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, Geoff Little, Lesley Jones, Councillor Eamonn O'Brien, Councillor Roger Brown, Will Blandamer, Adrian Crook, Kath Wynne Jones, Ruth Passman, Sharon McCambridge, Councillor Tamoor Tariq (Chair), Dr Cathy Fines, Supt Arif Nawaz, Helen Tomlinson, James Willmott, Councillor Nathan Boroda, Councillor Tom Pilkington, Jeanette Richards and Councillor Lucy Smith

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, 8 December 2022
Place:	Teams Meeting
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 MINUTES OF PREVIOUS MEETING *(Pages 5 - 10)*

The minutes of the previous meeting held on 20th October 2022 are attached.

4 MATTERS ARISING

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.

6 ANTI-POVERTY STRATEGY UPDATE

Jon Hobday, Consultant in Public Health to provide a verbal update.

7 COMMUNITY AND PERSON CENTRED APPROACHES - COMMUNITY COLLABORATORS *(Pages 11 - 24)*

Claire Haigh from Collaborate Out Loud and Community Collaborators to present the attached reports.

8 HEALTH RELATED BEHAVIOURS - THE WELLNESS STRATEGY *(Pages 25 - 34)*

Jon Hobday, Consultant in Public Health to present the attached report.

9 HEALTH AND CARE SERVICES - CANCER *(Pages 35 - 48)*

Ian Mello, Secondary Care Commissioning Director to present the attached report.

10 WIDER DETERMINANTS - THE EVIDENCE UPDATE OF THE GM PROSPERITY REVIEW *(Pages 49 - 110)*

Will Blandamer, Executive Director of Strategic Commissioning to present the attached report.

11 OUTCOME AND PERFORMANCE UPDATE

Helen Smith, Head of Strategic Performance an Intelligence to provide a verbal update.

12 BETTER CARE FUND *(Pages 111 - 142)*

Will Blandamer, Executive Director of Strategic Commissioning to present the attached report.

13 DRAFT PUBLIC HEALTH ANNUAL REPORT *(Pages 143 - 166)*

Steven Senior, Consultant in Public Health to present the attached report.

14 GM PH BOARD FEEDBACK

Jon Hobday, Consultant in Public Health to provide a verbal update.

15 URGENT BUSINESS

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

This page is intentionally left blank

Agenda Item 3

Minutes of: **HEALTH** and Wellbeing Board

Date of Meeting: 20 October 2022

Present: Councillor T Tariq (in the Chair)
Councillors E O'Brien, R Brown and N Boroda, Helen Tomlinson - VCFA, Jeanette Richards – Director of Children and Young People, Will Blandamer – Director of Strategic Commissioning, Adrian Crook, - Director of Adult Social Care, Penny Martin - NCA, Sharon McCambridge – Six Town Housing, Lesley Jones – Director of Public Health

Also in attendance: Jon Hobday – Consultant in Public Health, Sandra Bruce – Assistant Director of Early Help and School Readiness, Helen Smith – Head of Strategic Performance and Intelligence, Elaine Radcliffe - Senior Medicines Optimisation Pharmacist, Gemma Iliadis - Integrated Neighbourhood Lead – East Bury, Cara Mullaney – Operations Manager.

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

Apologies for Absence: G Little, Nawaz and Councillor T Pilkington

---

HWB.17 APOLOGIES FOR ABSENCE

See apologies for absence noted above.

HWB.18 DECLARATIONS OF INTEREST

Councillor Tariq declared an interest in the Health and Wellbeing Board due to being a member of Oldham's Health and Wellbeing Board and a Manager of Oldham Healthwatch.

HWB.19 MINUTES OF PREVIOUS MEETING

The minutes of the last meeting held on 7 July 2022 were agreed as an accurate record and signed by the Chair.

HWB.20 MATTERS ARISING

There were no matters arising.

HWB.21 PUBLIC QUESTION TIME

There were no public questions.

HWB.22 FINAL PHARMACEUTICAL NEEDS ASSESSMENT

Elaine Radcliffe, Senior Medicines Optimisation Pharmacist reported that the Health and Wellbeing Board has a statutory responsibility to publish and keep up to date a

Pharmaceutical Needs Assessment (PNA). The PNA assessment has been produced and brought to the Health and Wellbeing Board to be agreed prior to final publication.

Elaine Radcliffe explained that the draft PNA was brought to the last Health and Wellbeing Board meeting held on 7 July 2022. Since that meeting the draft PNA was subject to a 60-day consultation period, which closed on the 13 September 2022. Five responses to the consultation were received, which all agreed with the conclusion of the draft PNA, that there were no unmet pharmaceutical needs in the borough.

