box 2). A second example of new ways of working and broad partnerships between statutory services, business, the VCSE sector and communities is the broad coalitions of stakeholders and communities offering support and services for those who require additional support during lockdowns and when self-isolating (Box 3).

# BOX 2. REDUCING INEQUALITIES IN VACCINE UPTAKE

The COVID Health Equity Manchester Group was established in July 2020 by Manchester Health and Care Commissioning (a partnership between Manchester's Clinical Commissioning Group and the City Council) to reduce inequalities in access to, and uptake of, vaccinations; it meets twice a month. To respond to the challenges the group worked in partnership with local communities to create a forum for conversations and insights about the vaccine programme related to some ethnic groups and other communities known to experience high infection rates, high mortality and relatively low vaccination uptake. A voluntary, community and social enterprise organisations' 'sounding board' has been co-designed for each at-risk community, supported by a wider network of community influencers and 'cultural connectors'. This approach draws on community insight and intelligence with the aim of better developing culturally competent messages and delivering preventive measures swiftly and effectively to communities that do not currently have good access to timely accurate public health information.

The vaccine equity plan includes:

- Targeting communication with tailored information through a range of media including films from multi-faith leaders and local councillors of diverse ethnic backgrounds and videos with information in different languages.
- Using the voice of community influencers to share messages through social media, webinars, community-led activities and events.
- Pop-up and mobile vaccination clinics in places where communities are present, for instance at mosques.
- 'Back to practice' offers where people can be vaccinated at their GP surgery.
- 'Quiet clinics' for people with learning disabilities or those requiring additional support.
- Pop-up booking clinics in community settings to enable people to book their vaccination appointment.

There is evidence of positive progress as a result of these programmes, improving coverage among Bangladeshi, African and Pakistani people, people with a learning disability and patients with a severe and enduring mental illness (25).

#### **BOX 3. COMMUNITY HUBS**

Community Hubs are an example of integrated neighbourhood services in Greater Manchester developed through the pandemic. During the pandemic the Hubs coordinated support for the most vulnerable in each borough, including those who did not have any other way of sourcing food and medical supplies, and helped people access hardship grants. The Hubs aim to provide integrated neighbourhood working, based on a place-based working model. Community Hubs are led and funded by local authorities, and throughout the pandemic met regularly during the first months of the lockdown to ensure the most vulnerable residents were supported (26).

# REDUCING INEQUALITIES IN VACCINE UPTAKE AND IN INFECTION AND MORTALITY RATES RECOMMENDATIONS

- Advocate for local control over vaccination programmes, especially catch-up programmes, and focus vaccine rollout more on groups at higher risk and with lower vaccination rates.
- Follow the principle of proportionate universalism and direct increased resources and supply to ensure the needs of the most deprived, diverse and more vaccine-hesitant communities are met.
- Advocate for resources for adequate financial support and provide practical, clinical and wellbeing support for those who cannot work because of COVID-19 risk and those who have to self-isolate and ensure guarantees of return to employment.

# CHAPTER 4

# FACTORS DRIVING HEALTH INEQUALITIES IN GREATER MANCHESTER

This section covers six key social determinants of health in Greater Manchester. For each social determinant we set out conditions prior to the pandemic; these are relevant to what happened during the pandemic and what is likely to happen afterwards. Given that these areas all shape health, the conditions we describe are highly significant to understanding and reducing health inequalities in the future. The recommendations we make relate to those in our Build Back Fairer report of December 2020 but include additions that are specific to Greater Manchester.

#### **4A. COMMUNITIES AND PLACE**

In the Build Back Fairer report for England we assessed the impacts of the COVID-19 containment measures on resources and assets in places and communities, noting that more deprived areas, some of which we describe as 'ignored places', suffered greater levels of funding cuts before the pandemic and have been worst hit during the pandemic. These same communities and places are also likely to have had higher rates of mortality during the pandemic compared with betteroff areas. Levels of deprivation are likely to increase in the aftermath, further harming health, as poverty and unemployment increase and local government and public service finances suffer (2).

#### COMMUNITIES AND PLACE AND HEALTH

Community assets are important to health directly and indirectly: directly through the services and opportunities they offer that support physical and mental health, and indirectly through a sense of control and empowerment, levels of community cohesion and social interaction, all of which support good health.

# COMMUNITIES AND PLACE IN GREATER MANCHESTER BEFORE THE PANDEMIC

Policies of austerity over the last 10 years have led to widening inequalities in the resilience and functioning of communities. Deprived communities and areas have seen vital physical and community assets lost, resources and funding reduced, community and voluntary sector services diminished and public services cut, all of which have damaged health and widened inequalities. In Greater Manchester before the pandemic levels of deprivation had increased (27). In Manchester City Local Authority, nearly 45 percent of local neighbourhoods (lower super output areas) fell among the 10 percent most deprived areas in England as measured by the Index for Multiple Deprivation (IMD) 2019 (28).

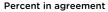
In the 10 Years On report we set out how, in England, in the decade from 2010 cuts to local government had been regressive, with more deprived local authorities experiencing greater cuts than wealthier areas (1). In Manchester City, which, as noted, is particularly deprived, local authority expenditure fell by nearly 17 percent between 2009/10 and 2017/18 (29). As well as damaging communities and harming health prior to the pandemic, funding cuts harmed local governments' capacity to prepare for and respond to the pandemic and have left local authorities in a perilous condition to manage rising demand and in the aftermath of the pandemic. The shortfalls will be higher in more deprived local authorities, where need is greatest.

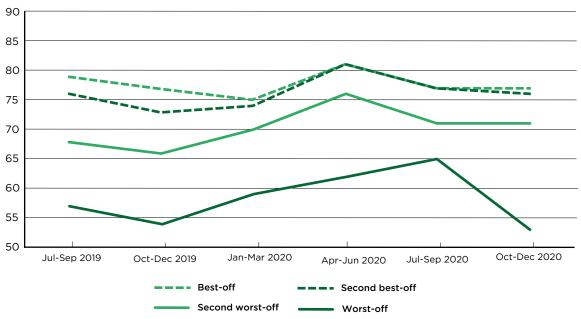
# COMMUNITIES AND PLACE IN GREATER MANCHESTER DURING THE PANDEMIC

During the pandemic there were reports of strengthened community cohesion and resilience as local residents supported each other and felt a common sense of purpose. However, this appears to have been short-lived. Figure 7 shows results from Greater Manchester Police's quarterly Community Safety Survey for July 2019 to December 2020, which indicate community cohesion increased for all income groups during the first phase of the pandemic, then levelled off for those on higher incomes and declined for those on lower incomes; inequalities in feelings of social cohesion by income groups widened. However, the early improvements do show that reducing inequalities in community cohesion is possible and lessons must be learnt from this.



Figure 7. Percentage agreeing with the statement 'My local area is a place where people with different backgrounds get on well together', by financial subgroups, Greater Manchester, quarterly reporting July 2019 to December 2020





Source: Greater Mancester Police (30).

# COMMUNITIES AND PLACE IN GREATER MANCHESTER AFTER THE PANDEMIC

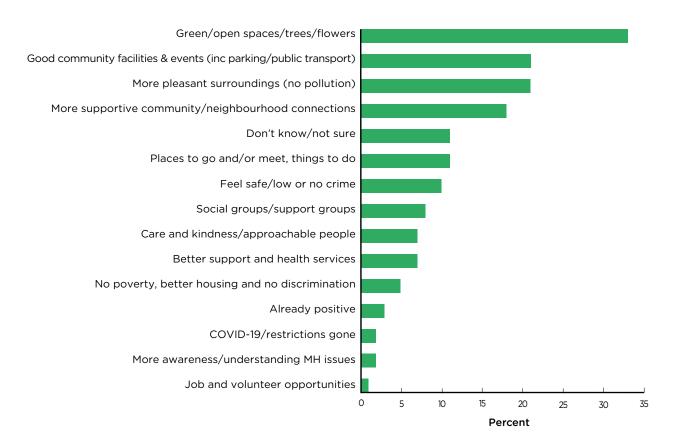
Area deprivation and health inequalities are likely to increase as a result of the economic impacts of the pandemic and the probable lower national funding allocations to local government and public services. The shortfalls experienced prior to the pandemic must be redressed by providing additional resources to areas that have experienced particularly high rates of COVID-19 and more restrictions, such as Greater Manchester. In these areas there has been greater damage over the last 10 years and during COVID-19, and there will be greater damage to social and economic outcomes and to health and health inequalities as a result.

Fostering community cohesion and safety in Greater Manchester and improving the quality of more deprived local areas are important health equity interventions. How these could be achieved effectively has been highlighted by relevant surveys with communities in Greater Manchester.

#### Page 105

Figure 8 shows a range of responses to the Greater Manchester Mental Wellbeing Conversation Survey about wellbeing, which indicate the ways residents view local areas could improve. Most residents noted the importance of green environments and local events and facilities to good wellbeing, which are highly supportive of good physical and mental health and help reduce inequalities.

Figure 8. Responses to survey question, 'If the local area was a place of positive wellbeing, what would it look like?'



Source: Greater Manchester Mental Wellbeing Conversation Survey, Aug-Nov 2020, of 3,986 people who live and/or work in Greater Manchester (Question 3) (31).

To support local areas to Build Back Fairer and strengthen community assets and cohesion, resources need to be allocated according to deprivation level, with greater funding and support for more deprived areas, ethnic minority communities and to enable greater integration of people living with disabilities – people in both of these latter groups report feeling less connected to their communities, as shown by relevant surveys with communities in the region. Environmental, social and economic improvements to more deprived areas in Greater Manchester will help support social cohesion, community resilience and health and should also be the focus of national advocacy from the Combined Authority.

# BOX 4. GREATER MANCHESTER: TAKING ACTION FOR COMMUNITIES

Greater Manchester already has a number of relevant strategies and interventions to support local communities, including 'Our People, Our Place', which has a vision of making 'Greater Manchester one of the best places in the world to grow up, get on and grow old'. There are 10 priorities to achieve the vision, including Priority 8: Safer and Stronger Communities (32). The strategy stresses the importance of partnerships between civic leaders, business, the voluntary, community and social enterprise sector, and local people. We endorse this approach and note that while there is still a way to go to ensure communities are at the centre of developing actions, the pandemic has resulted in closer collaborations between service providers, community groups and residents. These must be extended as part of the Build Back Fairer approach and lead to reconfigurations in how services are designed and delivered.

### **COMMUNITIES AND PLACE - RECOMMENDATIONS**

- 1. Advocate for increased deprivation weighting in funding by level of area deprivation.
- 2. Advocate for a greater share of resources for regions and local authorities hit particularly hard by COVID-19 and containment measures, and based on remedying shortfalls in funding over the last 10 years.
- **3.** Develop publicly accessible data on equity in health, wellbeing and the social determinants of health within local authorities and strengthen monitoring by ethnicity at the local level.





#### 4B. HOUSING, TRANSPORT AND THE ENVIRONMENT

# HOUSING, TRANSPORT, THE ENVIRONMENT AND HEALTH

Poor-quality and overcrowded housing is harmful to health, widens health inequalities and inequalities in key social determinants of health and increases the risk of contracting and dying from COVID-19. Unaffordable housing contributes to poverty, leaving people in stressful situations, with insufficient income to lead a healthy life, and increasing the risk of homelessness.

Affordable public transport is important to enhance access to services and jobs, reduce poverty, improve social cohesion, and enable everyone in Greater Manchester to experience its cultural, hospitality, sporting and community assets. All of these improve health and wellbeing. Those on lower incomes tend to travel more on trams and buses than people who are wealthier and poorer people have much less mobility due to cost and limitations in access to public transport (1).

Poor air quality damages health fine. Long-term exposure to fine particulate matter (especially PM2.5) increases mortality and morbidity from cardiovascular and respiratory diseases and causes lung cancer (31). People living in more deprived areas are the most affected by air pollution (33).

Improving access to good quality green space is a vital mental and physical health intervention. Access and use of green spaces tends to reduce as the level of deprivation increases, which was highlighted during the pandemic.

The direct and indirect impacts of climate change are a threat to health and health inequalities in Greater Manchester, as globally. Immediate action to reduce greenhouse gas emissions can also improve health and reduce existing health inequalities. The direct impacts of climate change on physical and mental health include: greater exposure to extreme heat/cold and UV radiation, more pollen, emerging infections, flooding and associated water-borne diseases, and impacts of extreme weather. Action to reduce air pollution, by reducing the burning of fossil fuels, will not only have immediate health benefits, but will also contribute to achieving net-zero greenhouse gas emissions. The indirect impacts of climate change on health and inequalities include increases in the price of food, water and domestic energy and increased poverty, unemployment and anxiety (34).

# HOUSING, TRANSPORT AND THE ENVIRONMENT IN GREATER MANCHESTER BEFORE THE PANDEMIC

#### HOUSING

Before the pandemic housing costs in Greater Manchester had increased, as they had in England generally, pushing many families into poverty. Housing conditions in the private rental sector had deteriorated and overcrowding and the prevalence of overcrowding and homelessness were increasing (2) (35). The 2019 Greater Manchester Housing Strategy stated that the quality of housing stock needed improving: "in some of our less affluent communities, older properties often show their age, presenting substantial concerns in terms of their condition, with common issues of damp, cold and other health and safety hazards, including their accessibility for those with mobility challenges" (36).

Close to one in 20 people, 4.7 percent, live in overcrowded accommodation in Greater Manchester, meaning they have fewer bedrooms than they need (37), the highest proportions being in Manchester, Oldham and Rochdale and the lowest in Wigan, Stockport, Trafford and Bury (8). In the North West 11 percent of ethnic minority households were overcrowded compared with 1 percent of White British households (38).

In Greater Manchester, young people and those from ethnic minority communities are more likely to rent from the private sector, where conditions are generally worse than in the social rented sector (36). In 2016/17 the English Housing Survey found 20.3 percent of households in England lived in the private rented sector and the equivalent estimated rate for Greater Manchester was slightly higher at 21.9 percent (36). According to surveys across Greater Manchester nearly one-fifth of private renters had rented a property in a poor condition (39) and private renters had the lowest satisfaction with their home's state of repair compared with other tenures: 18.5 percent surveyed were dissatisfied or very dissatisfied compared with 9.8 percent overall (40). Demand for social housing continues to rise. In Wigan waiting lists increased 69 percent between 2018 and 2020 and there are more than 78,000 households in Greater Manchester waiting for social housing (41) (42).

Housing costs were increasing prior to the pandemic. In 2019 it was estimated that around 38 percent of newly forming households in Greater Manchester were unable to afford to buy or rent a home in the one-quarter of properties least expensive to buy or rent (43). In 2018 the average monthly private rent in Manchester City



#### Page 108

required a single person to spend 45 percent of their income on rent (44). Average housing prices and private rents in Greater Manchester are generally lower than the England and Wales average, but average household incomes are also lower and close to one-third of households spend more than 35 percent of their income on private rent; those on lower incomes spend a larger proportion on housing costs (45).

#### **TRANSPORT**

In 2014/16, 60 percent of trips made by car in Greater Manchester were for journeys under 2 kilometres, of which many could be made by bike, walking or bus, which would have health, environmental and cost benefits. In 2019 the bus network in Greater Manchester had declined to three-quarters of what it was in 2010 and the number of customers on the bus network by close to 10 percent, although the passenger volume for the Metrolink tram/light rail system expanded in this period

(46) (47). Between 2010 and 2018 there was a welcome, albeit slight, shift from cars to public transport, from 75 to 70 percent of journeys in Greater Manchester (48).

#### **ENVIRONMENT**

There are differences in mortality caused by  $PM_{2.5}$  across local authorities in Greater Manchester. Manchester and Tameside have higher rates of mortality attributable to exposure to poor air quality than the English average and other parts of Greater Manchester, although all Greater Manchester local authorities have higher rates than the average for the North West region (33).

In England, the most affluent 20 percent of wards have five times the amount of parks or green spaces than the most deprived 10 percent of wards (49). In Greater Manchester in 2014, people in the 25 percent richest areas enjoyed nearly three times as much green space per head as the 25 percent most deprived areas (50).





# HOUSING, TRANSPORT AND THE ENVIRONMENT IN GREATER MANCHESTER DURING THE PANDEMIC

## HOUSING

The deteriorating housing conditions prior to the pandemic, especially overcrowding, had a direct impact on COVID-19 infection and mortality rates and contributed to socioeconomic inequalities in risk and mortality in Greater Manchester.

Over the lockdowns, households have spent much of their time in their homes, and this has increased exposure to unhealthy and overcrowded conditions and added to the stress of living in poor quality housing.

In January 2021 it was estimated in the UK that rates of arrears were "at least twice the level of arrears observed going into the crisis" (51). In October 2020 a poll of 2,989 private and social renters found 32 percent of private renters in the North West were worried about paying their rent over the next three months, an increase from 17 percent in the period immediately before the start of the pandemic (52). Annual rent prices in the North West region grew by 1.9 percent in the 12 months to March 2021, compared with an average of 1.3 percent for England (53). The ban on evictions is in force until September 2021, and given this and the planned ending of the £20 per week increase in Universal Credit also in

September, there is likely to be a wave of evictions and increases in homelessness at that time (54).

## **TRANSPORT**

In March 2021, a year after the start of the pandemic, the number of passenger journeys across all types of public transport in the City Region remained more than 20 percent below the number of journeys made at the beginning of March 2020 (55).

Progress on reducing car use was harmed by the pandemic due to a significant decrease in the use of public transport during the lockdowns while private car use substantially increased due to concerns about infection on public transport as well as ongoing concerns about the cost and frequency of public transport in Greater Manchester.

## **ENVIRONMENT**

The pandemic afforded a glimpse of how beneficial and desirable good quality air is for health and wellbeing, and lower car use reduced both local air pollution and greenhouse gas emissions contributing to climate change. Building on these benefits is significant to Building Back Fairer. In Manchester City air pollution from fine particulate matter consequently decreased and stayed at lower levels than in 2019 until the end of 2020, when it increased (56) (16).



High streets and city centres have been significantly affected by the pandemic, with thousands of job losses and hundreds of store closures across the UK. In Greater Manchester, for example, by the end of March 2021, footfall in Wigan was down by 53 percent of its pre-lockdown levels and in Manchester it was down 18 percent (57). There are justified concerns about how to revitalise city centre economies and support healthy high streets after restrictions end after COVID-19 restrictions end.

Use of green spaces for activity has been high across Greater Manchester during the pandemic, especially during the first lockdown, with a 30 percent increase in the public attending parks in Manchester City (58) but inequalities in access and use related to level of deprivation and ethnicity have remained, mirroring the UK picture. A UK study of the use of green spaces during the first COVID-19 wave in April/May 2020 found people from lower socioeconomic backgrounds were less likely to visit green spaces before and while lockdown restrictions were introduced (59).

# HOUSING, TRANSPORT AND ENVIRONMENT IN GREATER MANCHESTER AFTER THE PANDEMIC

#### **HOUSING**

In the aftermath of the pandemic it is likely that housing quality will likely deteriorate further as landlords, including private and social landlords, are less likely to invest in their properties; they will have fewer resources available to them due to declining incomes, plus there will be a greater demand for cheap rental properties.

The homelessness problem is much larger than rough sleeping and includes those living in temporary accommodation, sofa surfing and other forms of insecure housing. The factors that drive homelessness – including poverty, a shortage of affordable housing, and high rates of eviction in the private rental sector – need to be addressed.

Poor quality and unaffordable housing remains a critical health equity issue in Greater Manchester, this has been highlighted by the higher rates of infection and mortality from COVID-19 for those living in overcrowded housing. While Greater Manchester has many positive approaches to housing (Box 5), these will need to be further expanded in coming years and far tighter regulation of housing quality and rogue landlords implemented. There is an increasing, and currently unmet need for the provision of more affordable and social housing.

## BOX 5. ACTIONS GREATER MANCHESTER IS TAKING ON HOUSING

In Greater Manchester, huge strides have been made in reducing rough sleeping and further plans made for eliminating it (60). Greater Manchester's A Bed Every Night scheme and Housing First policy provide accommodation for people who sleep rough and offer support to improve their physical and mental health. The NHS provides funding for the scheme as it is viewed as a form of prevention, reducing need for NHS services. The Mayor's Homelessness Fund enables businesses and individuals to donate towards supporting local services to support homelessness reduction, too (61).

The Let Us ethical lettings agency in Greater Manchester provides management services to private landlords through the services of housing association partners, aiming to improve the private rental sector (62).

In March 2021 the Better Homes, Better Neighbourhoods, Better Health 'Tripartite Agreement' between Greater Manchester Housing Providers, Health and Social Care Partnership and the Combined Authority was launched. The partnership aims to plan new housing and communities to enhance health, support more vulnerable households, support homeless people and those sleeping rough, and expand the ethical lettings agency to make an additional 800 homes available to those who are homeless or sleeping rough by 2024 (63).

The Greater Manchester Good Landlord Scheme, approved in March 2021, could help to address some of the issues by placing the onus on landlords and agents to improve and maintain standards in the private rental sector. The Scheme addresses some of the issues by: strengthening and focussing enforcement capacity in a co-produced model with districts; targeting capacity building for landlords (and agents) to help them better support their tenants, particularly those on low incomes; working with districts and key stakeholders to ensure tenants and landlords have access to accurate and up-to-date information and advice; and promoting the active growth of ethical/social investors in the sector (54).

Greater Manchester's 2019–2024 Housing Strategy has two key priorities: to provide a safe, healthy and accessible home for all and to deliver the new homes Greater Manchester needs (45). It commits to providing 50,000 affordable homes, of which 30,000 will be for social rent, by 2037 (45). However, this is too few and too slow to meet the demands for affordable housing, and given the impacts of the pandemic, the Strategy's priorities are unlikely to be met in the 2019–24 timeframe.



#### TRANSPORT AND THE ENVIRONMENT

Greater Manchester aims to reduce direct  ${\rm CO_2}$  emissions by at least 50 percent by 2025 and to be carbon-neutral by 2038. The targets and initiatives to support the climate change mitigation aims will benefit local air quality and improve public and active transport systems and, as a result, health and health equity. Further efforts are required to ensure that these improvements occur in more deprived areas first so that equity is at the forefront of the improvements.

Greater Manchester's commitment to reach net-zero greenhouse gas emissions by 2038 will require, in addition to current actions (Box 6), shifting transport policy from road building for cars to increasing the use of public transport as well as increasing levels of walking and cycling.

# BOX 6. ACTIONS GREATER MANCHESTER IS TAKING ON CLIMATE CHANGE, AIR QUALITY AND TRANSPORT

A Clean Air Zone is being introduced in Greater Manchester in spring 2022 as part of the Greater Manchester Clean Air Plan, which will involve daily penalties for non-compliant vehicles. Greater Manchester is seeking government funding of over £150 million to support owners and registered keepers of non-compliant vehicles with the cost of upgrading to cleaner vehicles (64).

Greater Manchester's Bee Network, the UK's largest walking and cycling network, will be delivered by 2028 (65).

In March 2021 Greater Manchester announced its buses will no longer be run by a range of private operators and will be run by Transport for Greater Manchester (TfGM), providing opportunities for further integration of the public transport network, greater affordability and a cleaner public transport system. In 2020 32 electric buses were introduced and further electrification of the entire fleet must be a priority, to meet clean air and the net-zero targets. It is hoped that the new opportunities for the bus network will encourage a move away from private cars to public transport.

Greater Manchester's Active Travel Public Health Manifesto sets out the actions the City Region will take in this area, including: more dedicated cycling/walking space; safe cycling parking facilities; prioritising walking and cycling-friendly 'active neighbourhoods'; reducing speed limits in residential areas to 20mph; more cycling training and schemes to boost access to bikes for those in lower income communities (66).

# HOUSING, TRANSPORT AND ENVIRONMENT - RECOMMENDATIONS

## 1. Improve the quality and affordability of housing

- Fully implement the Good Landlord Scheme.
- Strengthen and enforce decent housing regulation and advocate for resources to enforce housing regulations.
- All new housing to be built to net-zero emissions standards, with an increased proportion being either affordable or in the social housing sector.
- Continue to reduce rough sleeping and hidden homelessness and extend action to reduce risks for homelessness.

## 2. Green spaces, air quality and quality high streets

- Fully implement clean air zones and monitor for inequalities in exposure.
- Improve quality of existing green spaces and prioritise provision of new green spaces in areas of higher deprivation.
- Adopt city-wide strategies that put health equity and sustainability at the centre of planning.
- · Work with local communities to better include their needs when reviving local high streets.

#### 3. Transport and active transport

- Extend incentives to encourage people back to public transport.
- Improve road safety by implementing 20mph speed limit in all residential streets and implement other road safety initiatives in deprived areas first.

## 4C. THE EARLY YEARS, CHILDREN AND YOUNG PEOPLE

## THE EARLY YEARS, CHILDREN AND YOUNG PEOPLE AND HEALTH

A solid foundation in the early years of childhood and through primary and secondary school is essential for positive outcomes throughout life, including health. Positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy. Persisting socioeconomic inequalities in attainment during primary and secondary school have lifelong impacts on health inequalities.

# EARLY YEARS, CHILDREN AND YOUNG PEOPLE IN GREATER MANCHESTER BEFORE THE PANDEMIC

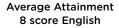
The decade from 2010 damaged childhood and the subsequent outlook for many children and young people

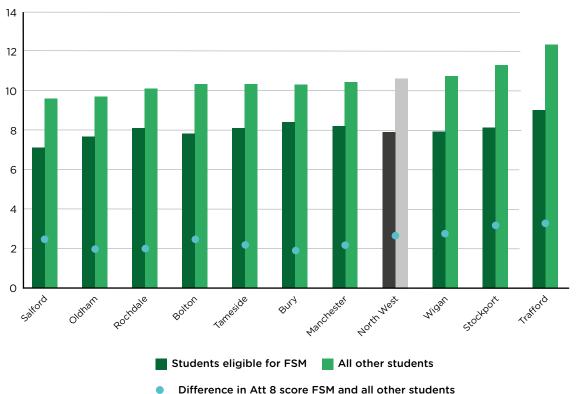
in England, particularly those from more disadvantaged households and areas. Child poverty increased from 2010, including for working households (1).

Before the pandemic Greater Manchester made great progress in early years development, going against trends elsewhere in England. Including implementing the Thrive model to guide the development and provision of early years services. This is a proportionate universalist approach whereby families that need more help are identified and offered support locally.

Also prior to the pandemic, improvements in educational attainment had been made for both children eligible for free school meals and children from better-off homes, although inequalities persist (67). Figure 9 shows these inequalities in average attainment-8 scores (at GCSE) for Maths. among students eligible for free school meals and those not eligible in the academic year before the pandemic. Differences were present in each of Greater Manchester's local authorities and were highest in Trafford.

Figure 9. Average attainment-8 score in Maths, students eligible for free school meals (FSM) and all other students, academic year 2019/20, North West average and local authorities in Greater Manchester

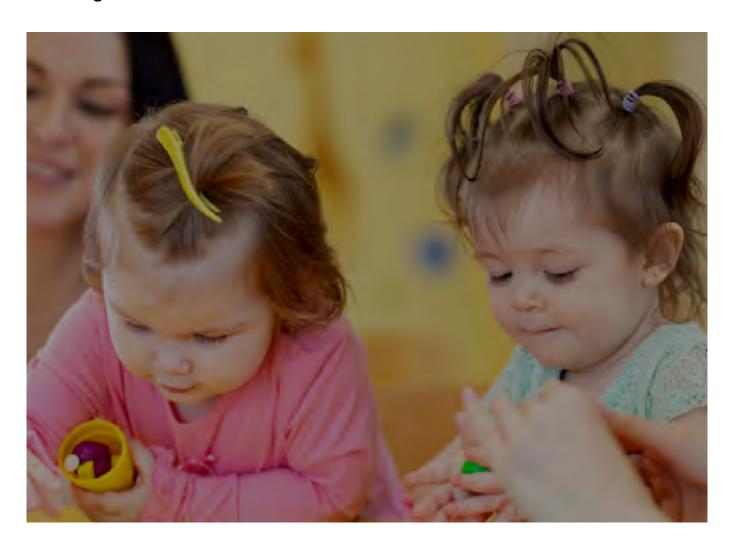




Note: Attainment-8 is a measure of performance at GCSE.

Source: DfE. Key stage 4 performance. Academic Year 2019/20 (68)

CONTENTS <



Mental health for young people was a particular concern before the pandemic and has deteriorated during it. (69). In 2018, 10 percent of 11–16 year olds in Greater Manchester had a diagnosable mental health illness, and it was estimated that one in four 15 year olds could be self-harming. Prior to the pandemic in Greater Manchester there had also been slight deteriorations in future aspirations among young people. Between 2018 and 2019, one survey showed that 83.4 percent of girls in Year 10 said they felt 'hopeful and optimistic', falling to 81.2 percent a year later. Among boys this fell from 88.8 percent to 88.3 percent (70).

Since devolution in 2016, Greater Manchester has made important efforts to improve children and young people's access to mental health care, implementing the Mentally Healthy Schools Pilot - a package of support to 62 schools (71).

# EARLY YEARS, CHILDREN AND YOUNG PEOPLE IN GREATER MANCHESTER DURING THE PANDEMIC

During the pandemic in 2020 and the first three months of 2021, across England inequalities in development and attainment among children increased for all age groups, which will harm longer-term prospects, particularly for more disadvantaged children (2).

Given that early years settings were closed for much of 2020 and that these are particularly beneficial to more deprived children and their school readiness, it is plausible to expect to see increases in inequalities in levels of development and this will have life-long impacts unless urgent mitigating action is undertaken (72). Early years settings in deprived areas of England have reported great financial difficulties, more than those in wealthier areas, and have lost staff during the pandemic (2). It is estimated that close to one-third of providers of early years education and care in Greater Manchester fear they might have to close in 2021 (73). It is likely that inequalities in access and quality of early years settings will widen in the post-pandemic period.



The pandemic has further negatively impacted young people's mental health: a combination of lockdowns, loss of schooling and support from school and very limited, or no, social contact have resulted in greater numbers in mental health crisis. In the North West the mental health of young people worsened between 2017 and July 2020 (74): the percentage of 5–10 year olds with a probable mental health disorder doubled from 8 percent to 16 and also doubled in 11–16 year olds (74).

Unemployment rates for 16-25 year olds have increased more than for all other age groups and many of the sectors young people work in, including leisure and hospitality, have been particularly harmed by COVID-19 containment measures.

# EARLY YEARS, CHILDREN AND YOUNG PEOPLE IN GREATER MANCHESTER AFTER THE PANDEMIC

Children and young people's prospects have been adversely affected by the pandemic from an already concerning state. These deteriorations in development, attainment and mental health are worse among those who are already disadvantaged, and they must be a priority for Building Back Fairer, even beyond what is already in place in Greater Manchester.

Increasing provision and access to mental health services for children and young people, particularly those in more deprived areas, is essential. Greater Manchester already has programmes to support the mental health and wellbeing of young people at school, and these need to be further extended and to include businesses that employ young people (Box 7).

Unemployment in young adulthood is particularly scarring for long-term earnings and employment prospects and damaging for health and wellbeing. Greater Manchester can lead the way in England with an ambitious target to offer all young people employment or post-school training – an end to NEETs – working with businesses to increase numbers of training opportunities and apprenticeships and working with schools to coordinate access to employers.



## BOX 7. ACTIONS GREATER MANCHESTER IS TAKING FOR THE EARLY YEARS, CHILDREN AND YOUNG PEOPLE

#### **Early years**

Developed in 2012, the Early Years Delivery Model (EYDM) is an integrated early years service based on the principles of proportionate universalism. The EYDM uses the universal provision of maternity and health visiting services as a method of early identification of vulnerability in both parents and infants. The aim is that families will receive proportionate, multi-agency, tailored services relevant to their level of need.

Greater Manchester has made school readiness a priority outcome. Targets have been set, including all early years settings to be rated 'good' or 'outstanding' in 2020, and to close the gap in school readiness between Greater Manchester and the national average (14). Linked programmes include:

- Support for speech, language and communication; parent and infant mental health; physical development; and social, emotional and behavioural needs.
- A focus on delivering both universal and targeted parenting and child development (15) (16).
- Developing an Early Years Workforce Academy to support workforce development among all early years practitioners.
- Implementing the i-THRIVE model to guide the development and provision of early years services. (17).

#### Young Person's Guarantee

In June 2020 Greater Manchester's Mayor established a new Youth Task Force to examine the effect of the pandemic on young people. The report and recommendations were published in December 2020. In response to consultation with young people, Greater Manchester committed to reduce digital exclusion; improve travel support; improve mental health and specialist support for young people unemployed during the pandemic; and provide higher education grants, pre-employment training and mentoring and new apprenticeships and work placements. Greater Manchester has also committed to better engage and communicate with young people, a key factor identified as needed by many in this demographic (76).

## Greater Manchester's hub and spoke offer of care for young people

Greater Manchester Mental Health NHS Foundation Trust delivers its services from more than 150 locations across the City Region. Despite the breadth of services, there remain gaps and variability in access to a broad range of psychotherapies needed to address the range of mental health disorders, for example trauma, attachment disorders, emotional dysregulation and a wide range of other reasons children, young people and their parents and families present to health services. A huband-spoke model has a central hub with spokes radiating to and from various services with the aim of referring patients to the most efficacious and efficient treatment. Offering services through a more comprehensive and equity focussed hub and spoke service in Greater Manchester would make it possible to better support primary care in localities, reduce variation in the service offer within the City Region and intervene earlier with a tailored suite of therapies (75).

# EARLY YEARS, CHILDREN AND YOUNG PEOPLE - RECOMMENDATIONS

## 1. Reduce inequalities in early years development

- Increase the quality and availability of parenting support programmes run through early years centres and schools.
- The regional budget to meet the OECD average for the proportion of spending on the early years and increase funding per child for early years settings in more deprived areas.
- Develop a new measure of school readiness for Greater Manchester.
- Ensure childcare workforce wages in public and private sector meet the Greater Manchester Minimum Income for Healthy Living.

#### 2. Reduce inequalities in educational attainment

- Increase catch-up tuition for more deprived students, beyond the UK Government programme, and give additional support to families with children with special educational needs and disabilities (SEND).
- Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee.

#### 3. Prioritise and improve mental health and outcomes for young people

- Prioritise improving the mental health of young people including through providing further mental health support/first aid training in all schools in Greater Manchester.
- Improve mental health treatment options for children and young people rapidly.
- Work with primary care and local charities to provide a whole-system and early response to improve mental and physical health and wellbeing in children aged 0-5 years through the hub and spoke model and to address the social determinants of health in local communities.
- · Increase the provision of local youth services for young people, advocating for national resources.

## 4. Improve training and work prospects for young people

- Extend offers of apprenticeships and training for young people linked to requirements for social value employers to participate.
- Achieve no NEETs in Greater Manchester by guaranteeing an employment or training offer for 18-25 years olds.
- Advocate to raise the minimum wage for apprentices.
- Increase mentoring opportunities (including in public services the voluntary, community and social enterprise sector and business) and add provision of mentoring to the social value framework and Good Employment Charter.



## **4D. INCOME, POVERTY AND DEBT**

The COVID-19 containment measures have had significant negative economic impacts for much of the population. However, the level of impact has varied considerably between households, according to prior socioeconomic position, region, occupation, age, ethnicity and disability.

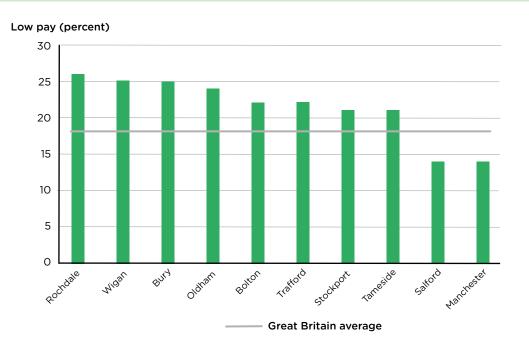
## INCOME, POVERTY, DEBT AND HEALTH

Poverty is associated with worse long-term physical and mental health, increased mortality at all ages and lower than average life expectancy. As well as placing decent housing, sufficient food and heating out of reach, reducing access to employment and other resources, and harming educational attainment, poverty is stressful. It undermines the capacity to have control over one's life. Coping with day-to-day shortages, facing inconveniences and adversity and perceptions of loss of status all affect physical and mental health in negative ways. High levels of personal debt (aside from mortgages) are also harmful to health.

## INCOME, POVERTY AND DEBT IN GREATER MANCHESTER BEFORE THE PANDEMIC

Wage growth in England has been low since 2010 and rates of in-work poverty have increased (2). In Greater Manchester, average resident earnings dropped by 0.8 percent per year between 2010 and 2016 and wages fell by 6.6 percent between 2006 and 2016 (73). Figure 10 shows the proportion of jobs in 2017 that were low paid in Greater Manchester, where there were higher rates of low pay than the average for Great Britain in all local authorities except Salford and Trafford.

Figure 10. Proportion of employee jobs that were low paid in Greater Manchester local authorities, and the Great Britain average, 2017



**Note:** Low pay is the definition used in the Greater Manchester Prosperity Review Low Pay report, and is hourly pay either: below two-thirds of median earning; below the voluntary living wage; or at or very close to the minimum wage.

Source: Resolution Foundation analysis of ONS (77).

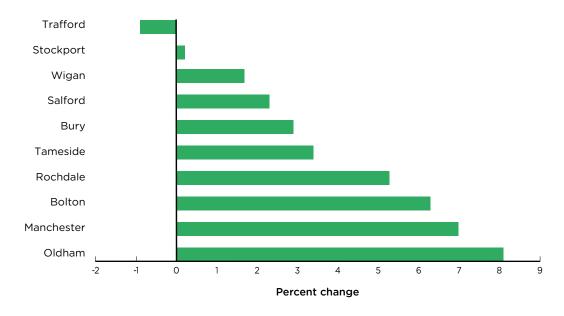
There are inequalities related to pay and ethnicity in Greater Manchester. One-third of Black or Black British workers are low paid, compared with 27 percent of Asian workers and 21 percent of White workers (77).

Universal Credit was introduced in 2013 and in 2020 it was estimated to be worth around 12 percent less than at its introduction. Overall, the amount of benefits the poorest households in the UK receive has decreased.

In 2010-11 the cash benefits received by the poorest households in the UK amounted to 60 percent of their gross income; by 2018-19 cash benefits amounted to 43 percent of their gross income (78).

Before the pandemic, rates of of child poverty increased in all local authorities in Greater Manchester except Trafford from 2014/15 to 2018/19 (Figure 11) (79).

Figure 11. Percentage of children in households below 60 percent median income, after housing costs, percentage point change between 2014/15 and 2018/19, local authorities in Greater Manchester



Source: Greater Manchester Poverty Monitor 2020: Child Poverty (79).

Fuel poverty is highly damaging to health and the social determinants of health (80). The most recent data on fuel poverty show that before COVID-19, around 12 percent of households were in fuel poverty from 2018 in Greater Manchester (81). There is a need to retrofit older homes to improve their energy efficiency which as well as having health benefits will also reduce carbon emissions.

## INCOME, POVERTY AND DEBT IN GREATER MANCHESTER DURING THE PANDEMIC

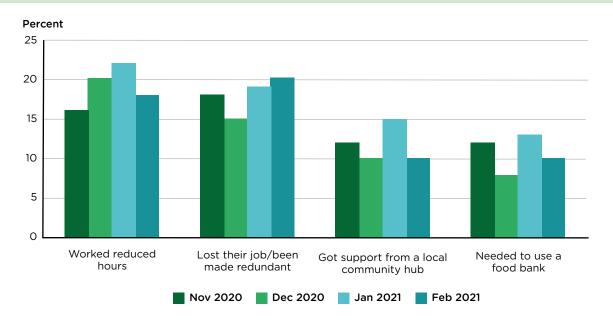
Pay has decreased across England during the pandemic and there were over 2 million jobs where employees were paid below the legal minimum in April 2020, more than four times the 409,000 jobs in that category a year earlier. Projections from the Resolution Foundation estimate relative poverty in the UK will be at its highest in 2021–22 since 1987 (82). Although the data are not yet available, reports suggest increases in poverty in Greater Manchester as a result of the pandemic. The Greater Manchester Mental Wellbeing Survey of over 4,000 people in August-November 2020 stated they had 'very high concern' with regards to income, as well as concerns about their friends and family. Concerns about income were higher in the ethnic minority population and those with disabilities in Greater Manchester (30).

The Government's furlough scheme, which provides 80 percent of usual wages, has given economic support to millions of workers. However, 80 percent of an already low income is insufficient for healthy living and will have pushed many more people into poverty, with consequent immediate impacts on health and long-term significant damage to health. In February 2021 16.5 percent of Greater Manchester's population were furloughed (83).

As unemployment increases, rates of poverty will increase too, and numerous reports point out that the Universal Credit benefit is too low to prevent people from being in poverty. Although the £20-per-week uplift will have helped, it is not sufficient to prevent poverty in all households in receipt of this benefit (84) (85).

The financial impact of the containment measures increased between November 2020 and January 2021, as the effects of lockdowns on household finances accumulated. Figure 12 shows that in January 2021 around one-fifth of those surveyed in Greater Manchester were working fewer hours than November 2020, that there had been increasing redundancies and the use of food banks was higher.

Figure 12. Percentage of people financially impacted by the pandemic in Greater Manchester, November 2020 to February 2021

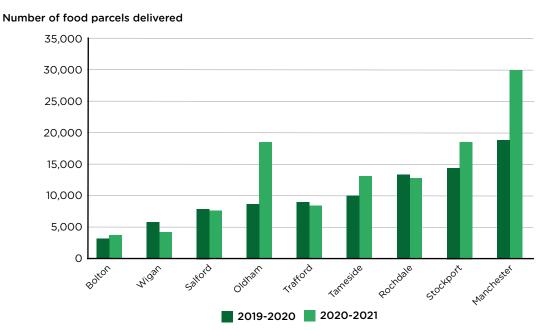


Source: Safely Managing COVID-19: Greater Manchester Population Survey. Survey 3 Report. February 2021 (86).

Debt was already high prior to the pandemic in the North West, with over half of households in financial debt. By January 2021, 24 percent of Greater Manchester's population surveyed stated they needed to borrow money from friends/family or take out extra credit.

Between 2019 and 2021, the number of food distribution centres in Greater Manchester increased from 56 to 64 and food parcels distributed increased by 29 percent, with the highest increases in Oldham at 115 percent, followed by a 60 percent increase in Manchester, and a 30 percent increase in Tameside (Figure 13).

Figure 13. Number of food parcels delivered in Greater Manchester, April 2019- March 2020 and April 2020- March 2021



Source: Trussell Trust (87).



## INCOME, POVERTY AND DEBT IN GREATER MANCHESTER AFTER THE PANDEMIC

Welfare budgets and council funding have declined in the last 10 years. At the same time, poverty rates have increased and have been exacerbated during the pandemic. Greater Manchester does not have the powers to increase welfare budgets or individual incomes but it is taking actions to encourage employers to adopt the real living wage, reduce debt and reduce food and fuel poverty, and must continue to do so, increasing pressure on employers if necessary (Box 8).

Developing a suitable level of income to allow a healthy life is vital and an assessment of the level of minimum income for healthy living in the City Region is required. The Universal Credit uplift must be retained or even extended. The rise of unregulated loan sharks in the aftermath of the pandemic needs to be stopped and further regulation of debt agencies and loan sharks is required.

## BOX 8. ACTIONS GREATER MANCHESTER IS TAKING ON WAGES, DEBT AND POVERTY

Innovation Greater Manchester is a business-led platform, spearheaded by the Local Economic Partnership (LEP) and supported by GMCA, to support recovery, innovation and economic growth (88).

The Greater Manchester Access to Finance Team (Growth Company) has been working with small and medium-sized enterprises to develop business cases for grants and administering funds for loans to support businesses adversely affected by the pandemic.

In November 2020 Greater Manchester stated there were 270 Living Wage Employers in the City Region (89) (90). The Good Employment Charter includes the real living wage as one of the seven characteristics of good employment.

Debt services are provided by local authorities, often in partnership with the VCSE sector. There is no City Region strategy to reducing levels of individual debt.

In 2021 Greater Manchester supported the Right to Food campaign and called for changes in the law to make access to food a legal right (91). In 2020 the GMCA launched the No Child Should Go Hungry initiative, providing 3,000 emergency food cards to children and young people in need over the Christmas period and targeted support for families through local VCSE organisations (92).

As part of Greater Manchester's strategy to reach net zero emissions by 2038, the aspiration is to lift 38,000 homes out of fuel poverty (93).

## **INCOME, POVERTY AND DEBT - RECOMMENDATIONS**

## 1. Reduce poverty

- Establish a goal for everyone in full-time work to receive a wage that prevents household poverty.
- Develop a regional standard for minimum income for healthy living, to be used to establish the minimum wage for Greater Manchester.
- · Support food aid providers and charities, and advocate for better national funding.
- Continue to advocate for additional £1,000 annual uplift to Universal Credit and explore other ways of providing this if it is cut.
- · Extend eligibility for free school meals.
- Advocate for an end to the five-week wait for Universal Credit and extend cash grants for low-income households.

#### 2. Reduce levels of harmful debt in Greater Manchester

- Increase financial management advice in schools and workplaces.
- · Further support community and voluntary sector provision of debt advice.
- · Work with Credit Unions to reduce the use of high interest loan businesses and further regulate loan agencies.
- All local authorities in Greater Manchester to offer support for those who are in debt due to non-payment of council tax.

## 3. Monitoring for poverty and inequity

• Improve local data collection and collation of national and voluntary sector data to estimate inequalities in income and debt within local authorities.



## **4E. WORK AND UNEMPLOYMENT**

## WORK, UNEMPLOYMENT AND HEALTH

Being in good work is usually protective of health while poor quality work, stressful jobs, and unemployment, particularly long-term unemployment, contribute significantly to poor health and low wellbeing and increase the risk of mortality. Greater Manchester needs to ensure all jobs are of good quality as efforts to increase employment are introduced after the pandemic.

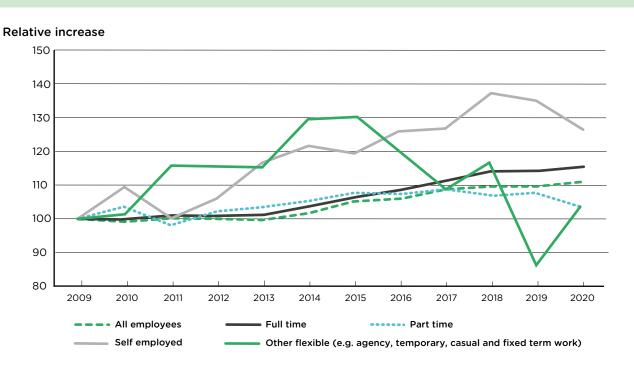
## WORK AND UNEMPLOYMENT IN GREATER MANCHESTER BEFORE THE PANDEMIC

The labour market situation before the pandemic influenced and impacted the labour market during the pandemic. The numbers in employment in Greater

Manchester have been lower than the North West and Great Britain since 2010 and in March 2020 the employment rate in the City Region was 3.3 percent lower than the average for Great Britain (94). The Greater Manchester Independent Inequalities Commission found that the working-age employment rate of people from ethnic minority groups is over 10 percentage points below the overall rate in Greater Manchester and 6 percentage points below the national average (71).

Since 2009 in Greater Manchester there have been increases in the numbers who are self-employed and who are in full-time employment (Figure 14). The number of people in flexible employment, which includes agency, temporary, casual and fixed-term (including zero hours) contracts, peaked in 2015/16 (95).

Figure 14. Relative increase in numbers employed by type of contract, Greater Manchester, 2009–2019 (indexed to 2009 level)



Source: NOMIS ONS APS (95).

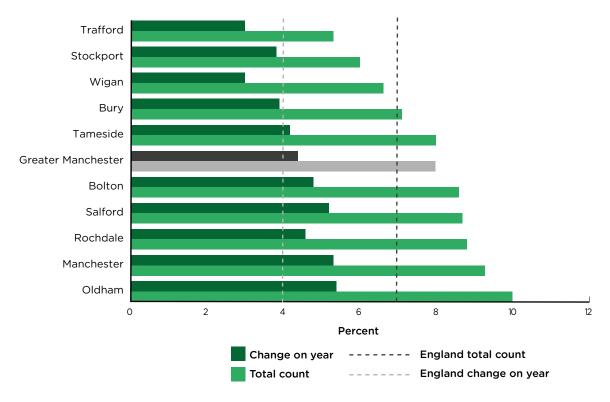


## WORK AND UNEMPLOYMENT IN GREATER MANCHESTER DURING THE PANDEMIC

The impacts of COVID-19 containment measures have fallen the most on low-paid workers and have had significant health and health inequality impacts. Temporary workers who lack job protection and thus have high levels of job insecurity were particularly affected throughout 2020. Young people have experienced the greatest loss of employment and damaging impacts have also been experienced by ethnic minority groups, older workers, disabled workers, women, part-time workers and the self-employed (96).

Figure 15 shows the proportion of people claiming Jobseeker's Allowance and some Universal Credit claimants on 11 March 2021 in local authorities in Greater Manchester. In March 2021 more than one in 10 men in Oldham, Manchester, Bolton, Rochdale and Salford were claimants; the highest rates of female claimants were in Oldham and Manchester (97). All local authorities in Greater Manchester experienced increases in benefit claimants, but Stockport, Trafford and Wigan experienced smaller increases over the year than the England average.

Figure 15. Benefit claimant count by local authority and change on year in Greater Manchester, and the England average, 11 March 2021



**Note:** Includes claimants of Jobseeker's Allowance (JSA) and some Universal Credit (UC) claimants. \*The UC claimants that are included are 1) those that were recorded as not in employment (May 2013-April 2015), and 2) UC claimants who are required to search for work, i.e. within the Searching for Work conditionality regime as defined by the Department for Work and Pensions (from April 2015 onwards).

Source: ONS (97).



## WORK AND UNEMPLOYMENT IN GREATER MANCHESTER AFTER THE PANDEMIC

As Greater Manchester's economic challenges deepen through 2021, it is important that those most at risk of being employed in poor quality work or of being unemployed are supported the most in order to protect their health as well as livelihoods. This includes younger people, those on low pay and insecure contracts and some workers from ethnic minority groups.

Quality of work is an increasing and pronounced health inequality issue and improving it must be at the centre of efforts to Build Back Fairer. Establishing and enforcing minimum standards for employment quality, particularly in low skills and low pay employment and among small businesses in Greater Manchester, is an important step forward for reducing health inequalities. In addition, actions such as giving workers the option of working four days week can be taken to improve health equity, reduce sickness and increase productivity (98) (99). The Greater Manchester Good Employment Charter, introduced in January 2020, aims to improve employment standards in the region (see Box 9). This charter offers important way forward for improving the quality of work in Greater Manchester but efforts to achieve improvements in the seven employment characteristics must be focussed on small and medium enterprises, low income jobs, and the gig economy as well as large employers.

# BOX 9. ACTIONS GREATER MANCHESTER IS TAKING ON EMPLOYMENT AND WORK QUALITY

One of the key aims of Greater Manchester's 2019 Local Industrial Strategy is to reduce inequalities. The Skills Action plan, part of the Strategy, aims to improve labour market opportunities for young people and adults by, for example, increasing the number of apprentices, improving career education and shifting adult education to meet employers' needs (100).

During the pandemic, Employ Greater Manchester was developed to support individuals to find employment and training, offered to furloughed workers in small and medium-sized enterprises, and it developed short retraining programmes for those at risk of redundancy (101).

Working Well supported more than 5,000 people during the pandemic to help people gain employment and a specialist programme was launched to support people with a learning disability, mental illness or physical disability into work (102).

The Greater Manchester Good Employment Charter, introduced in January 2020, aims to improve employment standards across Greater Manchester. Membership of the Charter requires employers to demonstrate a commitment to excellent practice in seven key employment characteristics: secure work; flexible work; real living wage; engagement and voice; recruitment; people management; and health and wellbeing (103).

The adult education budget was devolved to the GMCA in 2019/20. Greater Manchester is increasing support to the long-term unemployed to support them back into work through the Working Well programme and has piloted ways of addressing skills gaps linked to jobs (102).

In 2020 the Greater Manchester Levy Matchmaking Service created more than 270 new apprenticeship starts (102).

Greater Manchester's Economic Vision focusses on driving good employment "to tackle inequalities, embrace diversity and balance profit with people and sustainability" (88).

## **WORK AND UNEMPLOYMENT - RECOMMENDATIONS**

## 1. Improve the quality of work in Greater Manchester

- Fully implement the Greater Manchester Good Employment Charter and Local Industrial Strategy and monitor for inequalities, particularly the proportion of employers signing up to Charter offering lower paid jobs.
- · Provide incentives via the Good Employment Charter to reduce precarious and insecure work.
- Define and implement a Greater Manchester quality of work guarantee which extends commitments in the Good Employment Charter and is publicly available for each employer.
- Lead discussions about a four-day work week.

#### 2. Reduce unemployment and build skills

- Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates.
- Increase funding for adult education more in more deprived communities and link to job market demands. Offer training and support to older unemployed adults.
- Incentivise the private sector to participate in training and skills development and link this to the social value framework.



## 4F. PUBLIC HEALTH AND THE PANDEMIC

One of the impacts of the COVID-19 pandemic that may benefit future action on health inequalities has been the high profile of public health, with an increased awareness of the social determinants on health and a widespread recognition of the unequal impacts of COVID-19.

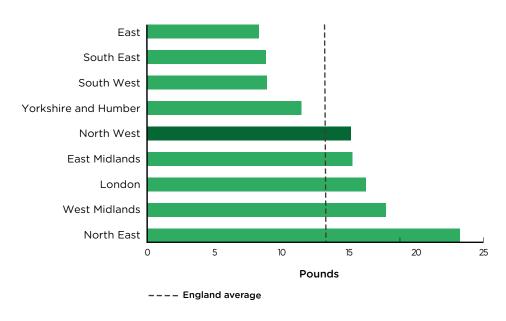
The heightened profile of public health and health inequalities through the pandemic provides an important opportunity to greatly extend action on the social determinants of health. The Association of Directors of Public Health, led by the Director of Public Health in Tameside, has stated that public health has three primary goals in the next few years in Greater Manchester: to tackle the health inequalities the pandemic has exposed and deepened; to develop greater understanding of the impact of the pandemic on the general population; and to learn from the pandemic to improve health protection and resilience against continuing threats and future disease outbreaks (104).

Public health and associated sectors urgently need to have their capacity strengthened, budgets increased and to be at the centre of political decisions and decisions about resource allocations in order to ensure that action is directed proportionately at those communities where health harm is highest. Local public health teams have the knowledge of local places and resources and have established partnerships with other sectors. These are essential requirements for taking action on the social determinants of health and reducing health inequalities.

## PUBLIC HEALTH IN GREATER MANCHESTER BEFORE THE PANDEMIC

In England, public health has experienced sustained cuts of 22 percent in real terms to its budget since 2015/16. The cuts have undermined action on health and health inequalities and will lead to worse health and higher inequality in health outcomes. The North West experienced cuts of approximately £15 per person in public health spending between 2014 and 2021. (Figure 16). The five English regions with the highest number of deaths per 100 people involving COVID-19 between March and July 2020 were also the five regions with higher cuts over this period (105).

Figure 16. Public health spending reduction in real terms (£/person), 2014-21, regions in England and England average



Source: MHCLG (2020) and PHE (2020) from IPPR (105).



#### **SMOKING**

There is a close link between smoking and inequality, and a North/South divide in England in smoking prevalence. Average figures for the City Region and for its local authorities mask local inequities in prevalence; high smoking rates persist in some areas of even the more affluent Greater Manchester boroughs like Trafford and Bury, where overall prevalence has fallen to 9.1 percent and 12.8 percent respectively.

'Making Smoking History', Greater Manchester's Tobacco Control Strategy, aims to reduce adult smoking prevalence by one-third by the end of 2020 and to 5 percent by 2035 (106). There has been a reduction of 52,000 smokers in Greater Manchester (or 18.4 percent) since the introduction of the strategy in late 2017 and the ambition appears to be on track. Smoking rates among people in 'routine and manual' jobs have reduced faster in Greater Manchester than in England as a whole and in other parts of the North, from 28.8 percent to 24.5 percent between 2012 and 2016, closing the gap with England (23.2 percent).

#### **OBESITY**

Prior to the pandemic, in 2014/15, 65 percent of adults and 28 percent of children in Greater Manchester were classified as overweight or obese, significantly higher than the UK average. In line with England, every clinical commissioning group (CCG) in Greater Manchester except for Bury showed a rising prevalence of obesity between 2018/19 and 2019/20. Thirty-one percent of the population in Greater Manchester are inactive compared with 27 percent in England (107).

## **ALCOHOL**

Greater Manchester's mortality rates from alcohol-specific conditions are among the highest in the country. In 2014/15 there were nearly 70,000 alcohol-related admissions to A&E departments in Greater Manchester, and in each local authority admissions per 100,000 were higher than the England average. Greater Manchester's Alcohol Strategy 2014–2017 addressed issues related to licensing, regulation and compliance as well as alcohol campaigns and awareness raising, with a particular focus on young people (107).

#### **MENTAL HEALTH**

In 2016, there were 3,981 people in Greater Manchester in contact with mental health services for every 100,000 of the population, nearly double the national figure of 2,176.

The Greater Manchester Mental Health Strategy has shifted the focus of care in the City Region to prevention, early intervention and resilience, and delivering a



sustainable mental health system. Since devolution in 2016, Greater Manchester has made important efforts to improve children and young people's access to mental health care, implementing the Mentally Healthy Schools Pilot - a package of support to 62 schools, supporting parent and infant mental health, and creating the Young People's Wellbeing Programme (107) (108).

## PUBLIC HEALTH IN GREATER MANCHESTER DURING THE PANDEMIC

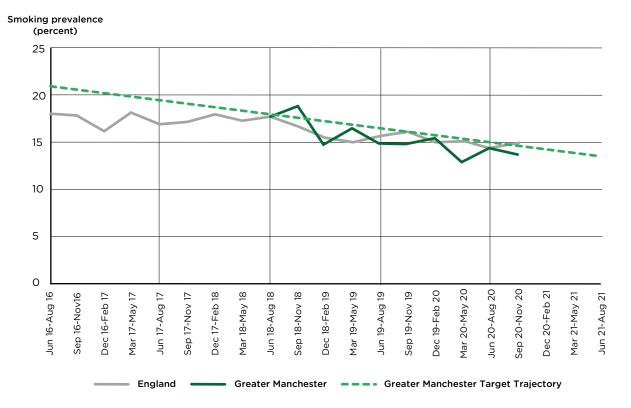
There have been some significant changes in behaviours during lockdown. In November 2020, the City Region population survey carried out for the GMCA found 37 percent of respondents stated they were eating more (while 11 percent were eating less), 25 percent were drinking more (17 percent were drinking less) and 27 percent were doing less exercise than before the pandemic and its lockdowns but 28 percent were doing more exercise (86).

## **SMOKING**

Overall smoking rates continued to decline in Greater Manchester through 2020 and the prevalence of smoking there was below the England average in September-November 2020 and had reached the target set for 2021 (Figure 17).



Figure 17. Smoking prevalence among adults aged 16 and over, Greater Manchester and England, 2016-2020



Source: Greater Manchester Health and Social Care Population Health Programme Board, October 2020 (109)

Greater Manchester's ambitions around reducing smoking in pregnancy progressed in spite of significant disruption during the pandemic.

## **OBESITY**

National data from the start of the pandemic show that a disproportionate number of people critically ill in intensive care units with COVID-19 were morbidly obese. Public Health England estimated having a body mass index (BMI) of 35 to 40 could increase a person's chances of dying from COVID-19 by 40 percent and a BMI greater than 40 could increase the risk by 90 percent (110).

There is no data available so far on levels of obesity in Greater Manchester through the pandemic. Across England, however, there is evidence that the COVID-19 containment measures impacted on people's weight-related behaviours, with increases in the likelihood of overeating and increasing alcohol consumption (111).

#### **ALCOHOL**

In the UK, the effect of the pandemic on alcohol consumption has been mixed. Around one in three surveyed adults (36 percent) increased their consumption of alcohol during the first lockdown and 45 percent stated they decreased consumption (112). There have been increases in the proportions of both higher risk drinkers and non-drinkers (113) and higher risk drinking has increased since the pandemic began. In February 2020 7.9 percent of those in manual occupations were higher risk drinkers; this rose to a high of 18.29 percent in September 2020 from which it declined to 13.59 percent by March 2021 (114).

Healthcare workers responsible for taking care of individuals with COVID-19 increased their weekly drinking on average by between 0.45 and 1.26 units (112).

## **MENTAL HEALTH**

Mental health deteriorated for all age groups during the pandemic, though the decline in mental health had started prior to the pandemic. Figure 18 shows the prevalence of depression across Greater Manchester's CCGs; six of the eight CCGs had levels of depression higher than the England average, and depression increased in line with the national trend for all 10 CCGs between 2014/5 and 2019/20.





Figure 18. Trend in the prevalence of depression in people aged 18-plus, Greater Manchester CCGs, 2014/15\*-2019/20



Notes: \*2014/15 - NHS Manchester comprised of NHS Central Manchester, NHS North Manchester and NHS South Manchester. All Greater Manchester's 10 local authorities are coterminous with their respective CCGs, with the exception of Tameside and Glossop, where Glossop is part of Derbyshire County Council and Tameside is part of Tameside Metropolitan Borough Council.

Source: QOF (115).

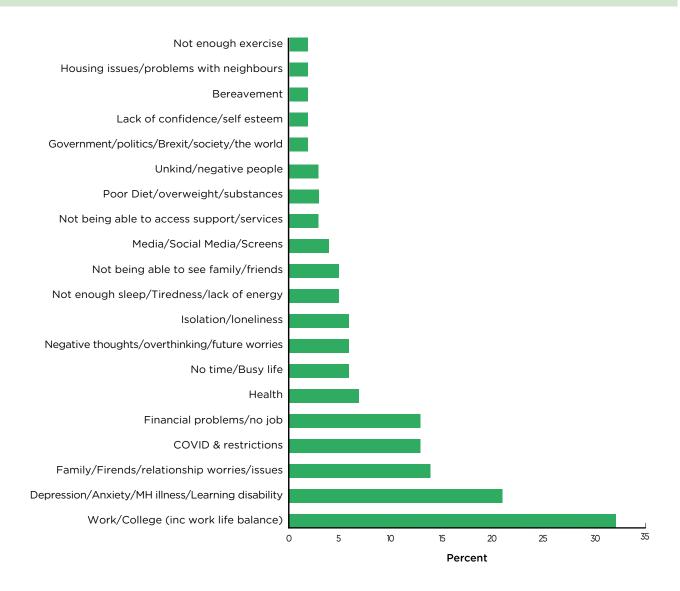
CONTENTS ( )

Over half, 52 percent, of those surveyed between August and November 2020 for the Greater Manchester Mental Wellbeing Survey, said they had 'very high' levels of anxiety (31). There were fairly rapid increases in the percentage of people in Greater Manchester with low levels of life satisfaction through the pandemic. By February 2021 22 percent of survey respondents in the City Region said they had low levels of life satisfaction. Higher levels of dissatisfaction were recorded among the unemployed and those on low incomes and, in

particular, those who have been out of work for at least six months and those out of work due to ill health, respondents with a disability and particularly those with a mental health illness (86).

In Greater Manchester during the pandemic in 2020, the survey of residents found 'work' and 'college' were the single biggest factors associated with poor mental wellbeing, followed by existing illnesses/disabilities, according to one survey (Figure 19).

Figure 19. Causes of poor wellbeing in people who live and/or work in Greater Manchester, August-November 2020



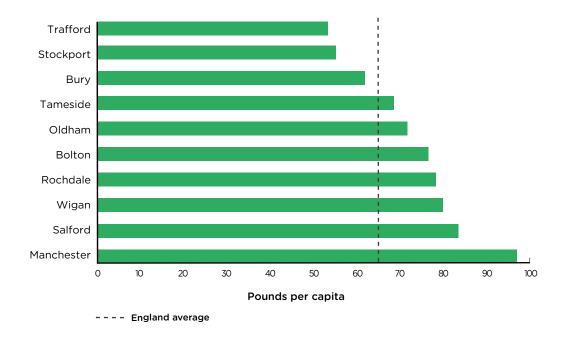
Source: Greater Manchester Mental Wellbeing Conversation Survey Aug-Nov 2020, of 3,986 people who live and/or work in Greater Manchester (30)

## PUBLIC HEALTH IN GREATER MANCHESTER AFTER THE PANDEMIC

Throughout the pandemic, in addition to providing leadership and guidance on reducing risks and infection from COVID-19, and running infection control and vaccination programmes, public health teams have continued to work on essential public health programmes, such as running stop smoking programmes and using licensing powers to restrict outdoor smoking in cafes and bars (see Box 10). The public health system needs a strengthened focus on the social determinants of health. Deteriorations in these determinants as a result of containment measures make this focus even more critical.

The Public Health funding allocations for 2021/22 were announced in March 2021 and within Greater Manchester, Manchester City received the highest allocation per head at £97 (Figure 20). The average for England is £64.87 per head. Every local authority in England received an increase of at least 0.67 percent in cash terms; this increase however does not compensate for the 24 percent decrease in real terms funding that has been experienced since 2015/16 (116) (117).

Figure 20. Public health local authority allocations (£/person), Greater Manchester, 2021-2022



Source: Department of Health and Social Care (118).



## **BOX 10. ACTIONS GREATER MANCHESTER IS TAKING ON PUBLIC HEALTH**

As part of the devolution agreement to take control of reforming health and social care, Greater Manchester developed its first Population Health Plan for 2017 and delivered a range of programmes to improve health outcomes across the City Region. The programmes supporting the Population Health Plan focussed on four areas: starting life well, living well, ageing well and reforming Greater Manchester's health and social care systems. Starting and developing well prioritises the early years and partners with schools, further education and higher education establishments and the community and voluntary sector to address the health and wellbeing of children and young people. Living well is an evidencebased model that includes specific models of primary care for deprived communities, adopting a proportionate universalist approach to improve population health. Ageing well aims to create and sustain age-friendly neighbourhoods in Greater Manchester, to reduce social isolation and loneliness and increase the number of 50-64 years olds in employment (32).

The Population Health Plan has introduced ill health prevention place-based services and sees health inequalities as an issue across a wide range of organisations, including the police, social care, local authorities, health, housing, fire services and the voluntary sector.

In January 2020, prior to the COVID-19 pandemic, the population health ambitions were refreshed and a model for a unified approach was created with four priorities to address in the next phase: wider determinants of health; behaviour and lifestyles; public service reform and place-based and person-centred approaches.

#### Mental health

Greater Manchester offers: the Mentally Healthy Schools programme; university mental health service; parent-infant/perinatal services; early intervention in psychosis; children and young people eating disorder services; Thrive and i-thrive models; crisis care redesign (ongoing) and rapid mobilisation of crisis care helplines during the COVID-19 pandemic; digital delivery of mental health services during the pandemic; mental health support aimed at minority ethnic communities through VCSE organisations during the pandemic; and specialist children and mental health services, with access improved by over 35 percent and above national targets.

In May 2020 the Greater Manchester Health and Social Care Partnership initiated the Mental Wellbeing Grants Programme for micro/small and medium-sized grants to local voluntary community groups and social enterprises in the City Region. Between May and December more than £149,000 was awarded to 85 projects. A preventive mental wellbeing training programme called Connect 5 training continued to be offered during the lockdowns to NHS and social care staff and was offered to other frontline workers. In September and October 2020 the Greater Manchester Health and Social Care Partnership and the Independent Mental Health Network held a Big Mental Wellbeing conversation to better understand the population's experiences of the pandemic and their needs going forward, surveying over 4,000 people (119) (120) (121).

Social prescribing schemes have expanded during the pandemic and 75 percent of referrals are for mental health support (122).

Partners in Greater Manchester have also published the Greater Manchester Mental Health Toolkit for Employers to help business, public sector and VCSE organisations to support the mental health and wellbeing of their employees (123).

## **PUBLIC HEALTH - RECOMMENDATIONS**

#### 1. Allocate public health resources proportionately, with a focus on the social determinants

- · Advocate for real terms percentage increase in the regional budget for public health.
- Strengthen the public health focus on the social determinants of health.
- · Public health to provide a key leadership role post-COVID-19 in plans to Build Back Fairer.
- Continue to support Greater Manchester's integrated health and care system to be a true population health system, working in partnership with the 10 local authorities and the GMCA.
- Develop equity targets for local authorities and the City Region, with clear lines of accountability to reflect priorities for reducing health inequalities and inequalities in the social determinants in the longer term.

#### 2. Prioritise inequalities in mental health

- Increase mental health provision in workplaces.
- Continue and expand existing programmes which focus on preventing mental health problems, and strengthen monitoring and evaluation for equity.
- Work with planners to develop mentally health high street and access to good quality green space within 15–20 minute walk for all in Greater Manchester, including specific actions to: reduce noise and air pollution, improve community safety and reduce anti-social behaviour.

#### 3. Give prevention interventions time to succeed

- Invest for the long term, measure success over five and 10 years, and improve sharing of best practice between local authorities in Greater Manchester.
- Identify and embed learning from the COVID-19 pandemic, including the value of place-based services and other 'bottom-up' approaches.
- Place prevention and taking action on the social determinants at the centre of integrated care system in Greater Manchester.



# CHAPTER 5 MARMOT BEACON INDICATORS

We propose that, for the five areas in the framework (Figure 1) for which indicators are needed, the availability of suitably frequent, disaggregated data is explored for the potential indicators listed below, so that these can be used to inform a biannual assessment of health equity in Greater Manchester. It will be for Greater Manchester to develop an information strategy to progressively populate a set of Marmot Beacon Indicators that are sufficiently timely and granular and are of a quality that is fit for biannual monitoring.

The proposed indicators underpin the Build Back Fairer framework and cover the areas and recommendations outlined in the report and are considered critical in driving down health inequalities and in delivering on the potential to Build Back Fairer.

Greater Manchester system partners will take forward the following candidate Marmot Beacon Indicators. The main report sets out the reasoning behind the selection of these indicators and the datasets to support each indicator.

## MARMOT BEACON INDICATORS Indicator 1: School readiness Early years, Indicator 2: Low wellbeing in secondary school children (#Beewell) children and **Indicator 3: Pupil absences** young people Indicator 4: Educational attainment by FSM eligibility Indicator 5: NEETs at ages 18 to 24 Indicator 6: Unemployment rate Work and employment Indicator 7: Low earning key workers Indicator 8: Proportion of employed in non-permanent employment Indicator 9: Children in low income households Income poverty and Indicator 10: Proportion of households with low income debt Indicator 11: Debt data from Citizens Advice Indicator 12: Ratio of house price to earnings Housing, Indicator 13: Households/persons/children in temporary accommodation transport and the Indicator 14: Average public transport payments per mile travelled environment Indicator 15: Air quality breaches Indicator 16: Feelings of safety in local area **Communities** Indicator 17: People with different backgrounds get on well together and place Indicator 18: Antisocial behaviour Indicator 19: Low self-reported health Indicator 20: Low wellbeing in adults **Public health** Indicator 21: Numbers on NHS waiting list for 18 weeks Indicator 22: Emergency readmissions for ambulatory sensitive conditions Indicator 23: Adults/children obese Indicator 24: Smoking prevalence

# REFERENCES



- Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. London: IHE and The Health Foundation, 2020.
- Marmot M, Allen J, Goldblatt P, Herd E, Morrison J. Build Back Fairer. London: Institute of Health Equity, 2020.
- CLES. The application of social value in health and care across Greater Manchester. CLES, 2019.
- Allen J, Allen M. Local Action on Health Inequalities: Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health. Institute of Health Equity, 2015.
- Hirsch D. A Minimum Income Standard for the United Kingdom in 2019. Joseph Rowntree Foundation, 2019. Available from: https:// www.jrf.org.uk/report/minimum-income-standard-uk-2019.
- The Health Foundation. Health Anchors Learning Network. The Health Foundation, 2021. Available from: https://www.health.org. uk/funding-and-partnerships/our-partnerships/health-anchors-learning-network.
- 7. Great Manchester Combined Authority. The Greater Manchester Social Value Framework 2020. GMCA, 2021. Available from: https://greatermanchester-ca.gov.uk/what-we-do/economy/social-value-can-make-greater-manchester-a-better-place/.
- Great Manchester Combined Authority. Strategic Housing Market Assessment. GMCA, 2019. Available from: https://www.greatermanchester-ca.gov.uk/media/1733/gm-shma-jan-19.pdf.
- ONS. Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2019. ONS, 2020. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/ populationandmigration/populationestimates/bulletins/ annualmidyearpopulationestimates/mid2019estimates.
- Lord S. Greater Manchester's Night time economy COVID-19 recovery blueprint. Greater Manchester Combined Authority, 2020. Available from: https://drive.google.com/file/ d/1b7PAr3N1Ajhs\_-u4nwoONPyOLDb6xqS3/view.
- ONS. Life expectancy estimates by sex, age and area, 2017-19. ONS, 2020. Available at: https:// www.ons.gov.uk/peoplepopulationandcommunity/ healthandsocialcare/healthandlifeexpectancies/datasets/ lifeexpectancyestimatesallagesuk.
- Greenwood N, Holley J, Ellmers T, Mein G, Cloud G. Qualitative focus group study investigating experiences of accessing and engaging with social care services: perspectives of carers from diverse ethnic groups caring for stroke survivor. . BMJ Open. 2016; 6(1).
- Harries N, Harris S, Hall NA, Cotterell N. Older BAME people's experiences of health and social care in Greater Manchester. Newcastle University and The University of Manchester, 2019.
- 14. ONS. Deaths due to COVID-19 by local area and deprivation. Data for March 2020 - February 2021. ONS, 2021. . Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation.
- ONS. Deaths due to COVID-19 by local area and deprivation.
   Data for March 2020 March 2021. ONS, 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation.
- Public Health England. . Wider Impacts of COVID-19 on Health (WICH) monitoring tool. [Online] [Cited: 1 April 2021.] https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/.

- McLenna D, Noble S, Noble M et al. The English Indices of Deprivation 2019. Ministry of Housing, Communities and Local Government, 2019. Available from:. https://assets.publishing. service.gov.uk/government/uploads/system/uploads/attachment\_data/file/833951/IoD2019\_Technical\_Report.pdf.
- ONS. Deaths due to COVID-19 by local area and deprivation, deaths registered between March 2020 and January 2021. ONS, 2021. Available from: https://www.ons.gov.uk/ peoplepopulationandcommunity/birthsdeathsandmarriages/ deaths/datasets/deathsduetocovid19bylocalareaanddeprivation
- ONS. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020. ONS, 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/ healthandsocialcare/causesofdeath/bulletins/ coronaviruscovid19relateddeathsbyoccupationenglandandwales/ deathsregisteredbetween9marchand28december2020.
- ONS. Annual population survey. ONS, 2020. Available from: https://www.nomisweb.co.uk/.
- ECDC. Vaccine hesitancy. ECDC, 2021. Available from: https://www. ecdc.europa.eu/en/immunisation-vaccines/vaccine-hesitancy
- 22. ONS. Coronavirus (COVID-19) latest insights. ONS, 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19/latestinsights#vaccinations.
- Boyce T, Gudorf A, de Kat C et al. Towards equity in immunisation. Euro Surviell. 2019; 24(2):1800204.
- 24. Abbit B, Gallagher P. 'Clear divisions' how vaccine uptake has varied between the richest and poorest areas of Greater Manchester. Manchester Evening News. 4 March 2021. Available from: https://www.manchestereveningnews.co.uk/news/ greater-manchester-news/vaccine-uptake-greater-manchestercoronavirus-19969488.
- Manchester City Council. Agenda item: COVID Health Equity Manchester. Manchester City Council, 2021. Available from: https://democracy.manchester.gov.uk/mgAi.aspx?ID=7264.
- Greater Manchester Combined Authority (2021) Community
   Hubs across Greater Manchester. Available from: https://www.
   greatermanchester-ca.gov.uk/coronavirus/support-for-residents and-vulnerable-people/
- Ministry of Housing, Communities and Local Government. The English Indices of Deprivation 2015. MHCLG, 2015. Available from: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015.
- 28. Manchester City Council. Indices of Deprivation 2019, 2019. Available from: https://secure.manchester.gov.uk/downloads/download/414/research\_and\_intelligence\_population\_publications\_deprivation
- Centre for Cities. Cities Outlook 2019: a decade of austerity.
   Centre for Cities, 2019. Available from: https://www.centreforcities.org/publication/cities-outlook-2019/.
- Greater Manchester Police: Police and Community Safety Survey, Wave 6. Greater Manchester Police, 2020.
- Greater Manchester Health and Social Care Partnership. Greater Manchester Big Mental Wellbeing Conversation. GMCA, 2020.
- 32. Greater Manchester Combined Authority. Our People Our Place The Greater Manchester Strategy. GMCA, 2018. Available from: https://www.greatermanchester-ca.gov.uk/ourpeopleourplace#:-:text=The%20plan%20explains%20our%20 ambitions,skills%2C%20training%20and%20economic%20growth.
- 33. Public Health England. Health matters: air pollution. PHE, 2018. Available from: https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution.



- 34. Munro A, Boyce T, Marmot M et al. Sustainable Health Equity: Achieving a Net-Zero UK. Institute of Health Equity, 2020.
- Ministry of Housing, Communities & Local Government. English Housing Survey data on tenure trends and cross tenure analysis. MHCLG, 2020. Available from: https://www.gov.uk/government/ statistical-data-sets/tenure-trends-and-cross-tenure-analysis.
- Greater Manchester Combined Authority. A Greater Manchester Vision for Housing. GMCA, 2019. Available from: https://www. greatermanchester-ca.gov.uk/what-we-do/housing/greater-manchester-housing-strategy/greater-manchester-housing-vision/.
- 37. ONS. Admin-based levels of overcrowding (using the bedroom standard and Valuation Office Agency number of bedrooms), feasibility research: England and Wales. ONS, 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/adminbasedlevelsofovercrowdingusingthebedroomstandardand valuationofficeagencynumberofbedroomsfeasibilityresearch englandandwales/january2021.
- English Housing Survey. Overcrowded households. Ministry of Housing, Communities & Local Government, 2020. Available from: https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest.
- New Economy. Mapping the private rented sector for young professionals and mid incomes families in Greater Manchester. GMCA, 2015. Available from: https://www.greatermanchester-ca. gov.uk/what-we-do/research/research-housing/.
- Shelter. Transforming the Private Rented Sector, Greater Manchester. Shelter, 2018. Available from: https://assets.ctfassets. net/6sxvmndnpn0s/4JtoNKtVeZo5ve3zBoGTC5/ 6a007a56107e06ffce1986d88178e372/Fair\_Housing\_Futures\_ Partnership\_Board\_Final\_Report\_2018.
- 41. Ministry of Housing, Communities & Local Government. Local Authority Housing Statistics Data Return in Housing Pack. MHCLG, 2021. Available from: https://www.gov.uk/government/statistical-data-sets/local-authority-housing-statistics-data-returns-for-2019-to-2020.
- 42. Timan J 'Unprecedented demand' for council housing with hundreds of bids on some homes (2021). Manchester Evening News. 29 January.
- 43. Greater Manchester Combined Authority. Housing. With Appendices. GMCA, 2019.
- Shelter. Shelter Briefing: Social Housing in Manchester. Shelter, 2019. Available from: https://england.shelter.org.uk/professional\_ resources/policy\_and\_research/policy\_library/briefing\_social\_ housing\_in\_manchester.
- Great Manchester Combined Authority. Greater Manchester Housing Strategy 2019-2024. GMCA, 2019. Available from: https://www.greatermanchester-ca.gov.uk/media/2257/gm-housing-strategy-2019-2024.pdf.
- Department for Transport. Light Rail and Tram Statistics, England: 2019/20. DfT, 2020. Available from: https://assets.publishing. service.gov.uk/government/uploads/system/uploads/attachment\_data/file/951076/light-rail-and-tram-statistics-england-march-2020.pdf.
- 47. Transport for Greater Manchester. Greater Manchester Transport Strategy 2040. TfGM, 2019. Available from: https://assets.ctfassets.net/nv7y93idf4jq/2GBbEBM4hm68q9qqvdal1T/97f7b3d51ef9b312b756cd15bd0b008c/190128\_Delivery\_Plan\_2020-2025\_Draft\_MASTER\_final.pdf.
- 48. Greater Manchester Tableau. Priority Five. GMCA, 2021. Available from: https://www.gmtableau.nhs.uk/t/GMCA/views/GMSPriorityFive\_16064760644040/GMSPriorityFive?:origin=card\_share\_link&:embed=y&:isGuestRedirectFromVizportal=y.

- Allen J, Balfour R. Natural solutions for tackling health inequalities. Institute of Health Equity, 2014.
- 50. Drayson K. Green Society: Policies to improve the UK's urban green spaces. Policy Exchange, 2014.
- 51. Judge L. Getting ahead on falling behind: Tackling the UK's building arrears crisis. The Resolution Foundation, 2021.

  Available from: https://www.resolutionfoundation.org/app/uploads/2021/02/Getting-ahead-on-falling-behind.pdf?utm\_source=HOC+Library+-+Current+awareness+bulletins&utm\_campaign=e128bbda8b-Current\_Awareness\_Social\_Policy\_I\_16-02-2021&utm\_medium=email&utm\_term=0\_f325cdbfdc-e.
- 52. Baxter D, Casey R, Earwaker R. Briefing: Struggling renters need a lifeline this winter. Joseph Rowntree Foundation, 2020.
- 53. ONS. Home Economy Inflation and price indices Index of Private Housing Rental Prices, UK: March 2021. ONS, 2021. Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/indexofprivatehousingrentalprices/march2021.
- Great Manchester Combined Authority. GM Good Landlord Scheme. GMCA, 2021. Available from: https://democracy. greatermanchester-ca.gov.uk/documents/s13862/GMCA%20 Good%20Landlord%20Scheme%20Report%20Template%20 March%202021.pdf.
- 55. Greater Manchester Combined Authority Behavioural Insights: Greater Manchester Transport Usage by Mode (Weekly). GMCS, 2021. Available from: https://www.gmtableau.nhs.uk/t/GMCA/views/GMEconomicResilienceDashboard/BehaviouralInsights/jack.james@greatermanchester-ca.gov.uk/b7906092-2ef4-46a2-837e-6c00e7ef6284?%3Adisplay\_count=n&%3AshowVizHome=n&%3Aorigin=viz\_share\_link&%3AisGuestRedirectFromVizp
- 56. UK Air. DAQI regional data. UK Air, 2021. ND. Available from: https://uk-air.defra.gov.uk/data/DAQI-regional-data.
- Centre for Cities. High Streets Recovery Tracker. Centre for Cities, 2021. Available from: https://www.centreforcities.org/data/highstreets-recovery-tracker/.
- Gibson D. Manchester City Council call for extra funding for green spaces. Public Sector Executive, 2020. Available from: https:// www.publicsectorexecutive.com/articles/manchester-city-councilcall-extra-funding-green-spaces.
- 59. Burnett H, Olsen JR, Nicholls et al. Change in time spent visiting and experiences of green space following restrictions on movement during the COVID-19 pandemic: a nationally representative cross-sectional study of UK adults. BMJ Open. 2021; 11:e044067.
- 60. Homeless Link. Rough sleeping. Homeless Link, 2021. Available from: https://www.homeless.org.uk/facts/homelessness-in-numbers/rough-sleeping/rough-sleeping-explore-data.
- 61. Great Manchester Combined Authority (2019) A Bed Every Night, Greater Manchester's rough sleeping strategy, secures significant NHS funding. GMCA, 2019. Available from:. https://www.greatermanchester-ca.gov.uk/news/a-bed-every-night-greatermanchester-s-rough-sleeping-strategy-secures-significant-nhs-funding/.
- 62. Let Us. 2021. Available from: https://www.letusgm.com.
- 63. Great Manchester Combined Authority. New partnership will support better homes, better neighbourhoods and better health. GMCA, 2021. Available from:. https://www.greatermanchester-ca.gov.uk/news/new-partnership-will-support-better-homes-better-neighbourhoods-and-better-health/.
- 64. Clean Air Greater Manchester. Clean Air Plans. 2021. Available from: https://cleanairgm.com/clean-air-plans.



- Transport for Greater Manchester. Delivering the UK's largest cycling and walking network. TfGM, 2021. Available from: https://activetravel.tfgm.com/bee-network-vision/.
- Greater Manchester Health and Social Care Partnership. Green manifesto for a more active Greater Manchester. GMHSCP, 2020. Available from: https://www.gmhsc.org.uk/news/active-travel-manifesto/.
- 67. Institute of Health Equity. Health equity in Greater Manchester: The Marmot Review 2020. IHE, 2020. Available from: http://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020.
- 68. Department for Education. Key stage 4 performance, Academic Year 2019/20. DfE, 2020. Available from: https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-performance-revised/2019-20.
- NHS Digital. Mental Health of Children and Young. NHS Digital, 2020. Available from: https://files.digital.nhs.uk/AF/AECD6B/ mhcyp\_2020\_rep\_v2.pdf.
- 70. Greater Manchester Combined Authority. Year Ten Life readiness survey. Greater Manchester Combined Authority, 2019.
- 71. Greater Manchester Health and Social Care Partnership. Mentally Healthy Schools Pilot. GMHSCP, 2018.
- Jeffreys B. Lockdowns hurt child speech and language skills report. BBC News. 27 April 2021. Available from: https://www.bbc. co.uk/news/education-56889035.
- Greater Manchester Independent Inequalities Commission. The Next Level: Good Lives for all in Greater Manchester. GMIIC, 2021. Available from: https://www.greatermanchester-ca.gov.uk/media/4337/gmca\_independent-inequalities-commission\_v15.pdf.
- NHS Digital. Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. NHS Digital, 2020. Available from: http://digital.nhs.uk/pubs/ mhcypsurvey2020w1.
- 75. Trafford Clinical Commissioning Group, Trafford Council. Trafford's Local Transformation Plan for Children & Young People's Mental Health & Wellbeing 2015-2021. Trafford CCG, 2019.
- Great Manchester Combined Authority. Changing the future together: The Young Person's Guarantee. GMCA, 2020. Available from: https://www.greatermanchester-ca.gov.uk/media/3980/ ypg-summary-report.pdf.
- D'Arcy C, Gardiner L, Rahman F. Low Pay. Greater Manchester Independent Prosperity Review and Resolution Foundation, 2019.
- Edmiston D, Thakkar S. Running on empty: COVID-19, deep poverty and BAME children. Child Poverty Action Group, 2020. Available from:. https://cpag.org.uk/sites/default/files/files/ policypost/CPAG-Poverty168-Running-on-empty-COVID-19-deeppoverty-and-BAME-children-Mar-2021\_0.pdf.
- Greater Manchester Poverty Monitor. Child Poverty. GMPA, 2021.
   Available at: https://www.gmpovertyaction.org/poverty-monitor-child-poverty/.
- Greater Manchester Poverty Action. Supporting fuel poor households in GM. GMPA, 2021. Available from: https://www. gmpovertyaction.org/guest/supporting-fuel-poor-households/.
- 81. Community Action On Fuel Poverty. CAP in Greater Manchester. CAFP, Available from: https://fuelpovertyresource.org.uk/cap/around-the-uk/greater-manchester/.
- 82. Brewer M, Corlett A, Handscomb K, Tomlinson D. The Living Standards Outlook 2021. Resolution Foundation, 2021. Available from: https://www.resolutionfoundation.org/app/uploads/2021/01/Living-standards-outlook-2021.pdf.

- 83. Benett S. Next phase of support must help places at risk of being pulled under. Joseph Rowntree Foundation 2021. Available at:. https://www.jrf.org.uk/blog/next-phase-support-must-help-places-risk-being-pulled-under.
- 84. Summers K, Scullion L, Baumberg B et al. Claimants' experiences of the social security system during the first wave of COVID-19. UKRI ESRC, 2021. Available from: https://www.distantwelfare. co.uk/winter-report.
- 85. ONS (2021) Claimant Count By Sex Time Series. Greater Manchester. Available from: https://www.nomisweb.co.uk/reports/lmp/lep/1925185547/subreports/cc\_time\_series/report.aspx?
- BMG (2021) Safely Managing Covid 19: Greater Manchester Population Survey. GMCA.
- The Trussel Trust. End of Year Stats. 2021. Available from: https:// www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/.
- 88. Greater Manchester Local Economic Partnership. Building a Greater Manchester, making a greater Britain. GMCA, 2021. Available from: http://gmlep.com/wp-content/uploads/2020/11/GM-LEP-Economic-Vision.pdf.
- 89. Greater Manchester Combined Authority. Mayor of Greater Manchester, Andy Burnham, targets Living Wage City-Region status. GMCA, 2020. Available from: https://www.greatermanchester-ca.gov.uk/news/mayor-of-greater-manchester-andy-burnham-targets-living-wage-city-region-status/.
- Living Wage Foundation. Accredited Living Wage Employers.
   2021. Available from: https://www.livingwage.org.uk/accredited-living-wage-employers.
- Greater Manchester Combined Authority. Greater Manchester becomes first city-region to support 'Right to Food' campaign. GMCA, 2021. Available from: https://www.greatermanchester-ca. gov.uk/news/greater-manchester-becomes-first-city-region-to-support-right-to-food-campaign/.
- 92. Greater Manchester Poverty Action. Maps of support services. GMPA, 2020. Available from: https://www.gmpovertyaction.org/maps/.
- Groundwork. Energyworks Green Doctors in Greater Manchester. Groundwork, 2021. Available from: https://www.groundwork. org.uk/hubs/greatermanchester/energyworks-green-doctors-in-greater-manchester/.
- 94. ONS. Economically Active Time Series. ONS, 2021. Available from: https://www.nomisweb.co.uk/reports/Imp/lep/1925185547/subreports/ea\_time\_series/report.aspx?
- 95. Annual Population Survey, Jobcentre Plus administrative system, BRES in: ONS. LI01 Regional labour market: Local indicators for counties, local and unitary authorities: October 2019 to September 2020. ONS, 2021. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/locallabourmarketindicatorsforcountieslocalandunitary authoritiesli01/current.
- 96. ONS. Personal and economic well-being in Great Britain: January 2021. ONS, 2021. Available from: https://www.ons. gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/ personalandeconomicwellbeingintheuk/january2021#work-and-income.
- 97. ONS. CC01 Regional labour market: Claimant Count by unitary and local authority (experimental). ONS, 2021. Available from:. https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/claimantcountbyunitaryandlocalauthorityexperimental.
- Kamerāde D, Wang S, Burchell B et al. A shorter working week for everyone: How much paid work is needed for mental health and well-being? Social Science & Medicine. 2019; 241:1123-53.



- 99. Henley Business School Four Better or Four Worse? University of Reading, 2019.. Available from:. https://assets.henley. ac.uk/defaultUploads/Journalists Regatta-2019-White-Paper-FINAL.pdf?mtime=20190703085807&\_ga= 2.22543419.1616315480.1589550477-1578918888.1589550477.
- 100. Great Manchester Combined Authority. Industrial Strategy Greater Manchester Local Industrial Strategy. GMCA, 2019. Available from: https://www.greatermanchester-ca.gov.uk/media/2132/gm-local-industrial-strategy-web.pdf.
- Greater Manchester Combined Authority and The Growth Company. Employ GM. GMCA, 2021. Available from: https://employgm.org/.
- 102. Great Manchester Combined Authority. Local Skills Report and Labour Market Plan. GMCA, 2021. Available from: https:// greatermanchester-ca.gov.uk/media/4348/greater-manchester-local-skills-report-and-labour-market-plan-march-2021.pdf.
- 103. Greater Manchester Combined Authority. Greater Manchester Good Employment Charter. GMCA, 2021. Available at: https:// www.gmgoodemploymentcharter.co.uk/.
- 104. Local Government Association. Public health annual report 2021: rising to the challenges of COVID-19. LGA, 2021. Available from: https://www.local.gov.uk/public-health-annual-report-2021-rising-challenges-covid-19#legacies-and-learning.
- 105. IPPR. Revealed: Midlands and the North endure biggest public health cuts in England. IPPR 2020. Available from: https://www. ippr.org/news-and-media/press-releases/revealed-midlands-and-the-north-endure-biggest-public-health-cuts-in-england.
- 106. Greater Manchester Health and Social Care Partnership. Making Smoking History: A Tobacco Free Greater Manchester. GMHSCP, 2017. Available from: http://www.gmhsc.org.uk/wp-content/ uploads/2018/04/Tobacco-Free-Greater-Manchester-Strategy.pdf.
- Greater Manchester Health and Social Care Partnership. The Greater Manchester Population Health Plan 2017 - 2021. GMHSCP, 2017.
- 108. Greater Manchester Health and Social Care Partnership. Taking Charge: The Next 5 Years. OUR PROSPECTUS. GMHSCP, ND. Available from: https://www.gmhsc.org.uk/wp-content/ uploads/2019/03/GMHSC-Partnership-Summary-Prospectus-.pdf.
- Greater Manchester Health and Social Care Population Health Programme Board. Smoking statistics. GMHSCP, 2020.
- Public Health England. Excess weight and COVID-19. PHE,
   2020. Available from: https://assets.publishing.service.gov.
   uk/government/uploads/system/uploads/attachment\_data/file/903770/PHE\_insight\_Excess\_weight\_and\_COVID-19.pdf.
- Robinson E, Boyland E, Chisholm A, Harrold J, Maloney N, Marty L, Mead B, Noonan R, Hardman C. Obesity, eating behaviour and physical activity during COVID-19 lockdown. Appetite. 2020; 156: 104853.
- 112. Sallie SN, Ritou V, Bowden-Jones H, Voon N. Assessing International Alcohol Consumption Patterns During Isolation from the COVID-19 Pandemic Using an Online Survey: Highlighting Negative Emotionality Mechanisms. BMJ Open. 2020; 10:e044276.
- Institute of Alcohol Studies. Alcohol consumption during the COVID-19 pandemic. IAS, 2020. Available from: https://www.ias. org.uk/wp-content/uploads/2020/10/sb29102020.pdf.
- Alcohol Consumption in England. Alcohol in England, 2021.
   Available from: http://www.alcoholinengland.info/.
- 115. NHS Digital. Quality and Outcomes Framework, Achievement, prevalence and exceptions data 2018-19. s.l.: Available from: https://digital.nhs.uk/news-and-events/news/actual-qof-2019, 2019.

- Local Government Association. Public health grants to local authorities 2021/22. LGA, 2021. Available from: https://www.local. gov.uk/parliament/briefings-and-responses/public-health-grants-local-authorities-202122.
- 117. Finch D. Public health grant allocations represent a 24% (£1bn) real terms cut compared to 2015/16. The Health Foundation, 2021. Available from: https://www.health.org.uk/news-and-comment/news/public-health-grant-allocations-represent-a-24-percent-1bn-cut.
- 118. Department of Health and Social Care. Public health grants to local authorities: 2021 to 2022. DHSC, 2021. Available from: https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2021-to-2022.
- 119. Greater Manchester Health and Social Care Partnership. It's time to talk about wellbeing. GMHSCP, 2020. Available from: https:// www.gmhsc.org.uk/news/its-time-to-talk-about-wellbeing-jointhe-greater-manchester-conversation/.
- 120. Greater Manchester Combined Authority and NHS in Greater Manchester. Wellbeing and mental health during COVID-19. GMCA, 2020. Available from:. https://www.every-life-matters.org.uk/ wp-content/uploads/2020/04/ELM006-COVID-19-public-info-a5booklet-AW-online-1.pdf.
- 121. Greater Manchester Health and Social Care Partnership. Transforming the health of our population in Greater Manchester. GMHSCP, 2019-20. Available from: https://www.gmhsc.org.uk/wp-content/uploads/2019/08/GMHSCP-Population-Health-Plan-FINAL.pdf.
- 122. Greater Manchester Health and Social Care Partnership. Social prescribing set to grow. GMHSCP, 2021. Available from: https:// www.gmhsc.org.uk/news/green-social-prescribing-fundingawarded-greater-manchester/.
- 123. Greater Manchester Health and Social Care Partnership. Mental health toolkit for employers. GMCA, 2020. Available from: https:// www.gmhsc.org.uk/wp-content/uploads/2021/04/gm-mentalhealth-toolkit-final.pdf.





## **BRIEFING NOTE**

## BUILD BACK FAIRER IN GREATER MANCHESTER: HEALTH EQUITY AND DIGNIFIED LIVES

#### UCL INSTITUTE OF HEALTH EQUITY REPORT.

A new report *Build Back Fairer in Greater Manchester* from Michael Marmot's UCL Institute of Health Equity provides recommendations for Greater Manchester to Build Back Fairer from the COVID-19 pandemic. These recommendations are also highly relevant to the rest of England.

The recommendations made in the report are based on assessments of health inequalities in Greater Manchester, including COVID-19 mortality and also inequalities in the social and economic arrangements which drive health outcomes. The relevant social determinants of health include:

- Communities and places
- Housing, transport and the environment
- The early years, education and young people
- Income, poverty and debt
- Work and unemployment
- Public health

In each of these areas the report overviews inequalities prior to the pandemic, during the pandemic and the likely impacts of the pandemic on inequalities in the future. It is clear that while there are many effective programmes and approaches in place in Greater Manchester, the previous ten years of austerity had damaged health and health inequalities and the COVID-19 pandemic has amplified this damage. There now needs to be additional urgent and more widescale action in order to Build Back Fairer in the aftermath of the pandemic. The recommendations for action are listed at the end of this briefing note.

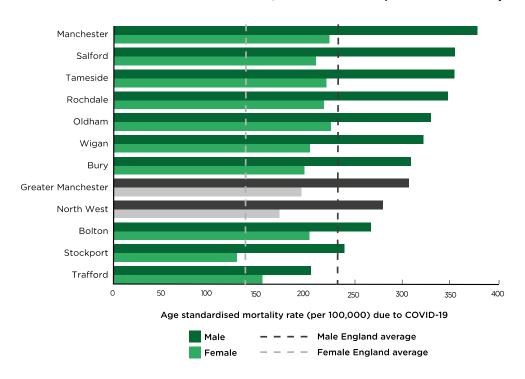
'Build Back Better' has become the mantra. Important, but we need to Build Back Fairer. The levels of social, environmental and economic inequality in society are damaging health and wellbeing. As the UK emerges from the COVID-19 pandemic it would be a tragic mistake to attempt to re-establish the status quo that existed before — a status quo marked in England, over the past decade, by a stagnation of health improvement that was the second worst in Europe, and by widening health inequalities. That stagnation, those social and regional health inequalities, the deterioration in health for the most deprived people, are markers of a society that is not functioning to meet the needs of its members. There is an urgent need to do things differently, to build a society based on the principles of social justice; to reduce inequalities of income and wealth; to build a wellbeing economy that puts achievement of health and wellbeing, rather than narrow economic goals, at the heart of government strategy; to build a society that responds to the climate crisis at the same time as achieving greater health equity.

Build Back Fairer in England, 2020

## COVID 19 MORTALITY IN GREATER MANCHESTER

Analysis in the report shows that rates of mortality from COVID-19 in Greater Manchester are 25 percent higher than in England as a whole. Greater Manchester has also experienced highly unequal mortality rates: the COVID-19 mortality ratio in the most deprived decile was 2.3 times greater than in the least deprived decile between March 2020 and January 2021. These socioeconomic inequalities in mortality from COVID-19 are wider than in the rest of England.

Figure 1. Age standardised COVID-19 mortality per 100,000 for England, the North West, Greater Manchester and its local authorities, 13 month total (March 2020 to April 2021)

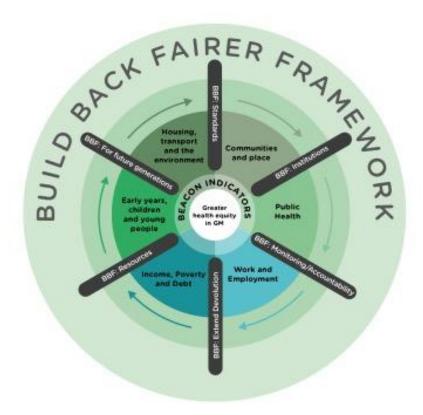


Note: Deaths 'due to COVID-19' only include deaths where COVID-19 was the underlying (main) cause.

Source: ONS. Age-standardised rates from COVID-19, People, Local Authorities and Regions in England and Wales, deaths registered between March 2020 and March 2021 (15).

Central to the recommendations to Build Back Fairer in Greater Manchester is the Framework (Figure 2), which outlines priority areas for action and highlights the role of specific stakeholders.

Figure 2: Framework for Building Back Fairer in Greater Manchester



Central to the approach is a stronger role for business in contributing to societal goals beyond economic prosperity, these include reducing health inequalities and inequalities in the social determinants of health. These roles can be developed through businesses as good employers, having a positive impact on local communities through 'equitable' supply chains and using investments and assets, as well as products and services to develop beneficial social and health outcomes. Public sector organisations also have great potential to extend their positive impacts beyond the services they provide.

Young people have suffered greatly through the pandemic in relation to mental health, and prospects for their future. The Build Back Fairer approach prioritises future generations, particularly an ambition that no young person is without employment, education or training after they leave school. Additional support for mental health in schools and workplaces is also needed alongside more provision of mental health services for young people.

The framework highlights the need for more resources for more deprived areas and communities – these can partly be generated through redistributions of existing resources and assets within the Region, but also require greater investment from business and central government. The deep cuts prior to the pandemic, as well as the particularly damaging health, social and economic impacts during the pandemic in Greater Manchester, provide strong justification for these additional national investments.

The framework also sets out the development of 'healthy living' standards for housing, environment and employment and a guaranteed offer of universal access to public health

services and training and support for young people, affordable transport and clean air alongside existing public services.

Given high levels of poverty and deprivation – a result of low pay as well as unemployment - we propose that a minimum income level for healthy living is developed specific to cost of living healthily in Greater Manchester. This should be the benchmark for wages and for welfare payments – national advocacy will be required for that.

The framework is underpinned by proposed Marmot Beacon Indicators which support the Build Back Fairer framework. They provide information about the levels of inequalities in health and the social determinants in Greater Manchester and support prioritisation and development of appropriate action, allow assessment of impacts of action, provide greater clarity for the public and stronger accountability for action on health inequalities.

While the pandemic has undoubtedly exacerbated social, economic and health inequalities there are some silver linings. Health has been the priority throughout the pandemic, giving lie to the mantra that 'it's all about the economy'. At times society — and government - have worked together for a common goal, business have become more engaged in societal outcomes, and services have worked much more closely and collaboratively with communities. There is greater appetite to reduce the glaring social and economic inequalities exposed during the pandemic. We hope that these silver linings are fostered and supported and the crisis can be a transformative moment.

#### BUILD BACK FAIRER IN GREATER MANCHESTER RECOMMENDATIONS

		Prioritise children and young people
1.	Build Back Fairer for future generations	<ul> <li>Provide further support for early years settings in more deprived areas, including additional support for parents</li> <li>Extend interventions to support young people's mental health and wellbeing at school and at work</li> <li>Ambition for all young people, 18–25 years old, to be offered in-work training, employment or post-18 education</li> <li>All policies assessed to consider impacts on health equity for future generations</li> <li>Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee</li> </ul>
2.	Build Back Fairer resources	Rebalance spending towards prevention
		<ul> <li>Share expertise and evidence of prevention interventions across local authorities and public services, and continue to build capacity and partnerships</li> <li>Double the budget for prevention in the total health care budget in Greater Manchester within five years and a system-wide prevention/health spending target for all of Greater Manchester to be developed by end of 2021, with incremental targeted increases over five years.</li> </ul>

	Advocate for real terms percentage increase in the regional budget for public health	
	Build Back Fairer opportunities for all	
	<ul> <li>Ensure proportionate universal funding – increase funding in more deprived communities and particular areas of public services</li> <li>Advocate for increases in local government funding and public service allocations and other regional shares of national budgets</li> <li>Establish a Build Back Fairer Investment Fund in Greater Manchester to include contributions from businesses that support the Build Back Fairer agenda</li> <li>Increase funding and support for training and apprenticeships in more deprived communities</li> <li>Request that businesses invest in a regional Build Back Fairer Investment Fund or equivalent through social value approaches and corporate social responsibility</li> </ul>	
	Build Back Fairer commissioning	
	Extend social value commissioning to all public sector contracts and to businesses in Greater Manchester to enhance business contributions to Building Back Fairer	
3. Build Back Fairer standards Standards for healthy living		
	<ul> <li>Identify the minimum income for healthy living in Greater Manchester and advocate for national resources to meet this in public sector pay and support business to pay the minimum income for healthy living</li> <li>Guarantee offer of universal access to quality services including existing public services and public health services and universal access to training, support and employment for young people</li> <li>Develop Greater Manchester minimum standards for quality of employment, environment and housing, and transport and clean air and advocate for enforcement powers and resources</li> </ul>	
4. Build Back Fairer	Extend anchor institution approaches	
institutions	<ul> <li>Implement Greater Manchester's social value framework and extend anchor institutions approaches to VCSE sector and businesses</li> <li>Extend the remit of anchor institutions to incorporate social value procurement and commissioning and contributions to the Build Back Fairer Investment Fund</li> </ul>	
	Scale up social value contracting and extend business role	
	<ul> <li>Health and social care act as leaders in social value commissioning and work in partnership across local authorities to develop local supply chain across Greater Manchester</li> <li>Embed widescale social value requirements in the Local Industrial Strategy and Good Employment Charter</li> <li>Add provision of apprenticeships for all ages to the social value</li> </ul>	
	framework	

		Link Innovation Greater Manchester with social value framework
5.	Build Back Fairer monitoring and accountability	<ul> <li>Develop Build Back Fairer equity targets for Greater Manchester</li> <li>Based on the Marmot Beacon Indicators develop publicly accessible targets to monitor progress towards Building Back Fairer</li> <li>Report biannually on Marmot Beacon Indicators related to targets</li> <li>Invest in routine data collection to support monitoring of reductions in inequalities in wellbeing, opportunity and community cohesion within local authorities</li> </ul>
6.	Build Back Fairer through greater local power and control	<ul> <li>Advocate for increased local control of employment services, post-16 skills, labour market, social housing and early years policies and services</li> <li>Build on success of devolved services and advocate for further powers and resources to deliver local health and wellbeing needs</li> <li>Further involve communities in the design and delivery of interventions to support their health and wellbeing</li> <li>Enhance public visibility of the Build Back Fairer approach in Greater Manchester, including explicit commitments and offers to the public</li> <li>Develop publicly accessible data on equity in health, wellbeing and the social determinants of health</li> </ul>

#### REDUCING INEQUALITIES IN VACCINE UPTAKE AND IN INFECTION AND MORTALITY RATES

- Advocate for local control over vaccination programmes, especially catch-up programmes, and focus vaccine rollout more on groups at higher risk and with lower vaccination rates.
- Follow the principle of proportionate universalism and direct increased resources and supply to ensure the needs of the most deprived, diverse and more vaccine-hesitant communities are met.
- Advocate for resources for adequate financial support and provide practical, clinical and wellbeing support for those who cannot work because of COVID-19 risk and those who have to self-isolate and ensure guarantees of return to employment.

#### **COMMUNITIES AND PLACE**

- 1. Advocate for increased deprivation weighting in funding by level of area deprivation.
- 2. Advocate for a greater share of resources for regions and local authorities hit particularly hard by COVID-19 and containment measures, and based on remedying shortfalls in funding from the last 10 years.

3. Develop publicly accessible data on equity in health, wellbeing and the social determinants of health within local authorities and strengthen monitoring by ethnicity at the local level.

#### HOUSING, TRANSPORT AND ENVIRONMENT - RECOMMENDATIONS

#### 1. Improve the quality and affordability of housing

- Fully implement the Good Landlord Scheme.
- Strengthen and enforce decent housing regulation and advocate for resources to enforce housing regulations.
- All new housing to be built to net-zero emissions standards, with an increased proportion being either affordable or in the social housing sector.
- Continue to reduce rough sleeping and hidden homelessness and extend action to reduce risks for homelessness.

#### 2. Green spaces, air quality and quality high streets

- Fully implement clean air zones and monitor for inequalities in exposure.
- Improve quality of existing green spaces and prioritise provision of new green spaces in areas of higher deprivation.
- Adopt city-wide strategies that put health equity and sustainability at the centre of planning.
- Work with local communities to better include their needs when reviving local high streets.

#### 3. Transport and active transport

- Extend incentives to encourage people back to public transport.
- Improve road safety by implementing 20mph speed limit in all residential streets and implement other road safety initiatives in deprived areas first.

#### EARLY YEARS, CHILDREN AND YOUNG PEOPLE

#### 1. Reduce inequalities in early years development

- Increase the quality and availability of parenting support programmes run through early years centres and schools.
- The regional budget to meet the OECD average for the proportion of spending on the early years and increase funding per child for early years settings in more deprived areas.
- Develop a new measure of school readiness for Greater Manchester.
- Ensure childcare workforce wages in public and private sector meet the Greater Manchester minimum income for healthy living.

#### 2. Reduce inequalities in educational attainment

- Increase catch-up tuition for more deprived students, beyond the UK Government programme, and give additional support to families with children with special educational needs and disabilities (SEND).
- Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee.

#### 3. Prioritise and improve mental health and outcomes for young people

- Prioritise improving the mental health of young people including through providing further mental health support/first aid training in all schools in Greater Manchester.
- Improve mental health treatment options for children and young people rapidly.
- Work with primary care and local charities to provide a whole-system and early response to improve mental and physical health and wellbeing in children aged 0–5 years through the hub-and-spoke model and to address the social determinants of health in local communities.

• Increase the provision of local youth services for young people, advocating for national resources.

#### 4. Improve training and work prospects for young people

- Extend offers of apprenticeships and training for young people linked to requirements for social value employers to participate.
- Achieve no NEETs in Greater Manchester by guaranteeing an employment or training offer for 18–25 years olds.
- Advocate to raise the minimum wage for apprentices.
- Increase mentoring opportunities (including in public services; the voluntary, community and social enterprise sector and business) and add provision of mentoring to the social value framework and Good Employment Charter.

#### **INCOME, POVERTY AND DEBT**

#### 1. Reduce poverty

- Establish a goal for everyone in full-time work to receive a wage that prevents household poverty.
- Develop a regional standard for minimum income for healthy living, to be used to establish the minimum wage for Greater Manchester.
- Support food aid providers and charities, and advocate for better national funding.
- Continue to advocate for additional £1,000 annual uplift to Universal Credit and explore other ways of providing this if it is cut.
- Extend eligibility for free school meals.
- Advocate for an end to the five-week wait for Universal Credit and extend cash grants for low-income households.

#### 2. Reduce levels of harmful debt in Greater Manchester

- Increase financial management advice in schools and workplaces.
- Further support community and voluntary sector provision of debt advice.
- Work with Credit Unions to reduce the use of high interest loan businesses and further regulate loan agencies.
- All local authorities in Greater Manchester to offer support for those who are in debt due to non-payment of council tax.

#### 3. Monitoring for poverty and inequity

• Improve local data collection and collation of national and voluntary sector data to estimate inequalities in income and debt within local authorities.

#### **WORK AND UNEMPLOYMENT - RECOMMENDATIONS**

#### 1. Improve the quality of work in Greater Manchester

- Fully implement the Greater Manchester Good Employment Charter and Local Industrial Strategy and monitor for inequalities, particularly the proportion of employers signing up to the Charter offering lower paid jobs.
- Provide incentives via the Good Employment Charter to reduce precarious and insecure work.
- Define and implement a Greater Manchester quality of work guarantee which extends commitments in the Good Employment Charter and is publicly available for each employer.
- Lead discussions about a four-day work week.

#### 2. Reduce unemployment and build skills

- Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates.
- Increase funding for adult education more in more deprived communities and link to job market demands. Offer training and support to older unemployed adults.
- Incentivise the private sector to participate in training and skills development and link this to the social value framework.

#### **PUBLIC HEALTH - RECOMMENDATIONS**

#### 1. Allocate public health resources proportionately, with a focus on the social determinants

- Advocate for real terms percentage increase in the regional budget for public health.
- Strengthen the public health focus on the social determinants of health.
- Public health to provide a key leadership role post-COVID-19 in plans to Build Back Fairer.
- Continue to support Greater Manchester's integrated health and care system to be a true population health system, working in partnership with the 10 local authorities and the GMCA.
- Develop equity targets for local authorities and the City Region, with clear lines of accountability to reflect priorities for reducing health inequalities and inequalities in the social determinants in the longer term.

#### 2. Prioritise inequalities in mental health

- Increase mental health provision in workplaces.
- Continue and expand existing programmes which focus on preventing mental health problems, and strengthen monitoring and evaluation for equity.
- Work with planners to develop mentally healthy high streets and access to good quality green space
  within a 15–20 minute walk for all in Greater Manchester, including specific actions to reduce noise
  and air pollution, improve community safety and reduce anti-social behaviour.

#### 3. Give prevention interventions time to succeed

- Invest for the long term, measure success over five and 10 years, and improve sharing of best practice between local authorities in Greater Manchester.
- Identify and embed learning from the COVID-19 pandemic, including the value of place-based services and other 'bottom-up' approaches.
- Place prevention and taking action on the social determinants at the centre of the integrated care system





#### **CONTENTS**

ACKNOWLEDGEMENTS			
CHAPTER 1. INTRODUCTION COVID-19 AND INEQUALITIES	5 <b>6</b>		
CHAPTER 2. BUILDING BACK FAIRER IN GREATER MANCHESTER	7		
	7		
A FRAMEWORK FOR BUILDING BACK FAIRER IN GREATER MANCHESTER  Build back fairer for future generations	<b>9</b> 9		
Build back fairer resources	10		
Build back fairer standards	10		
Build back fairer institutions	10		
Build back fairer monitoring and accountability	13		
Build Back Fairer through greater devolution and local power and control	13		
Build Back Fairer - Recommendations	14		
HEALTH EQUITY AT THE HEART OF GREATER MANCHESTER: GOVERNANCE FOR HEALTH EQUITY AND DIGNIFIED LIVES	16		
CHAPTER 3. HEALTH INEQUALITIES IN THE PANDEMIC - THE NEED TO BUILD BACK FAIRER	18		
Ethnicity and inequalities	22		
COVID-19 MORTALITY IN GREATER MANCHESTER	23		
COVID-19 mortality and inequalities in England	24		
COVID-19 mortality and deprivation in Greater Manchester	27		
Components of area deprivation driving COVID-19 mortality	31		
Key workers and COVID-19 mortality	32		
Working from home	33		
Inequalities and self-isolation	34		
PROGRESS OF THE PANDEMIC AND CONTAINMENT MEASURES IN GREATER MANCHESTER	35		
INEQUALITIES AND COVID-19 VACCINATIONS	39		
SUMMARY AND RECOMMENDATIONS	41		
Recommendations: Reducing inequalities in vaccine uptake and in infection and mortality rates	41		
CHAPTER 4. THE SOCIAL DETERMINANTS OF HEALTH INEQUALITIES IN			
GREATER MANCHESTER AND THEIR ROLE IN COVID-19	42		
A. COMMUNITIES AND PLACE	43		
Funding and resources	43		
Community wellbeing and cohesion	45		
SUMMARY AND RECOMMENDATIONS	50		
Communities and place - Recommendations	50		
B. HOUSING, TRANSPORT AND THE ENVIRONMENT	51		
Housing in Greater Manchester	52		
Housing conditions	52		
Housing costs	54 = 4		
Homelessness and rough sleeping	54		



Transport and active travel	56			
Environmental conditions	58			
Quality green spaces	58			
Air quality	59			
High streets	60			
SUMMARY AND RECOMMENDATIONS	61			
Housing, transport and environment - Recommendations				
C. EARLY YEARS, CHILDREN AND YOUNG PEOPLE	62			
Early years in Greater Manchester	63			
Education in Greater Manchester	65			
Young people's mental health	69			
Youth employment	71			
SUMMARY AND RECOMMENDATIONS	72			
Early years, children and young people - Recommendations	72			
D. INCOME, WELFARE AND DEBT IN GREATER MANCHESTER	73			
Income and poverty in Greater Manchester	74			
Unemployment and poverty	74			
Wages	74			
Food poverty	79			
Child poverty	81			
Fuel poverty  Debt	83			
Debt	84			
SUMMARY AND RECOMMENDATIONS	86			
Income, poverty and debt - recommendations	86			
E. WORK AND UNEMPLOYMENT	87			
Furlough and impacts of COVID-19 containment measures on employment	88			
Unemployment	88			
Creating healthy jobs in Greater Manchester	91			
SUMMARY AND RECOMMENDATIONS	92			
Work and unemployment - Recommendations	92			
F. PUBLIC HEALTH - BUILD BACK FAIRER: STRENGTHENING THE ROLE AND IMPACT OF ILL HEALTH PREVENTION	93			
Public Health Funding	94			
Health behaviours and the pandemic	96			
Smoking	96			
Obesity	98			
Alcohol	99			
Mental health	100			
SUMMARY AND RECOMMENDATIONS	105			
Public health - Recommendations	105			
CHAPTER 5. MARMOT BEACON INDICATOR SET	106			
FRAMEWORK FOR MONITORING THE REDUCTION OF HEALTH INEQUALITIES	107			
DEVELOPMENT OF THE MONITORING FRAMEWORK AND SELECTION OF INDICATORS	108			
INPUT FROM GREATER MANCHESTER ANALYSTS	109			
REFERENCES	112			



#### **ACKNOWLEDGEMENTS**

#### **AUTHORS**

Report writing team: Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison.

Peter Goldblatt, Joana Morrison and Tammy Boyce coordinated production and analysis of tables and charts.

Team support: Kit Codling and Felicity Porritt.

**Suggested citation:** Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2021) Building Back Fairer in Greater Manchester: Health Equity and Dignified Lives. London: Institute of Health Equity

#### **AUTHORS' ACKNOWLEDGEMENTS**

We are indebted to the Greater Manchester Steering Group that informed the review: Joanne Roney, Sarah Price, Matt Hennessey, Jane Pilkington, Andrew Lightfoot, Tom Whitney, John Patterson, John Wrathmell, David Regan, Ed Dyson, Jane Forrest, Warren Heppolette, Matt Ainsworth, Pam Smith, Katrina Stephens, Andy Hollingsworth.

We are also grateful to the many members of staff from Greater Manchester Health and Social Care Partnership and Greater Manchester Combined Authority and its local authorities for their advice, insight and input.

# CHAPTER 1 INTRODUCTION

The decade of 2010-20 was not good for health in England, or for health in Greater Manchester. Life expectancy stopped increasing; inequalities in health between groups widened; and for the poorest people in Greater Manchester, life expectancy declined. The 2020 report *Health Equity in England: The Marmot Review 10 Years On* provided an overview of these declines in health in England and assessed that it was likely that national policies of austerity played a part in this unwelcome situation.