Lesley Jones, Director of Public Health highlighted that there is a report within the agenda pack from a survey completed by Healthwatch, which was requested at the last Health and Wellbeing Board meeting. The survey was completed to understand patients experiences of pharmacies, with the results being generally positive.

In response to a question from Councillor O'Brien around how the assessment can be used in regeneration planning, Elaine Radcliffe explained that applications are processed through NHS England, they use the PNA document to see if it is suitable to move or close a pharmacy. A substantial change in the document would mean that the document would have to be re-written, usually the document is re-written every 3 years.

It was agreed:

1. To thank all involved in producing the PNA.
2. The Health and Wellbeing Board approve the final PNA report for publication.

HWB.23 ANTI-POVERTY STRATEGY

Jon Hobday, Consultant in Public Health provided an update on the anti-poverty strategy. The presentation highlighted the progress to date which included the creation of the anti-poverty strategy and plan, an anti-poverty steering group, a cost of living summit, warm banks, results from a GM survey and promotional work that had taken place.

In response to Councillor O'Brien's question around targeted outreach work, Jon Hobday explained that layering data will inform which areas to target, then a targeted plan can be created.

A discussion took place around using different strategies to help people who are living in poverty. Sharon McCambridge gave an example of a strategy that Six Town Housing are piloting, which includes wrap around support for a person, where all the help is in one room. Jon Hobday explained the importance of making every contact with a person count and provided an example of food banks who are excellent at providing support and guidance.

In response to Penny Martin's question around a wider strategy to inform people about opportunities, Jon Hobday explained that there is a communication strategy which is targeted in areas of deprivation and on social media. It was explained that this was an ongoing piece of work.

Lesley Jones reported that an estimated 40% of the population are projected to move into poverty and was struck by the amount of people who are providing support to others who are struggling with their own circumstances. Lesley Jones advised that people are committed and working collaboratively and questioned how evidence can be gathered to change support nationally.

HWB.24 HEALTH AND WELLBEING OUTCOMES

Lesley Jones reported that the outcome indicators that were selected for the Health and Wellbeing Board are key contributors to life expectancy and highlighted that there are lots of indicators driven by health and care but also wider determinants of health.

Helen Smith, Head of Strategic Performance and Intelligence provided the Board with an update around the progress of the health and wellbeing dashboard. New indicators have been added to the dashboard as per the NHS Operational Planning Guidance, and that in the future they plan to incorporate an inequalities drill down. Helen Smith shared a PowerPoint presentation and provided a summary of each indicator and an overview of the data. The indicators that were discussed were cardiovascular disease (CVD), cancer, mental health, stroke, diabetes, chronic respiratory, chronic kidney disease, musculoskeletal (MSK) and maternal and child health.

Lesley Jones highlighted that in terms of CVD, there is a real focus to improve the impact on primary and secondary care with an approval through Cabinet being made for £550k to invest in neighbourhood teams. The work completed around CVD will have a positive impact around strokes.

Lesley Jones informed members that there is a whole programme of works taking place in Bury around diabetes and that there will be a paper at the next Health and Wellbeing Board around the cancer work.

Lesley Jones reported that Adrian Crook, Director of Adult Social Care is leading on a piece of work around mental health and Jon Hobday in leading on the Suicide Prevention Group.

Penny Martin provided an update around frailty, where a trial took place at the hospital to create a designated area with a multi-disciplinary team to look at frailty cases rather than patients going through A&E. Penny reported that last week, 38 patients went through the trial with only 8 patients being admitted into hospital. Penny advised that the NCA would like to link the work with the virtual hospitals and will be going live with this way of working as of next week.

Lesley Jones advised of a piece of work being done through the Family Hubs which will look at a safety equipment loan scheme which will relate to the maternal and child health outcome indicator.

In response to a question from Councillor Tariq around working collaboratively, Lesley Jones suggested that at the next Health and Wellbeing Board meeting work can be showcased around a deeper level of collaboration. Lesley Jones highlighted the lessons learned from the pandemic including a deeper level of community engagement and co-production. Helen Smith reported that integrated data is being collated across the council and advised of a data management strategy, Helen explained that she doesn't want to lose the collaborative way of working that was achieved throughout the pandemic.

Councillor Brown questioned the significant drop in the data around diabetes and chronic respiratory issues in children under the age of 19.

It was agreed:

1. Lesley Jones and Helen Smith to look at the data around the significant drop in cases for diabetes and Chronic Respiratory issues.
2. To invite Collaborate Out Loud to the next Board meeting to showcase their work.
3. To have a report on the Cancer work at the next Health and Wellbeing Board meeting.