Recognising persisting inequalities in health, the Greater Manchester Health and Social Care Partnership, including Greater Manchester Combined Authority (GMCA), considered if, as a devolved region, it could take the necessary steps to improve health and reduce health inequalities. To aid this process, in 2019 the UCL Institute of Health Equity (IHE) was invited to work with the Greater Manchester system to establish a Marmot City Region, focussed on reducing health inequalities and inequalities in the social determinants of health. Then, the COVID-19 pandemic arrived, exposing and amplifying inequalities in health and the social determinants of health in Greater Manchester, as in the rest of England. IHE's work with Greater Manchester was reoriented, the aim being to provide evidence of the health inequality challenges the City Region will face post-pandemic and to make recommendations to monitor and reduce them.

#### **COVID-19 AND INEQUALITIES**

Within Greater Manchester, as across the world, inequalities in COVID-19 mortality have been only too apparent and the long-term economic and social impacts of containment measures will widen inequalities in health for the foreseeable future. Analysis shows that rates of mortality from COVID-19 in Greater Manchester are 25 percent higher than in England as a whole. Life expectancy in the North West of England also declined more during 2020 than in England overall, according to provisional data (2).

Economic inequality, working and living conditions, types of employment and high levels of physical interconnectedness partly explain the circumstances that have led to high infection and mortality rates in Greater Manchester; and the timing of the containment measures implemented in England did not align well with the trajectory of the pandemic in the City Region. Greater Manchester has also experienced highly unequal mortality rates: the COVID-19 mortality ratio in the most deprived decile was 2.3 times greater than in the least deprived decile between March 2020 and January 2021. These socioeconomic inequalities in mortality from COVID-19 are wider than in the rest of England.

The City Region has also experienced particularly damaging longer-term economic, social and health effects from a combination of local and national throughout and through the first half of 2021. Impacts include deteriorating community and environmental conditions as the public purse is further strained, widening inequalities during children's early years and in educational engagement and attainment, increasing poverty and income inequality, rising unemployment, particularly for young people, and deteriorating mental health for all age groups but again particularly for young people. All of these negative impacts will damage health and widen health inequalities in Greater Manchester. This report assesses these unequal impacts and makes proposals about how to take urgent, remedial action.



# CHAPTER 2 BUILDING BACK FAIRER IN GREATER MANCHESTER

This report provides a framework for how Greater Manchester can 'Build Back Fairer' in the aftermath of the pandemic. Fundamental to achieving a permanent reduction in health inequalities is a focus on the social determinants of health: those factors outside health care that affect health.

Some of our recommendations are new and some offer support for, and expansion of, existing approaches in Greater Manchester. The framework calls for health equity to be placed at the heart of governance, including resource allocation, in Greater Manchester and for all policies in the region to be geared towards achieving greater health equity.



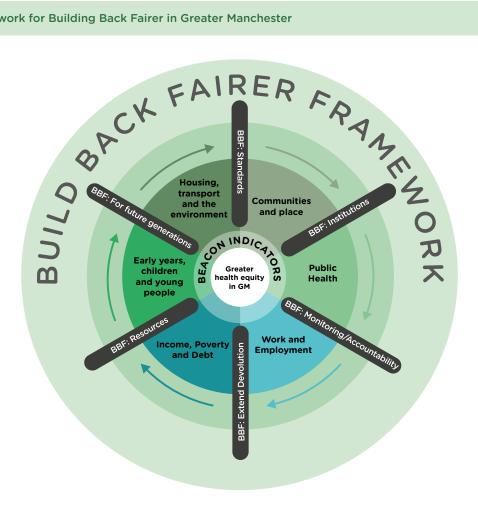
The Marmot City Region approach developed in Greater Manchester over the last two years has provided a good basis to place health equity at the centre of action in communities, local authorities and in the Combined Authority, and, we hope, with business, to focus on Building Back Fairer. Greater Manchester is well positioned to lead on this agenda. As a devolved region, it has the leadership, capacity, powers, partnerships and a strong identity that enable it to act on health inequalities in ways that are not available in other parts of England. Greater Manchester already has many investments, policies and strategies that are pro-equity in relation to economic inclusion, employment, housing, transport, the environment, education, early years, community support and public health. The Inequalities Commission has made further important recommendations to push forward the goal of greater equity in Greater Manchester and to prioritise wellbeing. This report challenges the whole of Greater Manchester to go further and faster on reducing health inequalities and inequalities in economic, social, environmental and cultural circumstances.

The time is appropriate for the actions we set out here. Due to the pandemic, health and equity have been at the forefront of the national consciousness, the whole of government and society have worked together in common endeavour, and there is greater recognition of the importance and efficacy of public systems; these are essential features of successful action on health inequalities. The unfairness of economic and social arrangements, ethnic disadvantage and racism and the extent of health inequalities have been exposed and public and political appetite to remedy these may have increased. There has been greatly heightened awareness of the vital role of key workers and the importance of local assets – clean air, green spaces and the role of the voluntary sector. Community resilience and social cohesion have been strengthened, at least in the short term.

#### A FRAMEWORK FOR BUILDING BACK FAIRER IN **GREATER MANCHESTER**

The framework we have developed for the Build Back Fairer approach is based on our assessment of priority areas for action and required approaches in order to strengthen implementation and governance for health equity in the region. Specific recommendations in each of the social determinants of health areas are set out in the rest of this report and relate to the social determinants in the Building Back Fairer framework in Figure 1.

Figure 1. Framework for Building Back Fairer in Greater Manchester



#### **BUILD BACK FAIRER FOR FUTURE GENERATIONS**

While children and young people have been at far less risk from COVID-19 disease than older adults, they have been disproportionately, and inequitably, harmed by the impacts of restrictions and lockdowns. Closure of early years services and schools and disruption to universities, further education and apprenticeships have led to widening inequalities in children and young people's development and education and in post-18 training and employment. Restrictions on socialising have been harmful for many young people. This group is also experiencing rapid increases in unemployment, with many of the sectors that especially employ young people - sport, leisure and hospitality - being most affected by COVID-19 restrictions.

There has been an increase in poor mental health among children and young people from already concerning levels before the pandemic. A significant acceleration is needed in the provision of mental health services for young people and in programmes to support mental health in schools, further education and workplaces.

Greater Manchester has an excellent record on reducing inequalities in early years development and educational attainment but given the impacts of the pandemic this work needs to be immediately strengthened, scaled up and while greater support is needed for all young people, it needs to be proportionately greater in more deprived areas, educational settings and workplaces.

#### **BUILD BACK FAIRER RESOURCES**

Cuts to public funding in the decade to 2020 damaged health and contributed to England's high and unequal toll from COVID-19 (1). The cuts to funding were regressive – poorer areas and those areas outside London and the South experienced proportionately larger cuts. The resulting damage to local authorities with greater deprivation have affected the course of the pandemic and, crucially, the resilience of areas to cope with the economic and social impacts of pandemic containment measures.

In order to achieve the Government's own agenda to 'level up' across regions in England, and to Build Back Fairer, these regressive cuts must be reversed and compensated for. Greater funding must be allocated to more deprived areas and those areas that have experienced higher rates of COVID-19 and endured longer lockdowns and restrictions. The case for increasing national funding allocations across Greater Manchester is powerful, the City Region having experienced significant cuts prior to the pandemic, high and unequal rates of COVID-19 infection and mortality, and longer lockdowns. Additional resources would enable Greater Manchester to begin to recover faster and more equitably. Several of our recommendations relate to national advocacy for increases in resource allocations from central government.

Proportionate universalism is an important principle. Funding should be proportionate to the scale of the problem, but universal in reach: more funding should be given to areas of greater deprivation and to communities experiencing high levels of poverty and exclusion. The mechanisms that Greater Manchester has already established to enable this need to be re-examined and extended, given the impacts from COVID-19 and containment measures.

In addition to advocating for higher levels of funding allocations from central government, it is important to generate more resources and action locally in support of the Building Back Fairer agenda. One way of achieving this is through contractual mechanisms where 'additional social value' is included in the tender requirements and contracts partly awarded on the basis of what additional social value they bring (4) (5). Business has a significant role to play here.

Despite increasing levels of demand for services, it is crucial that funding for interventions that reduce the likelihood of poor outcomes is increased. This applies to local government funding allocations as well as national allocations. Services must focus more on preventing problems such as homelessness, school exclusions and low educational attainment, food poverty, debt, poor health and unemployment before outcomes deteriorate further. Evidence shows that such prevention-based interventions are hugely beneficial and cost-effective. Across Greater Manchester there is evidence of

successful action on prevention, and public service reforms have facilitated the necessary shared working to support such actions. but there is still a need to build capacity and knowledge and to significantly scale up these efforts. We also propose that the budget for prevention in the total health care budget in Greater Manchester should be doubled within five years and a system-wide prevention/health creation spending target for all of Greater Manchester is developed by the end of 2021, with incremental targeted increases over five years.

#### **BUILD BACK FAIRER STANDARDS**

In order to reduce health inequalities and Build Back Fairer, standards in several key drivers of health need to be improved in Greater Manchester, related to living and working conditions. We propose that Greater Manchester develops a set of minimum standards, a quality threshold that underpins a commitment to provide healthy living and working standards for all the City Region's residents. These standards should cover quality of employment, environment and housing, transport and clean air and have a high public profile and transparent accountability mechanisms that enable residents to challenge employers, businesses, service providers and local authorities that do not meet these standards. Guaranteeing access to a range of quality services in Greater Manchester will help ensure better equity of access and improvements to quality and form the basis of a Greater Manchester universal services guarantee. Services covered should include health care, education and training, police and fire, environmental and housing services and public health and go beyond what is currently available in terms of environment, housing, employment support services, training, for instance.

Alongside commitments to improved standards of living and employment and access to services, a baseline minimum income for healthy living needs to be developed for Greater Manchester. The minimum income standard, developed in 2008 by the Joseph Rowntree Foundation and Loughborough University, is a useful measure of the income needed to live a healthy life (6). It includes clothes, shelter and healthy food as well as social participation, travel and leisure. The minimum income for healthy living for Greater Manchester is likely to differ from England-wide minimum incomes enshrined in the living wage, which is often too low to support healthy living.

#### **BUILD BACK FAIRER INSTITUTIONS**

Across Greater Manchester there has been a welcome focus on developing anchor institutions. Anchor institutions are usually conceived in relation to large public sector organisations that are rooted in places and connected to their communities, such as universities and hospitals (7). These large institutions have significant assets and spending power and can use these resources to benefit communities, often



through their own employment practices and recruitment approaches, hiring from local populations and directing supply chains to support local economies. They can add social value by providing fair and good employment, recruiting from lower income areas and offer the living wage, investing locally and sharing use of land and property (4). In Greater Manchester it is estimated that health and care organisations employ 127,715 people and spend nearly £16 billion per year. If even a small part of their budgets were spent on local suppliers, this could help to generate local economic opportunities (4). While Greater Manchester does have an established programme of anchor institutions - particularly NHS anchor institutions - there is now a need to significantly extend these approaches and incorporate other public sector organisations and business.

In this report we highlight the potential greater role that business can play in action on health inequalities and the social determinants of health in Greater Manchester. Businesses have a significant and often underdeveloped contribution to make, summarised in Box 1. As the pandemic recedes, there are signs of renewed interest from business in reducing health inequalities, a response to the worsening conditions through the pandemic and a greater awareness of the injustice of health inequalities. The Combined Authority and local authorities in Greater Manchester can take a lead in supporting and advising businesses to contribute more to Building Back Fairer in terms of direct financial contributions and partnering with the public sector and the voluntary, community and social enterprise (VCSE) sector, but also through making shifts to their business operations, investments and services.

#### **BOX 1. BUILDING BACK FAIRER BY BUSINESS**

**Employers:** Good working conditions, fair progression, decent pay and security of work are vital to good health. Developing within-work training and extending apprenticeships and other training schemes are important ways to skill-up the workforce at all ages, to contribute to reducing the numbers of young people not in education, employment or training (NEET), and to reduce unemployment in Greater Manchester.

**Service and products:** Businesses procure and deliver services and products. These services and products and the related contracts offer potential routes to greater health equity. Healthier products are important, but supply chains also need to support healthy living and working conditions, and businesses have an important role in scrutinising suppliers and contracts to ensure they protect health and equity in the supply chain.

**Social value:** Businesses have a great potential to add social value through their usual business practices, including the addition of social value in tenders and in contract awards – contracting for social value.

**Investments and assets:** Businesses invest in, own and manage assets that can benefit or undermine good health and equity in the social determinants of health. Divesting from assets that undermine health and equity is a powerful lever for supporting change. Thriving businesses have an opportunity to fund and support essential services and assets for local communities. We suggest a regional investment fund to facilitate coordinated investment in Building Back Fairer.

Business anchor institutions: Anchor institution approaches have mainly been developed in the health care sector, with some additional developments in other public sector organisations such as universities. Businesses are also located in places and have an important place-shaping role. This includes but extends beyond their role as employers as they affect social, economic, cultural and environmental conditions within places and includes social value contracting and ensuring that assets and investments support, rather than undermine, health equity.

**Wider partnerships:** Businesses should be closely involved with other organisations working to improve local conditions and foster healthier local areas. Hitherto, these collaborations have been weak or one-offs, and greater more sustained collaborations between business, the VCSE sector, local authorities and public services would be highly beneficial to building back fairly.

**Workforce contributions:** Many businesses support their staff to volunteer their time and expertise to support local communities. We suggest these roles and support are extended so that all staff who wish to are able to support their local communities, including those employed in small and medium-sized enterprises (SMEs).

**Advocacy:** Businesses can also be powerful advocates for greater health equity and equity in the social determinants nationally and locally.

Embedding social value into commercial and public services operations is an important strategy to reduce health inequalities (5). The concept and provisions of the 2013 Social Value Act applies to all public sector commissioners and requires them to consider economic, social and environmental wellbeing in procurement of services. A great deal of effort has been made to encourage large public sector employers such as the NHS to adopt a social values approach and to maximise the social value of public procurement budgets. The approach should also be applied by businesses in order to maximise their contributions to improving the social determinants of health and reducing health inequalities. Manchester City Council increased the proportion of procurement spend with SMEs by 63 percent in the five years to 2019/20 (8).

The 2020 Greater Manchester Social Value Framework is structured around six priority goals: provide the best employment that you can; keep the air clean in Greater Manchester; create employment and skills opportunities; be part of a strong local community; make organisations greener; develop a local, Greater Manchester-based and resilient supply chain (9). Despite good support for the idea of social value, and while social value policies and frameworks are used by all local authorities in Greater Manchester, implementation has been limited and interviews with staff across the City Region found there was a lack of consistency in the use of social value in commissioning and procuring (4). However, there are examples of good practice (Box 2) (4). From 2016, Manchester City Council introduced a minimum 20 percent weighting for social value into its tender decision-making process and can show significant social value from the commissioning/ procurement process (4) (10) (11).

## BOX 2. AN ANCHOR INSTITUTION IN NORTH MANCHESTER: THE NORTH MANCHESTER GENERAL HOSPITAL

North Manchester is the most deprived area in England in health and disability-related deprivation, the second most deprived in income deprivation, and the fourth most deprived in employment deprivation (12). Both men and women in North Manchester can expect to live nine fewer years in good health than those living in England as a whole and there is a considerable burden of ill health and mental illness that causes significant demand for healthcare and other public services.

The most significant community asset in North Manchester is North Manchester General Hospital (NMGH). However, its facilities have suffered from underinvestment. Recently, investments have been made, including a £73m investment by Greater Manchester Mental Health NHS Foundation Trust into a new adult mental health inpatient unit, and £54m seed funding through the Department of Health and Social Care's Health Infrastructure Plan. The full redevelopment and construction of the NMGH is planned for 2025-30, subject to business case approval. GMCA's ambition is to work with and empower North Manchester's communities, to level-up health outcomes, productivity and sustainability in the area through the redevelopment of NMGH. This will be achieved through a healthcare-led approach to the civic regeneration of the hospital site, along with a new approach to publicservice delivery and appropriate private-sector involvement, with the NMGH conceived of as an anchor institution and enabler for wider renewal.

The redevelopment of the hospital site is expected to be completed in 2026 with socioeconomic benefits including:

- Increasing the life expectancy of North Manchester residents by 1.3 years
- Gross Value Added impact of £350m over 10 years
- Additional social value of £144m for North Manchester residents
- Creating good quality, affordable homes for North Manchester residents.

Alongside NMGH, the Victoria North (previously Northern Gateway) initiative should deliver up to 15,000 new homes over 20 years through a Joint Venture Partnership between the City Council and Far East Consortium (FEC) and 6,000 of the 15,000 homes affordable homes. The NMGH and Victoria North teams are working together on a joint social value framework to improve social, economic and health outcomes.

Both projects intend to use procurement as a tool to drive social value through supply chains, working in partnership with Manchester City Council and local voluntary and community sector organisations to connect opportunities locally. Shared metrics are proposed to track the delivery of social value alongside monitoring of wider indicators of health, employment and environmental impact in the area.



#### BUILD BACK FAIRER MONITORING AND ACCOUNTABILITY

The Greater Manchester Marmot Beacon Indicators (see Chapter 5) were proposed specifically for monitoring equity in areas that are highly relevant to health equity, as set out in the framework diagram (Figure 1). The Indicators underpin the Build Back Fairer approach. Greater Manchester's Marmot Beacon Indicators are intended to help the City Region monitor the impact of, and recovery from, COVID-19, through an equity lens. The proposed regular monitoring of these indicators will enable greater understanding about likely health and health inequality trajectories, inform action and maintain a focus on the social determinants of health and will also enable greater accountability for progress, or otherwise, on reducing health inequalities.

### BUILD BACK FAIRER THROUGH GREATER REGIONAL AND LOCAL POWER AND CONTROL

While Greater Manchester, as a devolved region, has more powers and flexibilities than other regions in England, there are still significant limitations in how far the Combined Authority can make decisions that affect health and equity. There are many areas where the Combined Authority has no leverage or power to make changes and where there is no flexibility about how to invest nationally distributed funds. We suggest some areas where national advocacy could be strengthened to devolve greater powers to the City Region to benefit greater health equity.

In the main, the City Region has made great strides in unifying public services and fostering collaborative work over geographic areas and sectors and this has been enhanced during the pandemic. This kind of collaborative working is essential for action on the social determinants of health and, even without further devolution of powers, can be extended. The Build Back Fairer framework emphasises the power and value of multi-agency and cross-sectoral partnerships. It provides a structure for greater collaboration between sectors and a coherent framework for the multiple approaches and strategies that are already being adopted across Greater Manchester. There is a tendency in the City Region for strategies to be siloed. Strategies for education, housing, employment and transport, for instance, focus mostly on their specific sector rather than supporting a coherent systemwide approach to reducing inequalities.

The response to the pandemic nationally and within Greater Manchester has led to new ways of working that are beneficial to actions on the social determinants and equity. These changes are important for work being carried out to reduce health inequalities and they need to be extended. They are based on better knowledge about and inclusion of local communities in the design and implementation of interventions. The public service workforce, VCSE sector, local authorities and the private sector have worked closely with communities to reduce levels of infection and to support people who are shielding and self-isolating. The rollout of the vaccination programme has further enhanced such collaborations.

Discussions we have had suggest that as a result of this response, collaborations with communities have been strengthened and trust between services and communities may have increased. A range of services and workforces physically went to where people were and worked hard to make sure approaches to offer support, control infection and increase access to vaccinations and uptake were attuned to the specific needs of different communities: there was more outreach by the NHS and local authorities with faith-based organisations, community groups, workplaces and schools, for example. Local data about small areas and communities were developed and drawn on extensively. These approaches must be reinforced after the pandemic has receded.

The recommendations we set out below include commitments that the public should expect in Greater Manchester in the post-pandemic period. Some of the recommendations are ambitious - for example, supporting all young people into education, work or training, and establishing and providing healthy standards for housing, air quality, conditions of employment and a living wage. But these ambitions are realisable with sustained focus and action, and increased support from central government and allocation of funding that is proportionate to need and increasingly focussed on prevention. We anticipate that securing the public's involvement and their awareness of these commitments will galvanise further action and support population health, wellbeing and greater equity in Greater Manchester. Additional recommendations made in this report, in each social determinant of health, fit within this approach.

#### **BUILD BACK FAIRER - RECOMMENDATIONS**

1

Build Back Fairer for future generations

#### Prioritise children and young people

- Provide further support for early years settings in more deprived areas, including additional support for parents
- Extend interventions to support young people's mental health and wellbeing at school and at work
- Ambition for all young people, 18–25 years old, to be offered in-work training, employment or post-18 education
- All policies assessed to consider impacts on health equity for future generations
- Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee

2

Build Back Fairer resources

#### Rebalance spending towards prevention

- Share expertise and evidence of prevention interventions across local authorities and public services, and continue to build capacity and partnerships
- Double the budget for prevention in the total health care budget in Greater Manchester within five years and a system-wide prevention/health spending target for all of Greater Manchester to be developed by end of 2021, with incremental targeted increases over five years
- · Advocate for real terms percentage increase in the regional budget for public health

#### **Build Back Fairer opportunities for all**

- Ensure proportionate universal funding increase funding in more deprived communities and particular areas of public services
- Advocate for increases in local government funding and public service allocations and other regional shares of national budgets
- Establish a Build Back Fairer Investment Fund in Greater Manchester to include contributions from businesses that support the Build Back Fairer agenda
- Increase funding and support for training and apprenticeships in more deprived communities
- Request that businesses invest in a regional Build Back Fairer Investment Fund or equivalent through social value approaches and corporate social responsibility

#### **Build Back Fairer commissioning**

• Extend social value commissioning to all public sector contracts and to businesses in Greater Manchester to enhance business contributions to Building Back Fairer

3

Build Back Fairer standards

#### Standards for healthy living

- Identify the minimum income for healthy living in Greater Manchester and advocate for national resources to meet this in public sector pay and support business to pay the minimum income for healthy living
- Guarantee offer of universal access to quality services including existing public services and public health services and universal access to training, support and employment for young people
- Develop Greater Manchester minimum standards for quality of employment, environment and housing, and transport and clean air and advocate for enforcement powers and resources



Build Back Fairer institutions

#### **Extend anchor institution approaches**

- Implement Greater Manchester's social value framework and extend anchor institutions approaches to VCSE sector and businesses
- Extend the remit of anchor institutions to incorporate social value procurement and commissioning and contributions to the Build Back Fairer Investment Fund

#### Scale up social value contracting and extend business role

- Health and social care act as leaders in social value commissioning and work in partnership across local authorities to develop local supply chain across Greater Manchester
- Embed widescale social value requirements in the Local Industrial Strategy and Good Employment Charter
- · Add provision of apprenticeships for all ages to the social value framework
- Link Innovation Greater Manchester with social value framework

#### 5

Build Back Fairer monitoring and accountability

#### **Develop Build Back Fairer equity targets for Greater Manchester**

- Based on the Marmot Beacon Indicators develop publicly accessible targets to monitor progress towards Building Back Fairer
- Report biannually on Marmot Beacon Indicators related to targets
- Invest in routine data collection to support monitoring of reductions in inequalities in wellbeing, opportunity and community cohesion within local authorities

#### 6

Build Back Fairer through greater local power and control

#### **Build Back Fairer devolution**

- Advocate for increased local control of employment services, post-16 skills, labour market, social housing and early years policies and services
- Build on success of devolved services and advocate for further powers and resources to deliver local health and wellbeing needs
- Further involve communities in the design and delivery of interventions to support their health and wellbeing
- Enhance public visibility of the Build Back Fairer approach in Greater Manchester, including explicit commitments and offers to the public
- Develop publicly accessible data on equity in health, wellbeing and the social determinants of health

# HEALTH EQUITY AT THE HEART OF GREATER MANCHESTER: GOVERNANCE FOR HEALTH EQUITY AND DIGNIFIED LIVES

At the core of the Build Back Fairer framework is the requirement that health equity is at the heart of policy and action in Greater Manchester. As well as specific actions, laid out in this report, prioritising health equity requires specific governance arrangements. The principles for governance for health equity, which were set out in IHE analysis of health inequalities in England from 2010–20, are highly relevant to Greater Manchester in the post-pandemic period (3).

#### BOX 3. PRINCIPLES FOR GOVERNANCE FOR HEALTH EQUITY - FROM 10 YEARS ON

- 1. Health equity is an indicator of societal wellbeing.
- 2. The whole of government is responsible for prioritising health equity in all policies.
- 3. Development of strategies and interventions must involve a wide range of stakeholders.
- 4. Accountability must be transparent with effective mechanisms.
- 5. Communities must be involved in decisions about programmes and policies for achieving health equity (3).

Greater Manchester has already made considerable progress on the five governance principles outlined in Box 3. But while progress has been made, Greater Manchester must go further, particularly in the context of widening health, social and economic inequalities that have resulted from the pandemic. Health equity, rather than economic equity, must be at the centre of all decisions.

The powers that have been devolved to the Combined Authority provide it with levers to improve the social determinants of health and facilitate the coordinated action needed for effective action on the social determinants. Since 2016 Greater Manchester has been in charge of its entire budget spent on health and social care in its 10 boroughs. In 2019 the Greater Manchester Model white paper was launched, placing people at the centre of the region's single integrated public services.

In the Greater Manchester model, devolution and cross sector working is central to achieving "a preventative, truly place-based and person-centred approach" (13). Greater Manchester's model of place-based integration of services aims to identify early those people at risk of developing more complex issues that, over time, could place significant pressure on services and lead to poorer outcomes for individuals or families. In each of the 10 local authorities the NHS, social services, community groups and the voluntary sector have formed a single organisation providing joined-up health and social care services, known as the Integrated Care System (ICS). These joined up services share a budget, set of standards and a mission: to provide care centred on the individual's needs (14). Population health and health equity need to be central to the ambition for Integrated Care Systems, with approaches based on acting on the social determinants of health through direct action by the NHS and social care and through partnerships with other sectors.

The pursuit of population health was a founding principle of the Greater Manchester Heath and Social Care Partnership and continues to be as the City Region plans its future health and care strategies. Greater Manchester has ambitious population health programmes, including the following, implemented in the past five years as part of its population health approach:

- Significant investment (approximately £30m) in developing the first ever Greater Manchester Population Health Plan and delivering a portfolio of programmes to enable improved health outcomes across the City Region (15). In 2019 the plan was refreshed and sought to go further in its whole-system approach, and aimed to put health at the centre of every policy and strategy across all of Greater Manchester's public services (16).
- A dedicated Population Health Board, operating with delegated authority on behalf of the Greater Manchester system, to coordinate activity and ensure a focus on health outcomes and reducing inequalities.
- The recognition of the population health potential of being the only Marmot City Region within a Mayoral Combined Authority, including the development of a single set of outcome measures at a locality and Greater Manchester level to track progress against key Marmot priority areas.
- Alignment to the Greater Manchester strategy and commitments relating to the wider determinants of health, and the shaping of other key strategies including the Greater Manchester Independent Inequalities Commission, Local Industrial Strategy and the Prosperity Review (11) (17) (18).

While there is much in place for action on the social determinants of health in Greater Manchester, particularly in the Health and Social Care Partnership, health equity must be further prioritised and become central to all activity within the Combined Authority and in relation to its advocacy at the national level. The Build Back Fairer approach outlined here sets out what to do. It does require enhanced focus on the governance arrangements for health equity and for health equity to be at the heart of the City Region.

Given much higher awareness there is now of inequalities in health and associated living and working conditions, there is a great opportunity to enact measures to reduce inequalities in health and to Build Back Fairer. The interest is from national, local government, the public, civil society and particularly a new interest and appetite from business to support and be involved in action to recover from the pandemic and reduce inequalities. In illustration, this report contains case studies and examples of positive policies and programmes from across Greater Manchester.

### CHAPTER 3

# HEALTH INEQUALITIES IN THE PANDEMIC THE NEED TO BUILD BACK FAIRER

In 10 Years On we documented three worrying features of health in England over the decade from 2010, pre-pandemic:

- A slowdown in improvement in life expectancy that was more marked than in any other rich country except Iceland and the United States
- Increased health inequalities
- Declines in life expectancy for the poorest people, outside London.

This poor state of health, we suggested, was a result of governance that failed to make equity of health and wellbeing a priority, and damaging and highly inequitable policies and programmes in the previous 10 years.



The findings from IHE's assessment of health inequalities in England over the decade from 2010 are summarised in Box 4. Notably for Greater Manchester, the analysis showed widening regional inequalities in health over the period, with areas outside London and the South East faring worst.

#### BOX 4. INEQUALITIES IN HEALTH IN THE DECADE FROM 2010 - SUMMARY FROM 10 YEARS ON

#### **LIFE EXPECTANCY SINCE 2010**

- Since 2010 life expectancy in England has stalled, with the slowdown greatest in more deprived areas of the country.
- The UK has seen small increases in life expectancy compared with most European and other high-income countries.
- Inequalities in life expectancy in England have increased. Among women in the most deprived 10 percent of areas, life expectancy fell between 2010-12 and 2016-18.
- Female life expectancy declined in the most deprived 10 percent of neighbourhoods between 2010–12 and 2016–18 and there were only negligible increases in male life expectancy in these areas.
- There are growing regional inequalities in life expectancy. Life expectancy is lower in the North and higher in the South. It is now lowest in the North East and highest in London.
- Within regions, life expectancy for men in the most deprived 10 percent of neighbourhoods decreased in the North East, Yorkshire and the Humber, and the East of England.
- Life expectancy for women in the most deprived 10 percent of neighbourhoods decreased in every region except London, the West Midlands and the North West.
- For both men and women, the largest decreases were seen in the most deprived 10 percent of neighbourhoods in the North East and the largest increases in the least deprived 10 percent of neighbourhoods in London.
- In every region men and women in the least deprived 10 percent of neighbourhoods have seen increases in life expectancy and differences between regions for these neighbourhoods are much smaller than for more deprived neighbourhoods.

#### **HEALTH SINCE 2010**

- There is a strong relationship between deprivation measured at the small area level and healthy life expectancy at birth. The poorer the area, the worse the health.
- There is a social gradient in the proportion of life spent in ill health, with those in poorer areas spending more of their shorter lives in ill health.
- Healthy life expectancy has declined for women since 2010 and the percentage of life spent in ill health has increased for men and women.

#### **MORTALITY RATES SINCE 2010**

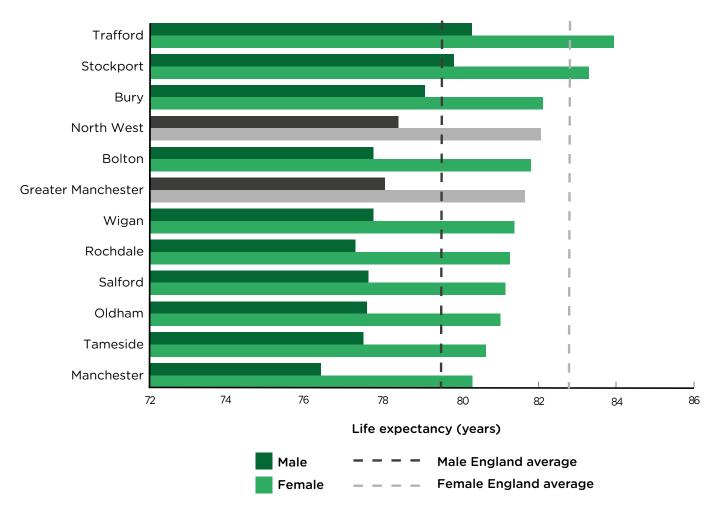
- There has been no sign of a decrease in mortality for people under 50. Mortality rates have increased for people aged 45-49. It is likely that social and economic conditions have undermined health for this age group.
- For people in their seventies mortality rates are continuing to decrease, but this is not so for those at older ages.
- The slowdown in mortality improvement cannot, for the most part, be attributed to severe winters. More than 80 percent of the slowdown, between 2011 and 2019, resulted from influences other than winter-associated mortality.
- There are clear socioeconomic gradients in preventable mortality. The poorest areas have the highest preventable mortality rates and the richest areas have the lowest (3).



Prior to the pandemic Greater Manchester had relatively poor overall health and, as nationally, increasing health inequalities. It had also experienced some deteriorations in social and economic conditions in the decade to 2020. Greater Manchester is slightly more ethnically diverse than England and Wales as a whole, household incomes are lower than the national average, and there are higher levels of deprivation (19) (20) (21). All of this has contributed to the City Region's high and unequal mortality rates from COVID-19.

Figure 2 shows life expectancy in Greater Manchester for 2017–19. The average life expectancy for women in Greater Manchester at 81.7 was lower than the average for England, 83.4 years. For men in Greater Manchester, the average life expectancy of 78.1 years was lower than the England average of 79.8 years. Only Trafford and Stockport had higher life expectancy than the average for England for both men and women.

Figure 2. Estimated male and female life expectancy at birth for Greater Manchester, its local authorities, the North West region and England, 2017–2019



Source: Office for National Statistics (ONS). Life expectancy estimates by sex, age and area, 2017-19 (22).



Life expectancy

76

75 **L** 

In Greater Manchester life expectancy is related to level of deprivation, as shown in Figure 3 for each local authority. The graded relationship with deprivation is remarkably similar to that seen in England as a whole, although, as noted above, life expectancy is generally lower in Greater Manchester.

Figure 3. Male and female life expectancy at birth (2017-19) and average score in the Index for Multiple Deprivation (IMD) (2019)

#### 85 84 Trafford Stockport Bury 83 **Oldham** 82 Rochdale **Bolton** 81 Wigan Salford Tameside 80 Trafford Manchester Stockport 79 78 Oldham 77 Wigan Bolton • Salford

**Tameside** 

50

**IMD** score

----- Linear (Male)

..... Linear (Female)

Rochdale

70

Source: ONS. Life expectancy estimates by sex, age and area, 2017-19 (22).

25

Male Female

20

In the 2020 *Build Back Fairer* report for England we asked the question of why, pre-pandemic, the UK should have had near to the slowest improvement in life expectancy of any rich country, bar the US and Iceland, and among the highest excess mortality during the pandemic. We set out four possible explanations. These also apply to Greater Manchester.

- 1. **The governance and political culture** such that equity of health and wellbeing were not at the heart of government policies.
- 2. Widening inequities in power, money and resources between individuals, communities and regions.
- 3. **Policies of austerity** regressive in nature, which widened social and economic inequalities and damaged public services and civil society.
- 4. **Health and gains in life expectancy had stopped improving** and there was a high prevalence of the health conditions that increase case fatality ratios of COVID-19 (1).

Manchester

100

80

#### ETHNICITY AND INEQUALITIES

Some ethnic communities have faced a disproportionately high toll from COVID-19, including higher infection and mortality rates. There are also signs of disproportionate social and economic harm to some ethnic minority communities as a result of containment measures. In this report we set out ethnic inequalities in key social determinants of health in Greater Manchester, where data are available, and also refer to the 2021 Independent Inequalities Commission. Our *Build Back Fairer* report of 2020 for England was clear: there are higher mortality rates from COVID-19 among Black British people and those of South Asian descent. While much of this can be attributed to where people live and work and socioeconomic disadvantage, structural racism is also a cause of these disadvantages (1) (23).

The Greater Manchester Independent Inequalities Commission stated structural racism must be a top priority as a part of the agenda to tackle inequality in Greater Manchester. Research for the Commission's report showed that for people from ethnic minorities, the working-age employment rate is over 10 percentage points below the

overall rate for Greater Manchester and 6 percentage points below the national average, and that the highest proportions of workers receiving low pay are Black/Black British workers, and the second highest proportion Asian/Asian British workers, followed by White workers (11).

The recommendations from the Inequalities Commission include: establishing an independent Anti-Discrimination body in Greater Manchester to tackle breaches of the Equality Act; a joint commitment across the Combined Authority, districts and statutory partners to tackle inequality faced by ethnic minorities with a clear plan for rollout; a Race Equality Strategy in Greater Manchester, backed by a plan to increase representation of Black and Asian minorities in senior positions in the GMCA and to tackle race inequality in health, education, policing, work and housing; and giving Equality Panels a stronger mandate and sufficient resources to constructively challenge public bodies (11).

In 2020 Greater Manchester had a slightly greater proportion of its population identifying as not White than England as a whole: 15 percent compared with 13 percent (Figure 4) (24).

100 90 80 70 60 50 40 30 20 10 Greater Manchester Tameside Trafford Oldham Salford BURY Midan Pakistani/Bangladeshi Black Other Indian Mixed

Figure 4. Ethnicity by local authority in Greater Manchester and in England, 2020

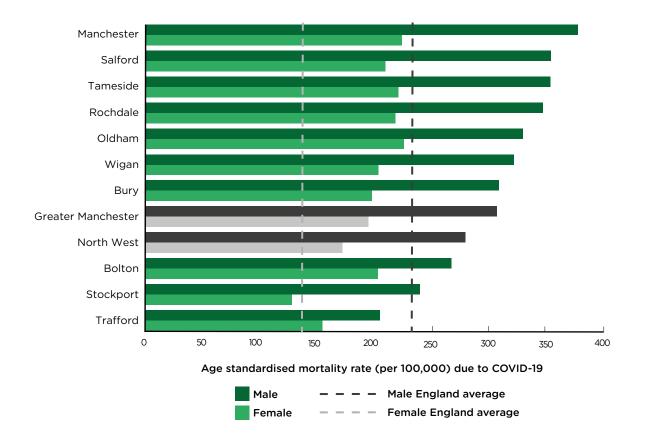
Source: Office for National Statistics (24).

Research shows that ethnic minority populations experience more barriers when accessing health and care services and as a result, have greater unmet needs (25). A study of the older ethnic minority population in Greater Manchester found a lack of trust in healthcare providers, including local GPs and hospitals, and showed levels of satisfaction and confidence in services were lower and that many older people from ethnic minorities in Greater Manchester did not feel they were treated with dignity in health and social care settings (26).

#### **COVID-19 MORTALITY IN GREATER MANCHESTER**

While England has experienced high COVID-19 mortality rates compared with other countries, the rate in Greater Manchester has been even higher than the average in England. The COVID-19 mortality rate between March 2020 and April 2021 in Greater Manchester was 307.1 per 100,000 population for men and 195.2 for women compared with England averages of 233.1 per 100,000 for men and 142.0 for women (14). Figure 4 shows that Greater Manchester as a whole, and all but one of its local authorities (Trafford for men, Stockport for women), had higher mortality rates from COVID-19 than England over the same period (28).

Figure 5. Age-standardised COVID-19 mortality per 100,000 for England, the North West, Greater Manchester and its local authorities, 13 month total (March 2020 to March 2021)



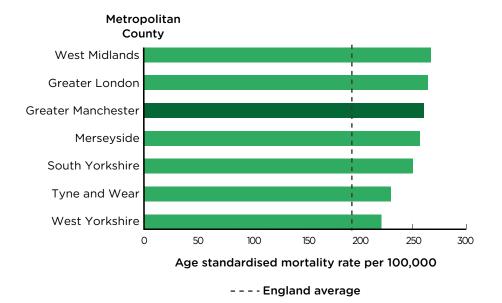
 $\textbf{Note:} \ \textit{Deaths'} \textit{due to COVID-19'} \textit{only include deaths where COVID-19 was the underlying (main) cause.}$ 

Source: ONS. Age-standardised rates from COVID-19, People, Local Authorities and Regions in England and Wales, deaths registered between March 2020 and March 2021 (28).

Overall, according to provisional figures, life expectancy in the North West declined more during 2020 than it did in England overall: for females in the North West by 1.2 years, compared with 0.9 for females in England as a whole, and for males in the North West by 1.6 years, compared with 1.3 for males in England as a whole (29).

Comparing with similar metropolitan counties and with Greater London (Figure 6), Greater Manchester had the third highest COVID-19-related mortality rates per 100,000 population (261 per 100,000 population), after Greater London (265.1) and the West Midlands (266.5). The age-standardised mortality rate for England was 193.9 per 100,000 population for the period running from March 2020 to March 2021 (28).

Figure 6. Age-standardised COVID-19 mortality rate per 100,000, metropolitan counties in England and Greater London, 13 month total (March 2020 to March 2021)



Note: Deaths 'due to COVID-19' only include deaths where COVID-19 was the underlying (main) cause.

Source: ONS. Age-standardised rates from COVID-19, People, Local Authorities and Regions in England and Wales, deaths registered between March 2020 and March 2021 (28).

The IHE's report of December 2020, *Build Back Fairer*, which covered England, showed a disproportionately high burden from COVID-19 and consistently higher mortality rates from COVID-19 among Black British people and those of South Asian descent across England compared with other ethnic groups (1). There are also signs of disproportionate social and economic harm on some ethnic minority communities as a result of containment measures.

The reported rate of infection from COVID-19 is an inaccurate measure of actual prevalence of infection as it depends on the rate of testing. Rates of testing in turn relate to availability, which was low at the start of the pandemic, willingness to be tested and levels of symptomatic infection. Nonetheless, it is worth noting that according to the available data, infection rates were higher during the pandemic in all local authorities in Greater Manchester and the North West than in England as a whole.

#### **COVID-19 MORTALITY AND INEQUALITIES IN ENGLAND**

Assessments of inequalities in COVID-19 infection and mortality in England show clear relationships with deprivation, prior health status, ethnicity, age and gender (1). Our analysis on inequalities in infection and mortality from COVID-19 for England in 2020 is summarised in Box 5.

#### **BOX 5. INEQUALITIES IN INFECTION AND MORTALITY FROM COVID-19**

#### **HEALTH CONDITIONS**

Some underlying health conditions significantly raise the risk of mortality from COVID-19. These include dementia and Alzheimer's disease, diabetes, hypertension, cardiovascular disease and other chronic diseases such as chronic obstructive pulmonary disease (COPD) and chronic kidney disease (30) (31).

#### **DEPRIVATION AND INEQUALITY**

The more deprived a local authority is, the higher the COVID-19 mortality rate has been during the pandemic. This social gradient in mortality is similar to that from all causes, suggesting the causes of inequalities in COVID-19 mortality are similar to the causes of health inequalities more generally. There was some further relative excess for COVID-19 mortality rates in the bottom three income deciles, possibly linked to a higher likelihood of being employed in frontline occupations and in living in overcrowded households (1).

#### **REGIONAL INEQUALITIES**

While different regions in England have been affected differently at various points during the pandemic, the close association between underlying health, deprivation, occupation and ethnicity and COVID-19 make living in more deprived areas in some regions particularly hazardous. Given the widening health and social determinants inequalities between regions prior to the pandemic, it is expected that mortality rates in deprived areas will be higher in regions outside London – particularly the North West and the North East, and that has been the case since the end of the first wave (1).

#### LIVING CONDITIONS

Overcrowded living conditions and poor quality housing are associated with higher risks of mortality from COVID-19 and this kind of accommodation is more likely to be found in deprived areas and inhabited by people with lower incomes. Evidence from our analysis in *10 Years On* showed that housing conditions had deteriorated for many in the previous decade (1) (3).

#### **OCCUPATION**

There are clear differences in risks of mortality related to occupation. Being in a key worker role, unable to work from home and being in close proximity to others put people at higher risk.

Occupations at particularly high risk include those in the health and social care, food processing, leisure and transport sectors. In men aged 20 to 64, the largest numbers of deaths in 2020 were among security guards and taxi drivers, while the highest rates were seen in occupations with fewer workers than these – bakers, publicans, police officers. Among women, the largest numbers of deaths were seen in care workers and home carers and the highest death rates were seen in sewing machinists.

While mortality risks are closely linked to occupation, area of residence has an important bearing on the extent of occupational risk. Managers living in deprived areas have above average risk for their occupation and workers in the elementary occupational group living in the least deprived areas have a lower risk of COVID-19 mortality (32).

#### **Ethnic minorities**

Mortality risks from COVID-19 are much higher among many ethnic minority groups than among White groups in England. Ethnic minority groups are disproportionately represented in more deprived areas and high risk occupations; these, and other risks, are the result of longstanding inequalities and structural racism. There is evidence that ethnic minority groups working in highly exposed occupations are not always being sufficiently protected with PPE or safety measures (23) (1).

#### **CUMULATIVE RISKS**

Risks of mortality are cumulative - being male, older, and from an ethnic minority group, with an underlying health condition, working in a higher risk occupation and living in deprived area in overcrowded housing have led to much higher rates of mortality from COVID-19 and reflect lifetime experience (1).

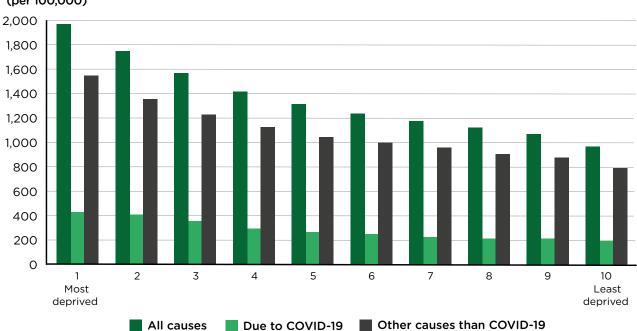


The relationship between all causes of mortality and deprivation in England is similar to the relationship between deprivation and mortality from COVID-19 (Figure 7). The more deprived the area of residence, the greater the mortality rate from COVID-19. The gradient was slightly steeper for COVID-19, than for all-cause mortality.

Figure 7. Age-standardised mortality rates from all causes, COVID-19 and other causes (per 100,000), by sex and deprivation deciles in England, March 2020 to February 2021

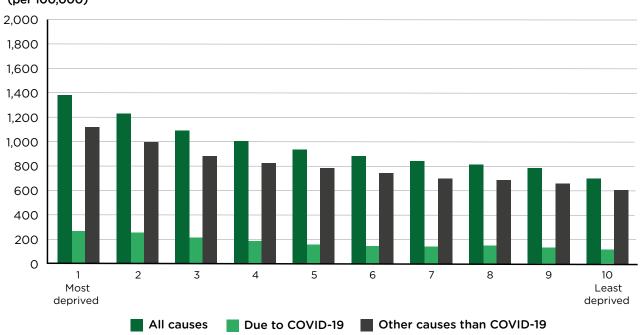
#### a) Men

#### Age standardised mortality rate (per 100,000)



#### b) Women

#### Age standardised mortality rate (per 100,000)



Source: ONS. Deaths involving COVID-19 by local area and socioeconomic deprivation, 2021 (33).



#### COVID-19 MORTALITY AND DEPRIVATION IN GREATER MANCHESTER

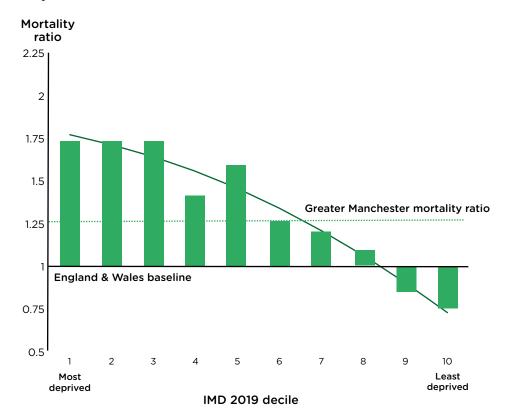
Understanding the close associations between deprivation and mortality rates from all causes of death and COVID-19 is important for understanding how COVID-19 has affected inequalities in mortality in Greater Manchester and in developing appropriate and effective remedial interventions.

Figure 8 shows the ratio of COVID-19 mortality by deprivation using deciles in the Index for Multiple Deprivation (IMD) within Greater Manchester compared with the number expected on the basis of COVID-19 mortality rates (age- and sex-specific) in England and Wales. Overall, COVID-19 mortality in Greater Manchester was 25 percent higher than the England and Wales average between March 2020 and January 2021, with wide inequalities in mortality across deprivation deciles. Mortality ratios in Greater Manchester were equally high in the three most deprived deciles and then decreased as the level of deprivation decreases. In the two least deprived areas, mortality from COVID-19 was lower than the England and Wales average over the same period, but in all other deciles COVID-19 mortality in Greater Manchester was greater than the England and Wales average.

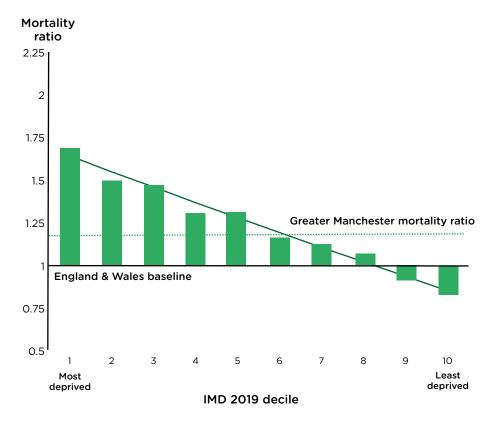
In Greater Manchester the COVID-19 mortality ratio in the most deprived decile was 2.3 times greater than in the least deprived decile, and the corresponding figure for all causes of death in Greater Manchester was 2.1, shown in Figure 8. In the City Region as for England as a whole, inequalities in COVID-19 mortality are slightly wider than for all-cause mortality (Figure 8b).

Figure 8. Age- and sex-standardised mortality ratios by deprivation deciles of MSOAs\* in Greater Manchester against the England and Wales baseline, March 2020 to January 2021

#### a) COVID-19 mortality ratios



#### b) All-cause mortality ratios



Notes: \*MSOA = middle layer super output area. Uses the Index for Multiple Deprivation (IMD) 2019, calculating the score for each MSOA in Greater Manchester by taking the average of the lower super output area (LSOA) scores for each domain of the IMD and then taking a weighted average of these domains for each MSOA, as set out in the Technical Report on The English Indices of Deprivation 2019 (34). Deciles were obtained by ranking each MSOA within Greater Manchester and then population weighting these ranks to split all MSOAs into 10 groups with equal sized populations, ordered according to the IMD scores of the MSOAs in each group. Mortality ratios were obtained by applying England and Wales COVID-19 mortality rates to the age and sex specific populations of each decile to obtain an expected number of deaths and then dividing the observed number in each decile by this figure. The horizontal black line shows a ratio equal to one, representing the England and Wales average. Deciles above this line have more deaths than expected based on this average, those below the line fewer deaths. The ratio of COVID-19 mortality for Greater Manchester as a whole is shown by the horizontal green dotted line.

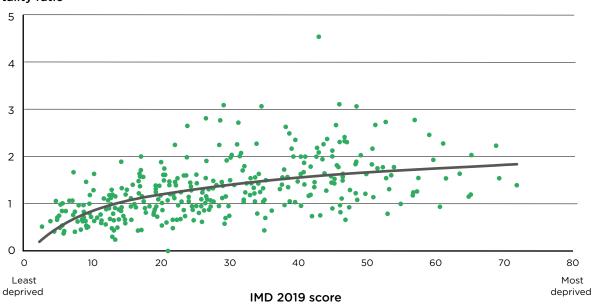
Source: ONS. Deaths due to COVID-19 by local area and deprivation, March 2020 to January 2021 (35)

To explore how mortality from COVID-19 varied between neighbourhoods in Greater Manchester, we calculated neighbourhood mortality ratios for each middle layer super output area (MSOA). Neighbourhood-level mortality ratios for COVID-19 and all-cause mortality broadly follow the same trend lines, associated with deprivation as illustrated in Figure 9 in which each dot represents the mortality of a neighbourhood. However, for COVID-19 it is evident that there is considerably more variation around the trendline than for all-cause mortality. This is in part due to the smaller number of deaths represented by each dot in Figure 9(a) resulting in greater statistical variability. However, it also suggests that factors other than deprivation (as measured by the IMD) may have influenced the size and effect of local disease outbreaks during 2020. These include the outbreaks in care homes, particularly in the period March to July 2020.

Figure 9. Age-adjusted mortality ratio of observed to expected deaths by level of deprivation, March 2020 to January 2021, neighbourhoods (MSOAs) in Greater Manchester

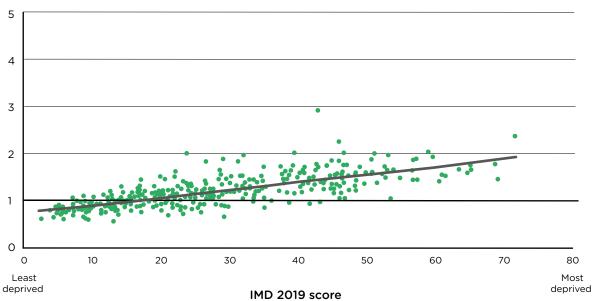
#### a) COVID-19 mortality ratios

#### Mortality ratio



#### b) All causes

#### Mortality ratio

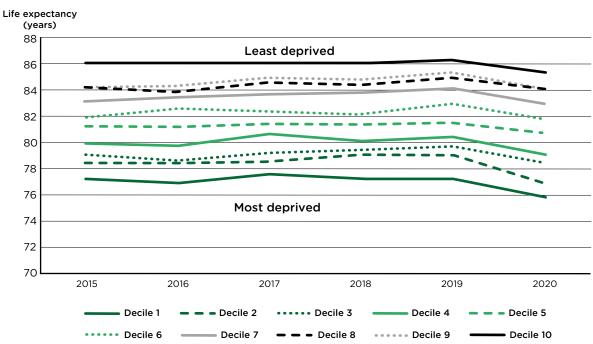


Source: ONS. Number of deaths by Middle Layer Super Output Area, England and Wales, deaths registered between March 2020 and January 2021 (35); ONS. Mid-2019 Population Estimates for Middle Layer Super Output Areas in England and Wales by single year (36).

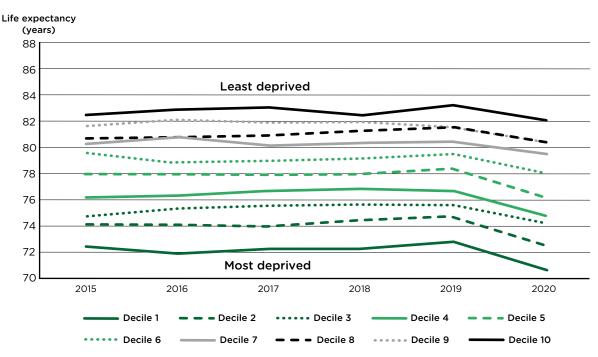
The high and unequal impact of COVID-19 mortality on life expectancy in the North West region is shown in Figure 10, based on provisional data for January to December 2020, by deprivation decile (29). Mortality data by deprivation are not yet available for Greater Manchester or for local authorities. In the least deprived half of areas in the North West, changes in life expectancy were in line with trends since 2018 but in the two most deprived deciles the reduction in life expectancy in the North West was much greater, leading to increasing inequalities in life expectancy – from 9.8 years difference between the highest and lowest deciles for men in the same period in 2019 to an 11.3 year difference in 2020. For women, the difference in life expectancy between the highest and lowest decile grew from 9 years in 2019 to 9.5 years in 2020.

Figure 10. Life expectancy at birth by national deprivation deciles (IMD 2019) 2015–2020, North West region of England (provisional data)

#### a) Females



#### b) Males



**Source:** Public Health England (PHE). Wider impacts of COVID-19 on health monitoring tool (29).



# COMPONENTS OF AREA DEPRIVATION DRIVING COVID-19 MORTALITY

The high mortality rates in Greater Manchester relate to its socio-demographic characteristics, previous health status, living and working conditions and occupations, ethnicity, levels of deprivation and physical interconnectedness.

Characteristics that contribute to the relationship between COVID-19 mortality and deprivation shown in Figure 9 above include: living in multi-generational housing or crowded conditions; having to continue working at a place of employment (outside the home) through lockdowns; type of employment, especially jobs in health and social care, other frontline occupations such as security occupations, process plant occupations – e.g. cleaners and workers that pack/bottle and can, and food, drink and tobacco process workers – chefs and taxi drivers (32). not feeling secure enough financially to self-isolate; being in poor health prior to infection; and being from an ethnic minority group.

These characteristics are often experienced simultaneously by lower income groups and lead to much higher risks of mortality. For example, being in poor health, older, male, from an ethnic minority group, a key worker and living in a deprived area is associated with a much higher risk of mortality from COVID-19. Furthermore, ethnic minority groups are disproportionately represented among key workers and are more likely to live in more deprived neighbourhoods (1).

It is tempting to try to disentangle all the different factors associated with deprivation and poor health that relate to COVID-19, so that interventions can be tailored to areas and groups where risk is highest. Because the variables that make up the deprivation index are themselves correlated, and have different measurement precision, it is difficult to isolate which are the most important elements. The analysis that follows should therefore be seen as a guide, rather than definitive.

Our analysis for Greater Manchester presented in Table 1 shows that levels of income and education and skills, type of employment and health are more strongly related to inequalities in COVID-19 mortality, (and all-cause mortality) than other factors associated with neighbourhoods and deprivation (crime, housing, living environment). If, as we propose, effective action is taken in those domains associated with both COVID-19 mortality and non-COVID-19 mortality, then inequalities in health will be reduced.

Table 1. Relationship between each of the domains of the Index of Multiple Deprivation (IMD 2019) and COVID-19 and non-COVID-19 mortality for neighbourhoods (MSOAs) in Greater Manchester, March 2020 to January 2021

IMD 2019 deprivation domain	Percentage of variance in COVID-19 mortality	
COVID-19 mortality		
Income	27	
Employment	26	
Education, skills and training	26	
Health and disability	25	
Crime	17	
Barriers to housing and services	6	
Living environment deprivation	4	
Non-COVID-19 mortality		
Income	49	
Employment	49	
Education, skills and training	44	
Health and disability	51	
Crime	33	
Barriers to housing and services	10	
Living environment deprivation	7	

**Source:** ONS. Number of deaths by Middle Layer Super Output Area, England and Wales, deaths registered between March 2020 and January 2021 (35); ONS. Mid-2019 Population Estimates for Middle Layer Super Output Areas in England and Wales by single year (36).

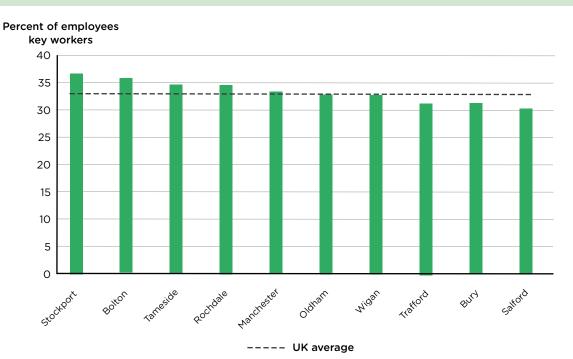


#### **KEY WORKERS AND COVID-19 MORTALITY**

During the COVID-19 pandemic there have been clear differences in risks of mortality related to occupation. Being in a key worker role, unable to work from home and working in close physical proximity to others have placed people at higher risk.

Keyworkers have experienced greater exposure to COVID-19 because they have continued to work during lockdowns. 10.9 percent of Greater Manchester's keyworkers work in health and social care, the largest group of key workers, followed by education and childcare (7.4 percent) (37). Within the City Region's local authorities, the percentage of employees who were keyworkers in 2019 was greatest in Stockport at 36.5 percent and smallest in Salford at 30.2 percent (Figure 11).

Figure 11. Percentage of employees who are key workers by Greater Manchester local authority, January to December 2019

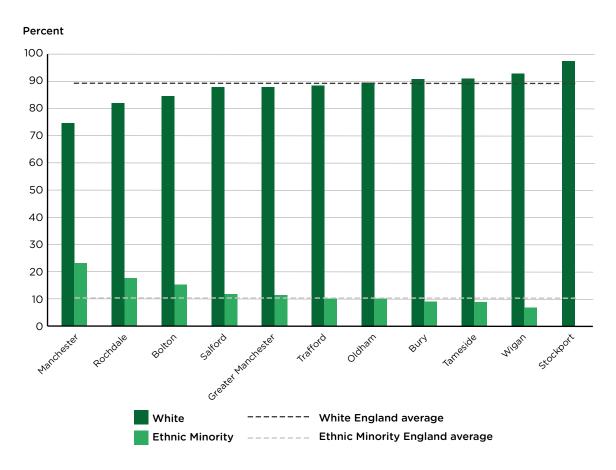


Source: ONS (38).

#### **WORKING FROM HOME**

Nationally, a higher proportion of individuals in occupations requiring higher qualifications reported to be working from home during the pandemic compared with those in elementary and manual occupations (39). Similarly, those working as managers, directors and senior officials were much more likely to be able to work from home, leading to clear socioeconomic inequalities in risk of exposure and mortality from COVID-19. There is also a clear ethnic inequality related to this and Figure 12 shows that in England, and across Greater Manchester, the overwhelming majority of those who are managers, directors and senior officials are White (38).

Figure 12. Percent aged 16 and over in employment who were managers, directors & senior officials by whether White or Minority Ethnic, local authorities in Greater Manchester



**Note:** Stockport ethnic minority data is not included due to incomplete data. **Source:** ONS. Annual Population Survey, 2020 (38).

The disproportionate representation of workers from ethnic minorities in elementary and manual occupations partly explains higher rates of COVID-19 infection and mortality from COVID-19. Managers, directors and senior officials, mostly from White backgrounds, are most likely to continue to work remotely, to continue working their normal number of hours and to maintain the same level of earnings as during pre-COVID times.

#### **INEQUALITIES AND SELF-ISOLATION**

One of the key components of the Government's strategy to control the spread of COVID-19 is the Test, Trace and Isolate system, launched in May 2020. People are asked to self-isolate for a minimum of 10 days upon receiving a positive test result. For those on zero-hour contracts, self-employed or on low pay, taking 10 days off to self-isolate is difficult or impossible and selfreported ability to self-isolate or quarantine is three times lower for those with incomes less than £20,000 or savings less than £100 (40). In Israel a survey indicated that intentions to self-isolate increased from 57 percent to 94 percent when lost wages were compensated (41). In a UK poll only 17 percent of people showing COVID-19 symptoms said they had tested themselves, the rest reluctant to do so for fear that a positive result and the ensuing self-isolation will lose them money (42). The Greater Manchester population survey in February 2021 (1,003 respondents) found 14 percent of respondents stated their pay was reduced when they took time off to self-isolate and 5 percent stated they were not allowed to take time off to self-isolate (43).

The UK government introduced two policies to reduce the risks of loss of income due to self-isolation for those on low incomes but they have had limited success, and sick pay in the UK remains the lowest among OECD countries (44). In September 2020 the Government introduced a payment of £500 to enable people "to selfisolate without worry about their finances" (45). To be eligible people must prove that they: have been asked to self-isolate; have a job; are unable to work from home and will lose income from self-isolating; or that they are in receipt of certain means-tested benefits (45). The numbers supported by this have been low: in England an estimated 1.5 percent of people told to isolate between 1 October 2020 and 15 January 2021 received the £500 payment (46). Between 28 September 2020 and 15 January 2021, only 35 percent of people who applied were successful; 62 percent of applicants who were turned down either did not meet the criteria or were found not to be in 'financial hardship' and councils reported the strict eligibility criteria did not allow those who needed the emergency funding to receive it (46). In a survey carried out in Greater Manchester in February 2021 only 16 percent on average of those needing to self-isolate claimed this financial support (13 percent in January 2021 and 20 percent in December 2020). There were also high levels of unawareness: 26 percent of those surveyed were unaware of the £500 support offer; and 4 percent were unable to complete the application (43). The scheme is set to run until June 2021.

Provision of adequate and accessible financial support would have a large effect in achieving high levels of self-isolation and testing that benefits lower income groups (47).

Emerging research from the UK to understand residents' thoughts and experiences of the Test, Trace and Isolate system, found that:

- 76 percent said that a guarantee that they would not lose their job would make them more likely to isolate
- 73 percent said they needed help with shopping
- · 44 percent needed better financial support
- 43 percent needed support with childcare
- 40 percent wanted someone to talk to (48).

The National Audit Office's interim report on the Test and Trace and Isolate system stated there were high levels of non-compliance with self-isolation with surveys finding between 10 and 59 percent of contacts were compliant. The NAO repeated the call by the Association of Directors of Public Health for better understanding of barriers and likely behavioural responses preventing people from self-isolating (49).



# PROGRESS OF THE PANDEMIC AND CONTAINMENT MEASURES IN GREATER MANCHESTER

Explanations for relatively high and unequal mortality rates from COVID-19 in Greater Manchester partly lie with the high levels of deprivation, the occupational structure and the living and working conditions in the City Region and also with the way the pandemic progressed. Infections started later there than in London, but were still high when the first lockdown ended in June 2020, meaning that the disease continued to circulate at high levels throughout the summer and into the autumn. As containment measures were in place for a longer duration in Greater Manchester than for most other areas in England, the negative social and economic impacts will be worse – which will damage health and widen health inequalities.

Table 2 outlines the trajectory of the pandemic in Greater Manchester and how it has differed from the England and UK picture. The additional lockdowns and restrictions and the eventual state of emergency declared in the summer of 2020 show the additional burden of the pandemic in the City Region.

Table 2. COVID-19 timelines for Greater Manchester and England/UK

Parch 1-19 2020     Pirst confirmed COVID-19 case (Bury)     Pirst COVID-19 death reported (Rochdale)     Pirst COVID-19 Strategic Coordinating     Group (SCG) and first COVID-19     Emergency Committee meeting chaired by the Mayor     GM local authority Chief Officers for Civil Contingencies COVID-19 meetings commence  March 20 2020     Parch 20	DATES	GREATER MANCHESTER (GM)	ENGLAND/UK
<ul> <li>Routine health and social care governance paused in GM</li> <li>Transport for Greater Manchester reduce Metrolink service</li> <li>GM begins reporting to Ministry of Housing, Communities and Local Government</li> <li>GM sets up a Tactical Coordinating Group</li> <li>Close, except for keyworkers' children</li> <li>Stay at home measures introduced across UK</li> <li>UK government orders all non-essential businesses, gyms and other social venues to close</li> <li>Chancellor announces the Government will pay up to 80 percent of wages for workers at risk of being laid off</li> <li>All local authorities urged to house those</li> </ul>		<ul> <li>First COVID-19 death reported (Rochdale)</li> <li>First COVID-19 Strategic Coordinating Group (SCG) and first COVID-19 Emergency Committee meeting chaired by the Mayor</li> <li>GM local authority Chief Officers for Civil Contingencies COVID-19 meetings</li> </ul>	working from home where they possibly can" and "to stop all unnecessary travel"  • Hospitals requested to postpone non-
Metrolink service  • GM begins reporting to Ministry of Housing, Communities and Local Government  • GM sets up a Tactical Coordinating Group  Metrolink service  • UK government orders all non-essential businesses, gyms and other social venues to close  • Chancellor announces the Government will pay up to 80 percent of wages for workers at risk of being laid off  • All local authorities urged to house those		Routine health and social care governance	
		Metrolink service  • GM begins reporting to Ministry of Housing, Communities and Local Government	<ul> <li>UK</li> <li>UK government orders all non-essential businesses, gyms and other social venues to close</li> <li>Chancellor announces the Government will pay up to 80 percent of wages for workers at risk of being laid off</li> <li>All local authorities urged to house those</li> </ul>

April 2020	<ul> <li>GM SCG sets up Recovery Coordinating Group</li> <li>Temporary Mortuary facility at Trafford opens</li> <li>COVID-19 test centre launched at Manchester Airport. Etihad Campus and AJ Bell Stadium for NHS staff, care workers, other key workers</li> <li>Nightingale Hospital North West opens at Manchester Central</li> </ul>	Stay at home measures extended			
	Greater Manchester COVID-19 deaths to Apr	ril 2020: 1,821 (cumulative)			
May 2020		'Stay alert' message introduced     Hospitals restart planned procedures			
	Greater Manchester COVID-19 deaths	to May 2020: 2,510			
June 2020	Primary schools reopen in GM, following England, Years 10 and 12 return to school	<ul> <li>Primary schools reopen in England, Years</li> <li>10 and 12 return to school</li> <li>Non-essential shops reopen</li> </ul>			
	Greater Manchester COVID-19 deaths	to June 2020: 2,751			
July 2020	<ul> <li>Cases rise and seven of top 20 worst affected local authority areas are in Greater Manchester</li> <li>31 July increased restrictions in GM (and parts of East Lancashire and West Yorkshire) prohibiting two or more households meeting indoors or outdoors announced by Secretary of State for Health and Social Care</li> </ul>	<ul> <li>England lockdown eases, restaurants, pubs, hairdressers reopen and up to two households able to meet.</li> <li>Holiday accommodation reopens and some leisure facilities</li> </ul>			
	Greater Manchester COVID-19 deaths to July 2020: 2,830				
August 2020	<ul> <li>2 August 'major incident' declared after rise in cases, rates in Manchester and Tameside double in seven days. No new restrictions follow but public agencies able to access extra resources (e.g. restaurants, cafes, pubs, gyms remain open, indoor entertainment remain closed)</li> <li>9 August GM Mayor suggests pubs may have to close to allow schools to reopen in September</li> <li>Stricter restrictions continue in Oldham prevent socialising between households but workplaces, childcare, businesses, restaurants remain open</li> <li>Restrictions removed from Wigan and Stockport; two households able to meet indoors; close contact beauty services and soft play, bowling alleys and casinos reopen</li> </ul>	Easing of lockdown continues and indoor entertainment (e.g. exhibition halls, casinos, soft play) reopen			
Greater Manchester COVID-19 deaths to August 2020: 2,830					

# September 2020

- Schools reopen as in England
- Planned measures to lift restrictions in Bolton and Trafford postponed to 2 September by Secretary of State for Health and Social Care. Bolton COVID-19 infection rates the highest in England
- Ban on two households meeting indoors and outdoors continues in Manchester, Salford, Rochdale, Trafford, Oldham, Bury, Bolton and Tameside
- Residents asked to limit use of public transport in Bolton and avoid mixing outside household
- Indoor leisure facilities reopen in GM (casinos, bowling)
- New local restrictions in Wigan and Stockport introduced 25 September; no indoor or outdoor meetings outside support bubble
- 1,700 students at Manchester Metropolitan University told to self-isolate after outbreak
- Living with COVID Resilience Plan adopted by GMCA, one-year plan to build back better

- Schools reopen
- UK cases rise
- Rule of six introduced, gatherings of more than six people are also prohibited in England from this date (indoors or outdoors)
- Restaurants and pubs remain open with 10pm curfew, alcohol sold until 10pm only

#### Greater Manchester COVID-19 deaths to September 2020: 2,963

# October 2020

- GM placed in 'High' (Tier 2) measures 14
   October i.e. with all Tier 1 measures and
   the following additional measures: no
   indoor meetings outside support bubbles;
   avoid public transport
- GM placed in 'Very High' (Tier 3) measures 23 October - i.e. Tier 1 and 2 measures and the following additional measures: household mixing banned indoors and outdoors; schools and universities remain open; soft play, pubs, bars, betting shops closed
- Fallowfield has highest number of cases in England 4 October
- Three tier system announced in England, all businesses and venues in 'Medium' (Tier 1) areas remain open but closed at 10pm, rule of six continues indoors and outdoors
- Tier 3 restrictions differ from region to region (e.g. gyms closed in some areas and not others)

#### **Greater Manchester COVID-19 deaths to October 2020: 3,383**

# November 2020

- Non-urgent operations suspended in GM
- Second England national lockdown begins 5 November, schools remain open and non-essential retail shut including restaurants, cinemas, leisure centres

#### Greater Manchester COVID-19 deaths to November 2020: 4,369

# December 2020

- Tier 4 measures introduced in GM 30 December (all non-essential businesses closed)
- 16 December first COVID-19 vaccines given in GM
- Second England national lockdown ends 2 December
- UK COVID-19 mass vaccination programme begins

Greater Manchester COVID-19 deaths to December 2020: 5,000

January 2021		<ul> <li>Third England national lockdown begins, stay at home measures from 5 January, all schools and colleges closed</li> <li>UK COVID-19 alert level at Level 5 (leave homes only for essential reasons; work from home if reasonable; all schools closed, move to remote learning; early years remains open; only essential shops open)</li> </ul>
Greater Manchester COVID-19 deaths to January 2021: 5,738		
February 2021		UK lockdown continues
Greater Manchester COVID-19 deaths to February 2021: 6,324		

Sources: ONS (50), Department of Health and Social Care (51), GMCA (52), Manchester City Council (53), NHS England (54), Wales Parliament (55), UK government (56), BBC News (57) (58) (59), The Guardian (60), Manchester Evening News (61), ITV News (62) (63).

## **INEQUALITIES AND COVID-19 VACCINATIONS**

There is a risk that lower uptake of COVID-19 vaccinations among more deprived and certain ethnic minority communities will further entrench inequalities in infection and mortality from COVID-19 in Greater Manchester. Lower uptake is associated with difficulty in accessing vaccinations, inability to take time off work, lack of awareness about the programme and vaccine hesitancy (when individuals delay or refuse vaccination despite the opportunity to be vaccinated being provided to them) (64). The ONS's data on vaccine hesitancy are based on estimates of those who have either been offered the vaccine and decided not to be vaccinated or who say they would be very or fairly unlikely to have the vaccine if offered (65). The data from April 2021 show that in Great Britain, Black or Black British adults were most likely to report vaccine hesitancy compared with White adults. However, vaccine hesitancy decreased at the start of 2021 among Black or Black British adults, from 44 percent (13 January to 7 February 2021) to 22 percent (17 February to 14 March 2021) and rose again to 30 percent (31 March to 25 April 2021) (65).

Data on the daily uptake of vaccinations show a strong correlation between deprivation and vaccine uptake, with less deprived areas more likely to have high vaccination uptake (66) (67). In April 2021 adults living in the most deprived areas of England were more likely to report vaccine hesitancy (16 percent) than adults living in the least deprived areas (7 percent) (65). Inequalities in uptake related to deprivation and ethnicity give a good indication of where efforts to encourage vaccination uptake should be concentrated.

Some of the programmes and practices developed during the pandemic to roll out programmes and support the vaccination effort have led to insights and practices that are highly relevant for work on health inequalities. These include collaborations with excluded communities to provide appropriate support and services and multisectoral partnerships that allow a 'whole of society' response to challenges of inequality, an example set out in Box 6.



The vaccination rollout in Greater Manchester is an example of this. It has required great awareness about individuals and communities who have not had access to relevant information about the vaccination programme, are unaware about the delivery of the programme or may be concerned about safety (Box 7).

#### **BOX 6. COMMUNITY HUBS**

Community Hubs are an example of integrated neighbourhood services in Greater Manchester, developed through the pandemic. During the pandemic the Hubs coordinated support for the most vulnerable in each borough, including those who did not have any other way of sourcing food and medical supplies, and helped people access hardship grants. The Hubs aim to provide integrated neighbourhood working, based on a place-based working model. Community Hubs are led and funded by local authorities, and throughout the pandemic met regularly during the first months of the lockdown to ensure the most vulnerable residents were supported (68).

# BOX 7. REDUCING INEQUALITIES IN VACCINE UPTAKE

The COVID Health Equity Manchester Group was established in July 2020 by Manchester Health and Care Commissioning (a partnership between Manchester's Clinical Commissioning Group and the City Council) to reduce inequalities in access to, and uptake of, vaccinations; it meets twice a month. To respond to the challenges, the group worked in partnership with local communities to create a forum for conversations and insights about the vaccine programme related to some ethnic groups and other communities known to experience high infection rates, high mortality and relatively low vaccination uptake. A voluntary, community and social enterprise organisations' 'sounding board' has been co-designed for each at-risk community, supported by a wider network of community influencers and 'cultural connectors'. This approach draws on community insight and intelligence with the aim of better developing culturally competent messages and delivering preventive measures swiftly and effectively to communities that do not currently have good access to timely, accurate public health information.

The vaccine equity plan includes:

- Targeting communication with tailored information through a range of media including films from multi-faith leaders and local councillors of diverse ethnic backgrounds and videos with information in different languages.
- Using the voice of community influencers to share messages through social media, webinars, community-led activities and events.
- Pop-up and mobile vaccination clinics in places where communities are present, for instance at mosques.
- 'Back to practice' offers where people can be vaccinated at their GP surgery.
- 'Quiet clinics' for people with learning disabilities or those requiring additional support.
- Pop-up booking clinics in community settings to enable people to book their vaccination appointment.

There is evidence of positive progress as a result of these programmes, improving coverage among Bangladeshi, African and Pakistani people, people with a learning disability and patients with a severe and enduring mental illness (69).



## SUMMARY AND RECOMMENDATIONS

Greater Manchester has had higher rates of COVID-19 mortality than in England overall for both men and women. This partly relates to the timing of infection in Greater Manchester, but also relates to high levels of deprivation in the City Region, to living and working conditions, interconnected communities and high numbers of key workers. The timing of national restrictions was not always appropriate for Greater Manchester because the pandemic's progress there was different from the rest of the country. The City Region has experienced prolonged local restrictions in addition to national restrictions. COVID-19 mortality has also been more unequal across deprivation deciles within Greater Manchester than in the rest of England.

Given the associations between deprivation, ethnicity and mortality from COVID-19 in Greater Manchester, it is important that programmes to reduce the risk of infection and mortality and to encourage vaccine uptake are universal but with proportionately more effort in those areas and specific communities where risk is highest. These interventions will also help reduce inequalities in health more broadly. Without this focus on inequalities COVID-19 risks becoming entrenched among more deprived and certain ethnic minority communities.

Our recommendations in this section are relatively short-term measures to reduce the risks of infection and mortality. In the rest of the report we make recommendations about how to reduce the drivers of those unequal risks – inequalities in the early years, education, communities, housing, employment, income and health. We also set out how the unequal and negative impacts of containment measures will widen those inequalities in the long term, further worsening poor health and lowering life expectancy.

# RECOMMENDATIONS: REDUCING INEQUALITIES IN VACCINE UPTAKE AND IN INFECTION AND MORTALITY RATES

- Advocate for local control over vaccination programmes, especially catch-up programmes, and focus vaccine rollout more on groups at higher risk and with lower vaccination rates.
- Follow the principle of proportionate universalism and direct increased resources and supply to ensure the needs of the most deprived, diverse and more vaccine-hesitant communities are met.
- Advocate for resources for adequate financial support and provide practical, clinical and wellbeing support
  for those who cannot work because of COVID-19 risk and those who have to self-isolate and ensure
  guarantees of return to employment.

# THE SOCIAL DETERMINANTS OF HEALTH INEQUALITIES IN GREATER MANCHESTER AND THEIR ROLE IN COVID-19

Despite favourable leadership and effective systems in place in Greater Manchester, there are longstanding and entrenched socioeconomic and health inequalities which blight the lives of many of the City Region's residents. Between 2015 and 2017, for both women and men, life expectancy in Greater Manchester was close to two years below the England average and healthy life expectancy three years below the England average. Poverty levels are high: twenty percent of Greater Manchester's population, 680,000 people, live in the 10 percent of most disadvantaged areas nationally (16).

As we have outlined in the previous section, Greater Manchester has been hit hard by COVID-19 infection and mortality, and experienced severe social and economic impacts from containment measures, which have lasted longer than in much of England and which will further widen socioeconomic inequalities and health inequalities. Health inequalities and mortality from COVID-19 might have been even higher had there not been substantial activity and investments in reducing health inequalities and socioeconomic inequalities before the pandemic, however, additional and more widespread action and increased resources are now urgently required. The recommendations and proposals made in this report support many of the existing approaches in Greater Manchester, but with recommendations to scale up as well as implement new approaches to reduce widening inequalities. The Build Back Fairer approach provides a coherent response to the challenges and could underpin greater population engagement, including from businesses, in order to respond to the inequitable impacts of the pandemic.

# A. COMMUNITIES AND PLACE

In the *Build Back Fairer* report for England we assessed the impacts of the COVID-19 containment measures on resources and assets in places and communities, noting that more deprived areas, some of which we describe as 'ignored places', suffered greater levels of funding cuts before the pandemic and have been worst hit during the pandemic. These same communities and places are also likely to have had higher rates of mortality during the pandemic compared with better-off areas. Levels of deprivation are likely to increase in the aftermath, further harming health, as poverty and unemployment increase and local government and public service finances suffer (1).

The physical, economic and social characteristics of places and communities have an important influence over people's physical and mental health and wellbeing, and inequalities in these are related to inequalities in health (3). Community assets are important to health directly and indirectly: directly through the services and opportunities they offer that support physical and mental health, and indirectly through a sense of control and empowerment, levels of community cohesion and social interaction, all of which support good health. More deprived areas tend to have fewer community assets, unhealthier environments and often less social cohesion than wealthier areas.

Policies of austerity over the last 10 years have led to widening inequalities in the resilience and functioning of communities. Deprived communities and areas have seen vital physical and community assets lost, resources and funding reduced, community and voluntary sector services diminished and public services cut, all of which have damaged health and widened inequalities. In Greater Manchester, before the pandemic, levels of deprivation had increased (12) and the City Region has higher levels of deprivation than the average for England, including many areas of intense deprivation. As noted above,

high levels of deprivation are damaging for health and closely associated with higher mortality from COVID-19 as well as all other causes of mortality and lower life expectancy and worse health. In Manchester City Local Authority, nearly 45 percent of local neighbourhoods (lower super output areas) fell among the 10 percent most deprived areas in England as measured by the Index for Multiple Deprivation (IMD) 2019 (70).

Two important dimensions of places that shape how communities affect health are levels of available funding and social cohesion and wellbeing. In this section we review both these for Greater Manchester, assessing conditions pre-pandemic, the effects of containment measures on communities and how these will likely affect health and health inequalities in Greater Manchester in the coming years.

#### **FUNDING AND RESOURCES**

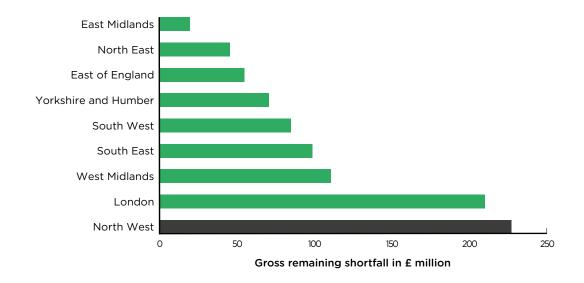
In the 10 Years On report we set out how, in England, in the decade from 2010 cuts to local government had been regressive, with more deprived local authorities experiencing greater cuts than wealthier areas (3). Since 2009, net expenditure per person in local authorities in the 10 percent most deprived areas fell by 31 percent, compared with a 16 decrease in the least deprived areas (3).

Regional inequalities in levels of funding available to support communities have widened and in the North West region council spending per person fell by 20 percent between 2009/10 and 2019/20, compared with a cut of 15 percent in the South West, the region with the lowest cuts (71). The Institute for Fiscal Studies has estimated that councils in the North West received £378 million (cumulative) less funding in 2019/20 compared with 2011/12 while London councils received £286 million

more (71). In other words, the North West received £53 less per person between the start and end of that period and London received £33 more (71). In Manchester City, which, as noted, is particularly deprived, local authority expenditure fell by nearly 17 percent between 2009/10 and 2017/18 (72).

Given the extent of cuts up to 2020 and rising demands, Local Authority councils' reserves are severely depleted. Figure 13 shows that the North West region had the highest level of funding shortfall for councils in 2020–21 at £200m. 'Gross remaining shortfall' is the total shortfall left after local authorities have used all of their deployable reserves.

Figure 13. Gross remaining shortfall for councils in England's regions, based on own estimates of deployable reserves, 2020-21



**Note:** Share of councils for which funding shortfalls exceed 'deployable' reserves, and the extent of this excess, based on different estimates of the share of reserves that are deployable. Estimates of the number or proportion of councils for which (1) their funding shortfall exceeds their own estimate of deployable reserves (or 75% of the same) and (2) their funding shortfall exceeds an alternative estimate based on the average share among councils of their type that is deployable (or 75% of the same).

Source: Institute for Fiscal Studies (73).

As well as damaging communities and harming health prior to the pandemic, funding cuts harmed local governments' capacity to prepare for and respond to the pandemic and have left local authorities in a perilous condition to manage rising demand in the aftermath of the pandemic. In Greater Manchester these impacts have been particularly intense due to high levels of deprivation, the extent of funding cuts and the particularly severe damage to the social and economic conditions in Greater Manchester due to the longer lockdown.

In the *Build Back Fairer* report for England, we assessed the impacts of the containment measures on resources and assets in places and communities, noting that more deprived areas have been worst hit during the pandemic. Box 8 summarises these points.

### BOX 8. COVID-19 CONTAINMENT IMPACTS ON INEQUALITIES IN PLACES AND COMMUNITIES IN ENGLAND - SUMMARY FROM BUILD BACK FAIRER

- The same communities and regions that were struggling before the pandemic - more deprived areas and ignored places - are struggling during the pandemic and this will likely continue in its aftermath. Their resilience has been undermined by the effects of regressive reductions in government spending over the last decade.
- Pre-pandemic cuts to local authorities were higher in more deprived areas, leading to greater losses in services there.
- Local authorities are now under even more intense pressure and extra government funding will not make up the shortfall (1).



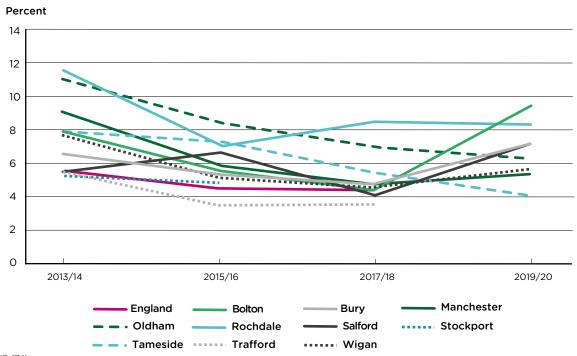
Given the highly inadequate funding available to local authorities in Greater Manchester, their capacity to respond and mitigate the impacts of the pandemic is extremely constrained and health will suffer as a result. As noted above, the shortfalls will be higher in more deprived local authorities, where need is greatest. While there is an urgent need for greater funding for essential community services and support, there are other dimensions of community resilience and assets that can be supported and fostered.

#### COMMUNITY WELLBEING AND COHESION

Physical and mental health and wellbeing are interrelated; having positive wellbeing translates into good health and good health supports positive wellbeing. Generating conditions that support good wellbeing is an important health and health equity intervention as well as an important goal in its own right.

In Greater Manchester, prior to the pandemic, self-reported wellbeing had been improving in more than half of local authorities, according to survey data. Figure 14 shows in most of Greater Manchester's local authorities there were reductions in those reporting low satisfaction before the pandemic, meaning levels of wellbeing had improved by 2019/20 compared with 2013/14. Feelings of low satisfaction rose slightly in Bolton, Salford and Bury.

Figure 14. Trend in the percentage of people with a low satisfaction score by local authority in Greater Manchester, 2013/14-2019/20

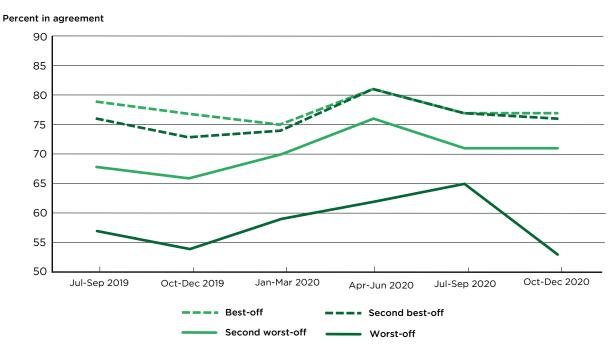


Source: ONS (74).

Despite these mostly positive changes in wellbeing scores, it is likely that COVID-19 containment measures will have affected wellbeing. The Greater Manchester Mental Wellbeing Survey of over 4,000 respondents conducted between August and November 2020 found the two most common factors that respondents felt negatively impacted their wellbeing were income and not seeing friends and family, and 43 percent of respondents stated they had 'very high concern' about income and friends and family. Concerns about income were higher in ethnic minority populations and those with disabilities (75).

During the pandemic there were reports of strengthened community cohesion and resilience as local residents supported each other and felt a common sense of purpose. However, this appears to have been short-lived. Figure 15 shows results from Greater Manchester Police's quarterly Community Safety Survey for July 2019 to December 2020, which indicate community cohesion increased for all income groups during the first phase of the pandemic, then levelled off for those on higher incomes and declined for those on lower incomes; inequalities in feelings of social cohesion by income groups widened. However, the early improvements do show that reducing inequalities in community cohesion is possible and lessons must be learnt from this.

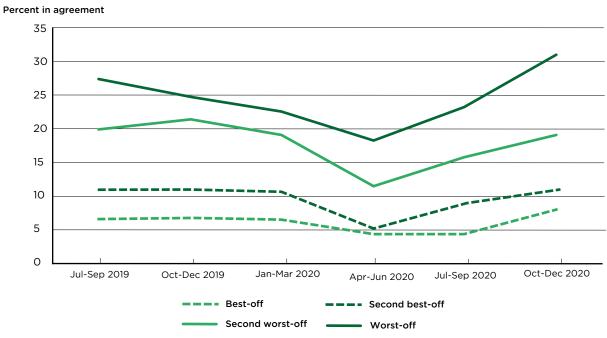
Figure 15. Percentage agreeing with the statement 'My local area is a place where people with different backgrounds get on well together', by financial subgroups, Greater Manchester, quarterly reporting July 2019 to December 2020



Source: Greater Manchester Police (76)

In the early phase of the pandemic, findings from the Greater Manchester Survey showed a decline in feeling unsafe, and lower inequalities according to personal level of wealth. However, feeling unsafe increased rapidly and inequalities increased as the pandemic continued (Figure 16).

Figure 16. Percentage of the population who report they feel unsafe in their local area, by financial subgroups, Greater Manchester, quarterly reporting July 2019 to December 2020

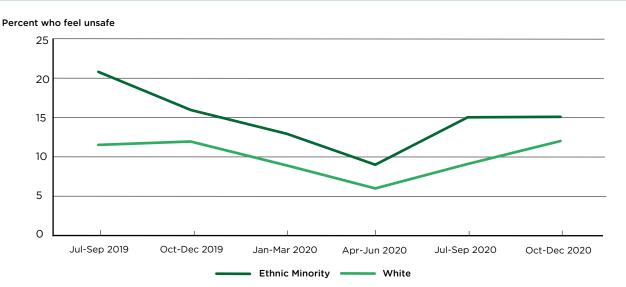


Source: Greater Mancester Police (76).



Simillarly, the proportion of people who felt unsafe between the summer of 2019 and winter 2020 reduced for both White and ethnic minority respondents though this increased again after the first lockdown (Figure 17). While the data show that ethnic minority respondents were more likely to report feeling unsafe, the gap between ethnic minority and White respondents narrowed over the period shown in the graph.

Figure 17. Proportion of the population who report they feel unsafe in their local area, by Ethnicity, Greater Manchester, quarterly reporting July 2019 to December 2020

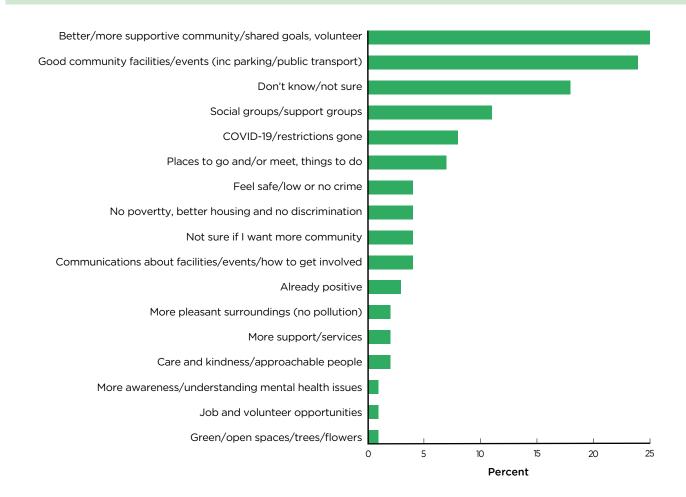


Note: Graph shows those who reported they feel 'fairly unsafe' or 'very unsafe'.

Source: Greater Mancester Police (76).

Fostering community cohesion and safety in Greater Manchester and improving the quality of more deprived local areas are important health equity interventions. How these could be achieved effectively has been highlighted by relevant surveys with communities in Greater Manchester. For example, in relation to levels of community cohesion, for nearly a quarter of residents who responded to the 'Greater Manchester Big Mental Wellbeing Conversation', community support and shared goals and good community facilities and events were deemed most important (Figure 18). Cuts to funding before, and likely following, the pandemic will have undermined both of these valued community features.

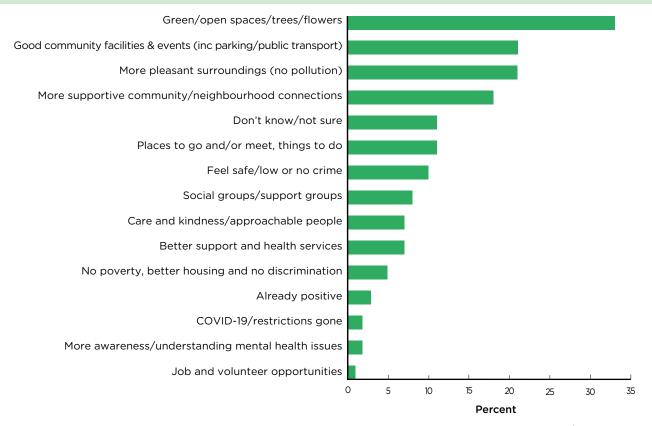
Figure 18. Responses to the survey question, 'What would make people feel more part of their community?'



**Source:** Question 10 of Greater Manchester Big Mental Wellbeing Conversation Survey Aug-Nov 2020, of 3,986 people who live and/or work in Greater Manchester (75).

Figure 19 shows further responses to the Greater Manchester Mental Wellbeing Conversation Survey about wellbeing, which indicate the ways residents view local areas could improve. Most residents noted the importance of green environments and local events and facilities to good wellbeing, which are highly supportive of good physical and mental health and help reduce inequalities.

Figure 19. Responses to survey question, 'If the local area was a place of positive wellbeing, what would it look like?'



**Source:** Question 3 of Greater Manchester Big Mental Wellbeing Conversation Survey, Aug-Nov 2020, of 3,986 people who live and/or work in Greater Manchester (75).

In communities around the world, volunteers have been a valuable part of the COVID-19 response, although the capacity of people to volunteer has been limited, due to restrictions. Since March 2020, surveys of voluntary, community and social enterprise organisations in the UK found 24 percent or organisations reported an increase in volunteers and 36 percent reported a decrease (mainly due to social distancing and lockdowns reducing opportunities to volunteer) (77). In Greater Manchester, the Big Mental Wellbeing Conversation identified volunteering as one of the main ways to make people feel more part of their community – alongside better community support and involvement, good community events and facilities (75). A consultation with children and young people showed they are keen to volunteer and support the older generation (78), Box 9 indicates some of the volunteering efforts in Greater Manchester.

#### **BOX 9. VOLUNTEERING DURING THE PANDEMIC**

In Greater Manchester there was an increase in the number of local Facebook support groups at the start of the pandemic as neighbours offered help to each other. In Tameside a group of charities delivering food to vulnerable individuals have a WhatsApp group to keep in touch, provide each other with peer support and coordinate the offer across communities. Manchester and Tameside local authorities offered peer to peer support during the pandemic, finding many people are more accepting of help from volunteers/buddy/befriending services as there is less stigma associated with this than with accepting 'official' help. For people with mild mental health needs this is an effective intervention that needs to be built on.

Interviews with Directors of Public Health across England have revealed the effect of the pandemic on their working practices. The organisational boundaries and silos disappeared, and staff worked together for a common purpose. Multi-disciplinary teams brought together in local authorities have shown that complex problems can be addressed and that place-based models could be easily implemented (79).

## SUMMARY AND RECOMMENDATIONS

Area deprivation and health inequalities are likely to increase as a result of the economic impacts of the pandemic and the probable lower national funding allocations to local government and public services. The shortfalls experienced prior to the pandemic must be redressed by providing additional resources to areas that have experienced particularly high rates of COVID-19 and more restrictions, such as Greater Manchester. In these areas there has been greater damage over the last 10 years and during the COVID-19 restrictions and there will be greater damage to social and economic outcomes and to health and health inequalities as a result.

As Greater Manchester has high levels of deprivation, which have been exacerbated by the pandemic, it is vital that funding is available with which to build community assets. To support local areas to Build Back Fairer and strengthen community assets and cohesion, resources need to be allocated according to deprivation level, with greater funding and support for more deprived areas, ethnic minority communities and to enable greater integration of people living with disabilities – people in both of these latter groups report feeling less connected to their communities, as shown by relevant surveys with communities in the region. Environmental, social and economic improvements to more deprived areas in Greater Manchester will help support social cohesion, community resilience and health and should also be the focus of national advocacy from the Combined Authority.

Greater Manchester already has a number of relevant strategies and interventions to support local communities, including Our People, Our Place, which has a vision of making "Greater Manchester one of the best places in the world to grow up, get on and grow old". There are 10 priorities to achieve the vision, including Priority 8: Safer and Stronger Communities (80). The strategy stresses the importance of partnerships between civic leaders, business, the voluntary, community and social enterprise sector, and local people. We endorse this approach and note that while there is still a way to go to ensure communities are at the centre of developing actions, the pandemic has resulted in closer collaborations between service providers, community groups and residents. These must be extended as part of the Build Back Fairer approach and lead to reconfigurations in how services are designed and delivered.

#### **COMMUNITIES AND PLACE - RECOMMENDATIONS**

- 1. Advocate for increased deprivation weighting in funding by level of area deprivation.
- 2. Advocate for a greater share of resources for regions and local authorities hit particularly hard by COVID-19 and containment measures, and based on remedying shortfalls in funding from the last 10 years.
- 3. Develop publicly accessible data on equity in health, wellbeing and the social determinants of health within local authorities and strengthen monitoring by ethnicity at the local level.





# **B. HOUSING, TRANSPORT AND THE ENVIRONMENT**

In this section we review key elements of healthy environments, including housing, transport, air quality access to green spaces and the quality of high streets. Poor quality, and overcrowded housing is harmful to health, widens health inequalities and inequalities in key social determinants of health, and increases the risk of contracting and dying from COVID-19. Unaffordable housing contributes to poverty, leaving people in stressful situations, with insufficient income to lead a healthy life and increasing the risk of homelessness.

Affordable public transport is important to enhance access to services and jobs, reduce poverty, improve social cohesion, and enable everyone in Greater Manchester to experience its cultural, hospitality, sporting and community assets. All of these improve health and wellbeing. Those on lower incomes tend to travel more on trams and buses than people who are wealthier, and poorer people have much less mobility due to cost and limitations in access to public transport (3).

Poor air quality damages health. Long-term exposure to fine particulate matter (especially  $PM_{2.5}$ ) increases mortality and morbidity from cardiovascular and respiratory diseases and causes lung cancer. People living in more deprived areas are the most affected by air pollution (81). The direct and indirect impacts of climate change are a threat to health and health inequalities in Greater Manchester, as globally. Immediate action to reduce greenhouse gas emissions can also improve health and reduce existing health inequalities. Climate change has direct and indirect impacts on physical and mental health, and on inequalities. Action to reduce air pollution by reducing the burning of fossil fuels will not only have immediate health benefits, but will also contribute to achieving net-zero greenhouse gas emissions.

Improving access to good quality green space is a vital mental and physical health intervention as well as supportive of efforts to mitigate climate change impacts and protect biodiversity. Access and use of green spaces tends to reduce as the level of deprivation increases, which was highlighted during the pandemic. Healthy high streets are supportive of good health, and unhealthy high streets undermine health – there are clear socioeconomic inequalities in access to healthy high streets (3).

Our findings on housing, environment, transport and health from the *10 Years On* report and the *Build Back Fairer* report for England are summarised in Boxes 10 and 11.

#### BOX 10. HOUSING, ENVIRONMENT, TRANSPORT AND HEALTH - SUMMARY FROM 10 YEARS ON

- The costs of housing, including social housing, increased in the decade from 2010, pushing many people into poverty and ill health.
- The number of non-decent homes decreased, even in the private rental sector, but this sector still has high levels of cold, damp and poor conditions, and insecure tenures, which harm health.
- Homelessness and rough sleeping rose significantly, by 165 percent between 2010 and 2017. In 2018 there were 69 percent more children in homeless families living in temporary accommodation than in 2010.
- In London 46 percent of the most deprived areas have concentrations of nitrogen dioxide above the EU limit, compared with 2 percent of the least deprived areas.
  - Harm to health from climate change is increasing and will affect more deprived communities the most in future.
  - One quarter of the UK's greenhouse gas emissions come from transport and road transport is the largest contributor to poor air quality.
  - Between 2010 and 2018 the number of children walking to school did not change and the number cycling to school increased by one percent. Active travel amongst adults has increased but inequalities have widened (3).



#### BOX 11. HOUSING, ENVIRONMENT, TRANSPORT AND HEALTH - SUMMARY FROM BUILD BACK FAIRER, ENGLAND

- High costs of housing are continuing to push even more people into poverty as incomes fall.
- Rough sleeping was eliminated early on in the pandemic, showing what is possible. However, as of winter 2020, it was already increasing again.
- The number of families in temporary accommodation has increased during the pandemic.
- Private and social renters live in unhealthier conditions than owner-occupiers and have struggled more with lockdown.
  - Air pollution is much more prevalent in deprived communities and harms health and may have contributed to higher mortality rates from COVID-19.
  - Public transport, active travel and reduction in private car use are all elements of Building Back Fairer and will require support to urgently address how to encourage people back to public transport and provide a sense of safety whilst on buses, trains and the metro and to also make walking and cycling feel safe and manageable (1).

#### HOUSING IN GREATER MANCHESTER

Before the pandemic housing costs in Greater Manchester had increased, as they had in England generally, pushing many families into poverty. Housing conditions in the private rental sector had deteriorated and the prevalence of overcrowding and homelessness were increasing (3) (82).

#### **HOUSING CONDITIONS**

The 2019 Greater Manchester Housing Strategy stated that the quality of housing stock needed improving: "in some of our less affluent communities, older properties often show their age, presenting substantial concerns in terms of their condition, with common issues of damp, cold and other health and safety hazards, including their accessibility for those with mobility challenges" (83). In 2018 close to 1 million owner-occupied homes and 354,000 private rented homes in the North did not meet the 'decent homes standard'. Close to half of all non-decent homes in the North have at least one person with a long-term illness or disability (84).

Nationally, rates of overcrowding have increased among social and private renters since 2014 (85). Close to one in 20 people, 4.7 percent, live in overcrowded accommodation in Greater Manchester meaning they have fewer bedrooms than they need (86). The highest proportions being in Manchester, Oldham and Rochdale and the lowest in Wigan, Stockport, Trafford and Bury (19). In the North West 11 percent of ethnic minority households were overcrowded compared with 1 percent of White British households (87).

In Greater Manchester, young people and those from ethnic minority communities are more likely to rent from the private sector, where conditions are generally worse than in the social rented sector (83). In 2016/17 the English Housing Survey found 20.3 percent of households in England lived in the private rented sector and the equivalent estimated rate for Greater Manchester was slightly higher, at 21.9 percent (83). According to surveys across Greater Manchester nearly one-fifth of private renters had rented a property in a poor condition (88) and private renters had the lowest satisfaction with their home's state of repair compared with other tenures: 18.5 percent surveyed were dissatisfied or very dissatisfied compared with 9.8 percent overall (89). Demand for social housing continues to rise. In Wigan waiting lists increased by 69 percent between 2018 and 2020 and there are more than 78,000 households in Greater Manchester waiting for social housing (90) (91).

The deteriorating housing conditions prior to the pandemic, especially overcrowding, had a direct impact on COVID-19 infection and mortality rates and contributed to socioeconomic inequalities in risk and mortality in Greater Manchester. Over the lockdowns, households have spent much of their time in their homes, and this has increased exposure to unhealthy and overcrowded conditions and added to the stress of living in poor quality housing. In response to the challenges facing the housing sector, particularly homelessness, there have been a number of significant actions in Greater Manchester, Box 12.



# BOX 12. ACTIONS GREATER MANCHESTER IS TAKING ON HOUSING

Greater Manchester's A Bed Every Night scheme and Housing First policy and offer support accommodation for people who sleep rough and support to improve their physical and mental health. The NHS provides funding for the scheme as it is viewed as a form of prevention, reducing need for NHS services. The Mayor's Homelessness Fund enables businesses and individuals to donate towards supporting local services to support homelessness reduction (92).

The Let Us ethical lettings agency in Greater Manchester provides management services to private landlords through the services of housing association partners, aiming to improve the private rental sector (93).

In March 2021 the Better Homes, Better Neighbourhoods, Better Health 'Tripartite Agreement' between Greater Manchester Housing Providers, Health and Social Care Partnership and the Combined Authority was launched. The partnership aims to plan new housing and communities to enhance health, support more vulnerable households, support homeless people and those sleeping rough, and expand the ethical lettings agency to make an additional 800 homes available to those who are homeless or sleeping rough by 2024 (94).

Greater Manchester's 2019-2024 Housing Strategy has two priorities: to provide a safe, healthy and accessible home for all and to deliver the new homes Greater Manchester needs (95). It commits to providing 50,000 affordable homes, of which 30,000 will be for social rent, by 2037 (95). However, this is too few and too slow to meet the demands for affordable housing, and given the impacts of the pandemic, the Strategy's priorities are unlikely to be met in the 2019-24 timeframe.

In the aftermath of the pandemic it is likely that housing quality will likely deteriorate further as landlords, including private and social landlords, are less likely to invest in their properties; they will have fewer resources available to them due to declining incomes, plus there will be a greater demand for cheap rental properties. The shortage in the social rented sector will affect the ethnic minority population substantially as they are the most likely of all ethnic groups to live in social housing (96).

The Good Landlord Scheme mixes both hard and soft regulatory interventions, and the City Region will have the capacity to take action to ensure compliancy, penalising those landlords who do not provide decent housing (Box 13). Assessing quality of housing is an extensive task and cuts to local authorities have meant that assessments and enforcements have been scaled back (97).

# BOX 13. IMPROVING THE PRIVATE RENTED SECTOR IN GREATER MANCHESTER

Many short-term and small-scale interventions have been introduced to improve the private rented sector, although problems remain. Three-quarters of renters interviewed in Salford stated they had problems getting repairs addressed (98). 1,900 complaints were made to the Manchester city's rogue landlord enforcement team in 2019/20, yet only 240 properties were inspected (99).

The Greater Manchester Good Landlord Scheme, approved in March 2021, could help to address some of the issues by placing the onus on landlords and agents to improve and maintain standards in the private rental sector (100). The Scheme addresses some of the issues by:

- Strengthening and focussing enforcement capacity in a co-produced model with districts, and potentially with improved connections to housing advice and advocacy services, and to Greater Manchester Fire and Rescue Service, Greater Manchester Police and Trading Standards enforcement activity. Work to target the poorest quality and worst managed properties in the sector should be given direct support.
- Targeting capacity building for landlords (and agents) to help them better support their tenants, particularly those on low incomes, including training and access/signposting to help retrofits, and other funding opportunities or support.
- Working with districts and key stakeholders to ensure tenants and landlords have access to accurate and up-to-date information and advice (e.g. around housing and welfare rights and dealing with personal and household debt).
- Promoting the active growth of ethical/social investors in the sector - including working with Greater Manchester registered providers to achieve this via the ethical lettings agency Let Us (see Box 12), in part to offer an exit route for landlords, including those unwilling or unable to provide decent, well-managed homes for tenants (100).



#### **HOUSING COSTS**

Unaffordable housing harms health - it increases homelessness and reduces income available for other essential services and food. The effects of unaffordable housing increase stress and the risk of suffering from poor mental health; high housing costs lead to worse housing conditions as people cannot make essential repairs and landlords have less incentive to improve conditions. Housing affordability in Greater Manchester continues to push many households into poverty and homelessness, with private renters spending a greater proportion of their income on their housing costs than those with mortgages or social renters. On average, in the UK, in 2018/19 private renters spent 33 percent of their income on housing costs, while social renters spent 26.5 percent and people with mortgages 18 percent of their income on housing (101) (102).

Housing costs were increasing prior to the pandemic. In 2019 it was estimated that around 38 percent of newly forming households in Greater Manchester were unable to afford to buy or rent a home in the one-quarter of properties least expensive to buy or rent (103). In 2018 the average monthly private rent in Manchester City required a single person to spend 45 percent of their income on rent (104). Average housing prices and private rents in Greater Manchester are generally lower than the England and Wales average, but average household incomes are also lower and close to onethird of households spend more than 35 percent of their income on private rent; those on lower incomes spend a larger proportion on housing costs (95). Box 14 outlines measures to support those on low incomes to secure deposits for housing.

# BOX 14. SUPPORTING HOMELESS AND LOW-INCOME FAMILIES TO SECURE DEPOSITS FOR HOUSING

The Bond Board, established in 1993 in Greater Manchester, provides bond guarantees for people who are homeless or on low incomes. These guarantees take the place of cash deposits and provide security for landlords. The Bond Board provides a specialist housing advice service to tackle eviction issues with funding from the Greater Manchester Mayoral Fund. Their services have provided advice to residents in Oldham, Wigan, Rochdale and Bolton and they have partnered with the National Housing Advice Service and Shelter to assist with any cases that demand additional specialist support for families at risk of eviction (105).

COVID-19 has had a severe effect on the affordability of housing as incomes decrease (106). In January 2021 it was estimated in the UK that rates of arrears were "at least twice the level of arrears observed going into the crisis" and "that over 750,000 families were behind with their housing payments" (107). In the private rented sector over 174,000 tenancies have been threatened with eviction with 227,000 tenants in the UK in rent arrears. In October 2020 a poll of 2,989 private and social renters found 32 percent of private renters in the North West were worried about paying their rent over the next three months, an increase from 17 percent in the period immediately before the start of the pandemic (108).

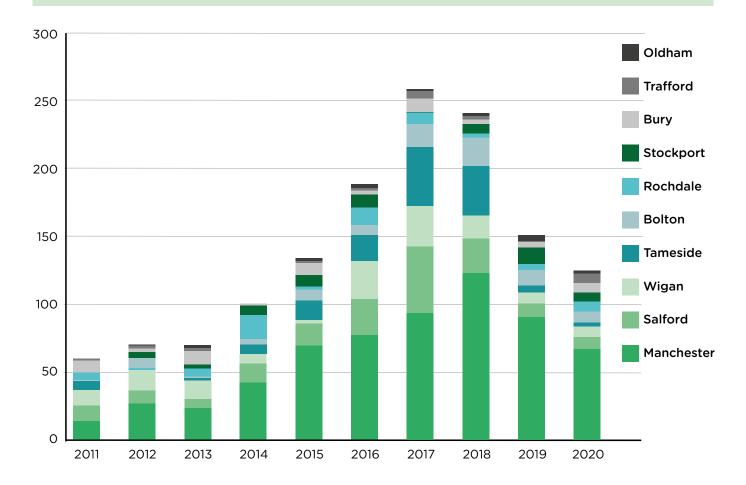
Annual rent prices in the North West region grew by 1.9 percent in the 12 months to March 2021, compared with an average of 1.3 percent for England (109). The ban on evictions is in force until September 2021, and given this and the planned ending of the £20 per week increase in Universal Credit also in September, there is likely to be a wave of evictions and increases in homelessness at that time (100).

#### HOMELESSNESS AND ROUGH SLEEPING

As described above, waiting lists for affordable and social housing are high and have increased, and while the Greater Manchester Housing Strategy has priorities to provide a safe, healthy and accessible home for all, given the impacts of the pandemic these aims are unlikely to be met by the target year of 2024 (95).

Nevertheless, in Greater Manchester, huge strides have been made in reducing rough sleeping and further plans made for eliminating it (Figure 20) (110). These are real achievements, which can be built on to ensure that hidden homelessness is reduced and the factors that drive homelessness are addressed before they lead to homelessness. To bolster these efforts, increasing the supply of affordable housing, providing better quality housing and implementing much tighter regulation of private sector rental housing is required.

Figure 20. Number of people estimated to be sleeping rough in local authorities in Greater Manchester, autumn 2011–2020



**Note:** Local Authorities can submit figures based on three methodologies: evidence-based estimates using local intelligence, count-based estimates from an active count carried out on a single night, and evidence-based estimates including a spotlight count.

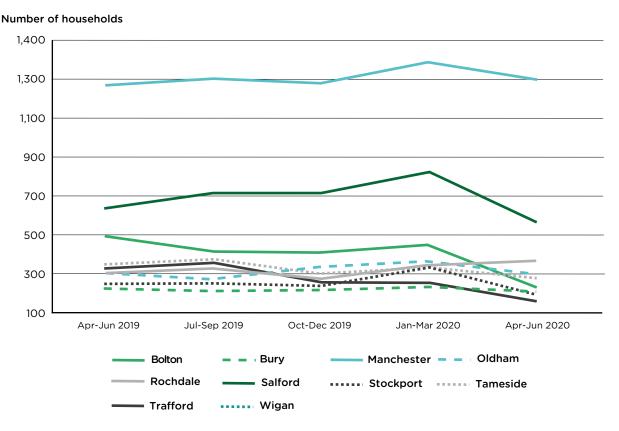
Source: Department for Communities and Local Government (110).

The homelessness problem is much larger than rough sleeping and includes those living in temporary accommodation, sofa surfing and other forms of insecure housing. The factors that drive homelessness – including poverty, a shortage of affordable housing, and high rates of eviction in the private rental sector – need to be addressed.

In 2020, *The Marmot Review 10 Years On* highlighted the increase in the number of children in homeless families living in temporary accommodation (3). In Manchester City the number of households with children accommodated in B&Bs for six weeks or longer decreased during the first lockdown: there were 102 households with children in B&Bs in March 2020, which reduced to 13 by the end of May 2020 (111).

Figure 21 shows the number of households deemed homeless in each of Greater Manchester's local authorities who are eligible for assistance in April – June 2019 and comparable months in 2020. In Manchester, Salford, Bolton, Bury, Oldham, Stockport, Tameside and Trafford the number of households owed a homelessness duty was flat or increasing until April to June 2020. Subsequent declines (except in Wigan and Rochdale) may be due to national government relief measures to reduce homelessness and the risk of homelessness during the pandemic. These have included suspending evictions related to non-payment of rent for three weeks and mortgage holidays of up to six months. These measures should be extended beyond September 2021, as without them, poverty and unemployment will rise and in turn lead to an increase in homelessness.

Figure 21. Number of homeless households eligible for assistance in Greater Manchester's local authorities, April-June 2019 to April-June 2020



Source: MHCLG, October 2020 (112).

There is expected to be a significant rise in people presenting as homeless in Greater Manchester due to the effects of the decline in incomes that have resulted from the pandemic. If the £20 per week increase in Universal Credit is removed in September 2021 as planned, the ban on evictions end, and if Local Housing Allowances do not remain in line with local rents, these will impact negatively on homelessness (100).

#### TRANSPORT AND ACTIVE TRAVEL

Increases in both active transport (cycling and walking) and public transport are needed to improve health and reduce health inequalities. Road transport produces almost a quarter, 24 percent, of the UK's carbon dioxide emissions (113). Greater Manchester's commitment to reach net-zero greenhouse gas emissions by 2038 will require, among other measures, shifting transport policy from road building for cars to increasing the use of public transport as well as increasing levels of walking and cycling. In 2018 in Greater Manchester, the most recently available data, CO<sub>2</sub> emissions had fallen by 2.5 percent from the previous year (114).

Policies aimed at increasing active travel and public transport must ensure those with the most potential to benefit are targeted. The wealthiest 10 percent of the population currently receive almost four times as much public spending on their transport needs as the poorest 10 percent in England (115); new investments should target areas currently least served by public transport and active travel infrastructure.

In 2014/16, 60 percent of trips made by car in Greater Manchester were for journeys under 2 kilometres, of which many could be made by bike, walking or bus, which would have health, environmental and cost benefits. In 2019 the bus network in Greater Manchester



had declined to three-quarters of what it was in 2010 and the number of customers on the bus network by close to 10 percent, although the passenger volume for the Metrolink tram/light rail system expanded in this period (116) (117). Between 2010 and 2018 there was a welcome, albeit slight, shift from cars to public transport, from 75 to 70 percent of journeys in Greater Manchester (118).

However, additional action is required: progress on reducing car use was harmed by the pandemic due to a significant decrease in the use of public transport during the lockdowns while private car use substantially increased due to concerns about infection on public transport as well as ongoing concerns about the cost and frequency of public transport in Greater Manchester. In March 2021, a year after the start of the pandemic, the number of passenger journeys across all types of public transport in the City Region remained more than 20 percent below the number of journeys made at the beginning of March 2020 (119). Similarly the number of journeys made by car substantially dropped during the first lockdown (from more than 5 million trips per day in Greater Manchester to close to 1 million at the end of March 2020), but by March 2021, the number of car journeys per day had almost bounced back, to more than 4 million, threatening to undo the welcome reduction in car journeys seen early on in the pandemic (119).

Efforts will be needed to encourage people back to public transport and Greater Manchester has already introduced a number of incentives. Currently, children under age 5 travel for free on Greater Manchester's buses and in 2020 the City Region began a two-year pilot offering free bus travel for 16–18 year olds: 'Our Pass' requires a one-off £10 registration free after which most bus travel is free and it gives half-price off-peak tickets on the Metrolink. The pilot ends in September 2022 (120).

In March 2021 Greater Manchester announced its buses will no longer be run by a range of private operators and

will be run by Transport for Greater Manchester (TfGM), providing opportunities for further integration of the public transport network, greater affordability and a cleaner public transport system. In 2020 32 electric buses were introduced and further electrification of the entire fleet must be a priority, to meet clean air and the net-zero targets. It is hoped that the new opportunities for the bus network will encourage a move away from private cars to public transport. Greater Manchester will introduce a Clean Air Zone in 2022 to reduce car use – see Box 15.

# BOX 15. ACTIONS GREATER MANCHESTER IS TAKING ON CLIMATE CHANGE, AIR QUALITY AND TRANSPORT

A Clean Air Zone is being introduced in Greater Manchester in spring 2022 as part of the Greater Manchester Clean Air Plan, which will involve daily penalties for non-compliant vehicles. Greater Manchester is seeking government funding of over £150 million to support owners and registered keepers of non-compliant vehicles with the cost of upgrading to cleaner vehicles (121).

Greater Manchester's Bee Network, the UK's largest walking and cycling network, will be delivered by 2028 (122).

Greater Manchester's Active Travel Public Health Manifesto sets out the actions the City Region will take in this area, including: more dedicated cycling/walking space; safe cycling parking facilities; prioritising walking and cycling-friendly 'active neighbourhoods'; reducing speed limits in residential areas to 20mph; more cycling training and schemes to boost access to bikes for those in lower income communities (123).



Achieving long-term, equitable and sustainable changes in transport requires more than equitable provision of active transport and clean public transport. If attention is not paid to inequalities in use and uptake, interventions aimed at reducing car use can exacerbate inequities as those who are more deprived are less likely to take up new initiatives or existing services (Box 16). An intervention offering cycle training participation programmes in the UK found both that schools in less deprived areas were less often offered the training and also that there were "markedly lower rates of participation" among South Asian and 'Other' ethnicity children, slightly lower rates among mixed ethnicity and Black children compared with White children and lower participation rates among children of less educated or less wealthy parents. When the training was offered in schools with large numbers of deprived children or children from many ethnic backgrounds, it reduced within-school inequities, suggesting targeting more deprived areas or schools is needed when population-wide interventions are introduced (124).