HWB.25 WIDER DETERMINANTS - COMMUNITY SAFETY AND COHESION

Helen Tomlinson, VCFA gave a presentation on community cohesion and inclusion. The presentation highlighted the work of the Community Safety Partnership, this included hate crime awareness, inclusion events and support for refugees and asylum seekers. The work of the Violence Reduction Unit was shared, the approach is community-led and has been co-designed and co-produced with young people and stakeholders in Bury East. Social prescribing and networks were highlighted as a way of connecting and collaborating and examples were given of the impact that social prescribing has had on the community and what the recent investments in the VCSE sector have achieved.

Members of the Board discussed the work presented around the barriers that some people have with local government who prefer to work with faith group, that voluntary groups are stretched, and that this was of working is vital. It was felt that giving power back to the communities was the right thing to do.

It was agreed

1. To thank Helen Tomlinson for the update.

HWB.26 HEALTH RELATED BEHAVIOUR - LET'S LIVE WELL HEALTH IMPROVEMENT FUND

Jon Hobday, Consultant in Public Health provided a report and presentation around the LET's Live Well Health Improvement Fund. The presentation highlighted how the use of the Covid funding has been used to assist recovery, improve health behaviour and reduce inequalities, whilst aligning with the wider Bury 'Let's Do It' strategy principles. There was £452K awarded to a range of different community groups; marketing and branding were developed for all project to use, and they were provided with social media packs. The results of the health improvement fund were shared, there were 12, 540 people who had engaged.

In response to Councillor O'Brien question around how to build on the work that has already taken place, Jon Hobday explained that there has been reflection on what worked well and there is now a template to support the process if any funding is provided in the future. Lesley Jones further explained that there is a proposal being developed around a neighbourhood wellness model which could be a way of ensuring that this approach continues.

It was agreed:

1. Board members to watch the video link on the presentation, which highlights the energy of community groups and the impact of the health improvement fund.

HWB.27 COMMUNITY AND PERSON CENTRE APPROACHES - IMPACT OF ETHNOGRAPHIC APPROACHES WITH CASE STUDIES

Gemma Iliadis, Integrated Neighbourhood Lead – East Bury and Cara Mullaney, Operations Manager attended the Board to provide a case study around the impact of ethnographic approaches. The presentation highlighted that by using the strength-based approach and the assets that they already have; it can make a positive impact on a person and make financial savings. There have been 4 cases studies completed which all have good outcomes.

Members discussed the case study presented and the work of the East Integrated Neighbourhood Team and reported that it is important to see case studies to highlight the

positive work being done. It was suggested that this approach needs champions to drive forward a cultural change to ensure that it becomes embedded.

It was agreed:

1. To thank Gemma and Cara for attending the Board meeting.
2. The update be noted.

HWB.28 HEALTH AND CARE SERVICES - UPDATE ON DEVELOPMENT OF THE FAMILY HUB MODEL

Sandra Bruce, Assistant Director of Early Help and School Readiness gave a presentation of the development of the Family Hub Model. The presentation highlighted that the statutory framework has a focus on preventative work with families from pre-birth through childhood.

A recent Josh MacAlister review has shown that the national picture has changed over the last 10 years, with an increase of referrals to social care, increased child protection plans and an increase in looked after children, whilst more money has been directed to specialist services and less money has ben invested into preventative services.

Sandra explained the drivers for creating the Family Hubs, which included working with the voluntary sector and wider community, building on assets and strengths in families, focusing on delivering in neighbourhoods and focusing on prevention. An update of the progress made in implementing the Family Hubs was shared.

Board members agreed that this work is collaborative and positive.

It was agreed:

1. Sandra Bruce be thanked for the update.
2. The update be noted.

HWB.29 UPDATE FROM HEALTH PROTECTION BOARD

An update report from the Health Protection Board was included within the agenda pack for information.

It was agreed:

1. The report be noted.

HWB.30 GM POPULATION HEALTH BOARD FEEDBACK

Lesley Jones, Director of Public Health updated the Board on the GM Population Health Board meetings. Lesley explained that two meetings have taken place so far and the meetings are Chaired by Geoff Little, Chief Executive. The Board undertook a deep dive inquiry into the impact of poverty on health and inequalities in Greater Manchester, a report has been attached within the agenda pack for information.

It was agreed:

1. The papers on the development of the new GM Integrated Care Partnership Strategy - will be circulated with the minutes of the meeting.

HWB.31 URGENT BUSINESS

As it was Lesley Jones' last Health and Wellbeing Board meeting as the Director of Public Health, Board members and Officers thanked Lesley for her hard work, significant input into the public health agenda and response to the Covid-19 pandemic.

COUNCILLOR T TARIQ
Chair

(Note: The meeting started at 6.00 pm and ended at 8.05 pm)

A new community led neighbourhood approach to health and care in Bury

Collaborate Out Loud

Creative Inclusion

What is this all about?

Collaborate Out Loud CIC and Creative Inclusion are working with system partners across Bury over a 12 month period to develop the foundations for community led approaches at the neighbourhood level across Bury. This work has been funded by the Greater Manchester Workforce Collaborative.