#### **BOX 16. REDUCING TRANSPORT POVERTY**

Transport poverty is affected by the affordability and accessibility of transport systems. Research into transport poverty in Greater Manchester found those with low incomes felt local transport was too expensive, unreliable and slow, making it harder for them to attend job interviews or continue in low paid employment (125). A Joseph Rowntree Foundation study in 2018 of residents in four areas, including Tameside and Manchester City local authorities, found that low-income neighbourhoods were served by unreliable public transport, underserved or not at all served, leading to transport being a significant barrier to employment (126). Improving the availability, reliability and affordability of buses will increase employment opportunities. Integrated transport networks such as Greater Manchester's should be used to reduce travel times, costs and distances to places of work and enable residents to be better connected and have more equitable commuting options.

#### **ENVIRONMENTAL CONDITIONS**

The direct and indirect impacts of climate change are a threat to health and health inequalities in Greater Manchester, as globally. Immediate action to reduce greenhouse gas emissions can also improve health and reduce existing health inequalities because of the co-benefits of reducing local air pollution. The direct impacts of climate change on physical and mental health include: greater exposure to extreme heat/cold and UV radiation, more pollen, emerging infections, flooding and associated water-borne diseases, and impacts of extreme weather. The indirect impacts of climate change on health and inequalities include increases in the price of food, water and domestic energy and increased poverty, unemployment and anxiety (127).

Greater Manchester aims to reduce direct  $\mathrm{CO}_2$  emissions by at least 50 percent by 2025 and to be carbon-neutral by 2038 (128). As part of the plan to reach carbon neutrality and improve other aspects of the environment, Greater Manchester will: increase the number of homes and businesses using renewable energy; increase use of public transport and the number of journeys made on foot and cycling; retrofit homes and buildings to reduce energy demand; improve air quality; encourage sustainable consumption and production and improve recycling rates; protect and improve the natural environment by increasing the number of trees planted in Greater Manchester and increase biodiversity (128).

The targets and initiatives to support the climate change mitigation aims will benefit local air quality and improve public and active transport systems and, as a result, health and health equity. Further efforts are required to ensure that these improvements occur in more deprived areas first so that equity is at the forefront of the improvements.

#### **QUALITY GREEN SPACES**

Green spaces have been shown to improve mental health by reducing stress and increasing relaxation and physical activity. They also improve social interaction, and community cohesiveness (129). Health benefits have also been shown to improve cognitive and immune functions, and to reduce mortality rates and health inequalities (130). Parks and green spaces are estimated to save the NHS £111 million per year in the UK, due to reducing the number of GP visits (131). In England, the most affluent 20 percent of wards have five times the amount of parks or green spaces than the most deprived 10 percent of wards (130). In Greater Manchester in 2014, people in the 25 percent richest areas enjoyed nearly three times as much green space per head as the 25 percent most deprived areas (132).

Across the UK different ethnic minority population groups use green space in different ways. For example, a study of participants in England found people of Indian origin were most likely to visit their local urban green space with someone and by walking. The survey also found people of African-Caribbean, Bangladeshi, Pakistani origin and 'Other' ethnic minority populations were less satisfied with urban green space quality and much less likely to visit green spaces throughout the year and this was particularly pronounced in people of Bangladeshi origin (133).

Use of green spaces for activity has been high across Greater Manchester during the pandemic, especially during the first lockdown, with a 30 percent increase in the public attending parks in Manchester City (134), but inequalities in access and use related to level of deprivation and ethnicity have remained, mirroring the UK picture. A UK study of the use of green spaces during the first COVID-19 wave in April/May 2020 found people from lower socioeconomic backgrounds were less likely to visit green spaces before and while lockdown restrictions were introduced (135).



#### **AIR QUALITY**

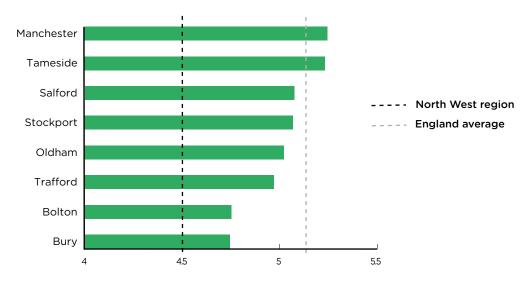
Air pollution has serious health impacts, increasing morbidity and mortality, and inequalities in exposure to air pollution contribute to health inequalities. Respiratory conditions, cardiovascular disease and lung cancer are associated with exposure to air pollution and there is also evidence for associations with dementia, low birth weight and Type-2 diabetes (81).

The pandemic afforded a glimpse of how beneficial and desirable good quality air is for health and wellbeing, and lower car use reduced both local air pollution and greenhouse gas emissions contributing to climate change. Building on these benefits is significant to Building Back

Fairer. Local authorities have a statutory role to assess and improve local air quality and doing so, particularly in more deprived areas where it is usually worst, will significantly improve health and reduce health inequalities.

The strongest evidence for effects on health is associated with fine particulate matter ( $PM_{2.5}$ ) (81). Figure 22 shows that there are differences in mortality caused by  $PM_{2.5}$  across local authorities in Greater Manchester. Manchester and Tameside have higher rates of mortality attributable to exposure to poor air quality than the English average and other parts of Greater Manchester, although all Greater Manchester local authorities have higher rates than the average for the North West region.

Figure 22. Percentage of mortality attributable to PM<sub>2.5</sub> air pollution, Greater Manchester, the North West region and England, 2019



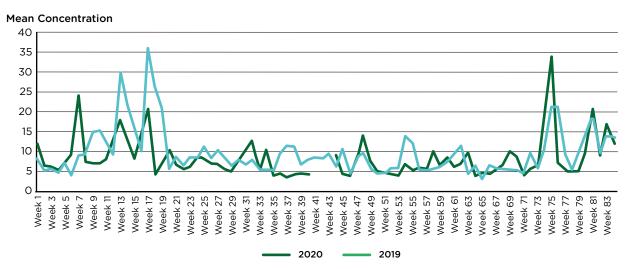
Fraction of mortality attributable to particular air pollution

*Note:*  $\mathrm{PM}_{2.5}$  is particulate matter measuring less than 2.5m.

Source: PHE, Fingertips tool (136).

During the pandemic containment measures, traffic declined. Air pollution from fine particulate matter consequently decreased and stayed at lower levels than in 2019 until the end of 2020 (Figure 23), when it increased (29). Nitrogen oxide, another pollutant that affects air quality, also declined throughout 2020, although had increased again by the end of 2020 (137).

Figure 23. Manchester City weekly mean concentration of particulate matter (PM<sub>2.5</sub>), March-December 2019 and March-December 2020



Source: PHE, Fingertips tool, 2021 (29).

#### **HIGH STREETS**

High streets and city centres have been significantly affected by the pandemic, with thousands of job losses and hundreds of store closures across the UK. In Greater Manchester, for example, by the end of March 2021 footfall in Wigan was down by 53 percent of its pre-lockdown levels and in Manchester it was down 18 percent (138). There are justified concerns about how to revitalise city centre economies and support healthy high streets after COVID-19 restrictions end.

In the UK a number of department and chain stories have closed and it is estimated the country has 40 percent excess retail space (139). Between 2000 and 2018 in Greater Manchester 1,280 retail units were lost (4.5 percent), and in nine of Greater Manchester's 10 boroughs – all except Manchester – the number of retail units was already declining (140). High streets will need to adapt as online shopping continues to accelerate; surveys suggest shopping habits have permanently altered and more than 50 percent of workers who are able to work from home state they wish to continue to do so, either all of or some of the time (141). This will negatively affect footfall in city centres but potentially increase footfall in local neighbourhoods.

Unused retail and offices spaces will provide an opportunity to repurpose high streets to support public health and reduce inequalities. High streets have an important role in the health of local communities and have direct and indirect impacts on health and inequalities. Direct influences on physical and mental health arise from a lack of diversity in products and services on high streets, high levels of traffic, crime and fear of crime, and inaccessible design (142). High streets can also affect health and worsen inequalities indirectly through rundown or inadequate communal areas, shelters, seating and focal points, deterring people from visiting or spending time in high streets, potentially preventing community

activities and increasing the risk of social isolation and reducing the likelihood of community cohesion (142).

A high street that is 'healthy' and reduces health inequalities incorporates inclusive design and diversity and promotes improved health outcomes for all community members, including: the elderly and disabled, people from ethnic minority communities, families, children and young people. However, there are limits to what can be achieved by local authorities, and hence the Royal Society of Public Health recommends that the Ministry of Housing, Communities and Local Government provide local authorities with further powers to restrict the opening of outlets that might encourage unhealthy or harmful behaviours (such as betting and fast-food shops) where there are already clusters of these (143).

Planning for new high streets and city centres will be part of Building Back Fairer. Buildings used for commercial purposes may shift to residential spaces or to businesses that sell 'experiences' rather than 'goods' - for example, restaurants or entertainment and social spaces. The Greater Manchester Independent Prosperity Review has recommended investing in the 'foundational economy', businesses and organisations that are more likely to provide local jobs, stimulate local supply chains and invest in building local skills (17).

In January 2021 Manchester City Council approved plans to stop car traffic in the Northern Quarter, which had been closed to enable social distancing. This has led to questions of the feasibility of making other road closures permanent. These types of improvement are central to enabling people to easily be more active and to creating a sense of community (144). The '20 minute neighbourhood' approach (145) to providing healthy, accessible urban neighbourhoods, is another possibility for Greater Manchester and was included in the Independent Inequalities Review (11).

## SUMMARY AND RECOMMENDATIONS

Poor quality and unaffordable housing remains a critical health equity issue in Greater Manchester, this has been highlighted by the higher rates of infection and mortality from COVID-19 for those living in overcrowded housing. Poor quality and unaffordable housing continues to damage the health of many residents in Greater Manchester and unaffordable housing pushes many people into poverty and homelessness. While Greater Manchester has many positive approaches to housing, these will need to be further expanded in coming years and far tighter regulation of housing quality and rogue landlords implemented. There is an increasing, and currently unmet need for the provision of more affordable and social housing.

Greater Manchester has also been making progress on improving access to public transport and reducing costs and to unifying the transport network across Greater Manchester. Further incentives to encourage people back to public transport must be made, including further lowering costs and ensuring infection control measures are fully implemented and public transport workers supported. Reducing car use will improve health and reduce air pollution and greenhouse gas emissions; the proposed clean air zones must be fully implemented and extended where possible and the electrification of the entire bus system expedited. These measures will also support action on climate change. Encouraging active travel is important but interventions must focus on more deprived communities and those less likely to take up active travel, or inequalities will widen further. Developing more green spaces and infrastructure is highly supportive of health and while we recommend extending provision across Greater Manchester, improvements must be made in more deprived neighbourhood first alongside provision of interventions and work with communities to encourage use. Similarly improving the quality of high streets, particularly given the impacts of the pandemic, is essential to good health and the social determinants of health and measures to improve quality must be taken in more deprived areas first.

#### HOUSING, TRANSPORT AND ENVIRONMENT - RECOMMENDATIONS

#### 1. IMPROVE THE QUALITY AND AFFORDABILITY OF HOUSING

- Fully implement the Good Landlord Scheme.
- Strengthen and enforce decent housing regulation and advocate for resources to enforce housing regulations.
- All new housing to be built to net-zero emissions standards, with an increased proportion being either affordable or in the social housing sector.
- Continue to reduce rough sleeping and hidden homelessness and extend action to reduce risks for homelessness

#### 2. GREEN SPACES, AIR QUALITY AND QUALITY HIGH STREETS

- Fully implement clean air zones and monitor for inequalities in exposure.
- Improve quality of existing green spaces and prioritise provision of new green spaces in areas of higher deprivation.
- Adopt city-wide strategies that put health equity and sustainability at the centre of planning.
- · Work with local communities to better include their needs when reviving local high streets.

#### 3. TRANSPORT AND ACTIVE TRANSPORT

- Extend incentives to encourage people back to public transport.
- Improve road safety by implementing 20mph speed limit in all residential streets and implement other road safety initiatives in deprived areas first.



# C. EARLY YEARS, CHILDREN AND YOUNG PEOPLE

A solid foundation in the early years of childhood and through primary and secondary school is essential for positive outcomes throughout life, including health. Positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy. Persisting socioeconomic inequalities in attainment during primary and secondary school have lifelong impacts on health inequalities (146).

The decade from 2010 damaged childhood and the subsequent outlook for many children and young people in England, particularly those from more disadvantaged households and areas (see Box 17). Child poverty increased from 2010, including for working households (3). Services were cut and more deprived areas lost more funding for children and youth services than wealthier areas.

# BOX 17. EARLY YEARS, CHILDREN AND YOUNG PEOPLE - SUMMARY FROM 10 YEARS ON

- Rates of child poverty increased in the 10
  years from 2010, with over four million children
  affected, and are highest for children living
  in workless families, of whom in excess of 70
  percent experience child poverty.
- More deprived areas lost more funding for children and youth services than less deprived areas, even as need has increased.
- Violent youth crime increased greatly over the period (3).

During the pandemic in 2020 and the first three months of 2021, across England inequalities in development and attainment among children increased for all age groups, which will harm longer-term prospects, particularly for more disadvantaged children (1) (see Box 18).

# BOX 18. COVID-19 CONTAINMENT AND INEQUALITIES IN CHILDREN AND YOUNG PEOPLE - SUMMARY FROM BUILD BACK FAIRER, ENGLAND

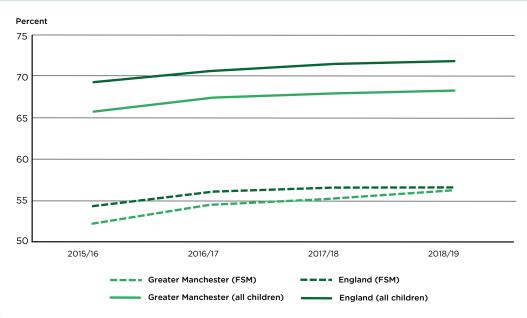
- Child poverty is set to increase further.
- Food poverty among children and young people has increased significantly during the pandemic.
- The mental health of young people, already hugely concerning pre-pandemic, has deteriorated further during it, and there is widespread lack of access to appropriate services.
- Exposure to abuse at home has risen through the pandemic, from already high levels pre-pandemic.
- The numbers of unemployed young people are rising more rapidly than among other age groups and availability of apprenticeships and training schemes have declined (1).



#### EARLY YEARS IN GREATER MANCHESTER

Before the pandemic Greater Manchester made great progress in early years development, going against trends elsewhere in England. Inequalities in early childhood development in the City Region reduced between 2015/16 and 2018/19 and outcomes improved at a faster rate than the national average (Figure 24).

Figure 24. Percentage of children achieving a good level of development at the end of Reception, all children and those receiving free school meals, Greater Manchester and England, 2015/16-2018/19



Source: DfE (147).

Part of the success in reducing inequalities in early childhood development in Greater Manchester has been attributed to the Thrive model (Box 19).

# BOX 19. IMPLEMENTING THE THRIVE MODEL IN GREATER MANCHESTER

Greater Manchester is implementing the Thrive model to guide the development and provision of early years services. This is a proportionate universalist approach, whereby families that need more help are identified and offered support locally. This includes specialist perinatal community mental health teams providing support to children in their first two years of life. The principles of Greater Manchester's integrated perinatal service are:

- Seamless patient/family journey across universal, targeted and specialist services
- Flexible pathways families can weave between services to experience a tailored care package that adapts to the changing needs of the family
- Strong working relationships with teamwork and good communication
- · Continual assessment of families' needs
- Promote patient-specific and individualised multidisciplinary teams targets (148).

The Department for Education finds that in Greater Manchester the proportion of early years pupils from ethnic minority backgrounds who achieved a 'good level of development' (children achieving at least the expected level in: communication and language; physical development; personal, social and emotional development; literacy; and mathematics) increased from 41 percent in 2013 to 66 percent in 2019. Moreover, while it remains significant, the attainment gap between early years pupils from White and ethnic minority backgrounds narrowed from 10 to 4 percentage points from 2013 to 2019 (149).

COVID-19 containment measures have led to widening inequalities in early years development and in educational attainment. Sixty-eight percent of parents with children aged 2-4 years in England accessed early education or childcare services such as pre-schools or nurseries pre-COVID. During the first lockdown period only 7 percent of children who had previously attended formal early education and childcare providers continued to do so and because these are particularly beneficial to more deprived children, there will be resultant increases in inequalities in levels of development (150).

In addition, parents reported more negative impacts on the social and emotional development of children who had not attended early years settings compared with the children of critical workers or vulnerable children who continued to attend (151). Our *Build Back Fairer* 

report for England showed more disadvantaged children were less likely to have a suitable home learning environment, and partly as a result of this, the closures will have further widened the widespread socioeconomic gaps in early years development (1).

Early years settings in deprived areas of England have reported great financial difficulties, more than those in wealthier areas, and have lost staff during the pandemic (1). It is estimated that close to one-third of providers of early years education and care in Greater Manchester fear they might have to close in 2021 (11). It is likely that inequalities in access and quality of early years settings will widen in the post-pandemic period.

National monitoring of school readiness was halted in 2020 due to the pandemic so it is difficult to compare inequalities in school readiness before and during the pandemic. Given that early years settings were closed for much of 2020 and that these are particularly beneficial to more deprived children and their school readiness, it is plausible to expect to see increases in inequalities in levels of development and this will have life-long impacts unless urgent mitigating action is undertaken (150). The recent policies and strategies adopted by Greater Manchester (Box 20) are valuable tools for setting a good foundation to address inequalities in early years as early years services adopt to the post-pandemic period.

# BOX 20. ACTION GREATER MANCHESTER IS TAKING ON THE EARLY YEARS

Developed in 2012, the Early Years Delivery Model (EYDM) is an integrated early years service based on the principles of proportionate universalism. The EYDM uses the universal provision of maternity and health visiting services as a method of early identification of vulnerability in both parents and infants. The aim is that families will receive proportionate, multi-agency, tailored services relevant to their level of need.

Greater Manchester has made school readiness a priority outcome. Targets have been set, including all early years settings to be rated 'good' or 'outstanding' in 2020, and to close the gap in school readiness Greater Manchester and the national average.

Linked programmes include:

- Support for speech, language and communication; parent and infant mental health; physical development; and social, emotional and behavioural needs.
- A focus on delivering both universal and targeted parenting and child development.
- Developing an Early Years Workforce Academy to support workforce development among all early years practitioners.
- Implementing the THRIVE model as outlined in Box 19.

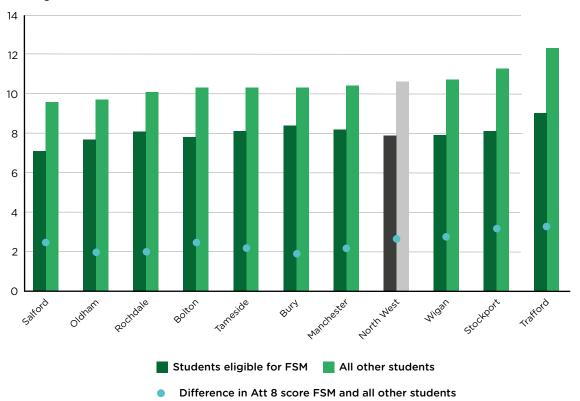


#### **EDUCATION IN GREATER MANCHESTER**

Prior to the pandemic, improvements in attainment had been made for both children eligible for free school meals and children from better-off homes, although inequalities persist (152). Figure 25 shows these inequalities in average attainment-8 scores (at GCSE) for Maths among students eligible for free school meals and those not eligible in the academic year before the pandemic. Differences were present in each of Greater Manchester's local authorities and were highest in Trafford.

Figure 25. Average attainment-8 score in Maths, students eligible for free school meals (FSM) and all other students, academic year 2019/20, North West average and local authorities in Greater Manchester

#### Average Attainment 8 score English



**Note:** Attainment-8 is a measure of performance at GCSE. **Source:** DfE. Key stage 4 performance, Academic Year 2019/20 (153).

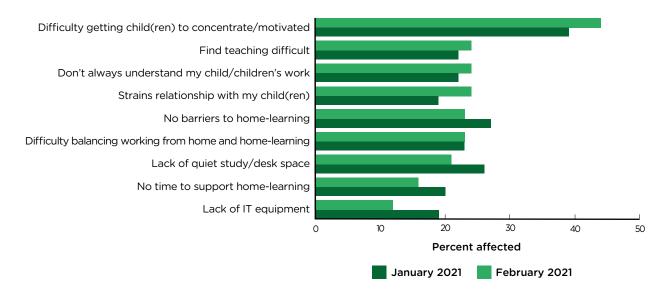
The Marmot Review 10 Years On pointed to the success of Richmond Academy in Oldham and its efforts to improve pupil outcomes (3). Part of its success was attributed to parental engagement, and to the REAL programme. The REAL programme supports literacy by working with children and their parents to improve home learning, supports parents to create opportunities for learning, recognises and values small steps, interacts in positive ways, and models explicit literacy and language interventions (154).

The pandemic has resulted in deepening inequalities in educational engagement and attainment. Children who were doing poorly in terms attainment before the pandemic are likely to have been more adversely affected during the pandemic. National data show these inequalities relate to area deprivation: more deprived households are less likely to have had the

necessary financial or IT resources at home and to have adequate space to study. Greater Manchester has a higher proportion of more disadvantaged students than other areas and therefore it is likely that the damaging and inequitable impacts of containment on more disadvantaged students will be particularly severe in the City Region: an average of 18 percent of students in Greater Manchester were eligible for free school meals (FSM) in the 2018/19 academic year, compared with 14 percent nationally, and within the Region's local authorities, those with the highest percentage were 27 percent of pupils eligible in Manchester and 23 percent in Salford (155).

In February 2021 the Greater Manchester survey found that 77 percent of parents with children not attending school during the lockdown experienced difficulties with home-learning (Figure 26) (43).

Figure 26. Barriers to home-learning identified by parents in Greater Manchester, January and February 2021

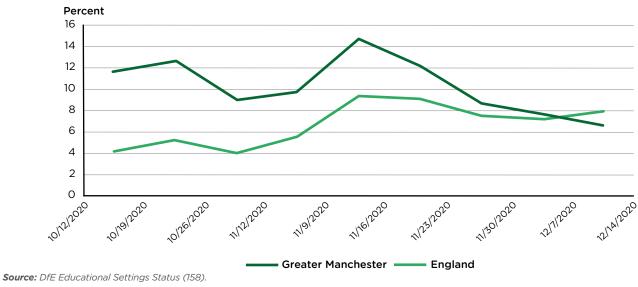


Source: BMG, GMCA (43) (156).

#### **ABSENCES FROM SCHOOL**

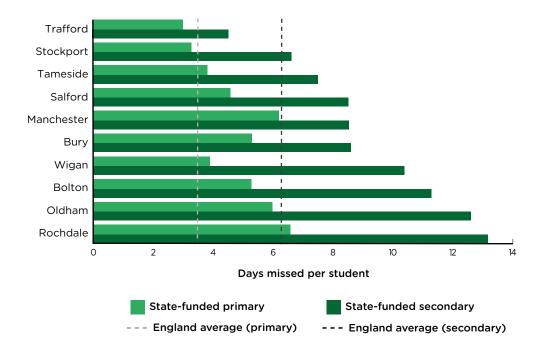
Absence from online school is one way of measuring the impact of COVID-19 on students learning. The Children's Commissioner measured absence rates in England between 9 September and 10 December 2020. Primary school children in England lost, on average, 3.5 days between September and December 2020. In secondary schools the average number of days of classroom learning missed per student was 6.3 days (157). Greater Manchester's students have been disproportionally impacted by COVID-19 in relation to absence from school (Figure 27); overall, between October and December 2020 there were nearly 4 percent more COVID-related absences from educational settings in Greater Manchester than nationally.

Figure 27. Greater Manchester COVID-related absence compared with England, October-December 2020



Analysis carried out by the Children's Commissioner found Oldham and Rochdale had the second and third most days of lost school compared with other local authorities in England between September and December 2020 (Figure 28). These differences in attendance by area correlate with differences in infection rates, and with other area characteristics, such as levels of disadvantage and education (as indicated by past GCSE results) (111). Clearly the trajectory of the pandemic in Greater Manchester – the high levels of inequalities in infection and mortality – have resulted in high levels of absence from school.

Figure 28. Days of classroom learning missed per student, Greater Manchester and England, September-December 2020



**Note:** Days of classroom learning missed per student is calculated as the rate of additional absence (Autumn 2020 absence minus Autumn 2019 absence) multiplied by the number of school days covered.

Source: The Children's Commissioner (159).

There has been much discussion about the impact of school closures on children and young people nationally. The impact in Greater Manchester is expected to be even more significant than elsewhere in the country, despite the work of school leaders and parents/carers to support continued learning at home, because it is home to the following cohorts who are known to be disproportionately impacted by COVID-19 and who are more prevalent in the city. Firstly, there are high numbers of families living with deprivation and poverty - the number of children eligible for FSM has increased by 7 percent during the pandemic and is expected to continue to rise. There is an existing gap in outcomes for children from disadvantaged backgrounds and this is expected to widen. Significant numbers of children and young people in Manchester do not have access to a digital device or Wi-Fi, a suitable space to work at home, or to support for their learning and have additional caring responsibilities. Secondly, the high numbers of children from ethnic minority groups as these communities have

been more severely impacted by COVID-19 and there has been greater anxiety among them about returning to school. Thirdly, the high number of children in families who do not speak English has meant that some children accessing remote learning have been unable to access help with their work from family members. There are also high numbers of children with special educational needs and finally, there are a significant number of children who continue to be abroad and have not been able to return to the UK, of whom approximately 800 have not returned to school since attendance became mandatory after reopening on 8 March 2021. Many of these pupils are in countries classified as red and will be required to quarantine on their return. Where possible schools have been trying to make and maintain contact with these families and encourage them to return to school.

Prior to the pandemic, Salford had taken a systems wide approach to reduce school exclusions, Box 21.

#### **BOX 21. REDUCING SCHOOL EXCLUSIONS IN SALFORD**

Salford has adopted a holistic, multi-agency approach to reducing rates of school exclusions. In 2018/19 Salford's levels of permanent and fixed term exclusions were slightly higher than the England average and persistent secondary school absence rates were 19.7 percent compared with 13.7 percent for England.

Salford's 2020–2023 Education Inclusion Strategy seeks to ensure children and young people's learning needs are met and that all feel included and valued. The aim of the strategy is to reduce the number of fixed term exclusions and permanent exclusions and increase attendance by supporting schools to understand why children and young people may breach school behaviour codes and how they can make them feel they belong to their local school community. Schools and external services work together. They offer support to all children who need support and are at risk of exclusion, not only looked after children. This resulted from work Salford City Council commissioned to understand why exclusions rates were higher than elsewhere. Many of the students permanently excluded were subsequently identified as children with special educational needs (SEN) – between 2014 and 2017, 63 percent of permanently excluded students in Salford were identified post-exclusion as having SEN. As a result, Salford re-examined their SEN response and thresholds for offering support.

To develop the subsequent strategy, consultation events were held with young people, parents and key partners including schools, social work teams, the youth justice service, the police and voluntary sector, speech and language services and Children and Adolescent Mental Health Services.

Three strands make up Salford's approach. The first is the Team Around the School, working with Early Help and other teams to ensure help and support are given to children and their families, recognising that schools are often the main source of support. Mental Health Support Teams and social workers are located in eight high schools and training is provided to school staff to enable them to identify needs and deliver appropriate interventions. Local stakeholders, including health and members of the clinical commissioning group, have increased their knowledge of education and exclusion processes. In addition, Early Help is offered to any child or family with issues; they do not have to meet the social care threshold in order to access this help.

The second strand considers school settings and practices. Salford has adopted an Emotionally Friendly Schools Programme that provides tools, guidance and training developed by the Educational Psychology Service. This strand also focuses on reducing persistent absences, which covers more than 3,000 students in Salford. Currently support for reducing persistent absences is provided by a project approach within the Education Welfare Service, and a post within the Virtual School.

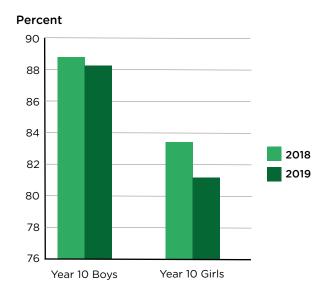
The third strand covers processes, provision and governance. This includes consistent evaluation to identify gaps in service need, adopting a flexible approach and providing a transparent service. They have an effective multi-agency Education on Track Panel to provide support for entrenched non-attendance. Salford's Neglect Strategy includes Educational Neglect as a category of need, which enables schools to increase engagement with social care partners.

The post of Virtual Headteacher and Head of Education Inclusion is a combined role in Salford whereas in most areas these are two separate posts. This means the post holder has and can provide a holistic overview of all children who need support, not only looked after children (160).

#### YOUNG PEOPLE'S MENTAL HEALTH

Mental health for young people was a particular concern before the pandemic and has deteriorated during it (161). In 2018, 10 percent of 11–16 year olds in Greater Manchester had a diagnosable mental health illness, and it was estimated that one in four 15 year olds could be self-harming. Prior to the pandemic in Greater Manchester there had also been slight deteriorations in future aspirations among young people. Between 2018 and 2019, one survey showed that 83.4 percent of girls in Year 10 said they felt 'hopeful and optimistic', falling to 81.2 percent a year later. Among boys this fell from 88.8 percent to 88.3 percent (Figure 29) (162).

Figure 29. Percentage of Year 10 boys and girls in Greater Manchester who feel 'hopeful and optimistic' about the future, 2018-2019

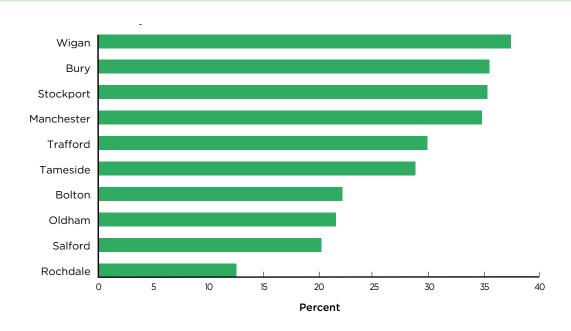


The pandemic has further negatively impacted young people's mental health: a combination of lockdowns, loss of schooling and support from school and very limited, or no, social contact have resulted in greater numbers in mental health crisis. In the North West the mental health of young people worsened between 2017 and July 2020 (163): the percentage of 5–10 year olds with a probable mental health disorder doubled from 8 to 16 percent and also doubled in 11–16 year olds (163).

In 2019 Greater Manchester was the first place in England to collate and publish waiting times for children and young people's mental health services. Figure 30 shows the high percentage of young people with mental health referrals who were waiting for their first appointment with Children and Young People's Mental Health services in September 2020.

Source: Greater Manchester Combined Authority. Year Ten Life Readiness survey (162)

Figure 30. Percentage of referrals waiting for first appointment with children and young person's mental health services in September 2020, by Greater Manchester local authority

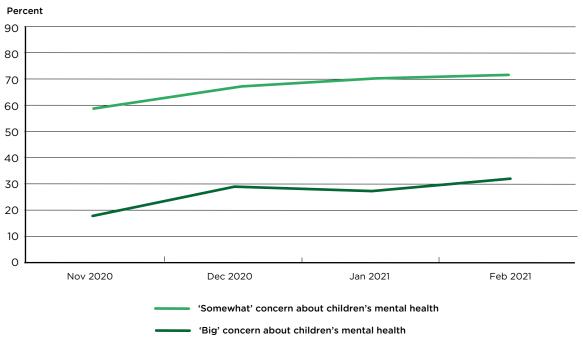


Source: NHS/Greater Manchester (164).



Nearly one-third of surveyed parents in Greater Manchester said they had 'big' concerns about their children's mental health in February 2021, an increase from November 2020, illustrating the cumulative impacts of the pandemic on mental health for young people (Figure 31).

Figure 31. Parents' level of concern about children's mental health in Greater Manchester, November 2020– February 2021



Source: BMG, GMCA (43)

Increasing provision and access to mental health services for children and young people, particularly those in more deprived areas, is essential. Since devolution in 2016, Greater Manchester has made important efforts to improve children and young people's access to mental health care, implementing the Mentally Healthy Schools Pilot - a package of support to 62 schools (see Box 34) (165), supporting parent and infant mental health (166) (167), and creating the Young People's Wellbeing Programme (Box 22).

Such programmes need to be further extended and to include businesses that employ young people.

#### BOX 22. THE YOUNG PEOPLE'S WELLBEING PROGRAMME IN GREATER MANCHESTER

The University of Manchester, in partnership with the Anna Freud Centre and the Greater Manchester Combined Authority, is working to improve the wellbeing of children and young people and their preparedness for life beyond school in the wake of the COVID-19 pandemic.

The Greater Manchester wellbeing measurement and improvement framework (WMF) will survey students in secondary schools in Greater Manchester, tracking a cohort of 18,000 young people over a three-year period, while also providing annual snapshots of a further 16,500 young people.

The data gathered will provide evidence briefings to identify the support needed for young people's wellbeing. This is a key policy priority for the GMCA, which has been undertaking a Life Readiness survey with Year 10 pupils for several years, which will be integrated into this project.

The first phase took place in early 2021, when questionnaires were agreed among stakeholders. Phase 2 will see the questionnaire rolled out to secondary schools across the City Region between April 2021 and August 2023. Years 7-10 will be assessed in state-funded secondary schools, special schools and pupil referral units across the City Region.

The project's findings will be shared using a variety of methods: blogs, academic journals, local events (e.g. GMCA Lunch and Learn seminars), networks (e.g. Schools in Mind), and engagement with local (Greater Manchester) and national policy-makers, and there will be an accessible version for young people (168).

#### YOUTH EMPLOYMENT

Young people's prospects have been highly adversely affected by the pandemic, particularly for those who are already disadvantaged, and young people must be a priority for Building Back Fairer. Unemployment rates for 16–25 year olds have increased more than for all other age groups and many of the sectors young people work in, including leisure and hospitality, have been particularly harmed by COVID-19 containment measures.

Those aged under 25 years were more likely to be furloughed, lose their jobs and/or working hours, and receive lower pay than any other age group (169) and inequalities in unemployment among young people have increased. Prior to the pandemic, from April to December 2019, in the UK 25 percent of economically active Black 16-24 year olds were unemployed, compared with 10 percent of their White counterparts. By April to December 2020, the unemployment rate had risen to 34 percent, a 9 point increase, among Black young people and to 13 percent, a 2 point rise, among White young people (170).

The number of apprenticeships has also fallen. During the first two quarters of the 2020/21 academic year the number of apprenticeships dropped 18 percent in England from the same period in 2019/20 (171). Young people aged 18-24 in Northern England were more likely than other young people in England to be claiming Jobseeker's Allowance or Universal Credit. Unemployment in young adulthood is particularly scarring for long-term earnings and employment prospects and damaging for health and wellbeing.

Before the pandemic, Greater Manchester had aimed to have more than 40,000 of its residents start an apprenticeship and an achievement (success) rate of 75%. However, this target was not met. In 2018–19 22,250 young people started an apprenticeship in Greater Manchester, a decrease from 22,590 in 2017/18 (133). The number of apprentices had dropped nationally after the introduction of the Apprenticeship Levy, which requires some employers to pay a levy when they take on an apprentice (172).

Currently apprenticeships in Greater Manchester are more likely to be taken up by less disadvantaged students and 86 percent of apprentices were White in 2018/19 (173). These inequalities in uptake will feed into inequalities in employment and income and widen health inequalities. To ensure that both apprenticeships and other training and educational opportunities at this stage of life are equitable, there needs to be a far greater focus on more disadvantaged students, e.g. people living in deprived areas, carers and care leavers, people with disabilities and also those from an ethnic minority.

There are opportunities for Greater Manchester to improve its apprenticeship policies to make them more effective. The Greater Manchester Inequalities Commission has recognised "GMCA's leadership in creating a vision of good apprenticeship employment for people at all working ages: aiming to remove barriers to apprenticeships (for example, free public transport for apprentices); working with the national 5 Cities Project to increase the diversity of the apprenticeship workforce; encouraging the development of part-time apprenticeships; working with the Greater Manchester Ageing Hub; launching a Greater Manchester small-to-medium enterprise apprenticeship package; working with levy-paying employers, and working to put apprenticeships are at the heart of the public sector" (11). In 2020, despite the pandemic, the Greater Manchester Levy Matchmaking Service created more than 270 new apprenticeship positions (174). Box 23 provides examples of Greater Manchester's existing commitments to young people, both examples of system-wide approaches to improving opportunities and health and wellbeing.

# BOX 23. ACTIONS GREATER MANCHESTER IS TAKING FOR YOUNG PEOPLE

#### YOUNG PERSON'S GUARANTEE

In June 2020 Greater Manchester's Mayor established a new Youth Task Force to examine the effect of the pandemic on young people. The report and recommendations were published in December 2020. In response to consultation with young people, Greater Manchester committed to reduce digital exclusion; improve travel support; improve mental health and specialist support for young people unemployed during the pandemic; and provide higher education grants, pre-employment training and mentoring and new apprenticeships and work placements. Greater Manchester has also committed to better engage and communicate with young people, a key factor identified as needed by many in this demographic (175).

# GREATER MANCHESTER'S HUB-AND-SPOKE OFFER OF CARE FOR YOUNG PEOPLE

Greater Manchester Mental Health NHS Foundation Trust delivers its services from more than 150 locations across the City Region. Despite the breadth of services, there remain gaps and variability in access to a broad range of psychotherapies needed to address the range of mental health disorders, for example trauma, attachment disorders, emotional dysregulation and a wide range of other reasons children, young people and their parents and families present to health services. A hub-and-spoke model has a central hub with spokes radiating to and from various services with the aim of referring patients to the most efficacious and efficient treatment. Offering services through a more comprehensive and equity focussed hub-and-spoke service in Greater Manchester would make it possible to better support primary care in localities, reduce variation in the service offer within the City Region and intervene earlier with a tailored suite of therapies (176).



### SUMMARY AND RECOMMENDATIONS

Greater Manchester has made great strides in early years development, including reducing inequalities. The successful approaches need to be further extended in the light of worsening inequalities through the pandemic and additional support and resourcing programmes for the most deprived introduced. Adverse childhood experiences have increased through lockdowns, with highly damaging immediate and long-term impacts on health and other outcomes and additional support is urgently needed (1).

Inequalities in educational attainment were already wide before the pandemic and have increased significantly as a result of containment measures, differences in school responses and family circumstances. There is a clear case for additional national support and resources for Greater Manchester given their higher levels of infection and mortality and the longer duration of the restrictions, which have adversely impact mental health, educational attainment and employment prospects for young people in the City Region.

Before the pandemic, Greater Manchester had reduced the number of young people who were not in employment, education or training (NEET) and this success needs to be built on to mitigate the damaging effects of the pandemic. As we recommend, Greater Manchester can lead the way in England with an ambitious target to offer all young people employment or post-school training – an end to NEETs – working with businesses to increase numbers of training opportunities and apprenticeships and working with schools to coordinate access to employers. Greater collaboration is needed between schools, employers (both private and public sector), and youth and adult education schemes in order to make substantive progress towards the ambition of having no NEETs in Greater Manchester and to ensure greater equity. Increasing business offers of mentoring, internships, training, and school holiday training schemes are important additional interventions for Greater Manchester.

#### EARLY YEARS, CHILDREN AND YOUNG PEOPLE - RECOMMENDATIONS

#### 1. REDUCE INEQUALITIES IN EARLY YEARS DEVELOPMENT

- Increase the quality and availability of parenting support programmes run through early years centres and schools.
- The regional budget to meet the OECD average for the proportion of spending on the early years and increase funding per child for early years settings in more deprived areas.
- Develop a new measure of school readiness for Greater Manchester.
- Ensure childcare workforce wages in public and private sector meet the Greater Manchester minimum income for healthy living.

#### 2. REDUCE INEQUALITIES IN EDUCATIONAL ATTAINMENT

- Increase catch-up tuition for more deprived students, beyond the UK Government programme, and give additional support to families with children with special educational needs and disabilities (SEND).
- Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee.

#### 3. PRIORITISE AND IMPROVE MENTAL HEALTH AND OUTCOMES FOR YOUNG PEOPLE

- Prioritise improving the mental health of young people including through providing further mental health support/first aid training in all schools in Greater Manchester.
- Improve mental health treatment options for children and young people rapidly.
- Work with primary care and local charities to provide a whole-system and early response to improve mental and physical health and wellbeing in children aged 0-5 years through the hub-and-spoke model and to address the social determinants of health in local communities.
- Increase the provision of local youth services for young people, advocating for national resources.

#### 4. IMPROVE TRAINING AND WORK PROSPECTS FOR YOUNG PEOPLE

- Extend offers of apprenticeships and training for young people linked to requirements for social value employers to participate.
- · Achieve no NEETs in Greater Manchester by guaranteeing an employment or training offer for 18-25 years olds.
- Advocate to raise the minimum wage for apprentices.
- Increase mentoring opportunities (including in public services; the voluntary, community and social enterprise sector and business) and add provision of mentoring to the social value framework and Good Employment Charter.



# D. INCOME, WELFARE AND DEBT IN GREATER MANCHESTER

The COVID-19 containment measures have had significant negative economic impacts for much of the population. However, the level of impact has varied considerably between households, according to prior socioeconomic position, region, occupation, age, ethnicity and disability. These economic impacts have been made more intense and inequitable because of economic conditions going into the pandemic, which are summarised for England in Box 24.

# BOX 24. INCOME AND POVERTY - SUMMARY FROM 10 YEARS ON

- Child poverty in England increased in the decade from 2010 and will increase further; this risks causing lifelong harm and widening inequalities, including in health.
- Wage growth has been low since 2010 and wage inequality persists.
- · Rates of in-work poverty have increased.
- Real pay is still below 2010 levels and there has been an increase in the proportion of people in poverty living in a working household.
- Incomes have risen slowly and inequalities persist.
- · Wealth inequalities have increased.
- Regional inequalities in wealth have increased:
   London and the South of England have increased their share of national wealth compared with the North
- The number of families with children who do not reach the minimum income standard has increased.
- · Food insecurity has increased significantly.
- · Social mobility in England has declined.
- Tax and benefit reforms have widened income and wealth inequalities (3).

The groups of people and places in England who were struggling financially before the pandemic are the same people and places that are now facing the greatest risk of poverty, and entrenchment of persistent poverty, reflecting the unequal impacts of COVID-19 containment measures (Box 25).

# BOX 25. INCOME AND POVERTY - SUMMARY FROM BUILD BACK FAIRER, ENGLAND

- Young people and ethnic minority groups have been most affected by decreases in income.
- Poverty is increasing for children, young people and adults of working age.
- Increases to benefit payments have protected the lowest income quintile (the poorest) from the effect of decreases in wages, but have not benefitted the second quintile to the same extent.
- The two-child limit and the benefit cap are harming families and pushing people into greater poverty (1).

Poverty is associated with worse long-term physical and mental health, increased mortality at all ages and lower than average life expectancy. As well as placing decent housing, sufficient food and heating out of reach, reducing access to employment and other resources, and harming educational attainment, poverty is stressful. It undermines the capacity to have control over one's life. Coping with day-to-day shortages, facing inconveniences and adversity and perceptions of loss of status all affect physical and mental health in negative ways. High levels of personal debt (aside from mortgages) are also harmful to health.

In the first stage of the pandemic, between 20 March and 31 May 2020, 35 percent of surveyed households in Greater Manchester reported they could not afford to pay an unexpected, but necessary, expense of £850. This rose to 36 percent in the period 7 January–28 March 2021 (177). Estimates indicate that by November 2020 700,000 more people were living in poverty in the UK and a third of the UK population were living below the minimum income for health living (178).

Pay has decreased across England during the pandemic and there were over 2 million jobs where employees were paid below the legal minimum in April 2020, more than four times the 409,000 jobs in that category a year earlier. Projections from the Resolution Foundation estimate relative poverty in the UK will be at its highest in 2021–22 since 1987 (179). Although the data are not yet available, reports suggest increases in poverty in Greater Manchester as a result of the pandemic.

# INCOME AND POVERTY IN GREATER MANCHESTER

#### **UNEMPLOYMENT AND POVERTY**

As unemployment increases, rates of poverty will increase too, and numerous reports point out that Universal Credit is too low to prevent people from being in poverty, although the £20-per-week uplift introduced in April 2020 has helped, it is not sufficient to prevent poverty in all households in receipt of this benefit (180) (181). In February 2021, 8 percent of Greater Manchester's population was a claimant (Universal Credit and Job Seekers Allowance), doubling from 4 percent in February 2020 (181) (182).

Universal Credit (UC) was introduced in 2013 and in 2020 it was estimated to be worth around 12 percent less than at its introduction. Overall, the amount of benefits the poorest households in the UK receive has decreased. In 2010-11 the cash benefits received by the poorest households in the UK amounted to 60 percent of their gross income; by 2018-19 cash benefits amounted to 43 percent of their gross income (183). The Social Security Benefits Uprating Order 2021, passed on 9 February 2021, increased social security payments by the rate of consumer price index inflation (0.5 percent) from 1 April 2021. However, if the £20 a week uplift to UC is not made permanent in the 2021 Budget, the benefits of this uprating will be negated, and the Basic Allowance for UC will be worth 11.5 percent less in real terms than in 2013. It could cause 6.2 million families to lose £1,040 from their annual income, resulting in 500,000 more people being pulled into poverty, including 200,000 children, in the UK (184). The impact would be greatest in the North of England, Wales, the West Midlands and Northern Ireland, areas that already have high rates of poverty (185).

The Greater Manchester Mental Wellbeing Survey of over 4,000 people in August-November 2020 stated they had 'very high concern' with regards to income, as well as concerns about their friends and family. Concerns about income were higher in the ethnic minority population and those with disabilities in Greater Manchester (75).

The Coronavirus Job Retention Scheme (CJRS) (furlough) was announced by the UK Government in March 2020 and extended until September 2021. In February 2021, 16.5 percent of Greater Manchester's population were furloughed (186). The scheme, which provides 80 percent of usual wages, has given economic support to millions of workers. However, 80 percent of an already low income is insufficient for healthy living and will have pushed many more people into poverty, with consequent immediate impacts on health and longterm significant damage to health. The CJRS scheme also excludes many workers in the 'gig economy' and in SMEs, resulting in great hardship for people who did not qualify for the CJRS but were unable to continue working during the pandemic. Furthermore, despite the CJRS, job losses have occurred and unemployment is at the highest level in the UK in four years (187).

The Joseph Rowntree Foundation conducted analysis in early 2021 of the 20 places in Great Britain most reliant on government financial support (Universal Credit and unemployment benefit) and the places that had a high number of people furloughed. Manchester City is included in the top 20, indicating it is, heavily reliant on multiple support packages, and ending the CJRS will hit Manchester hard because of its high reliance on the scheme, Table 3.

Table 3. Furlough, unemployment claimant and Universal Credit rate in Manchester City, February 2021

Furlough rate	16.5%
Unemployment claimant rate	9.1%
Universal Credit claimant rate	20.9%

Source: JRF analysis of HMRC & DWP data (186).

#### **WAGES**

Wage growth in England has been low since 2010 and rates of in-work poverty have increased (3). The introduction of the living wage was insufficient to prevent increases in rates of in-work poverty and modifications to the tax and benefit system resulted in widening inequalities in incomes and wealth.

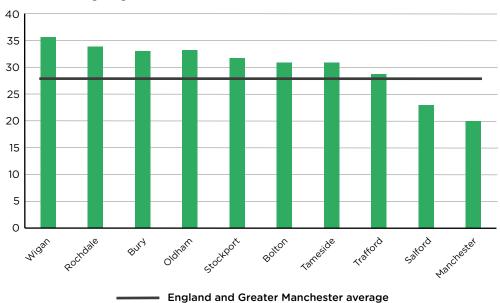
In Greater Manchester, average resident earnings dropped by 0.8 percent per year between 2010 and 2016 and wages fell by 6.6 percent between 2006 and 2016 (10). Women are more likely than men to work in low-paid jobs: 28 percent of women in England and in Greater Manchester are paid below the living wage. There are persistent gender and income inequalities within Greater Manchester: Figure 32 shows women in the City Region's local authorities are more likely than men to be paid less than the living wage.



Figure 32. Percentage of women and men paid below the voluntary living wage set by the Living Wage Foundation, Greater Manchester local authorities, 2018

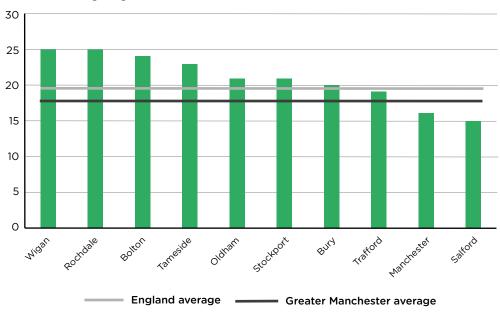
#### a) Women

#### Percent paid below living wage



#### b) Men

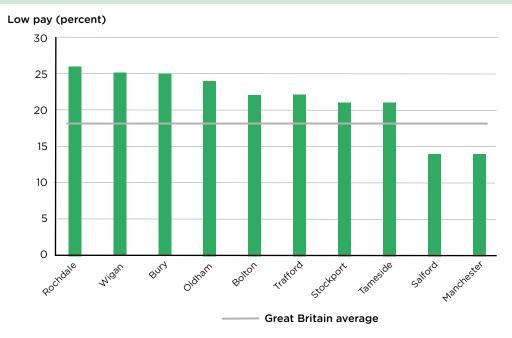
#### Percent paid below living wage



Source: On Gender (188).

In another calculation of low pay, Figure 33 shows the proportion of jobs in 2017 that were low paid in Greater Manchester, where there were higher rates of low pay than the average for Great Britain in all local authorities except Salford and Manchester.

Figure 33. Proportion of employee jobs that were low paid in Greater Manchester local authorities, and the Great Britain average, 2017



**Note:** Low pay is the definition used in the Greater Manchester Prosperity Review Low Pay report, and is hourly pay either: below two-thirds of median earning; below the voluntary living wage; or at or very close to the minimum wage.

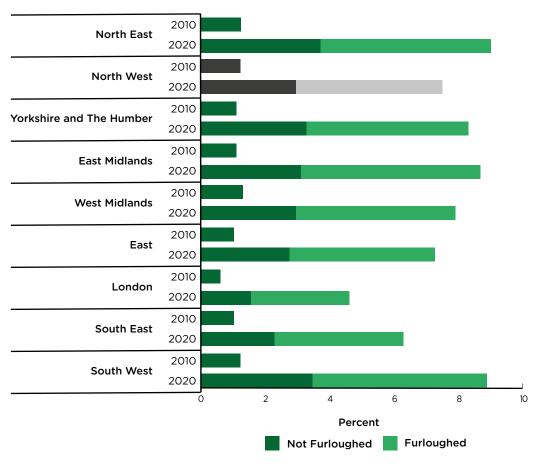
Source: Resolution Foundation analysis of ONS (189).

There are inequalities related to pay and ethnicity in Greater Manchester. One-third of Black or Black British workers are low-paid, compared with 27 percent of Asian workers and 21 percent of White workers (189).



Figure 34 shows significant increases in low paid jobs since 2010 in every Region and for 2020 that more furloughed jobs are below the minimum wage than non-furloughed jobs.

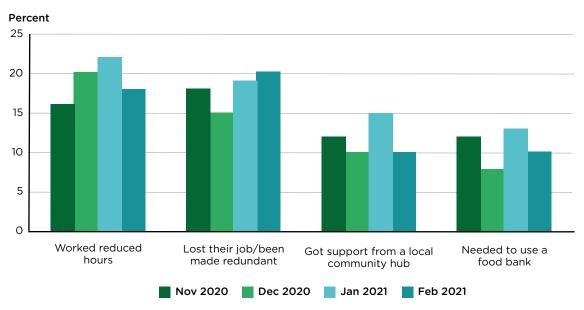
Figure 34. Percentage of jobs paid below the national minimum wage by region in England, 2010 and 2020



Source: ONS Annual Survey of Hours and Earnings (ASHE), 2020 (190).

The financial impact of the containment measures increased between November 2020 and January 2021, as the effects of lockdowns on household finances accumulated. Figure 35 shows that in January 2021 around one-fifth of those surveyed in Greater Manchester were working fewer hours than November 2020, that there had been increasing redundancies and the use of food banks was higher.

Figure 35. Percentage of people financially impacted by the pandemic in Greater Manchester, November 2020 to February 2021

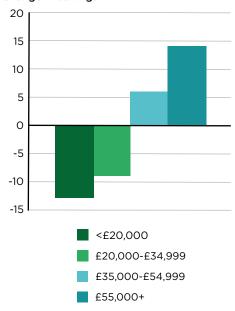


Source: Safely Managing COVID-19: Greater Manchester Population Survey. Survey 3 Report. February 2021 (156).

Impacts on income have been unequally felt. Lower-income households have been forced to spend their savings while people on higher incomes have been able to save (Figure 36).

Figure 36. Net balance of UK households reporting changes in savings due to COVID-19, by household income band (July 2020)





Source: Bank of England (191).



As national minimum wages are set at the national level, there are limits to what can be achieved at the City Region level, however Box 26 shows the actions Greater Manchester is taking to improve incomes amongst its workers. Central to our recommendations are that Greater Manchester establish its own minimum level of income for a healthy life – to set the level for minimum wages and welfare payments to meet.

# BOX 26. ACTIONS GREATER MANCHESTER IS TAKING ON WAGES

Innovation Greater Manchester is a business-led platform, spearheaded by the Local Economic Partnership and supported by the GMCA, to support recovery, innovation and economic growth (192).

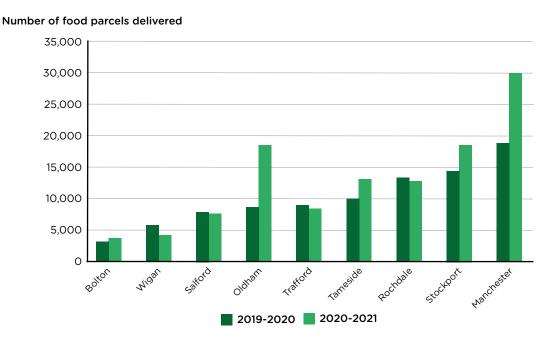
The Greater Manchester Access to Finance Team (Growth Company) has been working with SMEs to develop business cases for grants and administering funds for loans to support businesses adversely affected by the pandemic (193).

In November 2020 Greater Manchester stated there were 270 Living Wage Employers in the City Region (194) (195). The Good Employment Charter includes the real living wage as one of the seven characteristics of good employment.

#### **FOOD POVERTY**

Greater Manchester has been actively working to reduce food poverty, increasing support through the pandemic (Box 27). However, further support is urgently required as incomes decline further. Between 2019 and 2021, the number of food distribution centres in Greater Manchester increased from 56 to 64 and food parcel distribution increased by 29 percent, with the highest increases in Oldham at 115 percent, followed by a 60 percent increase in Manchester and a 30 percent increase in Tameside (Figure 37).

Figure 37. Number of food parcels delivered in Greater Manchester, April 2019-March 2020 and April 2020-March 2021



Source: The Trussell Trust (196).

When schools were closed during the pandemic, children who normally receive free school meals in England temporarily ceased to do so, increasing the financial strain on families. A government food voucher scheme mitigated the impacts, but still there have been increases in hunger and food poverty among young people. The Food Foundation reports that one in five households with children experienced food insecurity in the first two weeks of lockdown in March 2020, which fell to 12 percent from May to July 2020, and to 10 percent in January 2021 (197).

The charity the Trussell Trust states in its latest strategy that its aim is to eliminate the need for foodbanks in the UK. Eradicating the need for food banks should be at the core of a local authority strategy relating to poverty, an ambition we also advocate (198).

Research shows that cash payments in place of in-kind support provide people with dignity by removing the stigma that often comes with using in-kind support, providing control by enabling people to use support in a way that works best and to meet often multiple needs; therefore this is the preferred option for most people on low incomes (198) (201). Research by the Child Poverty Action Group in the summer of 2020 found that families had high levels of satisfaction with school meal support being provided in cash: 81 per cent of surveyed families receiving payments said this works extremely or very well, and 90 per cent said they would pick this method if they had the choice. Successful examples of this type of support can be found in Wales and other parts of the UK (202) (203) (204).

# BOX 27. ACTIONS GREATER MANCHESTER IS TAKING ON FOOD POVERTY

In 2021 Greater Manchester supported the Right to Food campaign and called for changes in the law to make access to food a legal right (199).

In 2020 the GMCA launched the No Child Should Go Hungry initiative, providing 3,000 emergency food cards to children and young people in need over the Christmas period and targeted support for families through local VCSE organisations (200).

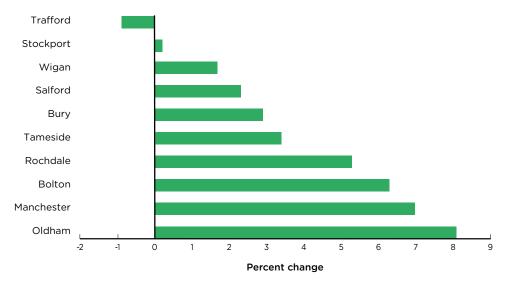
The Salford Food Share Network consists of a range of organisations in the Salford area that work together to support residents in food crisis. Within the food network, foodbanks are seen as just one element of the provision; the key focus is about how residents who enter the network in crisis and in need of a foodbank can be supported so that they are in a position to access more sustainable food sources in the long term. Residents are signposted to, or receive support from, many of the organisations to help address underlying financial challenges, reducing the need for the food network in the longer term (198).



#### **CHILD POVERTY**

The Resolution Foundation estimate that around 730,000 more children will be living in poverty by 2024–25 in the UK and relative poverty will be at its highest in 2021–22 since 1987 (179). In Greater Manchester in 2019, 34.7 percent of children were living in poverty, calculated after housing costs, close to 200,000 children (205). Before the pandemic, rates of child poverty increased in all local authorities in Greater Manchester except Trafford from 2014/15 to 2018/19 (Figure 38) (205). Oldham and Manchester were among the 20 local authorities with the highest increase in child poverty rates in the UK, and together with Bolton and Rochdale, among the 10 areas in the North West to experience the largest increase.

Figure 38. Percentage of children in households below 60 percent median income, after housing costs, percentage point change between 2014/15 and 2018/19, local authorities in Greater Manchester

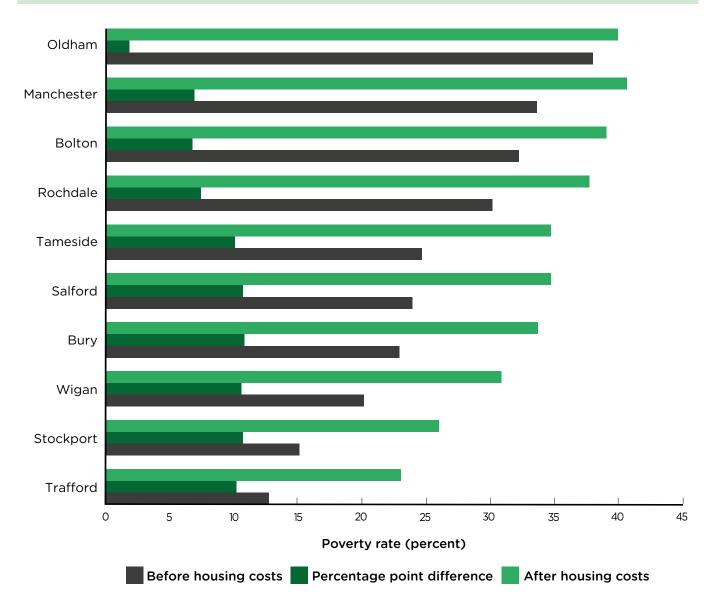


Source: Greater Manchester Poverty Monitor 2020: Child Poverty (205).