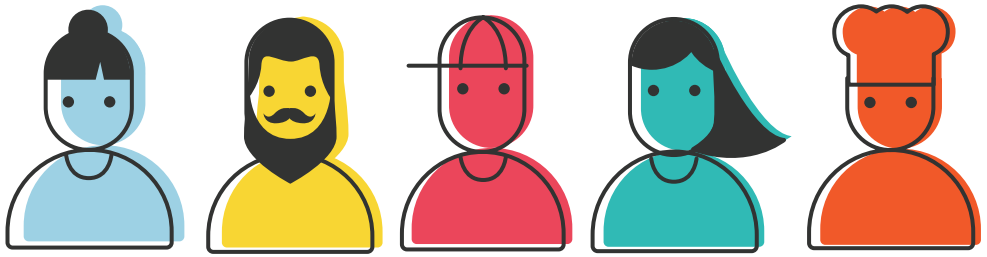
You might be thinking what is a 'community led approach'?
Here is what we mean by it:

- Alternatives to traditional 'services' that are led by the communities such as peer support groups and social enterprises
- Spaces where the voices of the many, not the privileged, are heard and no community is excluded
- Having a clear understanding of Bury's community's needs, capabilities, preferences, and which parts of the system supports and responds to which of those preferences (and which do not)
- Co-production and engagement with communities including those who do not access services as easily and regularly as other communities.
- A continuous system of support to help people stay aligned to the shared vision for Bury

We want to build on what is already strong in Bury and the great work that is being done to share power with communities, co-produce and explore different alternatives to traditional services.

These three questions are at the heart of our work:

- What can communities do for themselves (and therefore public services can step back)?
- What can communities do with support from public services (this could be spaces, funding skills or many other things)?
- What is it that communities need public services to do for them?



This works supports Bury's Let's Do It Strategy

The Let's Do It! Strategy sets out a clear ambition and delivery plan for the next 10 years. But it is not just a strategy for service improvement, it is a radical new proposition for community power; putting relationships first and creating a borough in which every single person plays their part.

The vision for Bury 2030 is built upon conversations with communities and the goal is simple: to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation.

- Let's... All play our part in local communities; with enterprising spirit; working together in a way that recognises and celebrates the assets and strengths of our communities and our residents
- Do it... by connecting everyone to the plans for economic growth and public service improvement across every township.

Why are we doing it?

Because we know it's important to work with communities to understand them and their everyday lives and then help them (where possible) find their own solutions with their communities. Too often people are done to rather than with and assumptions are made about the best solutions for people.

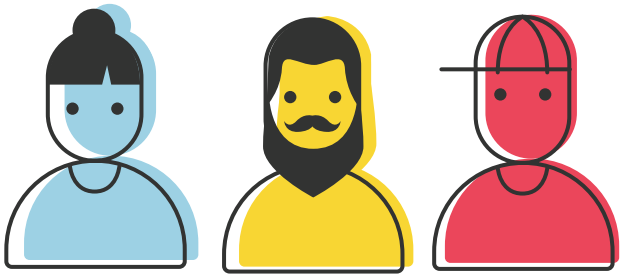
We believe if we take a neighbourhood approach to working with communities and understanding and tackling the challenges they face alongside them that this will build a stronger borough where all can thrive and have control over their lives and achievements. We want to change perceptions about different groups and communities and help those working within the system to see the human behind the challenges they face and the behaviours they exhibit. We want to create ways that people have choice and control over their lives and their health and care.

We want to continue to shift the narrative from what is wrong to what is strong and stop describing people as hard to reach and rather spend time understanding why they don't want to or can't access the services they might be being offered.

What practical things will we do?