Figure 39 shows rates of child poverty before and after housing costs, and the effect of housing costs on child poverty rates in local authorities in Greater Manchester in 2018/19. In several Greater Manchester local authorities housing costs resulted in increases of 10 percent or more in child poverty, compared with rates calculated before housing costs.

Figure 39. Rates of child poverty in local authorities in Greater Manchester, before and after housing costs, and percentage point difference, 2018/19



Source: Greater Manchester Poverty Monitor 2020: Child Poverty (205).

The 2021 Inequalities Review for Greater Manchester reports that areas within the City Region that have a higher proportion of residents from ethnic minority backgrounds have higher levels of child poverty: 15 of the 20 wards with the highest proportion of ethnic minority residents had child poverty rates, calculated after housing costs, of above 50 percent in 2019.

Across the UK rates of poverty among families with children in which at least one member is in part-time or full-time work are still high, and poverty rates continue to increase for couples with children where one or two members are in part-time work (206).

The End Child Poverty coalition of charities and campaigners, including Greater Manchester Poverty Action (GMPA), are calling on the Government to make the £20 a week increase to Universal Credit permanent, which we endorse, and to expand it to other legacy benefits<sup>1</sup>, and commit to a joined-up strategy across government for reducing and ending child poverty (207).

These include the benefits replaced by Universal Credit: Working Tax Credit, Child Tax Credit, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Income Support and Housing Benefit.

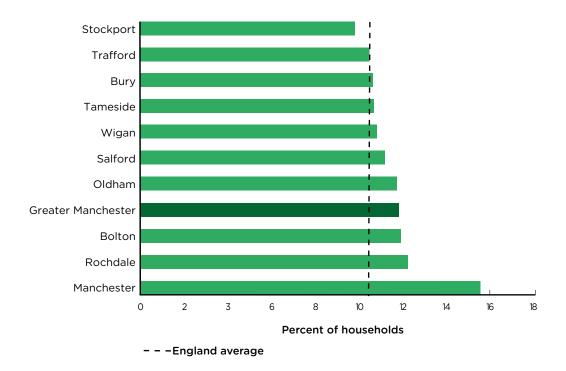


#### **FUEL POVERTY**

Fuel poverty is highly damaging to health and the social determinants of health (208). Fuel poverty, which can lead to cold, damp housing conditions, was already high in parts of Greater Manchester and is set to increase as poverty increases as a result of the pandemic.

The most recent data on fuel poverty from 2018 show that before COVID-19, around 12 percent of households were in fuel poverty in Greater Manchester (209). As shown in Figure 40, all local authorities in Greater Manchester except Stockport had higher rates of households in fuel poverty than the England average.

Figure 40. Proportion of households in fuel poverty in Greater Manchester, 2018



**Note:** Fuel poverty refers to the percentage of households in an area that experience fuel poverty based on the 'Low income, high cost' methodology. **Source:** Department for Business, Energy & Industrial Strategy (210).

Three of the main drivers of fuel poverty are poor energy efficiency, high energy prices and low income. Improving any one of these can contribute to bringing a household out of fuel poverty (208).

There is a need to retrofit older homes to improve their energy efficiency, which as well as having health benefits will also reduce carbon emissions. As part of Greater Manchester's strategy to reach net-zero emissions by 2038, the aspiration is to lift 38,000 homes out of fuel poverty (211).

Eighty percent of Greater Manchester's 1.1 million homes are more than 40 years old and highly energy inefficient and improving their energy efficiency is a very significant health equity intervention, along with reducing fuel poverty through financial support. The Sustainable Energy Association estimates 9,800 jobs could be created in improving homes in the North West, which would also contribute to local supply chains, achieving net-zero emissions, increasing incomes and reducing health inequalities (212).

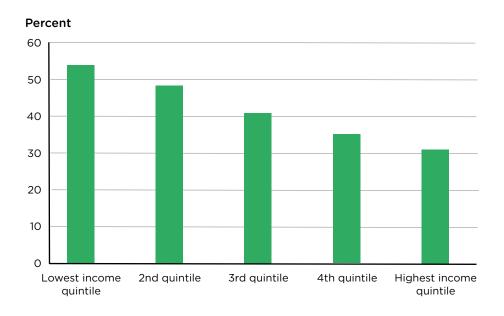
#### **DEBT**

Getting into problematic debt is most related to relationship change, loss of home, inability to get a home, or a phone contract. The impact of debt on health is associated with depression and other mental illnesses and in some cases suicide, as well as physical health problems. Distribution of debt, excluding mortgage debt, is unequal with low-income families experiencing many more problems associated with debt; and debt contributes to widening health inequalities between groups (213).

Debt was already high prior to the pandemic in the North West, with over half of households in financial debt. In Greater Manchester before the pandemic two-thirds of the population reported that they did not have access to a bank account overdraft facility, and a quarter reported borrowing money to pay for everyday living costs and bills. Over a third said they would buy new household items on credit through a rent-to-own store or catalogue. Levels of debt declined slightly from 2016–18 but are likely to rapidly rise again due to increasing poverty and unemployment as a result of the pandemic.

More than 30 percent of working-age adults were relying on additional borrowing or support for everyday living costs during the pandemic, in every family income quintile in the UK. The highest proportion reliant in this way was in the lowest income quintile and the proportion decreases to the highest income quintile (Figure 41). The impact of debt therefore is unequally borne and lower-income adults have been the most significantly and negatively impacted.

Figure 41. Proportion of working-age adults relying on additional borrowing or support for everyday living costs during the pandemic, by pre-pandemic family income quintile, UK, September 2020



Source: Resolution Foundation analysis of YouGov, UK Adults Age 18 to 65 and The Coronavirus (COVID-19) - September wave (214).

Research by Turn2Us in April 2020, early in the pandemic, shows that one family in three in the UK got into debt as a result of the pandemic; and one person in five was 'always or most of the time' running out of money before pay day; pre-COVID this number was closer to one in nine. Younger age groups, those with a disability or those from a Black or Asian background were all more likely to run out of money before payday than other groups. Data from the Turn2Us report show that one month after the pandemic began, families in the UK with three or more children were more likely to be increasing their debt. The report highlighted the need for a change to the welfare system in the form of removing the two child limit for Universal Credit and ending the Benefit Cap (215). By January 2021, 24 percent of Greater Manchester's population surveyed stated they needed to borrow money from friends/family or take out extra credit. High interest rates associated with payday loans, which can exceed 1,500 percent APR, mean that those lower income groups who cannot access affordable credit options pay more for credit (213). The 10 Years On report outlined the effectiveness of credit unions to help local residents better manage their money and reduce dependence on high interest loans (3). In Greater Manchester credit unions are also playing a role in improving financial literacy and providing short-term low interest loans (Box 28).

# BOX 28. LOCAL FINANCIAL SUPPORT IN GREATER MANCHESTER FOR THOSE IN CRISIS

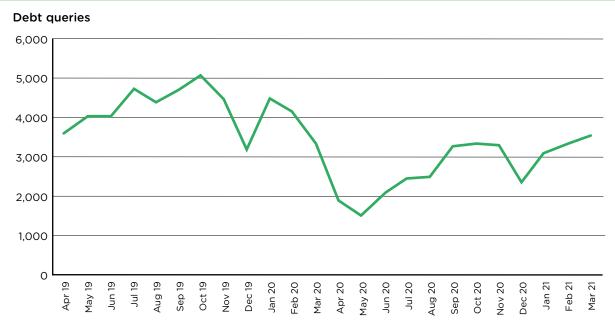
Eight Community Credit Unions have joined together to launch a COVID-19 recovery plan that will offer £15m in financial support to millions of people across Greater Manchester. The Sound Pound consortium, launched in November 2020, provides financial support, including affordable credit, to individuals across the City Region. Its aim is to rebuild communities, support people and lend responsibly (216).

Stockport Council has also worked with the Credit Union to secure loans of £100-200 to the most vulnerable, thereby reducing the risk to the union and allowing a lower interest rate. This approach is working, with a low default rate, making it profitable for the credit union, and therefore low cost for the council (198).

Gambling can lead to problematic debt. The online gambling market grew in 2020; both the number of accounts and the number of bets increased (217). In Greater Manchester, 12 percent of people surveyed in December 2020 stated they were gambling more often than before the pandemic; those who were more likely to say they were gambling more often included people aged 25-44 years (18 percent), Muslim residents (22 percent), and carers (19 percent). When asked if they wanted support related to gambling, 9 percent of Greater Manchester's surveyed residents stated they wanted support (218).

Debt services are provided by local authorities, often in partnership with the VCSE sector. There is no City Region strategy to reducing levels of individual debt. Citizens Advice provides debt management services throughout Greater Manchester. In December 2020 approximately 20 percent of clients using Citizens Advice in Greater Manchester were contacting the service about debt, and of these approximately 20 percent were concerned about 'fuel debts' or 'council tax arrears'. Calls to Citizens Advice in Greater Manchester were declining before lockdown but in March 2021 they had surpassed the level of calls in March 2020 (Figure 42). The query that increased the most in the year from March 2020 to March 2021 in Greater Manchester was related to fuel debts (219).

Figure 42. Calls to Citizens Advice's debt management service, April 2019-March 2021



Source: Citizens Advice (219).



### SUMMARY AND RECOMMENDATIONS

Welfare budgets and council funding have declined in the last 10 years (3). At the same time, poverty rates have increased and have been exacerbated during the pandemic. Greater Manchester does not have the powers to increase welfare budgets or individual incomes but it is taking actions to encourage employers to adopt the real living wage, reduce debt and reduce food and fuel poverty, and must continue to do so, increasing pressure on employers if necessary.

Developing a suitable level of income to allow a healthy life is vital and an assessment of the level of minimum income for healthy living in the City Region is required. The Universal Credit uplift must be retained or even extended. The rise of unregulated loan sharks in the aftermath of the pandemic needs to be stopped and further regulation of debt agencies and loan sharks is required.

#### INCOME, POVERTY AND DEBT - RECOMMENDATIONS

#### 1. Reduce poverty

- · Establish a goal for everyone in full-time work to receive a wage that prevents household poverty.
- Develop a regional standard for minimum income for healthy living, to be used to establish the minimum wage for Greater Manchester.
- · Support food aid providers and charities, and advocate for better national funding.
- Continue to advocate for additional £1,000 annual uplift to Universal Credit and explore other ways of providing this if it is cut.
- · Extend eligibility for free school meals.
- Advocate for an end to the five-week wait for Universal Credit and extend cash grants for low-income households.

#### 2. Reduce levels of harmful debt in Greater Manchester

- Increase financial management advice in schools and workplaces.
- Further support community and voluntary sector provision of debt advice.
- Work with Credit Unions to reduce the use of high interest loan businesses and further regulate loan agencies.
- All local authorities in Greater Manchester to offer support for those who are in debt due to non-payment of council tax.

#### 3. Monitoring for poverty and inequity

Improve local data collection and collation of national and voluntary sector data to estimate inequalities in income and debt within local authorities.



### E. WORK AND UNEMPLOYMENT

Being in good work is usually protective of health, while poor quality work, stressful jobs, and unemployment, particularly long-term unemployment, contribute significantly to poor health, low wellbeing and increase the risk of mortality. Full-time, good quality employment that offers regular, sufficient pay with good terms and conditions and fulfils other criteria for good work is the healthiest type of work (220). Greater Manchester needs to ensure all jobs are of good quality as efforts to increase employment are introduced after the pandemic.

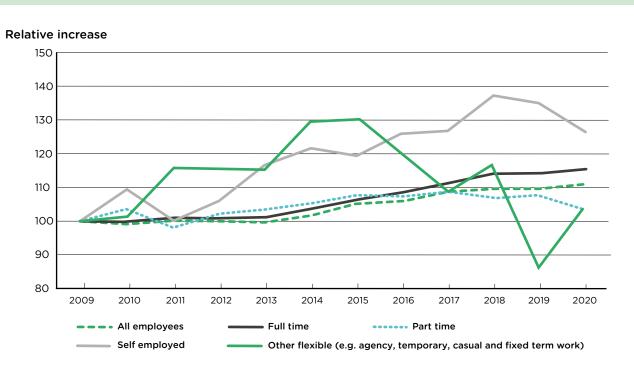
The labour market situation before the pandemic influenced and impacted the labour market during the pandemic. The numbers in employment in Greater Manchester have been lower than the North West and Great Britain since 2010 and in March 2020 the employment rate in the City Region was 3.3 percent lower than the average for Great Britain (221). White people, married men, people with no disabilities and those with higher qualifications have higher employment rates than ethnic minority groups, women, lone parents and people with disabilities (222). The Greater Manchester Independent Inequalities Commission found that the working-age employment rate of people from ethnic minority groups is over 10 percentage points below the overall rate in Greater Manchester and 6 percentage points below the national average (11). The national context for work and unemployment for the decade from 2010 is set out in Box 29.

# BOX 29. WORK AND UNEMPLOYMENT - SUMMARY FROM 10 YEARS ON

- Employment rates increased over the decade from 2010.
- There has been an increase in poor quality work, including part-time, insecure employment.
- The number of people on zero hours contracts has increased significantly since 2010.
- The incidence of stress caused by work has increased since 2010.
- Real pay is still below 2010 levels and there has been an increase in the proportion of people in poverty living in a working household.
- Automation is leading to job losses, particularly for low-paid, part-time workers, and the North of England will be particularly affected by this in the future (3).

Since 2009 in Greater Manchester there have been increases in the numbers who are self-employed and who are in full-time employment (Figure 43). The number of people in flexible employment, which includes agency, temporary, casual and fixed-term (including zero hours) contracts, peaked in 2015/16 (223).

Figure 43. Relative increase in numbers employed, by type of contract, Greater Manchester, 2009–2019 (indexed to 2009 level)



Source: NOMIS ONS APS (24).



The Northern Health Sciences Alliance found that 30 percent of the productivity gap with the UK average could be reduced by raising participation in the workforce through addressing ill health; decreasing rates of ill health by 1.2 percent and mortality rates by 0.7 percent would reduce the gap in productivity between the Northern Powerhouse and the rest of England by 10 percent (224). The Greater Manchester Prosperity review in 2020 also outlined the link between health and employment, emphasising the importance of improving health and wellbeing to reduce unemployment (17).

In September 2018, 60 percent of Greater Manchester's adult population (aged over 16 years) were in employment compared to 47 percent with health conditions or illnesses lasting more than 12 months, leading to a potential loss to Greater Manchester's economy of £4.1 billion per year (225). In 2020 Manchester City reported over half of its residents with low or no qualifications were not in employment, emphasising the importance and significance for health of building skills and supporting those at risk of unemployment with training and apprenticeships (226). While poor health undermines productivity and employment, the principal motivation for improving health is for the benefit of the population.

# FURLOUGH AND IMPACTS OF COVID-19 CONTAINMENT MEASURES ON EMPLOYMENT

The impacts of COVID-19 containment measures have fallen the most on low-paid workers and have had significant health and health inequality impacts. Temporary workers who lack job protection and thus have high levels of job insecurity were particularly affected throughout 2020. Young people have experienced the greatest loss of employment and damaging impacts have also been experienced by ethnic minority groups, older workers, disabled workers, women, part-time workers and the self-employed (227). Workers in insecure employment are not only more likely to have seen their income drop since COVID-19 but also earn less on average (215). People from ethnic minority backgrounds, in particular those from Pakistani, Bangladeshi and Indian backgrounds, were more likely to work in insecure and casual forms of employment, therefore COVID-19 is likely to have had disproportionate impacts on the income of these groups in particular (215).

Box 30 summarises the impacts of the pandemic and associated containment measures on employment and good work in England. Much of the analysis is highly relevant to the Greater Manchester context and to understanding the likely impacts on health in Greater Manchester.

# BOX 30. EMPLOYMENT AND GOOD WORK - SUMMARY FROM BUILD BACK FAIRER, ENGLAND

Low-income groups and part-time workers are most likely to have been furloughed and therefore experienced a 20 percent wage cuts from their already low wages.

Compared to other groups, older Pakistani and Bangladeshi people were more likely to be working in sectors shut down during the pandemic.

There were over 2 million jobs where employees were paid below the legal minimum in April 2020, more than four times the 409,000 jobs a year earlier.

Countries that have controlled the pandemic better than England have had a less adverse impact on employment and wages.

Rising unemployment and low wages will lead to worse health and increasing health inequalities (1).

The Greater Manchester population survey of February 2021 showed 18 percent of respondents in employment said they have been furloughed at some point since March 2020. 17 percent had had their hours reduced. and 9 percent had had their income reduced (43). Nearly half of those employed have experienced at least one of these; this proportion increases to threequarters among 16-24 year olds and those who have served in the armed forces and to around two-thirds among residents for whom someone in the household is at high risk of COVID-19, and among Asian residents (43). Of the self-employed respondents to the Greater Manchester population survey of December 2020, 61 percent had experienced a reduction in the volume of their work, 24 percent struggled to make ends meet and 15 percent considered closing their business as a result of the pandemic (218).

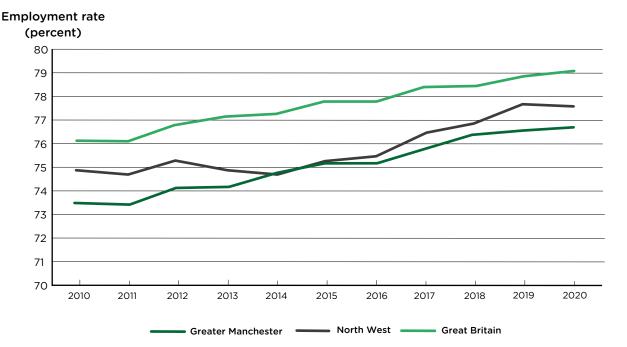
#### **UNEMPLOYMENT**

Increases in unemployment are highly concerning for health as well as for a range of other important social determinants of health – including food security, access to decent housing, having a minimum income for healthy living and for mental health and health behaviours that tend to deteriorate during unemployment.

While employment rates had increased in Greater Manchester between 2010 and 2020, they remained lower than in the North West and Great Britain in the decade to 2020 (Figure 44).



Figure 44. Employment rate in population aged 16-64, Greater Manchester, the North West and Great Britain, 2010-20

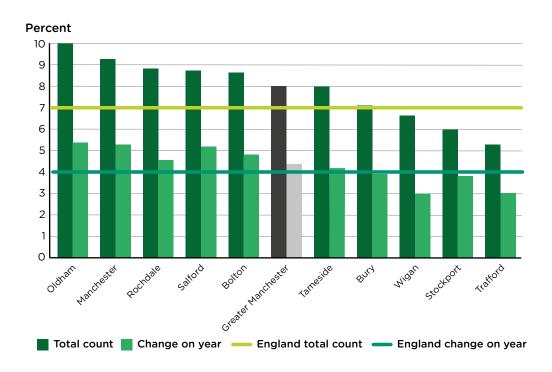


Source: ONS. Economically active time series (221).

During the pandemic unemployment increased across England. In the Greater Manchester population survey of 1,000 residents in December 2020, one in 10 respondents stated they had lost their job or had been made redundant as a result of the pandemic; this proportion increased to one in five among 16-24 year olds, students, Asian residents, those for whom English is not their first language, and those with young children aged 0-4 (218). Among Muslim residents and those who have served in the armed forces one in four said they had lost their job or had been made redundant as a result of the pandemic (218).

Figure 45 shows the proportion of people claiming Jobseeker's Allowance and some Universal Credit claimants on 11 March 2021 in local authorities in Greater Manchester. In March 2021 more than one in 10 men in Oldham, Manchester, Bolton, Rochdale and Salford were claimants; the highest rates of female claimants were in Oldham and Manchester (182). The Figure also shows the annual increase for England and the higher increase in Greater Manchester. All local authorities in Greater Manchester experienced increases in benefit claimants, but Stockport, Trafford and Wigan experienced smaller increases over the year than the England average.

Figure 45. Benefit claimant count by local authority and change on year in Greater Manchester, and the England average, 11 March 2021



**Note:** Includes claimants of Jobseeker's Allowance (JSA) and some Universal Credit (UC) Claimants. The UC claimants that are included are 1) those that were recorded as not in employment (May 2013-April 2015), and 2) those UC claimants who are required to search for work, i.e. within the Searching for Work conditionality regime as defined by the Department for Work and Pensions (from April 2015 onwards).

**Source:** ONS (182).

The various national government measures to support employment during the pandemic, including furlough, mean that so far increases in unemployment have been mitigated and are less severe than they would have been without such measures. However, in the longer term, as these support measures are rolled back, unemployment and poorquality work, both damaging for health, will likely increase significantly. These impacts will be felt differently in different areas of Greater Manchester and for specific groups including younger people, women, ethnic minority communities and disabled people, who are most likely to be at risk of unemployment (228).

# CREATING HEALTHY JOBS IN GREATER MANCHESTER

The impacts of the pandemic have undermined prospects for good quality work and are highly likely to increase unemployment and increase unhealthy working conditions in Greater Manchester. People in low pay, young workers, women and some ethnic minority groups have suffered most through the pandemic and will be highly vulnerable in its aftermath to joss losses and degradations to job quality. Prior to the pandemic Greater Manchester had taken a number of important steps to improve the quality of employment and reduce unemployment (Box 31). The COVID-19 pandemic has meant that these strategies need to be expanded and the importance of that for health and health equity needs to be made clear.

Action to reduce the impacts in Greater Manchester after the pandemic must include establishing and strengthening criteria for healthy employment, so that all employers are encouraged, even required, to offer better quality employment. Unemployment is bad for health but encouraging employment in low-quality jobs is not the correct response. Businesses must strengthen their role in improving health and reducing inequalities through employment practices and through offering more and extensive training and apprenticeships. These efforts must be highly attentive to equity.

# BOX 31. ACTIONS GREATER MANCHESTER IS TAKING ON EMPLOYMENT AND WORK QUALITY

One of the key aims of Greater Manchester's 2019 Local Industrial Strategy is to reduce inequalities. The Skills Action plan, part of the Strategy, aims to improve labour market opportunities for young people and adults by, for example, increasing the number of apprenticeships, improving career education and shifting adult education to meet employers' needs (18).

During the pandemic, Employ Greater Manchester was developed to support individuals to find employment and training, offered to furloughed workers in SMEs, and it developed short retraining programmes for those at risk of redundancy (229).

Working Well supported more than 5,000 people during the pandemic to gain employment, and a specialist programme was launched to support people with a learning disability, mental illness or physical disability into work (174).

The Greater Manchester Good Employment Charter, introduced in January 2020, aims to improve employment standards across Greater Manchester. Membership of the Charter requires employers to demonstrate a commitment to excellent practice in seven key employment characteristics: secure work; flexible work; real living wage; engagement and voice; recruitment; people management; and health and wellbeing (230).

Greater Manchester is to support the long-term unemployed to enter employment through the Working Well programme and has piloted ways of addressing skills gaps linked to jobs (174).

In 2020 the Greater Manchester Levy Matchmaking Service created more than 270 new apprenticeship starts (174).

Greater Manchester's Economic Vision focusses on driving good employment "to tackle inequalities, embrace diversity and balance profit with people and sustainability" (192).



### SUMMARY AND RECOMMENDATIONS

As Greater Manchester's economic challenges deepen through 2021, it is important that those most at risk of being employed in poor quality work or of being unemployed are supported the most in order to protect their health as well as livelihoods. This includes younger people, those on low pay and insecure contracts and some workers from ethnic minority groups.

Quality of work is an increasing and pronounced health inequality issue and improving it must be at the centre of efforts to Build Back Fairer. Establishing and enforcing minimum standards for employment quality, particularly in low-skill and low-paid employment and among small businesses in Greater Manchester, is an important step forward for reducing health inequalities. In addition, actions such as giving workers the option of working four days week can be taken to improve health equity, reduce sickness and increase productivity (231) (232). The Greater Manchester Good Employment Charter, introduced in January 2020, aims to improve employment standards in the region. This charter offers important ways forward for improving the quality of work in Greater Manchester but efforts to achieve improvements in the seven employment characteristics must be focussed on SMEs, low-income jobs, and the gig economy, as well as large employers.

#### WORK AND UNEMPLOYMENT - RECOMMENDATIONS

#### 1. Improve the quality of work in Greater Manchester

- Fully implement the Greater Manchester Good Employment Charter and Local Industrial Strategy and monitor for inequalities, particularly the proportion of employers signing up to the Charter offering lower paid jobs.
- · Provide incentives via the Good Employment Charter to reduce precarious and insecure work.
- Define and implement a Greater Manchester quality of work guarantee which extends commitments in the Good Employment Charter and is publicly available for each employer.
- Lead discussions about a four-day work week.

#### 2. Reduce unemployment and build skills

- · Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates.
- Increase funding for adult education more in more deprived communities and link to job market demands. Offer training and support to older unemployed adults.
- Incentivise the private sector to participate in training and skills development and link this to the social value framework.



# F. PUBLIC HEALTH - BUILD BACK FAIRER: STRENGTHENING THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

The pandemic containment measures have affected health, health behaviours and damaged the social determinants of health in England, as outlined in this report and in our *Build Back Fairer* report for England, summarised in Box 32.

# BOX 32. COVID-19 CONTAINMENT IMPACTS ON PUBLIC HEALTH - SUMMARY FROM BUILD BACK FAIRER, ENGLAND

- The priority and importance of public health have increased during the pandemic and public health is now a central concern of the public and Government, with a new focus on the importance of protecting and improving health in England.
- The longer-term health impacts of the containment measures are creating a new public health and health equity crisis.
- Inequalities in health behaviours and health have contributed to inequalities in COVID-19 mortality.
- There have been some significant changes in behaviours during lockdown - including possible increased inequalities in smoking and obesity, increased consumption of alcohol, declines in mental health and increasing violence and abuse within households.
- We have set out the concept of the causes of the causes: health behaviours are causes of noncommunicable diseases (NCDs); social determinants of health are causes of inequalities in these health behaviours. The causes of the causes of NCDs have to be addressed during the pandemic and as part of Building Back Fairer.
- Inequalities in health behaviours should also be a priority area for action.
- The public health system needs a strengthened focus on the social determinants of health.
   Deteriorations in these determinants as a result of containment measures make this focus even more critical.
- The public health system needs higher levels of investment and resourcing from central government

   sustained cuts of 22 percent in real terms to the budget since 2015/16 have undermined action on health and health inequalities and will lead to worse health and higher inequality.
- Underfunding and planned reorganisation of public health organisations and their workforces has undermined capacity to contain the pandemic and improve health through the containment measures (1).

Throughout the pandemic, in addition to providing leadership and guidance on reducing risks and infection from COVID-19, and running infection control and vaccination programmes, public health teams have continued to work on essential public health programmes, such as running stop smoking programmes and using licensing powers to restrict outdoor smoking in cafes and bars.

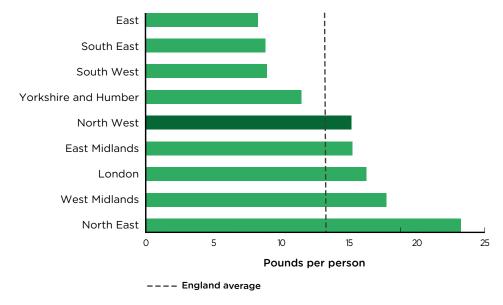
In addition to the continuation of public health programmes and the requirements for enhanced health protection, there needs to be additional focus on health behaviours as these have altered during the pandemic. In November 2020, the City Region population survey carried out for the GMCA found 37 percent of respondents stated they were eating more (while 11 percent said they were eating less), 25 percent were drinking more (17 percent were drinking less) and 27 percent were doing less exercise than before the pandemic and its lockdowns but 28 percent were doing more exercise (218). There are specific actions for public health to undertake to prioritise and bolster good mental health and to reduce harmful health behaviours, but the primary requirement for improving health and reducing health inequalities is that health equity is at the heart of government and governance in Greater Manchester. This requires enhanced roles for public health leaders and the whole public health workforce, and more funding.

One of the impacts of the COVID-19 pandemic that may benefit future action on health inequalities has been the high profile of public health, with an increased awareness of the social determinants on health and a widespread recognition of the unequal impacts of COVID-19. The heightened profile of public health and health inequalities through the pandemic provides an important opportunity to greatly extend action on the social determinants of health. The Association of Directors of Public Health, led by the Director of Public Health in Tameside, has stated that public health has three primary goals in the next few years in Greater Manchester: to tackle the health inequalities the pandemic has exposed and deepened; to develop greater understanding of the impact of the pandemic on the general population; and to learn from the pandemic to improve health protection and resilience against continuing threats and future disease outbreaks (79).

#### PUBLIC HEALTH FUNDING

In England, public health has experienced sustained cuts of 22 percent in real terms to its budget since 2015/16. The cuts have undermined action on health and health inequalities and will lead to worse health and higher inequality in health outcomes. The North West experienced cuts of approximately £15 per person in public health spending between 2014 and 2021 (Figure 46). The five English regions with the highest number of deaths per 100 people involving COVID-19 between March and July 2020 were also the five regions with higher cuts over this period (233).

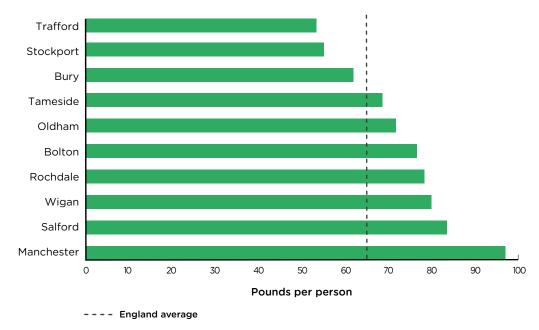
Figure 46. Public health spending reduction in real terms (£/person), 2014-21, regions in England and England average



Source: MHCLG (2020) and PHE (2020) from IPPR (233).

The Public Health funding allocations for 2021/22 were announced in March 2021 and within Greater Manchester, Manchester City received the highest allocation per head at £97 (Figure 47). The average for England is £64.87 per head. Every local authority in England received an increase of at least 0.67 percent in cash terms; this increase, however, does not compensate for the 24 percent decrease in real terms funding that has been experienced since 2015/16 (234) (235).

Figure 47. Public health local authority allocations (£/person), Greater Manchester, 2021-2022



Source: Department of Health and Social Care (236).



Greater Manchester's first Population Health Plan, Box 33, adopts a life-course and proportionate universalist approach to improve health and wellbeing for all residents in the City Region.

#### **BOX 33. ACTIONS GREATER MANCHESTER IS TAKING ON PUBLIC HEALTH**

As part of the devolution agreement to take control of reforming health and social care, Greater Manchester developed its first Population Health Plan, for 2017, and delivered a range of programmes to improve health outcomes across the City Region. The Taking Charge: 2017–2021 Population Health Plan identified five areas on which to focus to transform health and social care in Greater Manchester:

- 1. Reducing the number of very low birth weight babies.
- 2. Increasing the number of children who are 'ready to learn' when they start school.
- 3. Reducing the number of children living in poverty by raising the number of parents in good work.
- 4. Reducing the number of falls so more people are living independently at home.
- 5. Cutting the number of deaths from the big killers cancer, heart disease and lung disease or respiratory problems (15).

The programmes supporting the Population Health Plan focussed on four areas: starting life well, living well, ageing well and reforming Greater Manchester's health and social care systems (15). Starting and developing well prioritises the early years and partners with schools, further education and higher education establishments and the community and voluntary sector to address the health and wellbeing of children and young people. Living well is an evidence-based model that includes specific models of primary care for deprived communities, adopting a proportionate universalist approach to improve population health. Ageing well aims to create and sustain age-friendly neighbourhoods in Greater Manchester, to reduce social isolation and loneliness and increase the number of 50-64 years olds in employment (80).

The Population Health Plan has introduced ill health prevention place-based services and sees health inequalities as an issue across a wide range of organisations, including the police, social care, local authorities, health, housing, fire services and the voluntary sector.

In January 2020, prior to the COVID-19 pandemic, the population health ambitions were refreshed and a model for a unified approach was created with four priorities to address in the next phase: wider determinants of health; behaviour and lifestyles; public service reform and place-based and person-centred approaches.



#### HEALTH BEHAVIOURS AND THE PANDEMIC

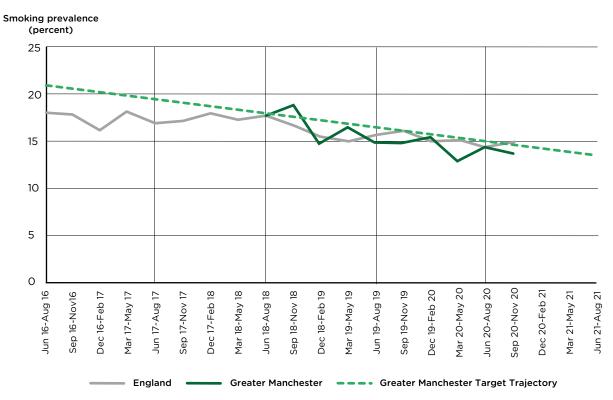
As we have set out, health behaviours are closely related to the social determinants of health and across the UK there are higher rates of smoking, obesity and harm from alcohol in lower socioeconomic groups. During the pandemic behaviours shifted somewhat, and it is not yet clear whether these changes are permanent or will shift again as restrictions loosen. In this section we overview smoking, obesity and alcohol misuse and assess levels of mental ill health.

#### **SMOKING**

There is a close link between smoking and inequality, and a North/South divide in England in smoking prevalence. In the UK, smoking rates by ethnicity are highest among those identifying as mixed or other ethnic origin, at over 20 percent, and high among men identifying as of Pakistan or Bangladesh ethnic origin (237).

Each year there are an estimated 5,212 early deaths in Greater Manchester caused by smoking and over 150,000 people who suffer from serious smoking-related diseases (238). However, overall smoking rates continued to decline in Greater Manchester through 2020 and the prevalence of smoking there was below the England average in September-November 2020 and had reached the target set for 2021 (Figure 48).

Figure 48. Smoking prevalence among adults aged 16 and over, Greater Manchester and England, 2016–2020



Source: Greater Manchester Health and Social Care Population Health Programme Board, October 2020 (239).

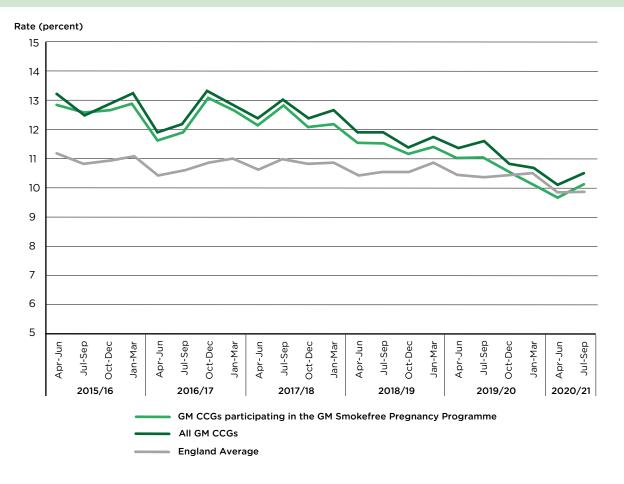
Average figures for the City Region and for its local authorities mask local inequities in prevalence; high smoking rates persist in some areas of even the more affluent Greater Manchester boroughs like Trafford and Bury, where overall prevalence has fallen to 9.1 percent and 12.8 percent respectively.

'Making Smoking History', Greater Manchester's Tobacco Control Strategy, aimed to reduce adult smoking prevalence by one-third by the end of 2020 and to 5 percent by 2035 (240). There has been a reduction of 52,000 smokers in Greater Manchester (or 18.4 percent) since the introduction of the strategy in late 2017 and the ambition appears to be on track. Smoking rates among people in 'routine and manual' jobs have reduced faster in Greater Manchester than in England as a whole and in other parts of the North, from 28.8 to 24.5 percent between 2012 and 2016, closing the gap with England (23.2 percent) (239).



Greater Manchester has implemented a comprehensive system-wide programme including focussed behaviour change campaigns and engagement activity supporting routine and manual groups to quit smoking. As part of the strategy a programme of support for smoke-free pregnancies, families and communities has reduced smoking at time of delivery rates by almost a quarter in the nine participating localities, supporting healthy starts for babies and closing the gap with the England rate. All 10 local authorities are now delivering this programme (239). Greater Manchester's ambitions around reducing smoking in pregnancy progressed in spite of significant disruption during the pandemic (Figure 49).

Figure 49. Smoking rates at time of delivery in the nine Greater Manchester local authorities engaged in the Smoke Free Pregnancy Programme and England, April 2015–March 2021



Note: CCG= clinical commissioning group

Source: Greater Manchester Health and Social Care Population Health Programme Board, October 2020 (239).

The pandemic has also resulted in more smokers being motivated to quit. In Greater Manchester there have been more attempts to give up smoking than in England over the last two years and attempts continued to increase in September-November 2020, during the pandemic (241).

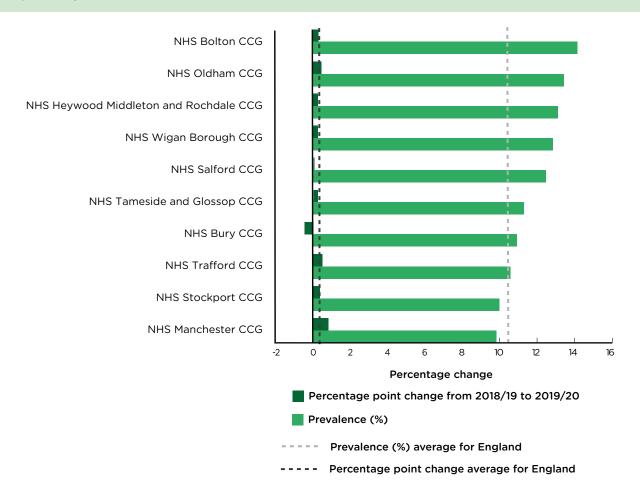
#### **OBESITY**

National data from the start of the pandemic show that a disproportionate number of people critically ill in intensive care units with COVID-19 were morbidly obese (242). Public Health England estimated having a body mass index (BMI) of 35 to 40 could increase a person's chances of dying from COVID-19 by 40 percent and a BMI greater than 40 could increase the risk by 90 percent (243). Obesity is closely related to deprivation.

Prior to the pandemic, in 2014/15, 65 percent of adults and 28 percent of children in Greater Manchester were classified as overweight or obese, significantly higher than the UK average. In line with England, every clinical commissioning group (CCG) in Greater Manchester except for Bury showed a rising prevalence of obesity between 2018/19 and 2019/20.

Figure 50 shows the prevalence of obesity among all Greater Manchester's CCGs. Eight out of the 10 CCGs had a higher prevalence than for England. Bolton had the highest and Manchester had the lowest prevalence from 1 April 2019 to 31 March 2020. In line with England, every CCG except for Bury showed a rising prevalence of obesity from the previous year.

Figure 50. Prevalence of obesity at ages 18 and over by Greater Manchester CCGs, 2019/20 and percentage change from previous year



**Note:** All Greater Manchester's 10 local authorities are coterminous with their respective CCGs, with the exception of Tameside and Glossop, where Glossop is part of Derbyshire County Council and Tameside is part of Tameside Metropolitan Borough Council.

**Source:** QOF (244)

There is no data available so far on levels of obesity in Greater Manchester through the pandemic. Across England, however, there is evidence that the COVID-19 containment measures impacted on people's weight-related behaviours, with increases in the likelihood of overeating and increasing alcohol consumption (245).

Overall, one in four surveyed Greater Manchester residents said they want help to stay active and eat healthily, more than half of Muslim residents said they need more help with staying active (54 percent), and half of residents with children aged 0-4 (49 percent) and for whom English is not their first language (50 percent) needed more help eating healthily (43). In Oldham there has been a 350 percent increase in demand for the local authority's peer-led services (dealing with all topics, not just obesity), which are the preferred option over clinician led therapy interventions (78). Thirty-one percent of the population in Greater Manchester are inactive, compared with 27 percent in England (15).

In March 2020 Manchester City was set to sign the Food Active Healthy Weigh Declaration and launch a Healthy Weight Strategy but this was delayed due to the pandemic (246).

#### **ALCOHOL**

Greater Manchester's mortality rates from alcohol-specific conditions are among the highest in the country. In 2014/15 there were nearly 70,000 alcohol-related admissions to A&E departments in Greater Manchester, and in each local authority's admissions per 100,000 were higher than the England average. Greater Manchester's Alcohol Strategy 2014–2017 addressed issues related to licensing, regulation and compliance as well as alcohol campaigns and awareness-raising, with a particular focus on young people (15).

In the UK, the effect of the pandemic on alcohol consumption has been mixed. Around one in three surveyed adults (36 percent) increased their consumption of alcohol during the first lockdown and 45 percent stated they decreased their consumption (247). There have been increases in the proportions of both higher risk drinkers and non-drinkers (248) and higher risk drinking has increased since the pandemic began. In February 2020 7.9 percent of those in manual occupations were higher risk drinkers; this rose to a high of 18.29 percent in September 2020 from which it declined to 13.59 percent by March 2021 (249). Healthcare workers responsible for taking care of individuals with COVID-19 increased their weekly drinking on average by between 0.45 and 1.26 units (247).

Findings from the Safely Managing COVID-19 survey in December 2020 found one in four people in Greater Manchester stated they were drinking alcohol more often; higher for those between 25-44 of whom thirty percent of Greater Manchester residents said they drank more often; those with children aged 0-4 years or primary school-age children, and residents who work full-time were also more likely to say they were drinking alcohol more often (218).

Eight percent of all Greater Manchester residents said they were using illegal substances more frequently than usual. Higher rates were found in 16-24 year olds and Asian and Muslim residents (218).

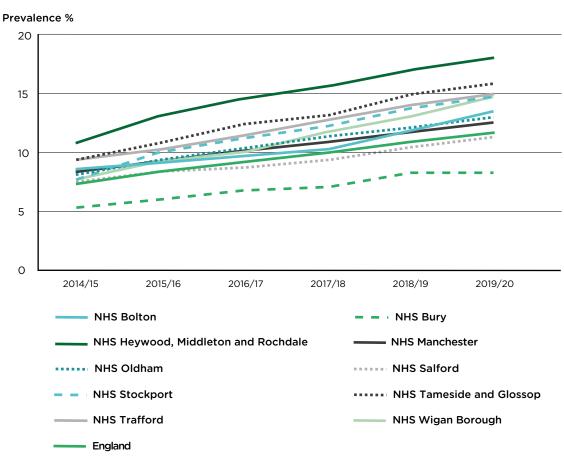


#### **MENTAL HEALTH**

The Greater Manchester Mental Health Strategy has shifted the focus of care in the City Region to prevention, early intervention and resilience, and delivering a sustainable mental health system. As noted in Section 4.C, Greater Manchester has made widescale efforts to improve children and young people's access to mental health care (15), (166). In 2016, there were 3,981 people in Greater Manchester in contact with mental health services for every 100,000 of the population, nearly double the national figure of 2,176.

Mental health deteriorated for all age groups during the pandemic, though the decline in mental health had started prior to the pandemic. Figure 51 shows the prevalence of depression across Greater Manchester's CCGs; six of the eight CCGs had levels of depression higher than the England average, and depression increased in line with the national trend for all 10 CCGs between 2014/5 and 2019/20.

Figure 51. Trend in the prevalence of depression in people aged 18-plus, Greater Manchester CCGs, 2014/15\*-2019/20



**Notes:** 2014/15 - NHS Manchester comprised of NHS Central Manchester, NHS North Manchester and NHS South Manchester. All Greater Manchester's 10 local authorities are coterminous with their respective CCGs, with the exception of Tameside and Glossop, where Glossop is part of Derbyshire County Council and Tameside is part of Tameside Metropolitan Borough Council.

Source: QOF (250).

The effects of containment measures on mental health have been studied throughout the pandemic and evidence shows mental health worsened the longer containment measures were in place, particularly for people under the age of 70. Given that Greater Manchester experienced longer periods of restrictions in 2020, it is likely that the toll on mental health was particularly high (177).

Over half, 52 percent, of those surveyed between August and November 2020 for the Greater Manchester Mental Wellbeing Survey, said they had 'very high' levels of anxiety (75). The three population surveys of Greater Manchester residents in November and December 2020 and January 2021 also found high levels of anxiety, with the proportions reporting high levels increasing from 39 percent in November and December 2020 to 42 percent in February 2021

(43). In all three surveys more than half of the population stated their mental health had become a concern as a result of the pandemic.

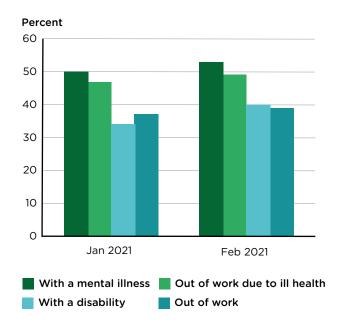
Table 4 shows the fairly rapid increases in the percentage of people in Greater Manchester with low levels of life satisfaction through the pandemic. In 2018 average life satisfaction scores (from 0-10, where 0 is 'not at all' and 10 is 'completely' satisfied) in Greater Manchester averaged at 7.67 and in January 2021 had fallen to 6.11 (251).

Table 4. Percentage of respondents with low levels of life satisfaction, Greater Manchester November 2020, December 2020 and January 2021 surveys (adults) (252) (43).

	2018 (average for year)	November 2020	December 2020	January 2021
Percentage with low levels of satisfaction	N/A	16 percent	19 percent	22 percent
Mean score	7.67	6.56	6.21	6.11

Levels of low life satisfaction are higher among respondents where someone in the household is at high risk of COVID-19 (31 percent), from ethnic minority backgrounds (30 percent) and women (25 percent compared with 19 percent of men). Higher levels of dissatisfaction were recorded among the unemployed and those on low incomes and, in particular, those who have been out of work for at least six months and those out of work due to ill health, respondents with a disability and particularly those with a mental health illness (43), shown in Figure 52.

Figure 52. Reporting of low life satisfaction by health and work status, Greater Manchester, January-February 2021



Source: BMG, GMCA (156) (43).

Among working age adults some of the reasons for worry, anxiety and/or depression and reduced wellbeing are lack of opportunities for peer support and socialising, an increase in COVID-19 related scams (78) and missing key milestones such as graduation, exams, weddings, birthdays and funerals. The most vulnerable were asked to shield which often led to mental health impacts and, at the same time, there has been reduced access to therapeutic environments/usual coping mechanisms. There has also been some reduction in service capacity during COVID-19, e.g. due to staff illnesses (78).

The financial impacts of the pandemic, including job loss, loss of income and increasing debt, are also driving greater anxiety. There are particular challenges for people on zero hours contracts and those who are self-employed. As set out in Section 3.C, missing school and being unable to socialise has harmed the wellbeing of many children, young people and their parents and carers. There have been many reports of increased domestic conflict and abuse (78).

In Greater Manchester during the pandemic in 2020, the survey of residents found 'work' and 'college' were the single biggest factors associated with poor mental wellbeing, followed by existing illnesses/disabilities, according to one survey (Figure 53).

Not enough exercise Housing issues/problems with neighbours Bereavement Lack of confidence/self esteem Government/politics/Brexit/society/the world Unkind/negative people Poor Diet/overweight/substances Not being able to access support/services Media/Social Media/Screens Not being able to see family/friends Not enough sleep/Tiredness/lack of energy Isolation/Ioneliness Negative thoughts/overthinking/future worries No time/Busy life Health Financial problems/no job **COVID & restrictions** Family/Firends/relationship worries/issues Depression/Anxiety/MH illness/Learning disability Work/College (inc work life balance) 0 35 5 10 15 20 25 30

Figure 53. Causes of poor wellbeing in people who live and/or work in Greater Manchester, August-November 2020

Source: Question 3 of Greater Manchester Big Mental Wellbeing Conversation Survey Aug-Nov 2020, of 3,986 people who live and/or work in Greater Manchester (75).

Percent

The Greater Manchester Disabled People's Panel carried out a survey on the impact of COVID-19 and lockdown measures on the population with disabilities in June 2020. Ninety percent of respondents stated that the pandemic has had a negative impact on their mental health (253). Some of their main concerns related to access to personal protective equipment (PPE) (56 percent), cancelled health appointments (62 percent) and housing (37 percent related to inaccessible/partially accessible housing).

The Greater Manchester Mental Health Strategy has shifted the focus of care in the City Region to prevention, early intervention and resilience, and delivering a sustainable mental health system. Boxes 34 and 35 outline actions taken by Greater Manchester to address the mental health needs of its residents during the pandemic, and its attempts to mitigate impacts on inequalities by targeting actions for key workers and particularly hard-hit populations.

#### **BOX 34. ACTIONS GREATER MANCHESTER IS TAKING ON MENTAL HEALTH**

Greater Manchester, through its devolution capacity, has supported mental health with a £130 million investment, allocating 60 percent of this budget to supporting children and young people. Greater Manchester has a whole-systems, single mental health programme to support the City Region that works with each of the 10 place-based systems, recognising inequalities in mental health as well as in the capacity of the workforce. This model allows the pooling of resources, avoiding duplication, standardising support and having a collaborative approach.

Greater Manchester offers: the Mentally Healthy Schools programme; university mental health service; parent-infant/perinatal services; early intervention in psychosis; children and young people eating disorder services; Thrive and i-thrive models; crisis care redesign (ongoing) and rapid mobilisation of crisis care helplines during the COVID-19 pandemic; digital delivery of mental health services during the pandemic; mental health support aimed at ethnic minority communities through VCSE organisations during the pandemic; and specialist children and mental health services, with access improved by over 35 percent and above national targets (148) (254).

A preventive mental wellbeing training programme called Connect 5 training continued to be offered during the lockdowns to NHS and social care staff and was offered to other frontline workers. In September and October 2020 the Greater Manchester Health and Social Care Partnership and the Independent Mental Health Network held a Big Mental Wellbeing conversation to better understand the population's experiences of the pandemic and their needs going forward, surveying over 4,000 people (255) (256) (16).

To address mental health, new social prescribing projects have been funded by the Greater Manchester Health and Social Care Partnership as part of the Green Social Prescribing Test and Learn scheme, with two-year nature-based pilot projects. Social prescribing schemes have expanded during the pandemic and 75 percent of referrals are for mental health support (257). Partners in Greater Manchester have also published the Greater Manchester Mental Health Toolkit for Employers to help business, public sector and VCSE organisations to support the mental health and wellbeing of their employees (258).

The Greater Manchester Resilience Hub, which was set up after the Manchester Arena attack, has been extended so that staff, including cleaners, porters, security, and other ancillary workers, across health and social care, can access it. Specific support is offered to health and care workers; managers and leaders; staff from ethnic minority backgrounds; families of health and care workers; and to people suffering a bereavement (259).

Living Life to the Full courses also continued during 2020 and the associated booklets have been translated into 15 languages spoken in Greater Manchester and made available digitally.

Greater Manchester published a 'Wellbeing and Mental Health' during COVID-19 booklet, disseminated across localities. In May 2020 the Greater Manchester Health and Social Care Partnership initiated the Mental Wellbeing Grants Programme for micro/small and medium-sized grants to local voluntary community groups and social enterprises in the City Region. Between May and December more than £149,000 was awarded to 85 projects. An evaluation found a variety of projects were funded, aimed at improving mental health in a range of communities using a range of activities. Many of the activities were simple – e.g. telephone calls and walking – and showed small amounts of money (less than £500) could have short-term effects on improving mental health (260).

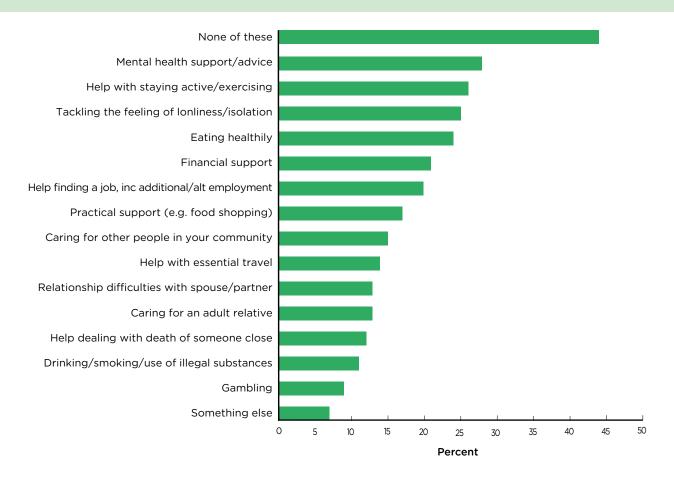
#### BOX 35. CASE STUDY: INCREASING MENTAL HEALTH DEMAND ON LOCAL GROUPS - YARAN NORTHWEST

Yaran Northwest, set up in 2013, is a bilingual team of community health workers, psychologists, therapists and community connectors specialising in working with Farsi/Iranian communities. They work with women, men, refugees and asylum seekers, people with disabilities and health conditions (including learning difficulties, mental health, drug and alcohol dependency, long-term health conditions), people aged 50 and over as well as ethnic minority communities (261).

In the 11 months from April 2019 to February 2020, Yaran Northwest received 860 referrals from Greater Manchester residents, equal to 78 referrals a month. In the eight months between March to October 2020, Yaran received 841 referrals, equal to 105 referrals per month. The calls increased by 140 percent between March–June and July–October 2020 (261).

In November 2020 a number of Greater Manchester residents were surveyed about the support needed to improve their mental health. Figure 54 shows the range of answers and the different ways suggested to improve mental health, from providing mental health advice to finding employment to eating healthily.

Figure 54. Support needed by Greater Manchester residents, November 2020



Source: Safely Managing COVID-19: Greater Manchester Population Survey. Survey 1 Report (218)

#### SUMMARY AND RECOMMENDATIONS

Public health organisations and their workforces must be at the forefront of efforts to contain the pandemic, while continuing efforts to improve health and reduce health inequalities. These actions have been undermined by insufficient funding, planned reorganisations and weakening of public health leadership. Public health and associated sectors urgently need to have their capacity strengthened, budgets increased and to be at the centre of political decisions and decisions about resource allocations in order to ensure that action is directed proportionately at those communities where health harm is highest. Local public health teams have the knowledge of local places and resources and have established partnerships with other sectors. These are essential requirements for taking action on the social determinants of health and reducing health inequalities.

In the *10 Years On* report we assessed how best to implement action on the social determinants to reduce health inequalities – Box 36. These are national recommendations, but also have relevance, in part, to Greater Manchester.

## BOX 36. PRINCIPLES FOR IMPLEMENTING ACTION ON HEALTH INEQUALITIES AND THEIR SOCIAL DETERMINANTS - FROM 10 YEARS ON

- Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health.
- 2. Ensure proportionate universal allocation of resources and implementation of policies.
- 3. Intervene early to prevent health inequalities.
- 4. Develop the social determinants of health workforce.
- 5. Engage the public.
- 6. Develop whole systems monitoring and strengthen accountability for health inequalities (3).

The pandemic has reemphasised the importance of Public Health experts' clear and effective communication with the public. While there has been a welcome focus on the social determinants of health among public health systems in recent years, this still needs to be strengthened.

Greater Manchester's health and care partnership has developed collaborative approaches to public health, with a focus on the social determinants of health prior to and during the pandemic. Further support for the partnership and for other sections to take action

on the social determinants are now required and recommendations for Greater Manchester are listed below, and in Chapter 5 we outline the Marmot Beacon Indicators developed through our work with Greater Manchester, which will support and monitor activity in health inequalities and underpin the framework for Building Back Fairer set out in this report.

#### PUBLIC HEALTH - RECOMMENDATIONS

- 1. Allocate public health resources proportionately, with a focus on the social determinants
- Advocate for real terms percentage increase in the regional budget for public health.
- Strengthen the public health focus on the social determinants of health.
- Public health to provide a key leadership role post-COVID-19 in plans to Build Back Fairer.
- Continue to support Greater Manchester's integrated health and care system to be a true population health system, working in partnership with the 10 local authorities and the GMCA.
- Develop equity targets for local authorities and the City Region, with clear lines of accountability to reflect priorities for reducing health inequalities and inequalities in the social determinants in the longer term.

#### 2. Prioritise inequalities in mental health

- Increase mental health provision in workplaces.
- Continue and expand existing programmes which focus on preventing mental health problems, and strengthen monitoring and evaluation for equity.
- Work with planners to develop mentally healthy high streets and access to good quality green space within a 15-20 minute walk for all in Greater Manchester, including specific actions to reduce noise and air pollution, improve community safety and reduce anti-social behaviour.

#### 3. Give prevention interventions time to succeed

- Invest for the long term, measure success over five and 10 years, and improve sharing of best practice between local authorities in Greater Manchester.
- Identify and embed learning from the COVID-19 pandemic, including the value of place-based services and other 'bottom-up' approaches.
- Place prevention and taking action on the social determinants at the centre of integrated care system in Greater Manchester.

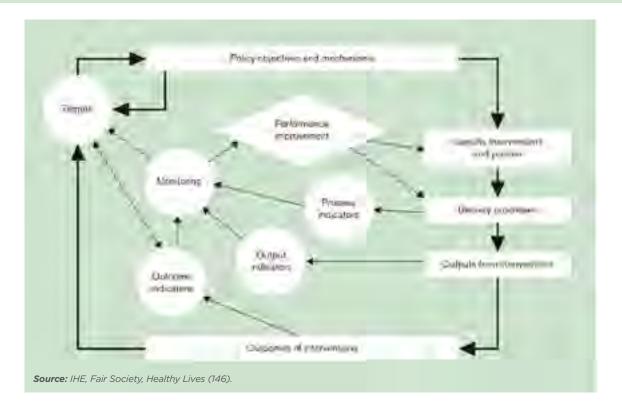


# CHAPTER 5 MARMOT BEACON INDICATOR SET

## FRAMEWORK FOR MONITORING THE REDUCTION OF HEALTH INEQUALITIES

The success of any strategy that aims to reduce health inequalities requires, at a minimum, the monitoring of performance in addressing inequalities in both health and its social determinants. In view of the often lengthy pathways from action on the 'causes of the causes' of health inequalities to their final impact on levelling-up health outcomes, the indicators need to include those relating to input, output and outcomes. These need to be sufficiently timely to feed into a continual process of monitoring and review of the effectiveness of actions in contributing to achieving health inequality reduction. This is illustrated in Figure 55.

Figure 55. Framework for indicators and targets



Two broad categories of indicators are required: indicators of action on the social determinants and indicators of progress made on the social determinants. Action indicators can be further categorised by the type of intervention that they measure into: indicators of interventions on governance related to social determinants, those that measure social interventions that promote health and health equity, and indicators of environmental interventions that promote social and health equity (262).

Our identification of emerging trends in inequalities across Greater Manchester and applying these principles to the types of indicators required resulted in a preliminary identification of 43 indicators early in 2020.

The COVID-19 pandemic led to a reprioritisation of the Greater Manchester/IHE collaboration from March 2020 onwards, with work reoriented to supporting the City Region through its COVID-19 response, recovery and ambition to Build Back Fairer. To develop a monitoring framework to assess the impacts of COVID-19 from an equity perspective, the process of identifying indicators was refocussed to enable a wider understanding of the inequality impacts of the pandemic and related containment measures. The intention was to encourage an equity-focussed and whole-system approach to recovery and to align with Greater Manchester's overall approaches to mitigating equity risks and developing a more equitable and sustainable future.