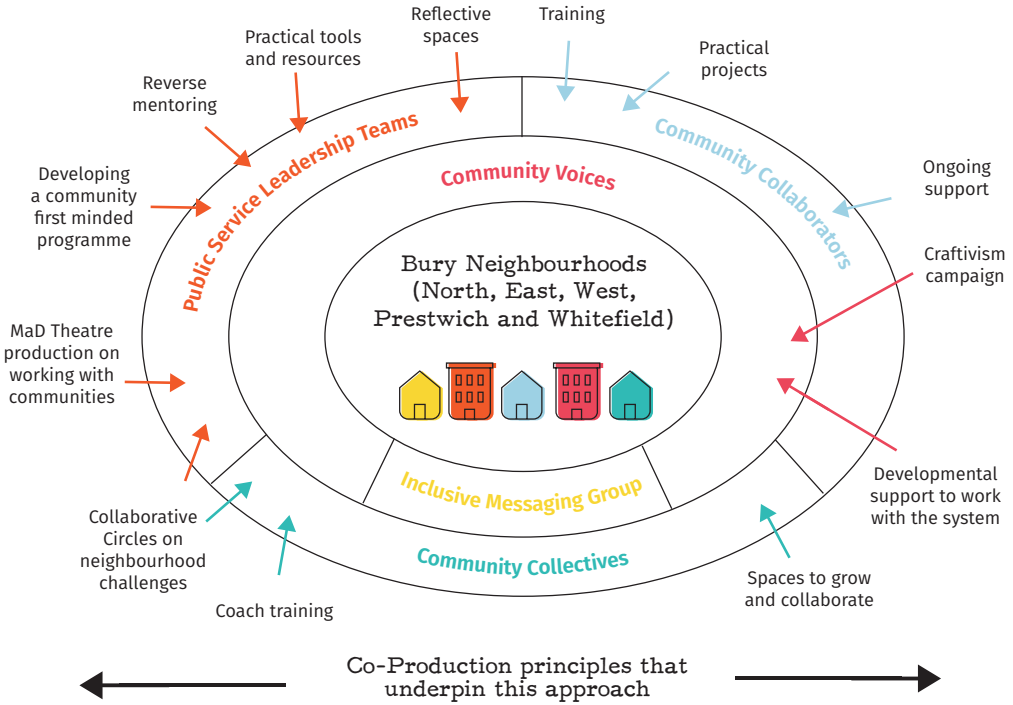
There are three key areas of work that we will deliver to make our vision a reality:

1. Support the public sector workforce to shift how it works with communities
2. Building community capacity for change and co-production
3. Holding spaces to build connections and relationships between communities and public services



The table below outlines the key activities that we will deliver with system partners in Bury across the next 12 months (July 2022 to June 2023)

Supporting the public sector workforce to shift how it works with communities	Spaces to build connections and relationships between communities and public services	Building community capacity for change and co-production
A Co-production/design process to sense check the proposed structure and tweak/change elements were necessary		
Visually capture the journey, learning, and themes as we go		
Reverse mentoring – senior leaders committing time to understanding members of communities of place and identity in Bury (A critical friend perspective, providing support and challenge)	Establishing Bury Community Voices that has diverse voices and can help to shape all elements of this work alongside system.	Support emerging community collaboratives in each of the 5 neighbourhoods to develop and work with public services through facilitated development workshops and skills development activities
Developing a community first mindset development programme for neighbourhood teams	Develop an inclusive messaging group	The training of a further group of community collaborators, starting with communities not fully represented in the first cohort (e.g. BAME, Jewish and Polish communities) and working with them on their terms.
MaD Theatre Production to explore the impact of different ways of working with communities	Training and support for everyone entering into shared spaces to enable them to get the most out of them	Developing coaching skills and capacity amongst the community
Practical tools and resources as to support the health and social workforce to co-produce with communities	Collaborative circles on neighbourhood challenges to utilise the strengths of all parties in creating new ways of working (bring people together to problem solve that would not normally be brought together)	Bury Craftivists will work alongside a group of people who don't engage with mainstream services to help them articulate how their trust could be repaired and restored
A reflection space for the senior leadership team to listen to people's experiences of the work and enable changes that will catalyse new ways of working.	A set of principles for co-producing with communities that can be spread beyond the neighbourhood teams	Dedicated community collaborator support in each neighbourhood to help work through the day-to-day challenges that this work will encounter.
Momentum and sustainability of activities beyond the 12 month funding		
Evaluation report and video		
GM Wide learning and sharing spaces (events) and resources		



What are we hoping to achieve?

We know that in 12 months we can't change everything. We can though build on the great work that has already done and work towards a different way of communities and those in formal power working together.

Here are the outcomes we are working towards:

- Increased awareness, capability, confidence, and capacity with the health and social workforce to co-produce with communities
- Stronger connections and relationships between communities and public services which are based on trust
- Ongoing accessible spaces for dialogue and change between the workforce and communities
- Increased community capacity to co-produce what is needed with public services
- A strong understanding at each neighbourhood level of the strengths of that community, and where they need to help, and where they need to step back
- An increased confidence and understanding around engaging with diverse groups across the neighbourhood workforce
- The workforce knowing clearly when they need to step back and ask or allow others to lead activities
- The workforce feeling empowered to act on the issues communities want them to lead on and to make decisions in the teams who are closest to people and communities
- Service provision which better reflects the needs of the communities they serve and is fit for purpose

How you can get involved

- Share your stories and insights with us to help us shape this work
- Talk to us about the changes you want to make and how this work could help
- Challenge yourself and those in your team to take small steps towards a different way of working with communities
- Join our distribution list to receive regular updates on what we are doing

About Collaborate Out Loud CIC

Collaborate Out Loud CIC (COL) is a small social enterprise based in Greater Manchester. We are all about 'creating surprising simple and social spaces for social change and innovation'. We work with communities and public services to create spaces where diverse voices can shape the future of a place together. Our methodology for undertaking this work is underpinned by the 11 Principles of Collaborating Out Loud. These are fundamental to how we work and how we will undertake this work in a simple, surprising and social way to signal change and transformation to the Bury Council and CCG workforce.