## DEVELOPMENT OF THE MONITORING FRAMEWORK AND SELECTION OF INDICATORS

Following agreement on the overall areas that are important for monitoring the inequality impacts of COVID-19, the development of the Greater Manchester COVID 19 inequality framework and the selection of indicators was based on a three-stage process:

- 1. Framework
- 2. Prioritisation by Greater Manchester analysts
- 3. Additions by Directors of Public Health

In 2020 the WHO European Regional Office developed a framework for assessing the impact of COVID-19 and its containment measures and identifying mitigating actions at country level. This recognises different mechanisms that either derive from existing inequalities or give rise to new ones:

**Mechanism 1:** Health inequities follow from exposure to infection and the risk of severe health outcomes, including Long-COVID (263) and death. These health effects may go on to generate or enhance pre-existing socioeconomic inequities and non-COVID-19 conditions.

**Mechanism 2:** The unequal socioeconomic impacts of COVID-19 containment measures may generate non-COVID-19 health inequities, and these conditions may themselves predispose to subsequent inequities in adverse outcomes of COVID-19.

**Mechanism 3:** Socioeconomic inequities can increase the risk of further non-COVID-19-related health inequities. Conversely, non-COVID-19-related health effects that are indirectly generated by containment measures or as the consequence of health problems caused by contracting COVID-19 may lead to further socioeconomic inequities. This cyclical mechanism can reinforce health and socioeconomic inequities.

The relationship between these three mechanisms is illustrated in Figure 56.

Figure 56. Three mechanisms for COVID-19 socioeconomic impacts and their inequities COVID-19 **IMPACTS OF COVID-19 COVID-19 ON** ON HEALTH AND CONTAINMENT **HEALTH INEQUITIES MEASURES UNEQUAL** SOCIOECONOMIC **IMPACTS** NON COVID-19-Note: Green arrows = Mechanism 1; red arrows = Mechanism 2; blue arrows = Mechanism 3. RELATED HEALTH **INEQUITIES** Source: Health inequity and the effects of COVID-19 (264).

Indicators were derived by WHO to measure these mechanisms, selected based on understanding of the likely inequality impacts from COVID-19, existing frameworks used by UN agencies, and the latest evidence on equity-monitoring in Europe (265) (266).

The indicator set comprised 40 indicators, covering:

- Health system activity
- Health system quality and quality of support services
- Non-communicable disease risk factors
- Mental health
- Human rights abuses and discrimination
- Safety in the home and in the community
- Community participation and perceptions around community cohesion
- · Pollution and the environment
- · Poverty and food scarcity
- Employment and social assistance programmes
- Transport and infrastructure
- Media and press monitoring. (264)

We compared these indicators with the 43 indicators from the IHE-Greater Manchester Phase 2 mapping work (see Figure 57 below). The two indicator sets (83 indicators in total) were then grouped under the following subheadings, which included areas that will be impacted by COVID-19 and are both priority areas for Greater Manchester and for WHO EURO:

- 1. NHS activity, health outcomes, and self-reported health
- 2 Risk factors for chronic disease
- 3. Perceptions of the community, security, isolation
- 4. Poverty and deprivation
- 5. Work and income
- 6. Early years and education
- 7. Transport and the environment
- 8. Housing

Any duplicates or unrelated indicators from the WHO framework (such as 'adequate water and sanitation facilities', not designed to be used by high-income countries) were removed.

#### INPUT FROM GREATER MANCHESTER ANALYSTS

Further discussion with lead analysts at the GMCA, Greater Manchester Health and Social Care Partnership (GMHSCP) and local authorities (including those with expertise in data relating to food security, crime, drug misuse, smoking and housing), added 10 additional indicators to the framework. Indicators were chosen that could support the monitoring of the equity impacts of COVID and containment measures, outlined in the eight areas described above. Priority was given to data sets that are disaggregated, data that are available routinely and frequently, data that show health impacts in the short term and data on key social determinants.

Engagement with GMCA, GMHSCP and local authority colleagues also enabled IHE to reduce possible duplication of effort of similar workstreams operating across Greater Manchester. For example: the indicator mapping taking place as part of Greater Manchester's health and justice strategy, the Greater Manchester System Siren work and the COVID-19 indicator mapping being undertaken by the GMCA. After cross-checking the indicators with these other sources and receiving regular feedback from Greater Manchester analysts, a total of 38 indicators remained.

To ensure that reporting requirements for the final indicator framework were appropriate, and to test

consensus among colleagues in Greater Manchester, IHE asked Greater Manchester analysts working in population health to score each of the 40 indicators across three separate domains, as either high, medium or low priority, for inclusion in the final indicator framework.

The prioritisation criteria were adapted from a similar template used by Greater Manchester's analysts to assess indicators from the 2011 Census. The three domains and corresponding subdomains were:

- Policy priority for monitoring inequalities relating to specific strategic goals
  - a. Relevance to Greater Manchester's strategic priorities
  - b. Availability of alternative sources
  - c. Geographic availability of the indicator
- 2. Identification of important inequalities or vulnerabilities emerging from COVID-19 and its containment measures
  - a. Existing/emerging/predicted inequalities across
     Greater Manchester
  - b. Needed for continuity/trends-monitoring
  - Quality of data collected/will represent the true picture of inequality or people in vulnerable situations (i.e. validated)

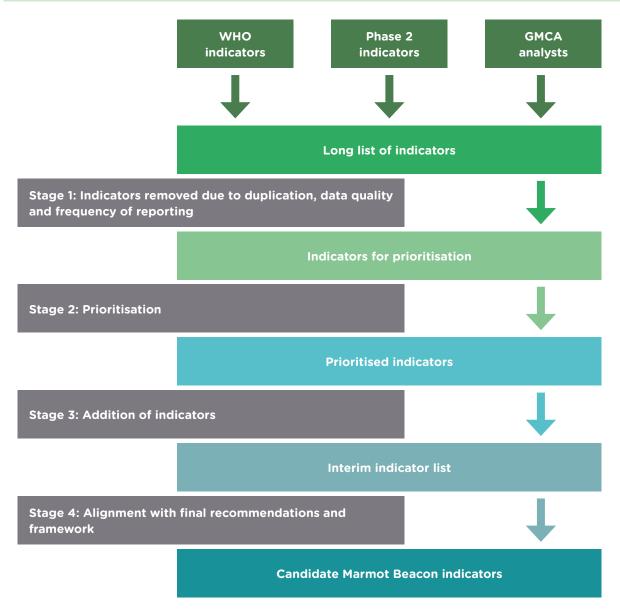


#### 3. Cross-related topic

- a. Related to several other key variables in the indicator framework
- b. Needed for several variables to be considered simultaneously e.g. impact of age, ethnicity and employment.

Following this prioritisation process, the indicators were assessed by Directors of Public Health (DsPH) from Greater Manchester to ensure alignment with Greater Manchester's public health priorities. The DsPH suggested an additional 10 indicators for inclusion. The combined list was then reviewed in the light of the parallel development of policy recommendations, the framework in Figure 1 and the emergence of new data collections and/or availability. The overall process for deriving beacon indicators is summarised in Figure 57.

Figure 57. Indicator selection flow diagram



We propose that, for the five areas in the framework (Figure 1) for which indicators are needed, the availability of suitably frequent, disaggregated data is explored for the potential indicators listed below, so that these can be used to inform a biannual assessment of health equity in Greater Manchester. Even where some data are currently available, they may not be at the level of granularity needed to monitor inequalities within local authorities or be sufficiently timely. For some of the indicator areas data may not yet exist at all. It will be for Greater Manchester system partners to take forward the following candidate Marmot Beacon indicators.

The indicators cover the areas and recommendations outlined in this report and are considered critical in driving down health inequalities and in delivering on the potential to Build Back Fairer.

#### **MARMOT BEACON INDICATORS**

Early years, children and young people **Indicator 1: School readiness** 

Indicator 2: Low wellbeing in secondary school children (#Beewell)

Indicator 3: Pupil absences

Indicator 4: Educational attainment by FSM eligibility

Work and employment

Indicator 5: NEETs at ages 18 to 24

Indicator 6: Unemployment rate

Indicator 7: Low earning key workers

Indicator 8: Proportion of employed in non-permanent employment

Income poverty and debt

Indicator 9: Children in low income households

Indicator 10: Proportion of households with low income

Indicator 11: Debt data from Citizens Advice

Housing, transport and the environment Indicator 12: Ratio of house price to earnings

Indicator 13: Households/persons/children in temporary accommodation

Indicator 14: Average public transport payments per mile travelled

Indicator 15: Air quality breaches

Communities and place

Indicator 16: Feelings of safety in local area

Indicator 17: People with different backgrounds get on well together

Indicator 18: Antisocial behaviour

**Public health** 

Indicator 19: Low self-reported health

Indicator 20: Low wellbeing in adults

Indicator 21: Numbers on NHS waiting list for 18 weeks

Indicator 22: Emergency readmissions for ambulatory sensitive conditions

Indicator 23: Adults/children obese

Indicator 24: Smoking prevalence

## REFERENCES

- Marmot M, Allen J, Goldblatt P, Herd E, Morrison J. (2020) Build Back Fairer. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/build-backfairer-the-covid-19-marmot-review
- 2. Baker A, Fellows C (2021) Life expectancy in England in 2020. Public Health England. Available from: https://publichealthmatters.blog. gov.uk/2021/03/31/life-expectancy-in-england-in-2020/.
- Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. (2020) Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity and The Health Foundation. Available from: . https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on.
- 4. CLES (2019) The application of social value in health and care across Greater Manchester. CLES.
- 5. Allen J, Allen M. (2015) Local Action on Health Inequalities: Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/local-action-on-health-inequalities-using-the-social-value-act-to-reduce-health-inequalities-in-england-through-action-on-the-social-determinants-of-health.
- 6. Hirsch D. (2019) A Minimum Income Standard for the United Kingdom in 2019. Joseph Rowntree Foundation. Available from: https://www.jrf.org.uk/report/minimum-income-standard-uk-2019.
- 7. The Health Foundation (2021) Health Anchors Learning Network. Available from: https://www.health.org.uk/funding-and-partnerships/our-partnerships/health-anchors-learning-network.
- 8. CLES (2021) Manchester City Council Spend Analysis 2019/20. Available from: https://cles.org.uk/wp-content/uploads/2021/02/Infographic-and-findings-2021.pdf.
- Greater Manchester Combined Authority (2021)
   The Greater Manchester Social Value Framework 2020. Available from: https://greatermanchester-ca.gov.uk/what-we-do/economy/social-value-can-make-greater-manchester-a-better-place/.
- 10. Greater Manchester Independent Prosperity Review (2019) Reviewers' Report. Available from: https://www.greatermanchester-ca.gov.uk/whatwe-do/economy/greater-manchester-independent-prosperity-review/.

- Greater Manchester Independent Inequalities
   Commission (2021) The Next Level: Good Lives
   for all in Greater Manchester. Available from:
   https://www.greatermanchester-ca.gov.uk/me-dia/4337/gmca\_independent-inequalities-commission\_v15.pdf.
- Ministry of Housing, Communities & Local Government (2015) The English Indices of Deprivation 2015. Available from: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015.
- Greater Manchester Combined Authority (2019)
   The Greater Manchester Model. Available from: https://www.greatermanchester-ca.gov.uk/media/2302/gtr\_mcr\_model1\_web.pdf.
- 14. Greater Manchester Health and Social Care Partnership (2021) Devolution Q&A. Available from: https://www.gmhsc.org.uk/devolution-q-a/.
- 15. Greater Manchester Health and Social Care Partnership (2017) The Greater Manchester Population Health Plan 2017 - 2021. Available from: https://www.gmhsc.org.uk/wp-content/up-loads/2018/05/Population-Health-Plan-2017-2021. pdf.
- 16. Greater Manchester Health and Social Care Partnership (2019) Transforming the health of our population in Greater Manchester. Available from: https://www.gmhsc.org.uk/wp-content/uploads/2019/08/GMHSCP-Population-Health-Plan-FINAL.pdf.
- Greater Manchester Independent Prosperity Review (2020) One Year On. Available from: https://www.greatermanchester-ca.gov.uk/media/3408/gmipr\_one-year-on.pdf.
- Greater Manchester Combined Authority (2019)
   Industrial Strategy Greater Manchester Local
   Industrial Strategy. Available from: https://www.greatermanchester-ca.gov.uk/media/2132/gm-local-industrial-strategy-web.pdf.
- Greater Manchester Combined Authority (2019) Strategic Housing Market Assessment. Available from: https://www.greatermanchester-ca.gov.uk/ media/1733/gm-shma-jan-19.pdf.
- ONS (2020) Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2019. Available from: https://www.ons. gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/ annualmidyearpopulationestimates/mid2019estimates



- 21. Lord S. (2020) Greater Manchester's Night time economy COVID-19 recovery blueprint. Greater Manchester Combined Authority. Available from: https://drive.google.com/file/d/1b7PAr3N1A-jhs\_-u4nwoONPyOLDb6xqS3/view.
- ONS (2020) Life expectancy estimates by sex, age and area, 2017-19. Available from: https:// www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk.
- 23. Barnard S, Fryers P, Fitzpatrick J et al. (prepublication) Effect of Covid-19 on inequalities in premature mortality in England: an analysis of excess mortality by deprivation and ethnicity. doi: https://doi.org/10.1101/2021.05.18.21256717.Available from:. https://www.medrxiv.org/content/10.110 1/2021.05.18.21256717v1.
- 24. ONS (2020) Annual population survey. Available from: https://www.nomisweb.co.uk/.
- 25. Greenwood N, Holley J, Ellmers T, Mein G, Cloud G. (2016) Qualitative focus group study investigating experiences of accessing and engaging with social care services: perspectives of carers from diverse ethnic groups caring for stroke survivor. BMJ Open. 6(1).
- 26. Harries N, Harris S, Hall NA, Cotterell N. (2019) Older BAME people's experiences of health and social care in Greater Manchester. Newcastle University and The University of Manchester.
- 27. ONS (2021) Deaths due to COVID-19 by local area and deprivation. Data for March 2020 February 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeath-sandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation.
- ONS (2021) Deaths due to COVID-19 by local area and deprivation. Data for March 2020 - March 2021. Available from: https://www.ons.gov.uk/ peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation.
- 29. Public Health England (2021) Public Health England (2021) Public Health Profiles Available from: https://fingertips.phe.org.uk/
- 30. Jordan RE, Adab P, Cheng K K. (2020) Covid-19: risk factors for severe disease and death BMJ. 368:m1198 https://doi.org/10.1136/bmj.m1198.
- 31. Bhopal SB, Bhopal R. (2020) Sex differential in COVID-19 mortality varies markedly by age. The Lancet. (396); 10250, 532-33. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31748-7/fulltext#articleInformation.

- 32. ONS (2021) Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020.
- 33. Public Health England (2021) Coronavirus (COV-ID-19) in the UK. Deaths. Available from: https://coronavirus.data.gov.uk/details/deaths.
- 34. McLenna D, Noble S, Noble M et al. (2019) The English Indices of Deprivation 2019. Ministry of Housing, Communities and Local Government. Available from: https://assets.publishing.service. gov.uk/government/uploads/system/uploads/attachment\_data/file/833951/loD2019\_Technical\_Report.pdf.
- 35. ONS (2021) Number of deaths by Middle Layer Super Output Area, England and Wales, deaths registered between March 2020 and January 2021. Available from: https://www.ons.gov.uk/ peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation.
- 36. ONS (2020) Middle Super Output Area population estimates (supporting information). Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/middlesuperoutputareamidyearpopulationestimates.
- ONS (2020) Key Workers: Population and Characteristics, 2019. Available from: https://www.ons.gov.uk/releases/keyworkerspopulationandcharacteristics2019.
- 38. ONS (2020) Unemployment rate. Annual Population Survey.
- 39. ONS (2020) Homeworking. Available from: https://www.ons.gov.uk/employmentandlabour-market/peopleinwork/employmentandemploy-eetypes/datasets/homeworking.
- Atchison CJ, Bowman L, Vrinten C et al. (2020)
   Perceptions and behavioural responses of the
   general public during the COVID-19 pandemic: A
   cross-sectional survey of UK Adults. BMJ Open.
   11:e043577. doi: 10.1136/bmjopen-2020-043577.
- Bodas M, Peleg K (2020) Self-Isolation Compliance In The COVID-19 Era Influenced By Compensation: Findings From A Recent Survey In Israel: Public attitudes toward the COVID-19 outbreak and self-isolation. Health Affairs. 39(6):936-41.



- 42. Stokel-Walker C (2021) Covid-19: Why test and trace will fail without support for self-isolation. BMJ. 372;n327.
- 43. BMG, Greater Manchester Combined Authority (2021) Safely Managing COVID 19: Greater Manchester Population Survey Survey 4 Report.
- 44. OECD (2020) Paid sick leave to protect income, health and jobs through the COVID-19 crisis. Available from: https://www.oecd.org/coronavirus/policy-responses/paid-sick-leave-to-protectincome-health-and-jobs-through-the-covid-19crisis-a9e1a154/.
- 45. Prime Minister's Office (2020) New package to support and enforce self-isolation. Available from: https://www.gov.uk/government/news/new-package-to-support-and-enforce-self-isolation.
- 46. Butcher B, Cowling P (2021) Covid: How many people get self-isolation payments? BBC News. Available from: https://www.bbc.co.uk/news/56201754.
- 47. Kumar S, Crouse Quinn S, Kim KH et al. (2012)
  The impact of workplace policies and other social
  factors on self-reported influenza-like illness incidence during the 2009 H1N1 pandemic. American
  Journal of Public Health 102(1): 134-140.
- 48. London Borough of Newham (2021) Insights to understand residents thoughts and experiences of Test, Trace, Isolate. Available from: https://www.newham.gov.uk/downloads/file/2855/test-trace-isolate-newham-insight-report-2021.
- 49. National Audit Office (2020) The government's approach to test and trace in England - interim report. Available from: https://www.nao.org.uk/ wp-content/uploads/2020/12/The-governmentsapproach-to-test-and-trace-in-England-interimreport.pdf. .
- 50. ONS (2021) Deaths due to COVID-19 by local area and deprivation. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/births-deathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation.
- 51. Department of Health and Social Care (2020)
  Restrictions lifted in parts of Greater Manchester,
  Lancashire and West Yorkshire. Available from:
  https://www.gov.uk/government/news/restrictions-lifted-in-parts-of-greater-manchester-lancashire-and-west-yorkshire.
- 52. Greater Manchester Combined Authority (2020)
  Greater Manchester Living with Covid Resilience
  Plan published. Available from: https://www.
  greatermanchester-ca.gov.uk/news/greater-manchester-living-with-covid-resilience-plan-published/.

- 53. Manchester City Council (2021) Public Health news stories. Available from: https://secure.manchester.gov.uk/news/500288/public\_health.
- 54. NHS England (2020) Letter from Simon Stevens. Available from: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-next-steps-on-nhs-response-to-covid-19-letter-simon-stevens.pdf.
- 55. Wales Parliament (2021) Coronavirus timeline: Welsh and UK governments' response. Available from: https://research.senedd.wales/research-articles/coronavirus-timeline-welsh-and-uk-governments-response/.
- 56. Prime Minister's Office (2020) Prime Minister announces new local COVID Alert Levels. Available from: https://www.gov.uk/government/news/prime-minister-announces-new-local-covid-alert-levels.
- 57. BBC News (2020) Coronavirus: Major incident declared in Greater Manchester. Available from: https://www.bbc.co.uk/news/uk-england-manchester-53632102.
- 58. BBC News (2020) Greater Manchester lockdown easing U-turn after cases rise. Available from: https://www.bbc.co.uk/news/uk-england-manchester-53995677.
- 59. BBC News (2020) Coronavirus: Lockdown eased in Wigan and parts of Lancashire. Available from: https://www.bbc.co.uk/news/uk-england-man-chester-53908486.
- Parveen N (2020) Greater Manchester declares major incident after rise in Covid-19 cases. The Guardian. August 3. Available from: https:// www.theguardian.com/society/2020/aug/03/ why-has-major-incident-been-declared-greater-manchester-coronavirus.
- 61. Halle-Richards S (2020) Government announces lockdown changes in Greater Manchester. Manchester Evening News. Available from: https://www.manchestereveningnews.co.uk/news/greater-manchester-news/live-greater-manchester-lockdown-update-18882444.
- 62. ITV News (2020) Covid: Why not all Tier 3 areas have the same restrictions. Available from: https://www.itv.com/news/2020-10-21/covid-tier-3-why-do-restrictions-differ-from-area-to-area.
- 63. ITV News (2020) Coronavirus: Wigan, Stockport and Blackpool have local lockdown restrictions introduced. Available from: https://www. itv.com/news/granada/2020-09-25/coronavirus-wigan-has-greater-manchester-lockdown-restrictions-re-introduced.



- 64. ECDC (2021) Vaccine hesitancy. Available from: https://www.ecdc.europa.eu/en/immunisation-vaccines/vaccine-hesitancy.
- 65. ONS (2021) Coronavirus (COVID-19) latest insights. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19/latestinsights#vaccinations.
- 66. Boyce T, Gudorf A, de Kat C et al. (2019) Towards equity in immunisation. Euro Surviell. 24(2):1800204.
- 67. Abbit B, Gallagher P. (2021) 'Clear divisions' how vaccine uptake has varied between the richest and poorest areas of Greater Manchester. Manchester Evening News. 4 March. Available from: https://www.manchestereveningnews.co.uk/news/greater-manchester-news/vaccine-uptake-greater-manchester-coronavirus-19969488.
- 68. Greater Manchester Combined Authority (2021)
  Community Hubs across Greater Manchester.
  Available from: https://www.greatermanchester-ca.gov.uk/coronavirus/support-for-residents-and-vulnerable-people/.
- 69. Manchester City Council (2021) Agenda item: COVID Health Equity Manchester. Available from: https://democracy.manchester.gov.uk/mgAi.aspx-?ID=7264.
- Manchester City Council (2019) Indices of Deprivation 2019. Available from: https://secure.
  manchester.gov.uk/downloads/download/414/
  research\_and\_intelligence\_population\_publications\_deprivation.
- 71. Harris T, Hodge L, Phillips D (2019) English local government funding: trends and challenges in 2019 and beyond. The Institute for Fiscal Studies.
- 72. Centre for Cities (2019) Cities Outlook 2019: a decade of austerity. Available from: https://www.centreforcities.org/publication/cities-outlook-2019/.
- 73. Ogden K, Phillips D (2020) COVID-19 and English council funding: how are budgets being hit in 2020–21? Institute of Fiscal Studies. Available from: https://www.ifs.org.uk/publications/14977.
- 74. ONS (2020) Annual Personal Wellbeing estimates. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing.
- 75. Greater Manchester Health and Social Care Partnership (2020) Greater Manchester Big Mental Wellbeing Conversation. GMHSCP.
- Greater Manchester Police (2020) Police and Community Safety Survey, Wave 6.

- 77. The Centre of People, Work and Organisational Practice (2021) Respond, recover, reset: the voluntary sector and COVID-19. Nottingham Trent University, Sheffield Hallam University, National Council for Voluntary Organisations. Available from: http://cpwop.org.uk/wp-content/uploads/sites/3/2021/05/NTU-Covid-voluntary-sector-report-May-2021\_DIGITAL.pdf.
- 78. Health Innovation Manchester (2020) Snapshot Review. Mental Health COVID-19 Recovery. Greater Manchester Combined Authority and NHS in Greater Manchester.
- 79. Local Government Association (2021) Public health annual report 2021: rising to the challenges of COVID-19. Available from: https://www.local.gov.uk/publications/public-health-annual-report-2021-rising-challenges-covid-19.
- 80. Greater Manchester Combined Authority (2018)
  Our People Our Place The Greater Manchester
  Strategy. Available from: https://www.greatermanchester-ca.gov.uk/ourpeopleourplace#:~:text=The%20plan%20explains%20our%20
  ambitions,skills%2C%20training%20and%20economic%20growth.
- 81. Public Health England (2018) Health matters: air pollution. Available from: https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution.
- 82. Ministry of Housing, Communities & Local Government (2020) English Housing Survey data on tenure trends and cross tenure analysis. Available from: https://www.gov.uk/government/statistical-data-sets/tenure-trends-and-cross-tenure-analysis.
- 83. Greater Manchester Combined Authority (2019) A Greater Manchester Vision for Housing. Available from: https://www.greatermanchester-ca.gov.uk/what-we-do/housing/greater-manchester-housing-strategy/greater-manchester-housing-vision.
- 84. Northern Housing Consortium (2018) The hidden costs of poor quality housing in the North. Available from: https://www.northern-consortium.org. uk/hidden-cost-of-poor-quality-housing.
- 85. Ministry of Housing, Communities & Local Government (2019) English Housing Survey 2017 to 2018: headline report. Available from: https://www.gov.uk/government/statistics/english-housing-survey-2017-to-2018-headline-report.



- 86. ONS (2021) Admin-based levels of over-crowding (using the bedroom standard and Valuation Office Agency number of bedrooms), feasibility research: England and Wales. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articlesadminbasedlevelsofovercrowdingusingthebedroomstandardandvaluationofficeagencynumberofbedroomsfeasibilityresearchenglandandwales/january2021.
- 87. English Housing Survey (2020) Overcrowded households. Available from: https://www.ethnic-ity-facts-figures.service.gov.uk/housing/hous-ing-conditions/overcrowded-households/latest.
- 88. New Economy (2015) Mapping the private rented sector for young professionals and mid incomes families in Greater Manchester. GMCA. Available from: https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-housing/.
- 89. Shelter (2018) Transforming the Private Rented Sector, Greater Manchester. Available from: https://assets.ctfassets.net/6sxvmndnpn0s/4JtoNKtVeZo5ve3zBoGTC5/6a007a56107e06ffce1986d88178e372/Fair\_Housing\_Futures\_Partnership\_Board\_Final\_Report\_2018.
- Ministry of Housing, Communities & Local Government (2021) Local Authority Housing Statistics Data Return in Housing Pack. Available from: https://www.gov.uk/government/statistical-data-sets/local-authority-housing-statistics-data-returns-for-2019-to-2020.
- Timan J (2021) 'Unprecedented demand' for council housing with hundreds of bids on some homes. Manchester Evening News. 29 January. Available from: https://www.manchestereveningnews.co.uk/news/greater-manchester-news/ wigan-council-housing-waiting-list-19724809.
- 92. Greater Manchester Combined Authority (2019)
  A Bed Every Night, Greater Manchester's rough
  sleeping strategy, secures significant NHS
  funding. Available from: https://www.greatermanchester-ca.gov.uk/news/a-bed-everynight-greater-manchester-s-rough-sleeping-strategy-secures-significant-nhs-funding/.
- 93. Let Us (2021) Let Us. Available from: https://www.letusgm.com.
- 94. Greater Manchester Combined Authority (2021)
  New partnership will support better homes,
  better neighbourhoods and better health. Available from: https://www.greatermanchester-ca.
  gov.uk/news/new-partnership-will-support-better-homes-better-neighbourhoods-and-better-health/.

- 95. Greater Manchester Combined Authority (2019) Greater Manchester Housing Strategy 2019-2024. Available from: https://www.greatermanchester-ca.gov.uk/media/2257/gm-housing-strategy-2019-2024.pdf.
- 96. Ministry of Housing, Communities & Local Government (2021) Renting social housing. Available from: https://www.ethnicity-facts-figures.service.gov.uk/housing/social-housing/renting-from-a-local-authority-or-housing-association-social-housing/latest#by-ethnicity.
- 97. Marsh A, Gibb K (2019) The private rented sector in the UK. UK Collaborative Centre for Housing Evidence. Available from: https://housingevidence.ac.uk/wp-content/uploads/2019/07/ TDS-Overview-paper\_final.pdf.
- 98. Scullion L, Gibbons A, Martin P (2018) Precarious lives: Exploring lived experiences of the private rented sector in Salford. Sustainable Housing and Urban Studies Unit. Available from: https://www.partnersinsalford.org/media/1313/precarious-lives-exploring-lived-experiences-of-the-private-rented-sector-in-salford.pdf.
- 99. Griffiths N (2020) Desperate people, overcrowded rooms Manchester's modern-day slums exposed. Available from: https://www.manchestereveningnews.co.uk/news/greater-manchester-news/desperate-people-overcrowded-rooms-manchesters-18881260.
- 100. Greater Manchester Combined Authority (2021) GM Good Landlord Scheme. Available from: https://democracy.greatermanchester-ca.gov.uk/ documents/s13862/GMCA%20Good%20Landlord%20Scheme%20Report%20Template%20 March%202021.pdf.
- Corlett A, Bangham G, Finch D (2018) The Living Standards Outlook 2018. Resoluation Foundation. Available from: https://www.resolutionfoundation.org/publications/the-living-standards-outlook-2018/.
- 102. Ministry of Housing, Communities & Local Government (2020) English Housing Survey. Housing Costs and Affordability, 2018-19.
- 103. Greater Manchester Combined Authority (2019) Housing. With Appendices.
- 104. Shelter (2019) Shelter Briefing: Social Housing in Manchester. Available from: https://england.shelter.org.uk/professional\_resources/policy\_and\_research/policy\_library/briefing\_social\_housing\_in\_ manchester.
- 105. Ingham T. (2020) Tackling evictions. The Bond Board. Available from: https://www.gmpovertyaction.org/guest/tackling-evictions/.



- 106. Earwaker R, Casey R, Baxter D (2020) Struggling renters need a lifeline this winter. Joseph Rowntree Foundation.
- 107. Judge L (2021) Getting ahead on falling behind: Tackling the UK's building arrears crisis. The Resolution Foundation. Available from: https://www.resolutionfoundation.org/app/uploads/2021/02/Getting-ahead-on-falling-behind.pdf?utm\_source=HOC+Library+-+Current+awareness+bulletins&utm\_campaign=e128bbda8b-Current\_Awareness\_Social\_Policy\_I\_16-02-2021&utm\_medium=email&utm\_term=0\_f325cdbfdc-e.
- 108. Baxter D, Casey R, Earwaker R (2020) Briefing: Struggling renters need a lifeline this winter. Joseph Rowntree Foundation.
- 109. ONS (2021) Home Economy Inflation and price indices Index of Private Housing Rental Prices, UK. Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/indexofprivatehousingrentalprices/march2021.
- 110. Homeless Link (2021) Rough sleeping. Available from: https://www.homeless.org.uk/facts/homelessness-in-numbers/rough-sleeping/rough-sleeping-explore-data.
- 111. Children's Commissioner (2020) No way out Children stuck in B&Bs during lockdown. Available from: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/08/cco-no-way-out.pdf.
- 112. Ministry of Housing, Communities & Local Government (2020) Homlessness Statistics. Available from: https://www.gov.uk/government/collections/homelessness-statistics.
- 113. ONS (2020) 2019 UK greenhouse gas emissions, provisional figures. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/875485/2019\_UK\_greenhouse\_gas\_emissions\_provisional\_figures\_statistical\_release.pdf.
- 114. Greater Manchester Combined Authority (2021) Our People, Our Place. Available from: https://www.gmtableau.nhs.uk/t/GMCA/views/GMSLandingPageNovember20/GMSLanding-Page?:origin=card\_share\_link&:embed=y&:isGuestRedirectFromVizportal=y.
- 115. Sustainable Development Commission (2011)
  Fairness in a car-dependent society. London:
  Sustainable Development Commission. Available
  from: http://www.sd-commission.org.uk/data/
  files/publications/fairness\_car\_dependent.pdf.

- 116. Department for Transport (2020) Light Rail and Tram Statistics, England: 2019/20. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/ file/951076/light-rail-and-tram-statistics-englandmarch-2020.pdf.
- 117. Transport for Greater Manchester (2019)
  Greater Manchester Transport Strategy 2040. Available from: https://assets.ctfassets.net/nv7y93idf4jq/2GBbEBM4hm-68q9qqvdal1T/97f7b3d51ef9b312b756cd15bd-0b008c/190128\_Delivery\_Plan\_2020-2025\_Draft\_MASTER\_final.pdf.
- I18. Greater Manchester Tableau (2021) Priority Five. Available from: https://www.gmtableau.nhs.uk/t/GMCA/views/GMSPriorityFive\_16064760644040/GMSPriorityFive?:origin=card\_share\_link&:embed=y&:isGuestRedirect-FromVizportal=y.
- 119. Greater Manchester Combined Authority (2021) Behavioural Insights: Greater Manchester Transport Usage by Mode (Weekly). Available from: https://www.gmtableau.nhs.uk/t/GMCA/views/GMEconomicResilience-Dashboard/BehaviouralInsights/jack.james@greatermanchester-ca.gov.uk/b7906092-2ef4-46a2-837e-6c00e7ef6284?%3Adisplay\_count=n&%3AshowVizHome=n&%3Aorigin=viz\_share\_link&%3AisGuestRedirectFromVizp.
- 120. Our Pass (2021) Our Pass. Available from: https://ourpass.co.uk/about-our-pass/.
- 121. Clean Air Greater Manchester (2021) Clean Air Plans. Available from: https://cleanairgm.com/clean-air-plans.
- 122. Transport for Greater Manchester (2021) Delivering the UK's largest cycling and walking network. Available from: https://activetravel.tfgm.com/bee-network-vision/.
- 123. Greater Manchester Health and Social Care Partnership (2020) Green manifesto for a more active Greater Manchester. Available from: https://www.gmhsc.org.uk/news/active-travel-manifesto/.
- 124. Goodman A, van Sluijs EMF, Ogilvie D. (2015) Cycle training for children: Which schools offer it and who takes part? Journal of Transport & Health. 512–521.
- 125. Vestry H (2018) Unreliable public transport 'stops poor families finding work'. The Guardian 7 August. Available from: https://www.theguardian. com/uk-news/2018/aug/07/north-england-unreliable-public-transport-stops-poor-families-finding-work.



- 126. Joseph Rowntree Foundation (2018) Tackling transport-related barriers to work in England. Available from: https://www.jrf.org.uk/report/ tackling-transport-related-barriers-employment-low-income-neighbourhoods.
- 127. Munro A, Boyce T, Marmot M et al. (2020) Sustainable Health Equity: Achieving a Net-Zero UK. Institute of Health Equity.
- 128. Greater Manchester Combined Authority (2019)
  Five-Year Environment Plan. Available from:
  https://www.greatermanchester-ca.gov.uk/whatwe-do/environment/five-year-environment-plan/.
- 129. James P, Banay R, Hart J, Laden F. (2015) A review of the health benefits of greenness. Current Epidemiology Reports. 2(2):131-42.
- 130. Allen J, Balfour R (2014) Natural solutions for tackling health inequalities. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/natural-solutions-to-tackling-health-inequalities.
- 131. Fields in Trust (2018) Revaluing parks and green spaces. Available from: http://www.fieldsintrust.org/Upload/file/research/Revaluing-Parks-and-Green-Spaces-Report.pdf.
- 132. Drayson K. (2014) Green Society: Policies to improve the UK's urban green spaces. Policy Exchange.
- 133. Roe J, Aspinall PA, Ward Thompson C (2016) Understanding Relationships between Health, Ethnicity, Place and the Role of Urban Green Space in Deprived Urban Communities. Int J Environ Res Public Health. Jul; 13(7): 681.
- 134. Gibson D. (2020) Manchester City Council call for extra funding for green spaces. Public Sector Executive. Available from: https://www.publicsectorexecutive.com/articles/manchester-city-council-call-extra-funding-green-spaces.
- 135. Burnett H, Olsen JR, Nicholls et al. (2021) Change in time spent visiting and experiences of green space following restrictions on movement during the COVID-19 pandemic: a nationally representative cross-sectional study of UK adults. BMJ Open. 11:e044067.
- 136. Public Health England (2018) Health matters: air pollution. Available from: https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution.

- 137. Manchester Metropolitan University (2020) Pollution levels in Manchester remain dangerously high despite lockdown, smart air quality sensors show. Available from: https://www.mmu.ac.uk/news-and-events/news/story/12401/#:~:text=A%20 new%20air%20pollution%20monitoring,those%20 living%20in%20the%20region.
- 138. Centre for Cities (2021) High Streets Recovery Tracker. Available from: https://www.centre-forcities.org/data/high-streets-recovery-tracker/.
- 139. Savills (2020) How to repurpose retail space.
  Available from: https://www.savills.com/impacts/
  social-change/how-to-repurpose-retail-space.
  html.
- 140. Ottewell D (2019) Greater Manchester has lost more than 1,000 shops since 2000. Business Live. Available from: https://www.business-live.co.uk/commercial-property/greater-manchester-lost-more-1000-16757402.
- 141. Social Market Foundation (2021) Health on the High Street. Available from: https://www.smf. co.uk/wp-content/uploads/2021/01/Health-on-the-high-street-January-21.pdf.
- 142. Daly S, Allen J. (2018) Healthy High Streets Good place-making in an urban setting. Public Health England and Institute of Health Equity.
- 143. Royal Society for Public Health (2018) Health on the high street. Available from: https://www.rsph.org.uk/static/uploaded/dbdb-b8e5-4375-4143-a3bb7c6455f398de.pdf.
- 144. :15 City (2021) The 15-minute city. Available from: https://www.15minutecity.com/.
- 145. Victoria State Government (2021) 20-Minute Neighbourhoods. Available from: https://www.pl-anmelbourne.vic.gov.au/current-projects/20-minute-neighbourhoods.
- 146. Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M. (2010) Fair Society, Healthy Lives: The Marmot Review. Institute of Health Equity. Available from: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review.
- 147. Department for Education (2020) Schools, Pupils and their Characteristics, Free School Meal Eligibility. Available from: https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics.
- 148. Greater Manchester Health and Social Care Partnership (2020) Greater Manchester Perinatal and Parent Infant Mental Health Service: Championing 1001 Critical Days. Available from: https://www.gmmh.nhs.uk/download.cfm?doc=docm93ji-jm4n7317.pdf&ver=9858.



- 149. Department for Education (2020) Early years foundation stage profile results: 2018 to 2019. Available from: https://www.gov.uk/government/ statistics/early-years-foundation-stage-profile-results-2018-to-2019.
- 150. Jeffreys B. (2021) Lockdowns hurt child speech and language skills - report. BBC News. 27 April. Available from: https://www.bbc.co.uk/news/education-56889035.
- 151. Pascal C, Bertram T, Cullinane C et al. (2020) COVID-19 and Social Mobility Impact Brief #4: Early Years. London: The Sutton Trust. Available from: https://www.suttontrust.com/wp-content/ uploads/2020/06/Early-Years-Impact-Brief.pdf.
- 152. Institute of Health Equity (2020) Health equity in Greater Manchester: The Marmot Review 2020. Available from: http://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020.
- 153. Department for Education. (2020) Key stage 4 performance, Academic Year 2019/20. Available from: https://explore-education-statistics.service. gov.uk/find-statistics/key-stage-4-performance-revised/2019-20.
- 154. Education Endowment Foundation (2019)
  The REAL Programme, 2019. Available from:
  https://educationendowmentfoundation.org.uk/
  projects-and-evaluation/projects/the-realprogramme/.
- 155. Department for Education (2021) Educational Settings. Status data collection from education settings Greater Manchester settings.
- 156. BMG, Greater Manchester Combined Authority (2021) Safely Managing COVID 19: Greater Manchester Population Survey Survey 3 Report.
- 157. Children's Commissioner (2020) School attendance since September. Available from: https://www.childrenscommissioner.gov.uk/report/school-attendance-since-september/.
- 158. Department for Education (2021) Educational Settings Status. How to complete the educational setting status form. Available from: https://online-collections.des.fasst.org.uk/fastform/education-al-setting-status.
- 159. The Children's Commissioner (2020) School attendance since September. Available from: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/12/cco-briefing-onschool-attendance-since-september.pdf.
- 160. Salford City Council (2020) Salford education inclusion strategy 2020-2023. Available from: https://www.salford.gov.uk/media/396437/inclusion-strategy-october-2020.pdf.

- 161. NHS Digital (2020) Mental Health of Children and Young. Available from: https://files.digital.nhs.uk/AF/AECD6B/mhcyp\_2020\_rep\_v2.pdf.
- 162. Greater Manchester Combined Authority (2019) Year Ten Life readiness survey. GMCA.
- 163. NHS Digital (2020) Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. Available from: http://digital.nhs.uk/pubs/mhcypsurvey2020w1.
- 164. Greater Manchester Tableau (2020) Children and Young People Mental Health. Available from: https://www.gmtableau.nhs.uk/.
- 165. Greater Manchester Health and Social Care Partnership (2019) Successful mental health programme for Greater Manchester schools and colleges doubles in size. Available from: https:// www.gmhsc.org.uk/news/successful-mentalhealth-programme-for-greater-manchesterschools-and-colleges-doubles-in-size/.
- 166. Greater Manchester Health and Social Care Partnership (2019) Taking Charge: The Next 5 Years. Our prospectus. Available from: https://www.gmhsc.org.uk/wp-content/uploads/2019/03/GM-HSC-Partnership-Summary-Prospectus-.pdf.
- 167. Greater Manchester Health and Social Care Partnership (2016) The Greater Manchester Population Health Plan 2016 2021.
- 168. University of Manchester (2021) Greater Manchester Wellbeing Measurement Framework for Secondary Schools: A Proposal. Available from: https://fusionskills.org/wp-content/up-loads/2021/02/David-Gregson-GMWMF-final.pdf.
- 169. Elliot Major L, Eyles A, Machin S (2020) Generation COVID: Emerging work and education inequalities. Centre for Economic Performance. Available from: https://cep.lse.ac.uk/pubs/download/cepcovid-19-011.pdf.
- 170. Henehan H (2021) Uneven steps: Changes in youth unemployment and study since the onset of Covid-19. Resolution Foundation. Available from: https://www.resolutionfoundation.org/app/ uploads/2021/04/Uneven-steps.pdf.
- 171. Foley N. (2021) Apprenticeship Statistics. House of Commons Library.
- 172. Greater Manchester Combined Authority (2018)
  Greater Manchester Labour Market and Skills
  Review 2017/18. Available from: https://www.
  greatermanchester-ca.gov.uk/media/1096/gm\_la-bour\_market\_and\_skills\_review\_2017\_18.pdf.



- 173. Department for Education (2020) Apprenticeships and traineeships data. Available from: https://www.gov.uk/government/statistical-data-sets/fe-data-library-apprenticeships#apprenticeship-and-traineeships-annual-data.
- 174. Greater Manchester Combined Authority (2021) Local Skills Report and Labour Market Plan. Available from: https://greatermanchester-ca.gov.uk/media/4348/greater-manchester-local-skills-report-and-labour-market-plan-march-2021.pdf.
- 175. Greater Manchester Combined Authority (2020)
  Changing the future together: The Young Person's
  Guarantee. Available from: https://www.greatermanchester-ca.gov.uk/media/3980/ypg-summary-report.pdf.
- 176. Trafford Clinical Commissioning Group, Trafford Council (2019) Trafford's Local Transformation Plan for Children & Young People's Mental Health & Wellbeing 2015-2021. Available from: https://www.traffordccg.nhs.uk/docs/Publications/Trafford-LTP-Document-2019-20-refresh.pdf.
- 177. ONS (2021) Coronavirus and the social impacts on city regions in Great Britain: 27 April 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/ healthandwellbeing/datasets/coronavirusandthesocialimpactsoncityregionsingreatbritain.
- 178. Giles C, Strauss D (2020) Coronavirus causes sharp rise in UK poverty, studies find. The Financial Times. 30 November.
- 179. Brewer M, Corlett A, Handscomb K, Tomlinson D (2021) The Living Standards Outlook 2021. Resolution Foundation. Available from: https://www.resolutionfoundation.org/app/uploads/2021/01/Living-standards-outlook-2021.pdf.
- 180. Summers K, Scullion L, Baumberg B et al. (2021)
  Claimants' experiences of the social security
  system during the first wave of COVID-19. UKRI
  ESRC. Available from: https://www.distantwelfare.
  co.uk/winter-report.
- 181. ONS (2021) Claimant Count By Sex Time Series. Greater Manchester. Available from: https://www.nomisweb.co.uk/reports/lmp/lep/1925185547/subreports/cc\_time\_series/report.aspx?
- 182. ONS (2021) CC01 Regional labour market: Claimant Count by unitary and local authority (experimental). Available from: https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/claimantcountbyunitary-andlocalauthorityexperimental.

- 183. Edmiston D, Thakkar S. (2020) Running on empty: COVID-19, deep poverty and BAME children. Child Poverty Action Group. Available from: https://cpag.org.uk/sites/default/files/files/ policypost/CPAG-Poverty168-Running-on-empty-COVID-19-deep-poverty-and-BAME-children-Mar-2021\_0.pdf.
- 184. McDonald R. (2021) Short-term fixes will fail to be a lifeline for families on Universal Credit. Joseph Rowntree Foundation. Available from: https://www.jrf.org.uk/report/short-term-fixes-fail-be-life-line-families-universal-credit.
- 185. Joseph Rowntree Foundation (2020) Strengthen social security for a stronger economy. Available from: https://www.jrf.org.uk/report/strengthen-social-security-stronger-economy.
- 186. Bennett S. (2021) Next phase of support must help places at risk of being pulled under. Joseph Rowntree foundation. Available from: https://www.jrf.org.uk/blog/next-phase-support-must-help-places-risk-being-pulled-under.
- 187. ONS (2021) Employment in the UK. Available from: https://www.ons.gov.uk/employmentandla-bourmarket/peopleinwork/employmentandem-ployeetypes/bulletins/employmentintheuk/latest.
- 188. University of Manchester (2019) On Gender. Available from: https://documents.manchester.ac.uk/display.aspx?DocID=44314.
- 189. D'Arcy C, Gardiner L, Rahman F. (2019) Low Pay. Greater Manchester Independent Prosperity Review and Resolution Foundation.
- 190. ONS (2020) Annual Survey of Hours and Earnings (ASHE). From: Low and high pay in the UK. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/lowandhigh-payuk/2020.
- 191. Whittaker M (2021) Paying for the pandemic: the economic consequences of COVID-19. The Health Foundation. Available from: https://www. health.org.uk/news-and-comment/blogs/paying-for-the-pandemic-the-economic-consequences-of-covid-19.
- 192. Greater Manchester Local Economic Partnership (2021) Building a Greater Manchester, making a greater Britain. Available from: http://gmlep.com/wp-content/uploads/2020/11/GM-LEP-Economic-Vision.pdf.
- 193. Business Growth Hub (2021) Understanding your financial needs. Available from: https://www.businessgrowthhub.com/services/accessing-finance-for-your-business.



- 194. Greater Manchester Combined Authority (2020)
  Mayor of Greater Manchester, Andy Burnham,
  targets Living Wage City-Region status. Available
  from: https://www.greatermanchester-ca.gov.uk/
  news/mayor-of-greater-manchester-andy-burnham-targets-living-wage-city-region-status/.
- 195. Living Wage Foundation (2021) Accredited Living Wage Employers. Available from: https://www.livingwage.org.uk/accredited-living-wage-employers.
- 196. The Trussel Trust (2021) End of Year Stats. Available from: https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/.
- 197. The Food Foundation (2021) A crisis within a crisis: The Impact of Covid-19 on Household Food Security. Available from: https://foodfoundation.org.uk/publication/a-crisis-within-a-crisis-the-impact-of-covid-19-on-household-food-security/.
- 198. Watts S. (2021) Strengthening the role of local welfare assistance. GM Poverty Action Group. Available from: https://www.gmpovertyaction. org/wp-content/uploads/2020/12/LWAS-report. pdf.
- 199. Greater Manchester Combined Authority (2021)
  Greater Manchester becomes first city-region to
  support 'Right to Food' campaign. GMCA. Available from: https://www.greatermanchester-ca.gov.
  uk/news/greater-manchester-becomes-first-cityregion-to-support-right-to-food-campaign/.
- 200. Greater Manchester Poverty Action (2020) Maps of support services. Available from: https://www.gmpovertyaction.org/maps/.
- 201. Spencer S (2021) Learning Lessons from last lock-down: what helps school children and families on low income. Child Poverty Action Group. Available from: https://cpag.org.uk/news-blogs/news-listings/learning-lessons-last-lockdown-what-helps-school-children-and-families-low.
- 202. Welsh Government (2020) Revised guidance for schools in Wales: supporting children eligible for free school meals. Available from: https://gov. wales/free-school-meals-coronavirus-guidance-schools.
- 203. Renfrewshire Council (2021) Free school meals and clothing grants. Available from: https://www.renfrewshire.gov.uk/article/3338/Free-school-meals-and-clothing-grants.
- 204. Dumfries High School (2021) Free School Meals. Available from: https://www.dumfrieshighschool.co.uk/free-school-meals/.
- 205. Greater Manchester Poverty Action (2021) Child Poverty. Available from: https://www.gmpovert-yaction.org/poverty-monitor-child-poverty/.

- 206. Department for Work and Pensions (2021)
  Households below average income (HBAI) statistics,1995 to 2020. Published: 25 March. Available from: https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2020.
- 207. Greater Manchester Poverty Action (2021)
  Newsletter. February 17th. Available at: https://www.gmpovertyaction.org/wp-content/up-loads/2021/02/February-17th-2021.pdf.
- 208. Greater Manchester Poverty Action (2021) Supporting fuel poor households in GM. Available from: https://www.gmpovertyaction.org/guest/supporting-fuel-poor-households/.
- 209. Community Action On Fuel Poverty (2021) CAP in Greater Manchester. Available from: https://fuelpovertyresource.org.uk/cap/around-the-uk/greater-manchester/.
- 210. Department for Business, Energy & Industrial Strategy (2020) Fuel Poverty Statistics 2018. Available from: https://www.gov.uk/government/ collections/fuel-poverty-statistics.
- 211. Groundwork (2020) Energyworks Green Doctors in Greater Manchester. Available from: https://www.groundwork.org.uk/hubs/ greatermanchester/energyworks-green-doctors-in-greater-manchester/.
- 212. Washan P, Stenning J, Goodman M (2014) Building the Future: The economic and fiscal impacts of making homes energy efficient. Sustainable Energy Association. Available from: https://www.sustainableenergyassociation.com/wp-content/uploads/2014/10/Building-the-Future-The-Economic-and-Fiscal-impacts-of-making-homes-energy-efficient.pdf.
- 213. Watts S. (2020) Debt and its impact on health. GM Poverty Action Group. Available from: https://www.gmpovertyaction.org/gmpa/debt-and-health/.
- 214. Brewer M, Patrick R (2021) Pandemic Pressures | Why families on a low income are spending more during Covid-19. Resolutation Foundation. Available from: https://www.resolutionfoundation.org/ publications/pandemic-pressures/.
- 215. Turn2us (2020) Coronavirus: Exacerbating structural inequalities in the labour market and a looming rental crisis. Available from: https://www.turn2us.org.uk/T2UWebsite/media/Documents/Communications%20documents/Coronavirus-widening-structural-inequalities-June-2020.pdf.



- 216. Sound Pound (2020) GM Community Credit Unions unite to unveil £15m support in Covid recovery plan. Available from: https://www.gmpovertyaction.org/guest/sound-pound/.
- 217. Gambling Commission (2020) Available from: https://www.gamblingcommission.gov.uk/news-action-and-statistics/news/2021/Data-shows-the-impact-of-Covid-19-on-gambling-behaviour-in-November-2020.aspx#:~:-text=Slots%20GGY%20increased%20by%203,the%20Covid%2D19%20pandemic%20period.
- 218. BMG, Greater Manchester Combined Authority (2020) Safely Managing COVID 19: Greater Manchester Population Survey Survey 1 Report.
- 219. Citizens Advice Manchester (2021) Citizens Advice Service User Dataset. (private correspondence).
- 220. Durcan D. (2015) Local action on health inequalities: Promoting good quality jobs to reduce health inequalities. Public Health England and Institute of Health Equity.
- 221. ONS (2021) Economically Active Time Series. Available at: https://www.nomisweb.co.uk/reports/lmp/lep/1925185547/subreports/ea\_time\_series/report.aspx?
- 222. Clarke S, Cominetti N. (2019) Setting the record straight: How record employment has changed the UK. Resolution Foundation. Available from: https://www.resolutionfoundation.org/publications/setting-the-record-straight-how-record-employment-has-changed-the-uk/.
- 223. ONS (2021) Annual Population Survey, Jobcentre Plus administrative system, BRES in: ONS. LI01 Regional labour market: Local indicators for counties, local and unitary authorities: October 2019 to September 2020. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/locallabourmarketindicatorsforcounties-localandunitaryauthoritiesli01/current.
- 224. Northern Health Science Alliance (2018) A Science and innovation audit. Available from: https://www.thenhsa.co.uk/app/uploads/2019/01/NPiHR-SIA-Report.pdf.
- 225. Greater Manchester Combined Authority (2019)
  Audit of Productivity. Available from: https://
  www.greatermanchester-ca.gov.uk/media/1911/
  gmipr\_tr\_auditofproductivity.pdf.
- 226. Manchester City Council (2020) Manchester's State of the City Report 2020: Key messages. Available from: https://secure.manchester.gov.uk/info/200088/statistics\_and\_intelligence/8083/state\_of\_the\_city\_report\_2020.

- 227. ONS (2021) Personal and economic well-being in Great Britain: January 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/january2021#work-and-income.
- 228. Costa Dias M, Joyce R, Norris Keiller A. (2020) COVID-19 and the career prospects of young people. The Institute for Fiscal Studies. Available from: https://www.ifs.org.uk/uploads/BN299-COVID-19-and-the-career-prospects-of-young-people-1.pdf.
- 229. Greater Manchester Combined Authority and The Growth Company (2021) Employ GM. Available from: https://employgm.org/.
- 230. Greater Manchester Combined Authority (2021) Greater Manchester Good Employment Charter. Available at: https://www.gmgoodemploymentcharter.co.uk/.
- 231. Kamerāde D, Wang S, Burchell B et al. (2019) A shorter working week for everyone: How much paid work is needed for mental health and well-being? Social Science & Medicine. 241:1123-53.
- 232. Henley Business School (2019) Four Better or Four Worse? University of Reading. Available from: https://assets.henley. ac.uk/defaultUploads/ Journalists Regatta-2019-White-Paper-FINAL. pdf?mtime=20190703085807&\_ga= 2.22543419.1 616315480.1589550477- 1578918888.1589550477.
- 233. IPPR (2020) Revealed: Midlands and the North endure biggest public health cuts in England. Available from: https://www.ippr.org/news-and-media/press-releases/revealed-midlands-and-the-north-endure-biggest-public-health-cuts-in-england.
- 234. Local Government Association (2021) Public health grants to local authorities 2021/22. Available from: https://www.local.gov.uk/parliament/briefings-and-responses/public-health-grants-local-authorities-202122.
- 235. Finch D (2021) Public health grant allocations represent a 24% (£1bn) real terms cut compared to 2015/16. The Health Foundation. Available from: https://www.health.org.uk/news-and-comment/news/public-health-grant-allocations-represent-a-24-percent-1bn-cut.
- 236. Department of Health and Social Care (2021)
  Public health grants to local authorities: 2021 to
  2022. Available from: https://www.gov.uk/government/publications/public-health-grants-to-localauthorities-2021-to-2022.
- 237. ONS (2019) Adults smoking habits in the UK: 2018. Available from: https://www.ons.gov.uk/releases/adultsmokinghabitsintheuk2018.



- 240. Greater Manchester Health and Social Care Partnership (2017) Making Smoking History: A Tobacco Free Greater Manchester. Available from: http://www.gmhsc.org.uk/wp-content/up-loads/2018/04/Tobacco-Free-Greater-Manchester-Strategy.pdf.
- 241. Greater Manchester Health and Social Care Partnership (2020) Population Health Programme Board, October.
- 242. Public Health England (2020) Disparities in the risk and outcomes of COVID-19. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/908434/Disparities\_in\_the\_risk\_and\_outcomes\_of\_COVID\_August\_2020\_update.pdf.
- 243. Public Health England (2020) Excess weight and COVID-19. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/903770/PHE\_insight\_Excess\_weight\_and\_COVID-19.pdf.
- 244. Quality and Outcomes Framework (2020) Prevalence of hypertension, all ages. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2019-20.
- 245. Robinson E, Boyland E, Chisholm A et al. (2020) Obesity, eating behaviour and physical activity during COVID-19 lockdown. Appetite. 156: 104853.
- 246. Public Health England (2020) Supporting weight management services during the COVID-19 pandemic. Available from: https://assets.publishing. service.gov.uk/government/uploads/system/uploads/attachment\_data/file/915274/WMS\_Report.pdf.
- 247. Sallie SN, Ritou V, Bowden-Jones H, Voon N. (2020) Assessing International Alcohol Consumption Patterns During Isolation from the COVID-19 Pandemic Using an Online Survey: Highlighting Negative Emotionality Mechanisms. BMJ Open. 10:e044276.
- 248. Institute of Alcohol Studies (2020) Alcohol consumption during the COVID-19 pandemic. Available from: https://www.ias.org.uk/wp-content/uploads/2020/10/sb29102020.pdf.
- 249. Alcohol Consumption in England. (2021) Alcohol in England. Available from: http://www.alcoholinengland.info/.
- 250. NHS Digital (2019) Quality and Outcomes Framework (QOF). Available from: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof.

- 251. ONS (2020) Personal well-being in the UK: April 2019 to March 2020. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2019tomarch2020.
- 252. ONS (2018) Personal well-being in the UK: April 2017 to March 2018. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2017tomarch2018#greater-manchester.
- 253. Greater Manchester Disabled People's Panel (2020) GM Big Disability Survey COVID-1. Available from: https://gmdisabledpeoplespanel.com/gm-big-disability-survey-covid19/.
- 254. Greater Manchester Combined Authority, NHS in Greater Manchester (2021) Greater Manchester i-THRIVE Programme. Available from: http://implementingthrive.org/greater-manchester-i-thrive/.
- 255. Greater Manchester Health and Social Care Partnership (2020) It's time to talk about mental wellbeing. Available from: https://www.gmhsc.org.uk/news/its-time-to-talk-about-wellbeing-join-the-greater-manchester-conversation/.
- 256. Greater Manchester Combined Authority, NHS in Greater Manchester (2020) Wellbeing and mental health during COVID-19. Available from: https://www.boltonccg.nhs.uk/media/5871/wellbeing\_and\_mental\_health\_during\_covid\_19.pdf.
- 257. Greater Manchester Health and Social Care Partnership (2021) Social prescribing set to grow. Available from: https://www.gmhsc.org.uk/ news/green-social-prescribing-funding-awardedgreater-manchester/.
- 258. Greater Manchester Health and Social Care Partnership (2021) Mental health toolkit for employers. Available from: https://www.gmhsc.org.uk/wp-content/uploads/2021/04/gm-mental-health-toolkit-final.pdf.
- 259. NHS Pennine Care (2021) Greater Manchester Resilience Hub health and care staff wellbeing service. Available from: https://www.penninecare.nhs.uk/mcrhub-covid19.
- 260. Cordis Bright (2021) GM Mental Wellbeing Grants Programme: Impact and Successes.
- 261. Yaran Northwest (2020) BAME COVID-19 Support Delivery Final Review Report after 4 Month Pilot. Yaran Northwest.
- 262. Pega F, Valentine NB, Rasnathan K et al. (2017) The need to monitor actions on the social determinants of health. Bulletin of the World Health Organization. 95:784-787. doi: http:// dx.doi.org/10.2471/BLT.16.184622.



- 263. Carfi A, Bernabei R, Landi F et al. (2020)
  Persistent symptoms in patients after acute
  COVID19. JAMA. 324(6):603-5. doi: 10.1001/
  jama.2020.12603.
- 264. WHO Regional Office for Europe (2020) Health inequity and the effects of COVID 19: assessing, responding to and mitigating the socioeconomic impact on health to build a better future. WHO EURO: Copenhagen. .
- 265. UN (2020) A UN framework for the immediate socio-economic response to COVID-19. Available from: https://unsdg.un.org/sites/default/ files/2020-04/UN-framework-for-the-immediatesocio-economic-response-to-COVID-19.pdf.
- 266. WHO (2020) Strengthening and adjusting public health measures throughout the COVID-19 transition phases. Policy considerations for the WHO European Region. Available from: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/2020/strengthening-and-adjusting-public-health-measures-throughout-the-covid-19-transition-phases.-policy-considerations-for-the-who-euro.
- 267. Centre for Cities (2020) Core Cities: the impact of the first wave of COVID-19. Available from: https://www.centreforcities.org/wp-content/uploads/2021/02/Core-Cities-the-impact-of-the-first-wave-of-Covid-19.pdf.
- 268. Greater Manchester Combined Authority (2021) Current Economic Conditions. Available from: https://www.gmtableau.nhs.uk/t/GMCA/views/GMEconomicResilienceDashboard/CurrentEconomicConditions/jack.james@greatermanchester-ca.gov.uk/b7906092-2ef4-46a2-837e-6c00e7ef6284?%3Adisplay\_count=n&%3AshowVizHome=n&%3Aorigin=viz\_share\_link&%3AisGuestRedirectFr.
- 269. Living Wage Foundation (2021) What is the Real Living Wage? Available from: https://www.livingwage.org.uk/what-real-living-wage.
- 270. ONS (2021) Labour Force Survey: Regional labour market: Headline Labour Force Survey indicators for all regions. Available from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/headlinelabourforcesurveyindicatorsforallregionshi00.
- 271. ONS (2021) Coronavirus and the social impacts on Great Britain. Available from: https://www. ons.gov.uk/peoplepopulationandcommunity/ healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/30april2021#person.



## Tackling Inequalities

Key messages from the GM Independent Review on Inequalities and the GM Marmot Report – Building back Fairer

## Introduction

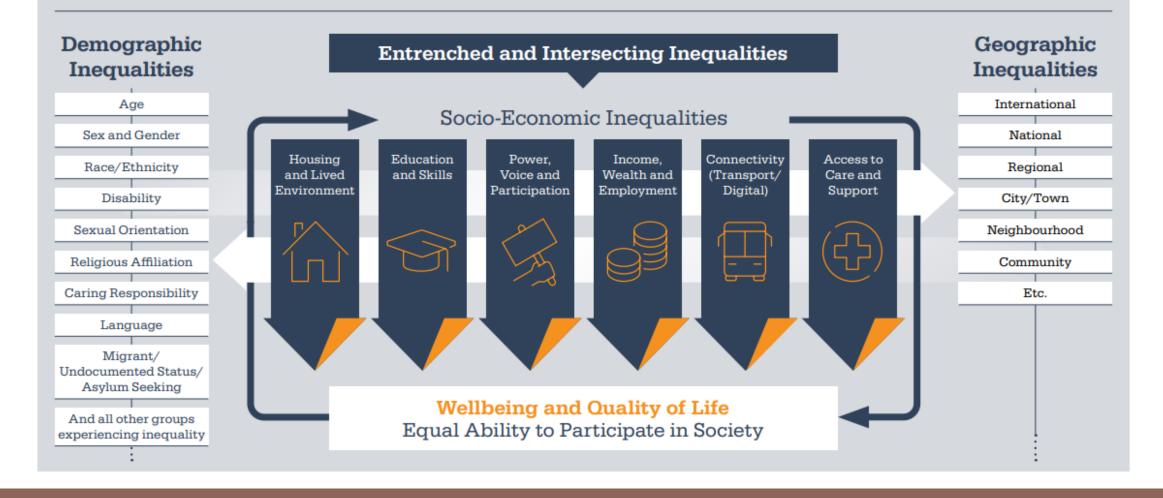
 GM Independent Commission – Covid 19 and BLM movement – A Wake up call

 Marmot – Jaw dropping declines in life expectancy

 Collective Spirit of GM – tradition of radicalism, co-operation and standing up against injustice

 Commitment to build response to findings and recommendations of both reports into the refresh of the Greater Manchester Strategy Greater Manchester Independent Inequalities Commission

#### **Model of Interacting Inequalities**



## **Equality**



The assumption is that
everyone benefits from
the same supports. This
is equal treatment.

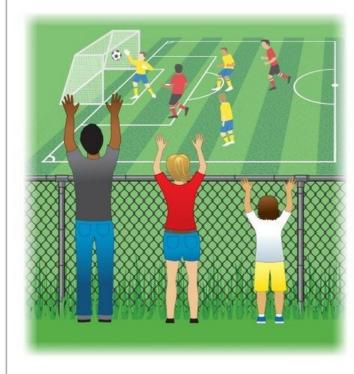
## **Equity**



Everyone gets the supports they need

(this is the concept of "affirmative action"), thus producing equity.

#### **Justice**



All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed.

The systemic barrier has been removed.

## Two fundamental elements

- Power not having agency or control over the things that matter to you, such as your working environment, your safety, or not being able to influence or participate in decisions that affect you, your family and your community.
- Resources not having access to assets or wealth, such as being able to own a home, not having enough income, not having access to services or resources, like health care, green space, public transport, and decent housing.

This is why it is dangerous to over emphasise individual responsibility – it widens inequalities.

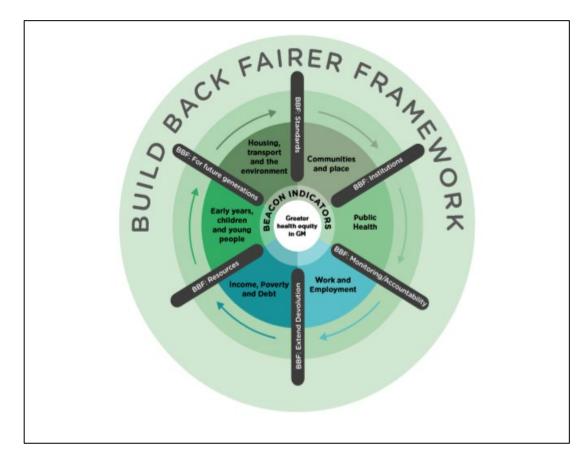
Societal and collective responsibility are vital to redress power and resource inequalities.

## Key themes

## **GM Independent inequalities Commission: 17 recommendations**



## Marmot Report – Build back Fairer: 91 recommendations



### LETS DO IT!

Our vision: to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation.

- >Improved quality of life
- ➤ Improved early years development
- >Improved educational attainment
- Increased adult skill levels and employability
- ➤ Inclusive economic growth
- ➤ Carbon neutrality by 2038
- > Improved digital connectivity

#### Turning Principles into Priorities - Let's do it ....

#### Local neighbourhoods Enterprise to drive economic Growth & Inclusion Integrated public service teams in · Economic Strategy including Covid recovery neighbourhoods · Spatial plan: Local & wider GM plans Carbon neutral, inc. eco-housing; · All-age skills strategy, early years; public sector emissions; recycling & school improvement; further & higher education clean air plan; Green & blue infrastructure · Regeneration plans - Radcliffe SRF Housing for homes Pride Bury Town Centre Masterplan Listen Ramsbottom Plan Community Safety Courage Trust Uplands, Whitefield Innovation Collaborate Prestwich Town Centre bury 2030 : **Delivering Together** A strengths-based approach Dignity Skills · Community wealth building Community voice Kindness A Cultural legacy · Community capacity flexibility Potentia Joined up health & social care · Population health Digital & Transport connectivity Inclusion

## Thoughts on what this means for Bury: Taking what we are doing to the next level

Ensure outcomes framework includes marmot beacon indicators and analysis and targets to reduce inequalities

Invest in routine data collection and develop the JSNA as a tool to support decision-making Continue to build and strengthen our local Anchor Institutions as exemplars of social value best practice and ensure links with local colleges and training providers

Re-prioritise and re-energise the former 'People Powered Bury' work

Deliver our inclusion strategy and build equality panels

Invest and strengthen in our work and health programme

Jobs, life-long learning and development opportunities and pay living wage

Develop a strategic approach to local Community Wealth
Building

Adopt and implement principle of proportionate universalism and invest in prevention and universal basic services.

Prioritise giving every child the best start in life and educational recovery from pandemic

Implement our Housing strategy and Climate Change strategy with emphasis on addressing inequalities

Apply Health Places Planning Tool in regeneration schemes

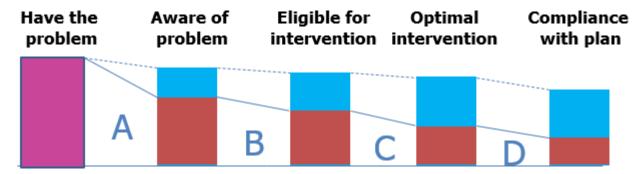
Accelerate implementation of neighbourhood working model

Continue to develop our system as a Population Health System

Have an eye to the long term and impact on future generations

Role of the Health & Well-Being Board to ask the key questions:

- Will/does this action make someone's life better?
- Will/does it work for everyone that it needs to?



- Will/does it reduce inequality at individual, institutional, and structural levels?
- Will/does it work in the long term?
- How will this benefit future generations?



This page is intentionally left blank



Classification	Item No.
Open / Closed	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	15 <sup>th</sup> July 2021
Title of report:	Wider Determinants of Health: Work, Employment and Skills
Report by:	Cllr. Andrea Simpson, Cabinet Member for Health and Wellbeing
Decision Type:	For Information
Ward(s) to which report relates	All Wards

### 1.0 Executive Summary:

- 1.1 A healthy population is one of any nation's greatest assets. A healthy population reduces the demand for costly interventions. These public interventions are wider than health related activity in a medical setting. An unhealthy population can be a drag on the economy with the associated costs of the benefits system, loss of productivity, and the impact on families and communities.
  - Health and Economic Development professionals recognise that there is a codependent relationship between health and work: good quality work is good for health, and economic growth relies on a healthy, productive workforce.
- 1.2 Residents with a long-term health condition are less likely to be employed in GM than elsewhere in the country. Therefore, the Greater Manchester Work and Skills Strategy identifies integration of health commissioning with work and skills support as an objective, and the GM Population Health Plan has made employment a key priority within the 'Living Well' theme.
- 1.3 The evidence base for work as a health outcome is very strong. There is clear evidence that unemployment is generally harmful to health, and leads to:
  - · Higher mortality;
  - Poorer general health, long-standing illness, limiting longstanding illness;

- Poorer mental health, psychological distress, minor psychological/ psychiatric morbidity;
- Increased alcohol and tobacco consumption, decreased physical activity;
- Higher rates of medical consultation, medication consumption and hospital admission; and
- Increased risk of fatal or non-fatal cardiovascular disease and events, and all-cause mortality, by between 1.5 and 2.5 times.

### 2.0 Recommendation(s)

2.1 That the Bury Health and Wellbeing Board continue to support the integration of Health with regeneration, employment, work and skills activity.

### 3.0 Key considerations:

### 3.1 Introduction/ Background: Work and Skills – high level ambition

3.1.1 The GMCA, with the support of the 10 GM districts, continue to create an integrated employment and skills eco-system which has the individual and employer at its heart. This responds better to the needs of residents and businesses and contributes to the growth and productivity of the Greater Manchester economy.

The ambition is to realise a health, employment and skills system across GM where:

- Young people leave the education system with the knowledge, skills, and attributes they need to succeed;
- Working-age adults, who are out of work or who have low levels of skills, will have access to the support they need to enter and sustain employment; and
- All adults have the chance to up-skill and progress in their careers.

#### 3.2 Established activity across GM

To support these priorities the following activity has been commissioned across the City region including Bury.

#### 3.2.1 Working Well

<u>Working Well</u> is a family of services that embody Greater Manchester's devolved employment and health offer. They have been commissioned to support people experiencing or at risk of long-term unemployment.



### 3.2.2 Adult Education Budget (AEB)

The AEB was devolved to the Greater Manchester Combined Authority (GMCA) in August 2019. Devolved control over adult skills enables Greater Manchester to introduce new flexibilities to make it easier for people to access the skills training they need, including access to certain courses free of charge for adults earning less than the national living wage.

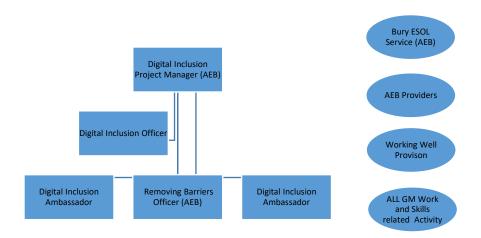
This enables all 10 districts to influence what skills are delivered, scrutinize outcomes and mold the provider market to deliver skills training that is relevant to employment and progression opportunities for residents.

AEB is worth approximately £92 million a year, so it is imperative that GM can demonstrate devolved budgets will work for the whole city regions.

Bury Council have received 250k to support the following:

- Reduce digital exclusion through bespoke projects;
- Purchase of kit to support communities and groups that do not have access to digital kit; and
- Provide integrated ESOL provision (English as a second language).

To do this an operational Digital Inclusion team will be established:



#### 3.2.3 Apprenticeships

Greater Manchester Combined Authority's work to improve the quality and grow the number of apprenticeships focuses on these 7 key areas, including:

- Removing Barriers Key to providing high-quality apprenticeship opportunities for all is to remove barriers to apprenticeships;
- Supporting SMEs Established Greater Manchester small-to-medium enterprise apprenticeship package, which includes grants for non-levy paying employers, support with workforce planning and a levy matchmaking service;
- Maximizing the levy impact Working with levy-paying employers to better support apprenticeship programmes, maximize levy investment back into businesses and the wider Greater Manchester community, and ensure there are opportunities to develop future talent;
- Public sector apprenticeship approach Established Public Sector
  Working group with membership across local authorities, NHS, police, fire
  and transport services to ensure apprenticeships are at the heart of the
  public sector; and
- Improving quality Providers and employers working together will create
  the highest quality apprenticeship programs tailored to directly meet
  business needs. Understanding labour market information and translating
  this into an apprenticeship context, brokering conversations between the
  two.

### 3.3 Bury Council

Bury Council contributes to all regional and national health, employment and skills activity. This is achieved through the Council's Economic Development Team who facilitate the Bury Health, Employment and Skills Task Group. The group comprises of multiple partners from within the Council and external to the Council. The group is chaired by Bury's Jobcentre Plus Partnership Manager.

The Economic Development Team are the Council's lead for:

- Integration of health as a key consideration in all workstreams
- Employment and Skills (ages 18+)
- Business Engagement
- Inward Investment
- Digital Inclusion
- Roll out of Digital Infrastructure
- Local Industrial Strategy/Economic Development Strategy

The team works across directorates supporting colleagues where there are complimentary cross cutting work streams, including:

- Healthy Workplaces (working with the Health and Wellbeing Team).
- Supporting the Council's Regulatory and Environmental Team (Trading Standards and Clean Air Team).
- Collaborating with several teams to maximise opportunities linked to the digital inclusion agenda and to promote best practice across Bury Council.
- Collaborative work with Bury Adult Education and other AEB providers.
- Collaborating with numerous departments, acting on their behalf in the dissemination of key information to and engagement with local businesses.

### 3.4 New Programmes and Activity supporting COVID Recovery

### 3.4.1 Skills and Employment Support:

- A new £2.9bn programme is being launched called 'Restart', supporting a million unemployed people over the next three years.
- £375m will be released from the National Skills Fund to support technical skills development and build on measures announced in the Plan for Jobs.
- Work and Health Programme Job Entry: Targeted Support (JETS) has been designed to help people secure employment within six months. Participants will gain help with CV writing, interview skills and job searches.
- Young People and Labour Market Recovery work stream.

Bury Works – An online portal to support young people to navigate the regional a local employment and skills eco-system (ages 16 to 30). The Bury Works brand, which has been trademarked, is below:



### 4.0 Key Issues for the Board to consider:

- 4.1 The Economic Development Team have focused on delivering grants to Bury businesses impacted by Covid since the start of the pandemic. This is of key importance to stabilise the local economy, protect jobs and plan for recovery.
  - This has meant that a light touch approach to Health, Employment and Skills has been undertaken over the period. However, the Board will note that as recovery activity becomes crucial the team will return to their substantive workstreams to put health, employment and skills firmly back on the agenda.
- 4.2 The Board is asked to consider a strengthening of collaborative working, across directorates, across districts and government bodies to maximise capacity within the Council and deliver on our emerging Local Industrial Strategy, overarching Bury LETS Strategy 2030 and the Population Health Strategy.
- 4.3 The Board is asked to recognise and support the linkages between employment and skills with:
  - Inward investment
  - Business engagement
  - Labour market intelligence
  - Physical place regeneration

### Community impact/links with Community Strategy

Fully links with Lets 2030

### **Equality Impact and considerations:**

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

<b>Equality Analysis</b>	Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.

\*Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.

### **Legal Implications:**

To be completed by the Council's Monitoring Officer

### **Financial Implications:**

To be completed by the Council's Section 151 Officer

### **Report Author and Contact Details:**

Tracey Flynn <u>t.flynn@bury.gov.uk</u>

### **Background papers:**

Working Well Annual Report 2020

Please include a glossary of terms, abbreviations and acronyms used in this report.

### Page 296

Term	Meaning
AEB	Adult Education Budget
ESOL	English to Speakers of Other Languages
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
SME	Small and Medium Enterprises



# ingeus

# WORKING WELL WORK AND HEALTH PROGRAMME

Social Prescribing and Employment

- We specialise in supporting our participants to prepare for work, get work and stay in work, through person centred case management.
- The journey is very individual; holistic approach to participant needs.
- We provide a tailored, multi-disciplinary approach to supporting our participants in Greater Manchester, and are locally embedded to integrate service provision.



# Working Well Work and Health Programme Greater Manchester

# A belief that health and work are interconnected is at the heart of our delivery.

- The programme provides support for unemployed people with health conditions or disabilities. It helps those individuals who have been out of work for a long time, and/ or those needing specialist support
- 22,500 places on the programme across GM
- 80% of participants will have a health condition or disability
- Participants will spend 15 months on programme
- Targeted on sustainable employment
- Programme focuses on strong integration with Local Services







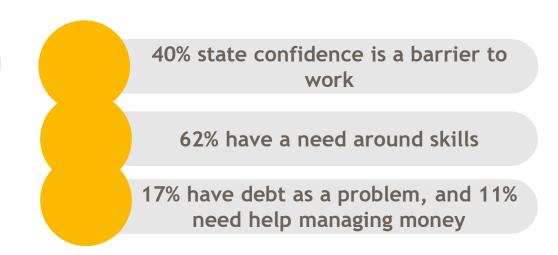


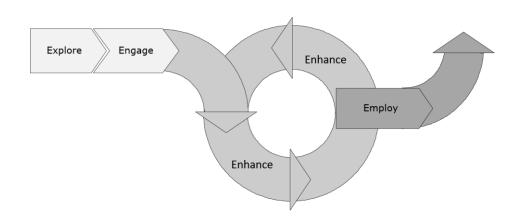
# The needs of our participants



56% state their health condition could affect their ability to get a job

Anxiety and depression are the most common health conditions



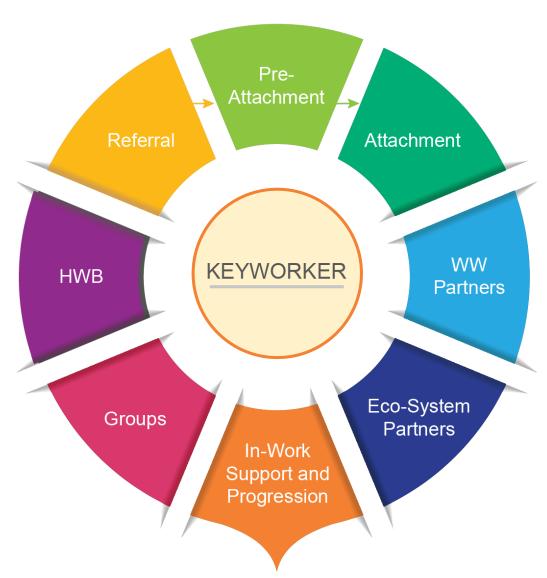


Participants are likely have a combination of barriers

- Being long term unemployed increasing the risk of poor health
- Physical health problems or living in pain, impacting mental wellbeing
- Long term impacts of COVID, disruption in routine health checks and isolation



### Working Well



Key Workers manage a caseload and facilitate the participants journey.

We employ a team of Health Professionals including Psychologists and Physiotherapists, and have a range of wellbeing resources, including online CBT, Mindfulness and self help.

Our delivery has developed over time, our Health Teams have been part Ingeus Employability Programmes for 10+ years, and in Greater Manchester since 2014.

Since 2018, we have embedded an Integration team who are responsible for creating relationships in the community with a range of services that can support people to move forwards.

Evaluation shows that our Health Team and Integration Coordinator function are core strength of the programme (SQW Working Well Annual Report 2020)



### Working Well Work and Health Programme Greater Manchester

### Good work is good for you.

Our programme may not fit with the definition of Social Prescription- however there are some similarities in approach and the universal needs of our customers.

- We offer holistic assessment of needs, which supports to identify barriers
- Mental and Physical health support
- Personal and social barriers such as isolation, debt and housing are addressed
- We work with a range of partners to address needs

Our evidence shows that community referrals to specialist support at the right time accelerates the progression towards work, and the GM model is built on an integrated approach.

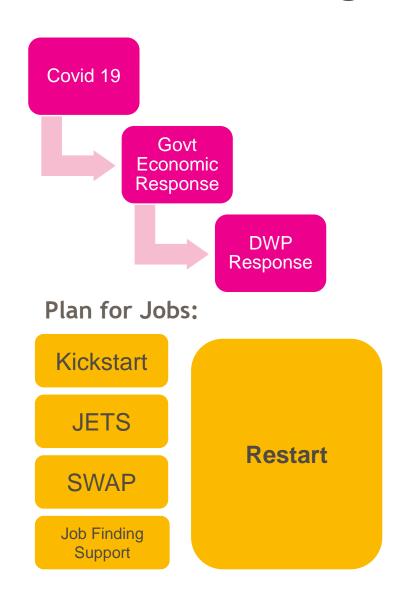
We have made more than 48,000 community referrals in the last 3 years of delivery.

Our programme is the first in Employability to partner with Social Prescription software, offering streamlined and appropriate referrals to a range of partners, and ensuring a menu of support is immediately available.

"This new technology will allow swift referrals to key services, as well as offer a huge range of services to the individuals that really need them. It will also enable a more integrated approach, which is all of benefit to people in Greater Manchester." Andy Burnham Mayor of Greater Manchester



# **Restart GM - Background and Aims**



- 86,000 participants in GM throughout the programme's life, including up to 10% discretionary entrants
- Support to prepare for and move into work:
  - Support tailored to each individual
  - Entry to secure and sustained work
- Support offer tailored to support local priorities and integration
  - Focus on stakeholder engagement
- Provide an evidence base of 'what works'

# Working Well Work and Health Programme Bury

- 891 starts
- 351 first jobs
- 39% conversion into work 1<sup>st</sup> jobs. (GM total is 34%) Bury is the highest performing borough for rates starting work.
- Age range 18-67
- 523 answered 'Yes' to 'Do you have a health condition or disability that could affect your ability to get a job?' (59%)
- 388 (of the 523) answered 1 to 3 on the question 'On a scale of 1 (very difficult) – 6 (not a problem), to what degree do you think your health is making it harder for you to secure work?' (74%)

### Most common advertised roles Registered General Nurse (RGN) **Teaching Assistant** Office / Administrative Assistant Bookkeeper / Accounting Clerk Tutor Accountant Caregiver / Personal Care Aide Restaurant / Food Service Supervisor Retail Sales Associate Account Manager / Representative

Row Labels	Sum of Response
Alcohol	17
AnxietyDisorders	227
ArthritisOsteo	42
ArthritisRheumatoid	28
AspergersAutisticSpectrum	24
BipolarDisorder	(
BloodRelatedDisorder	<del>-</del>
BrainInjuryTrauma	4
Cancer	į
CerebralPalsy	3
ChestBreathingProblems	56
ChronicFatigueSyndrome	(
DepressionLowMood	225
Diabetes	45
DifficultyHearing	12
DifficultySeeing	17
EatingDisorders	<b>;</b>
Epilepsy	19
Fibromyalgia	10
HeartBloodPressure	4:
IBS	19
LearningDifficulties	30
MultipleSclerosis	,
Neurological	10
NoHealthConcern	
Obesity	
OCD	(
Other	132
PreferNotToSay	
ProblemsWithArms	10
ProblemsWithBack	76
ProblemsWithFeet	26
ProblemsWithHands	20
ProblemsWithKidneyLiver	1:
ProblemsWithLegs	5!
ProblemsWithNeck	22
Psychosis	2.
PTSD	14
SkinConditionsAllergies	10
SpeechImpediment	7.0
	14
StomachDigestionProblems StrokeTia	14
	•
SubstanceMisuse  Grand Total	1280
Granu foldi	128





# THANK YOU

Enquire about working with us: <a href="https://www.inworkgm.co.uk">www.inworkgm.co.uk</a>

Jayne Garner, Head of Integration

Ingeus

Tel: 07827 236 859

Email: jgarner@ingeus.co.uk



# #BuryMoving

a Physical Activity Strategy



# Background

### Why a strategy?

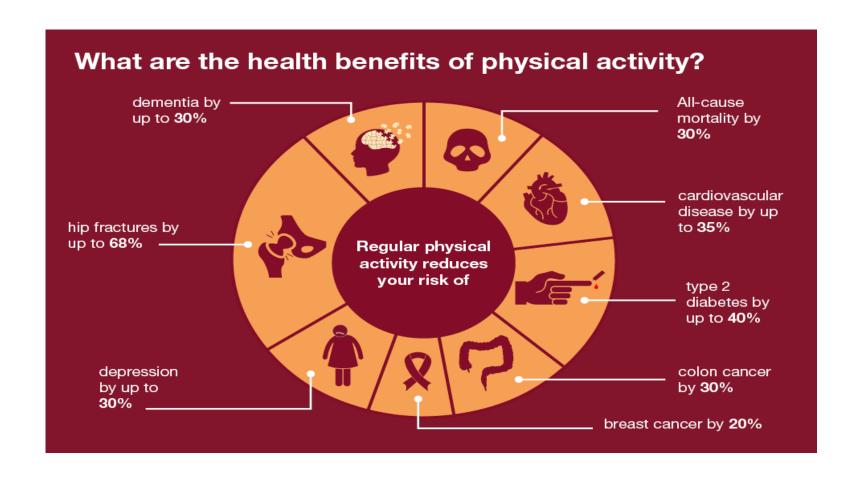
...the evidence is clear that leading a more active lifestyle and engaging in regular physical activity creates significant health, social and economic benefits for people of all ages who live, work and study in the Bury.

...physical activity is a positive catalyst and contributor towards community cohesion, economic growth, and raising aspirations, as well as giving opportunities for all to develop important skills that will help them to succeed in life.

However, In contrast, it is important to remember that physical inactivity is the fourth leading cause of premature deaths in the UK, causing one in six deaths and contributing to poor rates of healthy life expectancy. Growing numbers of people are living longer with multiple long-term conditions, mental health problems, and musculoskeletal conditions.



# Health benefits



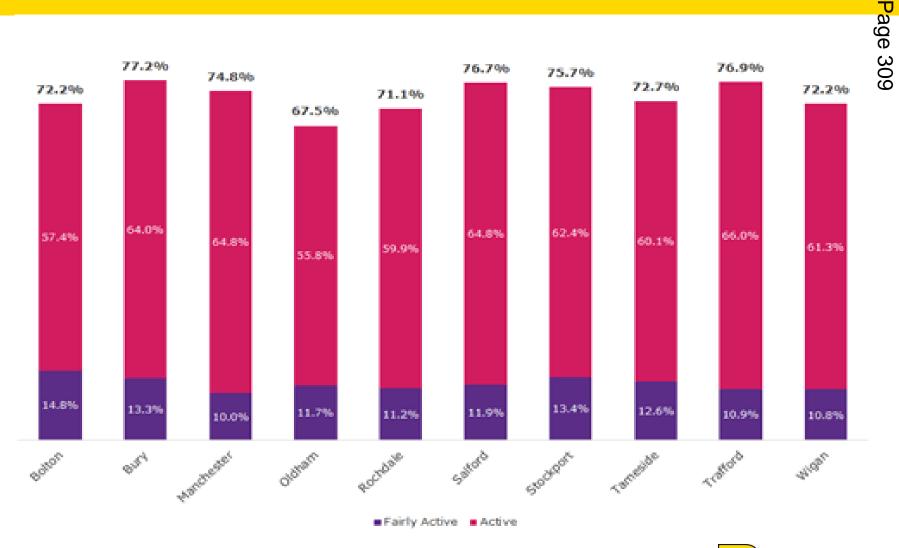


### Wider benefits

- More people using active travel –less congestion on road, less air pollution, better air quality
- More connected communities, less social isolation



# Bury Participation - NOV 2018/19





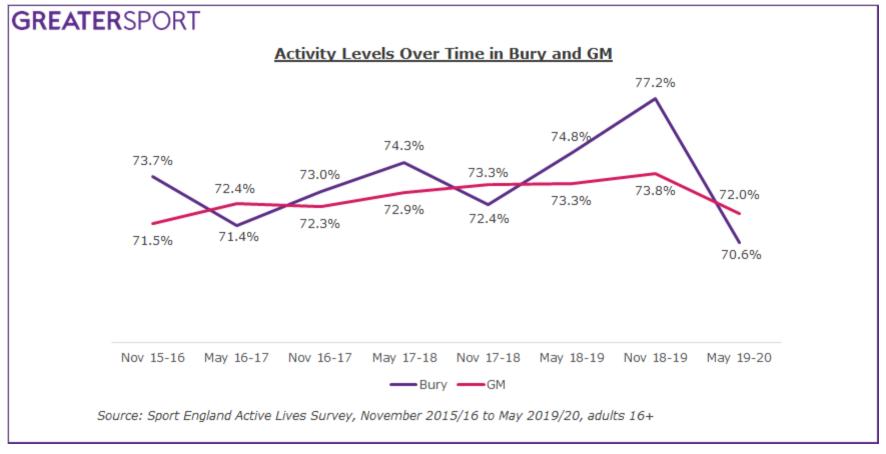
# **Activity Levels Pre COVID**

# Adult Activity Levels May 2019/20

Results from the Active Lives Survey published by Sport England show that 70.6% of adults in Bury are active for at least 30 minutes a week. This equates to 107,400 adults moving.



# **Activity Levels Pre COVID**





# Our Objectives and Priorities

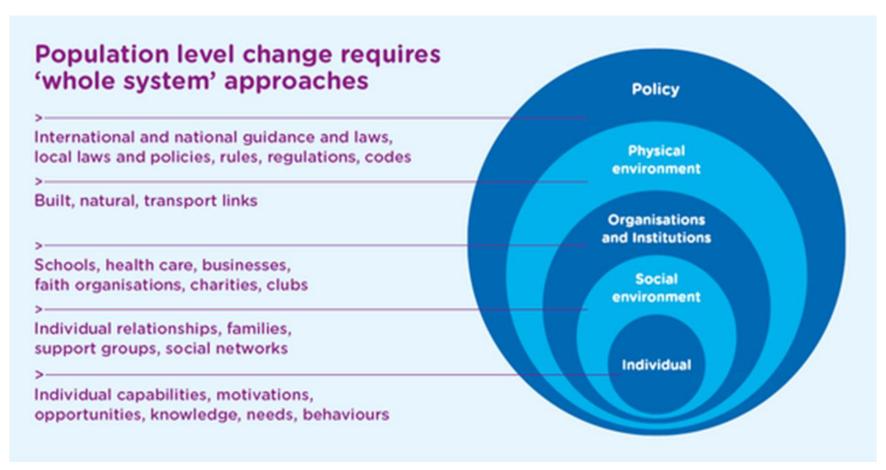
4 strategic objectives have been identified and 15 priorities to increase physical activity and reduce sedentary behaviour. Together, they capture the whole system approach required to meet our ambitions where physical activity is prioritised as a regular part of everyday life.

The four strategic objectives are:

- 1. Create an Active Society
- 2. Create Active Environments
- 3. Enable Active People
- 4. Create Active Systems.



# Whole System Approach





# Since Covid

- Early 2020 COVID 19 was identified in the UK
- Services responded appropriately and staff were redeployed to help in other area such as testing centres, refuse collection etc
- Leisure and Health services continued to provided online access to a range of activities promoting healthy lifestyles
- Health campaigns continued to raise the awareness of the benefits of healthy living
- Strategy launched online 11<sup>th</sup> September 2020



# Since the Launch

- The Live Well Service continued to provide ongoing support to clients, through online sessions and free access to classes
- Health Trainers continued to provide lifestyle advice through online platforms
- The Bury Directory continued to provide and refresh its portal on a daily basis, sharing positive health messages and information where to get support and advice from
- Local Delivery Pilot in Radcliffe continued to support local people and groups, emphasis on the recovery and how to re-engage those local communities and neighbourhoods



- Council Parks and Countryside Team continued to ensure Bury's open green spaces were safe to use and people and families accessing our parks had a positive experience and returned as part of their daily exercise
- Public Health secured funding to deliver additional Tier 2
   Adult Weight Management Programme, delivered as part of the Live Well Service offer
- GP's and Health Care professionals continued to refer patients into the Live Well Service for support and advice on physical activity, weight management, stop smoking, Alcohol and other lifestyle behaviours
- Live Well Service planning to return to face to face appointments



- A Walking and Cycling Forum was created, several meetings have taken place and over 70 interested parties attending
- An increase in cycling was visibly observed and a national shortage of bikes seemed apparent
- National Cycling Academy continued to provide cycling opportunities for families, and a recent return to learn to ride in schools programme has started, including substantial upgrades to their current mountain bike track in Philips Park
- A number of local Cllrs took up the challenge to see how easy it is to cycle in Bury, 'it was challenging but enjoyable' reported Cllr C Walsh



# Physical Activity and reducing inequalities

# The evidence suggests to reduce inequalities in physical activity there needs to be a focus on

- enablers, barriers and identifying opportunity
- community consultation, engagement, and partnership work
- holistic approaches for protected characteristics and intersectionality

### What we are doing

- Community consultation (walking and cycling forum)
- LDP programme targeting people in areas of high level of deprivation, young people and those experiencing worklessness (identifying enablers, barriers and opportunities)
- Health Improvement Plans for neighbourhoods (community engagement and partnership work)
- Targeted support for those with disabilities (wheels for all)
- Focus on walking and cycling (accessible opportunities)



# Reducing inequalities

### What we are doing (cont)

- Families Active
- Sport England tackling inequalities fund
- Female only swims
- Bury Active Leisure Lifestyle Discount Card

### What we have planned

- Health Improvement Plans for neighbourhoods (community engagement and partnership work)
- Targeted support for the BAME community
- Continued focus on walking and cycling (accessible opportunities)
- Fit and Fed and Holiday Activity and Food programmes



# **Next Steps**

- Continue to create a whole systems approach to working collaboratively for the implementation of the physical activity strategy <a href="https://councildecisions.bury.gov.uk/documents/s20020/Bury%20ph">https://councildecisions.bury.gov.uk/documents/s20020/Bury%20ph</a>
  - ysical%20activity%20strategy%20FINAL%20VERSION%202%20for %20SCB%20PDF.pdf
- Build on existing successes and enable the 4 priorities to be the driving force behind strengthening delivery and engagement
- Maximise the potential of working with Greatersport and Sport England, providing a localised platform to deliver on measurable outcomes and targets set for each of the actions within the strategy
- Utilise new funding streams following the pandemic to build on innovation and reduce inequalities targeting those most affected by COVID



# Questions

- For further information on the Bury Moving Strategy please contact either:
- Jon Hobday, Consultant in Public Health, j.Hobday@bury.gov.uk



This page is intentionally left blank

# 불**BURY**DIRECTORY

Helping People to Help Themselves

# Your digital gateway to information, advice, services & much more!

Joanne Smith – Development Manager Public Health, Bury Council

# Background

Local Authorities have a legal responsibility to provide information about services in their locality.

- The Care Act 2014
- Children and Families Act 2014
- The Childcare Act 2006
- Homeless Reduction Act 2017

An innovative solution to address the requirements set out by such legislation.

# **Purpose**

- Plays a critical role in the behaviour change of our residents.
- Enables professionals and the public alike to quickly search and source what is available locally as an alternative or complimentary option to medication and traditional services and support.
- Signposts people with a consistent approach to information, services, advice, support and relevant training. The system is the catalyst for Bury to identify and access all the assets available. Single point of access advice and support
- Reduce pressure on statutory services such as NHS and GP appointments - Encourages self-care
- FIS Statutory service included within TBD. Information on children and young people aged 0 -19 (25 in SEND LO)





#### Information & Services

Giving you access to information, advice and local services to enhance your life and wellbeing.

### ) A

### NHS & Wellbeing

Bringing information about conditions, treatments, healthy living and medical assistance to your fingertips.



### SEND Local Offer Bury

Information and services for children, young people with Special Educational Needs & Disabilities (SEND) and their families.



#### Care Leavers Offer

Information and support available for Care Leavers in Bury



### **Business Channel**

Go local... Find and access local businesses that could support you in everyday life.



### **Bury Carers Information**

Are you a Carer in Bury? Looking after a family member? Bringing together all the information, advice and services that you need in one place.



# 'Information & Services' categorised to complement different aspects of one's lifestyle



#### Ageing Well & Lifestyle

Activities, information and advice to contribute to a healthier life



#### Childcare & Families

For childcare & support for all the family including information on schools & colleges



### Adult Care & Disability Service

For information, advice and support on all aspects of Adult Care & Disability Services

Page

325



### Home, Housing & Money

Information & advice on all housing related gueries



### Adult Learning, Volunteering & Employment

Including information on Adult Education, Training,
Apprenticeships & Volunteering



### Leisure & Recreation

Including sport, activities, hobbies, things to do & places to go



#### **Local Community**

Local Community keeps you informed on what's happening in your community



### Partner Area

Information for Team Bury staff including Early
Help



### Staying Safe & Safeguarding

Accident Prevention, Crime, Adult & Children Safeguarding Information



### Benefits

- Available 24 hours a day, 365 days a year.
- Powerful search tool including auto-complete technology
- Accessibility tools
- Location filters/results
- Interactive Maps markers, directions, travel time, street view
- Share Functionality zero cost to end user
- Shortlist & Favourites
- Rate & Review
- CQC and Food Standards Agency API
- Tested on all major browsers that are live & supported
- Initial contact the **costs** of digital/web contact is significantly **less than face to face** contact



### Usage (01/01/21 - 11/05/21)

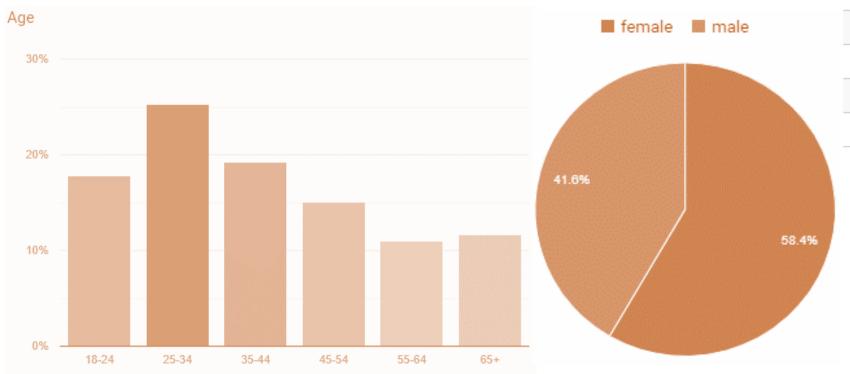
Users

Sessions

Pageviews

42,572 51,365

133,241



Browser		% Users
1. Chrome		36.10%
2. Android Bro	owser	28.15%
3. Safari		21.74%
4. Edge		4.51%
5. Samsung Ir	nternet	3.36%
6. Android We	ebview	2.83%
7. Firefox		1.09%
8. Safari (in-a	pp)	0.47%
9. Internet Exp	olorer	0.41%
10. Mozilla Cor	mpatible Agent	0.39%

	Operating System	% Users
1.	Android	69.94%
2.	iOS	29.86%
3.	Windows	0.19%
4.	BlackBerry	0.01%
5.	Firefox OS	0.00%

### Usage

Our total traffic has *increased* from 3,496 in May to **11,003** in May 2021.

Our SEO traffic has *increased* from 1,694 in May 2020 to **7,090** in May 2021.

We are now tracking actions taken on the website.

### These include:

- 162 users click to call a business in May 2021
- 100 users click to email businesses in May 2021
- 22 users click to register in May 2021
- 12 users submitted a contact form in May 2021



# Recent Work & Developments

- Platform Redesign User experience, Site Navigation, Accessibility
- What's app share functionality
- Rate & Review
- Interactive glossary of terms
- New Bury Directory Widget
- Ongoing Quality assurance
- Ongoing Website maintenance
- E-Learning Module
- Digital Marketing (Search Engine Optimisation & Paid Social)
- Learning & Development

### Collaborative Working & Brand Growth

- Digital Inclusion Project
- COVID-19 pathways
- SEND Local Offer Review
- Stakeholder Engagement
- Included within the neighbourhood approach and hubs
- VCFA and Beacon Service (social prescribing)
- Carers
- Mental Health and Wellbeing Hub
- Integrating TBD into the Elective Care System Waiting well packs
- Bury Works (<u>www.buryworks.co.uk</u>)
- Caring Careers (<u>www.jobsinbury.co.uk</u>)



# Work in progress & future plans

- Update qolt self assessment tool
- Waiting Well Pack Elective Care
- Integrated Neighbourhood Teams
- Target priority cohorts
- Learner Management System & Content
- Improving accessibility
- Live chat
- Smart phone app
- Digital health app platform
- Bitesize training videos
- Increase Training
- Marketing and Promotional Activity
- Caring Careers (Phase 2 Development)





# Reducing Inequalities

TBD is *inclusive* and addresses the inequalities that arise because of the conditions in which we are born, grow, live, work and age.

### Recognised characteristics

- Age open to all ages
- Race Google Translate offers over 100 languages and able to print off in selected language. Services for different cultures offered for signposting
- Sex information and advice pages i.e. domestic violence, services and clinics promoted,
- Religion or beliefs Places of workshop on the directory and advice pages on various religions



# Reducing Inequalities

- Disabilities made the website text as simple as possible to understand and easy to read, large print (able to zoom in up to 200% without the text spilling off the screen), different background colours, accessible for screen readers
- Marriage & Civil Partnerships information and advice pages, training courses, services and helplines for domestic violence, forced marriages etc.
- Sexual Orientation & Gender Reassignment Information on TBD re LGBT+ support groups, helplines, forums, etc.
- Pregnancy & Maternity lots of local groups and services promoted, information on maternity grants, telephone helplines, role of health visitors, etc.

The Bury Directory also supports the protected characteristics that the Council have identified

Working carers, Looked After Children, Veterans and Social Economically and Vulnerable (i.e. citizens advice, debt)



# Reducing Inequalities

- Areas within the wider Determinants of health of i.e. Housing, Education and skills, Income
- Information and advice is accessible to everyone, empowering and enabling individuals to self care
- Increased visibility of local, neighbourhood/ community and national support groups and services
- Access to care and support
- Zero cost promotion for groups including charitable and not for profit organisations
- View on various mobile devices without you having to scroll from side to side



# **Supporting Inequalities**

## TBD working in partnerships with services to further support gaps

- Digital inclusion Project
- BALC and digital skills training
- Neighbourhoods/community hubs/community champions
- Libraries
- Loneliness and isolation
- Coping and thriving group
- Waiting well project



# **Supporting Inequalities**

- Caring Careers (health and social care jobs) <u>www.jobsinbury.co.uk</u>
- Community services available
- Social prescribing
- Digital marketing and paid ads
- Support services to print off information in different languages
- Free text within the share functionality
- Targeted Priority Cohorts

Adult Social Care - 1,942 visits have been recorded for the period of 22/06/20 - 22/06/21.

A reach of **1.21% of Bury population.**However, not all 160k of the population would need or require such support.



### Summary

- Underpins the *prevention* agenda
- **Enabler** for self-management and long term conditions and assists in the prevention of developing future costly conditions.
- Collaborating with all partners to improve health and wellbeing outcomes for local communities.
- Increasing in number of users
- Upgraded platform with additional developments planned
- Collating feedback received

### **TBD - A RESOURCE FOR ALL**



# HELP SHAPE THE BURY DIRECTORY

- Feedback to us
- Be a champion of TBD and promote to your colleagues, family, friends, etc
- Funding

### **Any questions**

- www.theburydirectory.co.uk
- theburydirectory@bury.gov.uk
- Facebook The Bury Directory
- Twitter @BuryDirectory
- Instagram The Bury Directory

**Visit** Give yourself a Minute video to find out more about TBD

This page is intentionally left blank



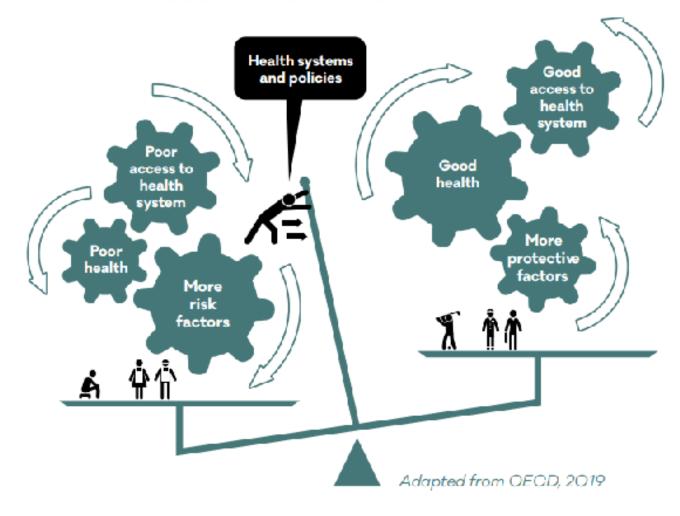
Tackling Mental Health Inequalities

July 2021

Health & Wellbeing Board Mental Health Update

- We all have mental health and we all can experience mental health problems, whatever our background or walk of life. But the risks of mental ill-health are not equally distributed.
- The likelihood of our developing a mental health problem is influenced by our biological makeup, and by the circumstances in which we are born, grow, live and age. Those who face the greatest disadvantages in life also face the greatest risks to their mental health.
- This unequal distribution of risk to our mental health is what we call mental health inequalities.

### Health, risk factors and access to the health system: The odds are stacked in favour of the better-off



### The nature and extent of mental health inequalities . . .

'Adversity in childhood is directly responsible for 29.8% of adult mental health problems'

'Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems'

'Experiences of bullying and violence place LGBT+ people at substantial risk of poor mental health outcomes'

'Being a victim of racism has been associated with mental health problems'

'People in the lowest socioeconomic class have the highest risk of a mental health problem'

'Dropping out of education has been associated with substance misuse, mood disorders and suicidal ideation'

'In England in 2014, young women were three times more likely than men to experience common mental health problems'

'The environments in which people live, grow and work affect their mental health'

'Social isolation is an important risk factor for both deteriorating mental health and suicide'

**Services Required** 

Significant increase in IAPT referrals (including complex psychological support), CYP CAMHS,

student services, Perinatal services and Resilience

### Assessing Future Demand for Care in Response to Covid-19

Evidence from previous epidemics is that there is both an **immediate impact** on Mental Health and a **longitudinal** one. It is expected there will be more people experiencing MH issues in the general population who **do not meet clinical MH thresholds** and present with **social needs**. Preventative and proactive approach needed to ensure issues don't escalate or become enduring. VCSE sector and community assets will be key to this approach.

**Social Changes Affecting Mental Health** 

Threat from Covid-19; perceived and

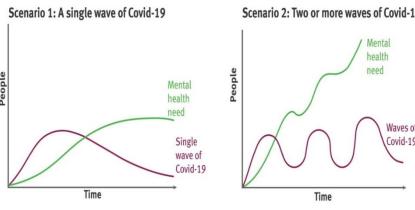
Reduced social contact and isolation

Adversely affected personal

actual



Scenarios of mental health need relating to Covid-19 and how they could compare with the trajectory of the virus itself



s of Covid-19
Mental health need
Waves of Covid-19

	relationships, including domestic violence	Psychosis (1st episode and existing)	Perinatal, Inpatient and PICU		
•	Changes to routine Bereavement	Anxiety and depression	Increase in referrals to CAMHS, student services, IAPT, Perinatal and 24/7 helpline contacts		
•	Fear of potential economic impact  Actual impact of economic recession	Addiction	Increase in community presentations, admissions to A&E, Acute Inpatient services and RADAR		
•	Uncertainty regarding current situation and the future	Complex grief and bereavement	Increase in IAPT referrals including complex psychological support (IAPT Step 3+)		
•	For existing services users, changes in the way that services are provided	Safeguarding	Increase in Inpatient admissions and referrals to CMHTs and IAPT		
•	Adverse impact on inequalities – BAME community	Crisis presentations	Mental Health Urgent Care Centres, Alternatives to Admission, IP admissions/PICU		
•	Deterioration of physical health for people with SMI, including those in prison				

**Potential Mental** 

**Health Impact** 

Trauma

Hub

© Centre for Mental Health 2020

### Tackling inequalities to improve mental health: We need to move upstream





### Action at 3 levels:

- National structural measures
- 2. Strengthening community assets
- Increasing individual and group resilience

### - STRATEGIES-

UPSTREAM - National structures .....

Asset-based approaches

Assessing community-level risk

Measures to reduce inequalities

- Reduce economic inequalities
   Prevent ACEs,
   domestic/sexual violence &
   discrimination
- Oreate mentally healthy environments
   Map the socio-economic influences on mental health
- MIDSTREAM Communities .....
  - Preventative interventions
     Trauma-informed
     approaches
- DOWNSTREAM Individual / group resillience ------
- Empowerment programmes Peer support groups
  - Resilience training
     Screening programmes
- WATERFALL Clinical and public service settings ......
  - Clinical specialist care

 Suicide prevention for high risk people

- Non-means-tested income supports
- Anti-domestic/sexual violence law
  - Anti-discrimination law
- Alcohol minimum unit pricing
- Reduced class sizes
- Regulation on marketing for harmful industries
- Design-in green and blue space
- Affordable housing
- Public spaces
- Community participation
- Improve school engagement
   & emotional literacy
   Trauma-informed public
  - Trauma-informed pub services
- Psychological therapies for children
   exposed to trauma
  - Emotional literacy training
  - Empowerment programmes for disadvantaged groups

- Debt advice
- Peer support groups
- Supports for parents with a mental health problem

Medical care

• Suicide crisis support

© Mental Health Foundation 2020

Four strategies underpin the whole-community approach:

1. Task relocation – expanding mental health ownership into other aspects of the public sector and beyond (for example, schools and workplaces), and taking action in these spaces to foster good mental health.

2. Making every contact count – embedding mental health at the centre of all health and social care as a mediating factor driving outcomes.

3. Mental health in all policies – incorporating mental health into wider policies and ensuring that their impact on mental health is routinely assessed.

4. **Understanding data** – using data that produces an understanding of those factors/outcomes that are in the cause and effect chain in relation to mental health (for example, crime levels, domestic violence, bullying and absenteeism).

Addressing socio economic drivers of poor mental health

- Act with proportionate universalism
- Adopt a whole community approach
- Mobilise community assets
- Work together in equal partnership
- Prioritise poverty and income equality
- Protect people from discrimination, abuse or other adversity
- Reduce substance and alcohol misuse
- Improve educational attainment

### Progress to date in Bury

Established the Thriving in Bury partnership; whole community approach to mental health.

Developed community assets for a co-production approach with good links to Thriving in Bury.

Wide range of community assets to provide support for asylum seekers, victims of domestic violence, BAME community and those affected by suicide.

Adapted treatment pathways for high risk groups, for example IAPT Long Term Conditions and Access & Crisis support for homeless people.

Targeted communications work to groups at risk of poor mental health to motivate them to access support.

Mental wellbeing campaign's to reduce the stigma associated with mental health.

Mental Health Education Programme for people working and volunteering in Bury.

### Progress to date in Bury – children & young people specific projects

Established the Childrens Mental Health Charter group; Integrated Care Organisation approach to mental health.

Developing a THRIVE approach in CYP mental health system

Mental Health directory to schools in preparation for children returning to school

**Emotional wellbeing offer into high schools** 

Mental wellbeing Co production with GM Bee Heard to ensure children's voices and experience shape provision

Linking with the Trauma responsive GM programme

Blue – Footprint Red- GM

Innovative use of resources and new Investment

### **Bury Mental Health Transformation Programme Plan 2021/22**

- Population Mental Wellbeing (Coping & Thriving)
- Targeted communication plan that motivates people to look after their wellbeing.
- •Robust offer of support for family and friends supporting those with mental health issues.
- Establish a local Connect 5 training network, to cascade the knowledge and strategies for good mental wellbeing
- Suicide Prevention
- Drug & Alcohol
- Homelessness

Primary & Community MH Transformation

- •Further develop the mental health support offer in Integrated Neighbourhood Teams
- •Developing model for community mental health transformation with key stakeholders & to better understand locality need
- •Scope Mental Health Hub with VCSE partners services as part of LWM
- •Establishing and integrating the PCN MH roles
- •Community MH Team Redesign including PD, Rehab, ED pathway, DTOC
- Promoting access to Psychological therapies and integrate with LTC
- •Refreshed 24/7 helpline and integrate into local services
- •Community Crisis Peer Support Service broaden offer
- •Open Access VCS Crisis Support linked to Neighbourhoods & LWM
- •MH Liaison Review gap & Link with UEC by appointment/Rapid Response service
- Out of ED urgent appointments

Improving care for

Improving access to

support in a crisis

**Therapeutic Inpatient Care** 

**Home Treatment Teams (Moving to CORE Fidelity)** 

**Section 136 Suite Review** 

Rehab

**Individual Placement Support** 

**MH Specialist Placements** 

- •Perinatal and Parental Infant MH
- Adult Eating Disorders
- Learning Disability, Autism and ADHD provision
- Younger adults model
- •All Age Trauma informed model

those with highest

needs

Other key developments

Transformation Learning Forum

Collaborative Leadership, Management, Governance

Lived Experience and Co-production

### 10 BIG SHIFTS





Page 349











Bigger, better lives for people with MH problems

Living well in communities achieving life goals, reaching full potential People, not service centred No exclusions base on diagnosis noose

No exclusions based on diagnosis, need or complexity. Service users co-producing care and active participants in making positive life changes Bigger & different role for VCSE and greater emphasis on unlocking and drawing on a diverse range of community assets Maximising a blended social & clinical approach

Combining clinical expertise with work to engage with social determinants

Moving toward assertive community based solutions with reimagined roles where specialist plug-in or liaison working means expertise is on tap when needed

Collaboration, integration and dissolving boundaries

between primary care, secondary care mental health, social care, VCSE organisations & housing & community services Unleashing the potential of truly multidisciplinary working

From siloed, single practitioner caseload management to strong MDT working

A dynamic and connected system

No arbitrary thresholds, repeat assessments, lack of support after discharge, handoffs or re-referrals A shift away from risk assessments and "ineffective predictive approaches" to safety planning and "positive risk taking", supported by progressive, partnership clinical ance

Staff free to use their professional judgement -

increase autonomy, foster innovation and enable partnerships to be built across health and social care.

7







For more information contact

Kez Hayat
Programme Manager for Mental Health
(Adults)
Kez.hayat@nhs.net

Jane Case
Programme Manager for Mental Health
(CYP)
<a href="mailto:j.case@nhs.net">j.case@nhs.net</a>

	Potential years of life lost from causes considered amenable to healthcare – adults								Potential years of life lost from causes amenable to healthcare CYP
OUTCOME MEASURES SYSTEM METRICS	CHD Under 75s Mortality Rate from all cardio vascular disease Under 75 mortality rate from cardiovascular disease considered preventable	Stroke (Preventable mortality)	Diabetes (Preventable mortality)	Cancer Under 75s mortality rate from cancer Under 75 mortality rate from cancer considered preventable from Cancer 1 & 5 year survival from cancers	Chronic Respiratory Under 75s Mortality Rate from respiratory disease Under 75 mortality rate from respiratory disease considered preventable	CKD (Preventable mortality)	Mental Health Premature mortality in adults with severe mental illness Excess mortality rate in adults with severe mental illness Suicide rate Deaths from drug misuse	MSK Hip fractures in people aged 65 and over	Maternal & Child Health Infant mortality rate Good Level of Development age 2.5 and 5 years
URGENT CARE Emergency admissions for ambulatory care and urgent care sensitive conditions Avoidable Hospital admissions Readmissions	Emergency MI admissions	Emergency Admissions due to Stroke		% diagnosed on A& E attendance			Mental Health Streaming A&E attendances/Emergency hospital admissions for self-harm	Emergency admission due to falls	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s Accidents & unintentional injury Emergency admissions for children with lower respiratory tract conditions
PLANNED CARE Unmet need for health care Stage of presentation, RTT waits, DNAs,)	Diagnostic waits			Cancers diagnosed at early stage Treatment within 62 days			IAPT access IAPT recovery EIP Waiting Times Inpatient admissions Out of area placements Admission episodes for alcohol related conditions		Waits LAC, CIN, CSC Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under Breast feeding initiation

COMMUNITY Independent Living among those with Multi-morbidity Health related quality of life for people with Long term conditions  Proportion of people feeling supported to manage their condition  Employment of People with Long term conditions  Health related quality of life for carers  Proportion of older people still home 91 days post discharge			Diabetes patients achieving NICE recommended targets				Employment of people with mental illness Successful completion drug treatment Successful completion alcohol treatment	Rapid response – response to falls/admission avoidance Hip fracture: proportion of people recovering to previous levels of mobility/walking ability at 30 day and 120 days	Social Prescribing Referrals % of children receiving 6-8 week review Breast feeding at 6-8 weeks New birth visits within 14 days
PRIMARY CARE Proportion of people feeling supported to manage their condition	NHS Health Checks Expected vs observed CVD registers % treated to target Referrals to Live Well Services 'Social prescribing' referrals and outcomes	Expected vs Recorded Prevalence (Missing Thousands) % achieving best care indicators Referrals to Live Well Services 'Social prescribing' referrals and outcomes	Expected vs Recorded Prevalence (Missing Thousands) % achieving best care indicators Referrals to Live well Services Preventable sight loss — diabetic disease	Screening uptake Two week waits Referrals to Live well Services 'Social prescribing' referrals and outcomes	Expected vs Recorded Prevalence (Missing Thousands) % achieving best care indicators Referrals to Live Well Services 'Social prescribing' referrals and outcomes	Expected vs Recorded Prevalence (Missing Thousands) % achieving best care indicators Referrals to Live Well Services 'Social prescribing' referrals and outcomes	Dementia diagnosis rate Dementia care plan reviewed within 12 months People with SMI received health check Referrals to Live Well Services 'Social prescribing' referrals and outcomes	Osteoporosis Screening and management Referrals to Live Well Service 'Social prescribing' referrals and outcomes	Childhood Imms LARC Tooth extractions due to decay for children admitted to hospital Child development – communication skills at 2.5 years Personal social skills at 2.5 years

POP HEALTH Smoking prevalence % classed as Overweight or obese % Physical Activity levels % Flu uptake	% achieving health goals with Live Well Service	% achieving health goals with Live Well Service	% achieving health goals with Live Well Service	% achieving health goals with Live Well Service	% achieving health goals with Live Well Service	% achieving health goals with Live Well Service	% achieving health goals with Live Well Service Self reported wellbeing	% injuries form falls in	Number of referrals into lifestyle services % children aged reception & year 6 classified as overweight or obese % physically active children Smoking prevalence at age
									Maternal smoking at time of delivery Maternal obesity Alcohol at booking Under 18s conception rate % children DMF teeth

This page is intentionally left blank