Our values:

Surprising - we do the unexpected. This might be bringing in practice and thinking from unusual places or helping people to connect across unusual boundaries.
Social - we work out loud, share, work with others and connect with existing agendas and ideas. We lead with generosity, openness and trust
Simple - we know the world is complicated enough so we are easy to work with, straightforward and keep things as simple as we can, believing that less can be more

The eleven priciples of Collaborate Out Loud

Difference

embrace and harness the energy and magic of difference and the crowd.

Spaces

Create surprising, simple, and social spaces between the formal structures and informal networks.

Community

Spend time building a community, trust, empathy and a shared intent where people bring their wholeselves.

Democracy

Be radically transparent, democratic, and open in everything you do.

Kindness

Be social, share with generosity and kindness.

Make it real

Work on real and often complex challenges collaboratively, sense making through meaningful conversations and power sharing.

Learning

Borrow learning and thinking from anywhere and everywhere to learn collectively.

Create

Co-create solutions and ideas to tackle collective challenge.

Test

Rapidly test ideas and iterate them together using technology to enable collaboration.

Out loud

Work out loud as you go—attributing ideas and inspirations.

Spread

Spread the best ideas and encourage adoption (as well as the learning from what didn't work) far and wide.

We exist to serve those delivering, participating and accessing public services to:

- Challenge thinking, practice and leadership
- Connect the unusual suspects across different boundaries
- Create capacity and capability for change
- Co-curate our collective wisdom and nurture communities to thrive
- Co-create novel solutions that break all the rules and make a difference

About Creative Inclusion

Creative Inclusion's vision is one of local government working alongside communities to develop simple and effective ways of helping and supporting those who face exclusion, disadvantage or difficulties. We do this by:

- Engaging with communities, understanding what they want and need
- Developing an 'offer' to meet people's needs and wishes (with public services, VCSE, friends, families and carers working together)
- Co-designing the experience of accessing support and creating a community-focused mindset
- Measuring and assessing success from the point of view of service users and communities

Get in touch

Please get in touch with us if you have any questions about this work on

Hello@CollaborateOutLoud.org

@CollaborateOutLoud

#CollabOutLoud

"This work was supported by the Greater Manchester Health and Care Workforce Collaborative utilising Health Education England Workforce Development funding. The views expressed in this work are those of the author(s) and not necessarily those of Greater Manchester Health and Care Workforce Collaborative or Health Education England."

This page is intentionally left blank

Bury Out Loud - A new community led and neighbourhood approach in Bury

Background
Collaborate Out Loud CIC and Creative Inclusion are working with system partners across Bury over a 12 month period to develop the foundations for community led approaches at the neighbourhood level across Bury. This work has been funded by the Greater Manchester Workforce Collaborative (further details below).

You might be thinking what is a 'community led approach'? Here is what we mean by it:

- Alternatives to traditional 'services' that are led by the communities such as peer support groups and social enterprises
- Spaces where the voices of the many, not the privileged, are heard and no community is excluded
- Having a clear understanding of Bury's community's needs, capabilities, preferences, and which parts of the system supports and responds to which of those preferences (and which do not)
- Co-production and engagement with communities including those who do not access services as easily and regularly as other communities.
- A continuous system of support to help people stay aligned to the shared vision for Bury

We want to build on what is already strong in Bury and the great work that is being done to share power with communities, coproduce and explore different alternatives to traditional services. These three questions are at the heart of our work:

- What can communities do for themselves (and therefore public services can step back)?
- What can communities do with support from public services (this could be spaces, funding skills or many other things)?
- What is it that communities need public services to do for them?

This works supports Bury's Let's Do It Strategy
The Let's Do It! Strategy sets out a clear ambition and delivery plan for the next 10 years. But it is not just a strategy for service improvement, it is a radical new proposition for community power; putting relationships first and creating a borough in which every single person plays their part.

The vision for Bury 2030 is built upon conversations with communities and the goal is simple: to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation.

- **Let's...** All play our part in **local** communities; with **enterprising** spirit; working **together** in a way that recognises and celebrates the assets and **strengths** of our communities and our residents
- **Do it...** by connecting everyone to the plans for economic growth and public service improvement across every township.

Why are we doing it?
Because we know it's important to work with communities to understand them and their everyday lives and then help them (where possible) find their own solutions with their communities. Too often people are done to rather than with and assumptions are made about the best solutions for people.

We believe if we take a neighbourhood approach to working with communities and understanding and tackling the challenges, they face alongside them that this will build a stronger borough where all can thrive and have control over their lives and achievements. We want to change perceptions about different groups and communities and help those working within the system to see the human behind the challenges they face and the behaviours they exhibit. We want to create ways that people have choice and control over their lives and their health and care.

We want to continue to shift the narrative from what is wrong to what is strong and stop describing people as hard to reach and rather spend time understanding why they don't want to or can't access the services they might be being offered.

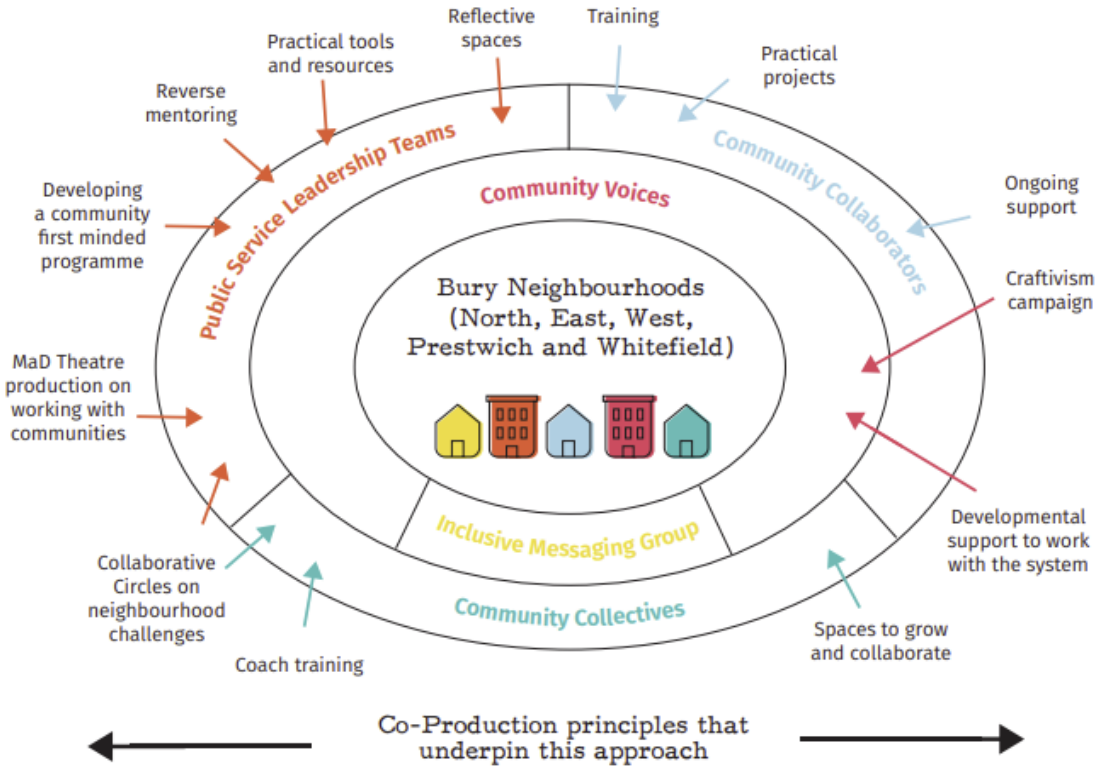
What practical things will we do?
There are three key areas of work that we will deliver to make our vision a reality:

1. Support the public sector workforce to shift how it works with communities
2. Building community capacity for change and coproduction
3. Holding spaces to build connections and relationships between communities and public services

The table below outlines the key activities that we will deliver with system partners in Bury across the next 12 months (July 2022 to June 2023)

Supporting the public sector workforce to shift how it works with communities	**Spaces to build connections and relationships between communities and public services**	**Building community capacity for change and co-production**
A Co-production/design process to sense check the proposed structure and tweak/change elements were necessary		
Visually capture the journey, learning, and themes as we go		
Reverse mentoring – senior leaders committing time to understanding members of communities of place and identity in Bury (A critical friend perspective, providing support and challenge)	Establishing Bury Community Voices that has diverse voices and can help to shape all elements of this work alongside system.	Support emerging community collaboratives in each of the 5 neighbourhoods to develop and work with public services through facilitated development workshops and skills development activities
Developing a community first mindset development programme for neighbourhood teams	Develop an inclusive messaging group	The training of a further group of community collaborators, starting with communities not fully represented in the first cohort (e.g., BAME, Jewish and Polish communities) and working with them on their terms.
MaD Theatre Production to explore the impact of different ways of working with communities	Training and support for everyone entering into shared spaces to enable them to get the most out of them	Developing coaching skills and capacity amongst the community

Supporting the public sector workforce to shift how it works with communities	Spaces to build connections and relationships between communities and public services	Building community capacity for change and co-production
Practical tools and resources as to support the health and social workforce to co-produce with communities	Collaborative circles on neighbourhood challenges to utilise the strengths of all parties in creating new ways of working (bring people together to problem solve that would not normally be brought together)	Bury Craftivists will work alongside a group of people who don't engage with mainstream services to help them articulate how their trust could be repaired and restored
A reflection space for the senior leadership team to listen to people's experiences of the work and enable changes that will catalyse new ways of working.	A set of principles for co-producing with communities that can be spread beyond the neighbourhood teams	Dedicated community collaborator support in each neighbourhood to help work through the day-to-day challenges that this work will encounter.
Momentum and sustainability of activities beyond the 12 month funding		
Evaluation report and video		
GM Wide learning and sharing spaces (events) and resources		



What are we hoping to achieve?
We know that in 12 months we can't change everything. We can though build on the great work that has already done and work towards a different way of communities and those in formal power working together. Here are the outcomes we are working towards:

- Increased awareness, capability, confidence, and capacity with the health and social workforce to co-produce with communities
- Stronger connections and relationships between communities and public services which are based on trust
- Ongoing accessible spaces for dialogue and change between the workforce and communities
- Increased community capacity to co-produce what is needed with public services
- A strong understanding at each neighbourhood level of the strengths of that community, and where they need to help, and where they need to step back
- An increased confidence and understanding around engaging with diverse groups across the neighbourhood workforce
- The workforce knowing clearly when they need to step back and ask or allow others to lead activities
- The workforce feeling empowered to act on the issues communities want them to lead on and to make decisions in the teams who are closest to people and communities
- Service provision which better reflects the needs of the communities they serve and is fit for purpose

Activity to Date (June to September)

Below is a summary of the work we have done so far organised under the three key areas of focus.

System engagement
We have spent a great deal of time and effort ensuring that we are talking to those in the formal system about this work and what is important. A key part of this work has been establishing the Bury Community Led Approaches Collective (a kind of steering group) that supports this work and is a place for problem solving, connecting and collaboration. Here is a list of the members so that you can see the breadth of who we are involving in this work. We have also met with the majority of the people in this group individually to understand their priorities for this work.

Group Membership:

- Caroline Berne, Assistant Director of Workforce at Bury LCO
- Jon Hobday, Consultant in Public Health at Bury Council
- Phil Cole, Had of Homelessness and Housing Options at Bury Council
- Ian Trafford, Project Lead, LCO PMO
- Chris Woodhouse, Strategic Partnerships Manager at Bury Council
- Matthew Kidd, Director at Creative Inclusion
- Claire Haigh, Director at Collaborate Out Loud
- Helen Tomlinson, VCFA Chief Officer
- Karen Johnson, Head of Comms and Engagement at Bury Council
- Kathy Hoyle, Community Engagement Manager and Armed Forces Lead Officer
- Warren Rafferty, Hub Team Leader at Bury Council

- Michael Phipps, Community Led Approaches to Violence Reduction
- Kimberley Partridge, Partnership Manager, Six Town Housing
- Juliet Eastham, Community Connector at Collaborate Out Loud
- Liam Johnson, Workforce Transformation Lead (OD) at Bury Council
- Lindsay Davies, Children's Partnership Development Officer at Bury Council
- Annemari Poldkivi, Research and Public Participation Coordinator at HealthWatch Bury
- Hazel Parry, Victims Services Coordinator I Bury for GMP
- Rob Lees, Director at MaD Theatre Company

Supporting the public sector workforce to shift how it works with communities

Output	Update
Reverse mentoring – senior leaders committing time to understanding members of communities of place and identity in Bury (A critical friend perspective, providing support and challenge)	We have designed the process and workshops for reverse mentoring and now moving into the awareness raising and recruitment phase of this offer.
Developing a community first mindset development programme for neighbourhood teams	We have done an awareness raising session wit the public health team at their way day where we discussed how we could work with them at a neighbourhood level and as part of the public service leadership teams at each neighbourhood. We are also meeting the INTs soon to share this offer and agree how they can be part of this. The outline of this support offer has been designed ready to do some codesign work with the neighbourhoods on.
MaD Theatre Production to explore the impact of different ways of working with communities	We are exploring how this offer links with some of the INT priorities and a meeting is taking place with the Whitefield INT lead for dual diagnosis to look at how this offer could link in with this work.
Practical tools and resources as to support the health and social workforce to co-produce with communities	We have developed a glossary of terms that are often used that need to be demystified with simple to understand definitions
A reflection space for the senior leadership team to listen to people's experiences of the work and enable changes that will catalyse new ways of working.	We have met with Lynne Ridsdale to discuss this work and how we can create these spaces and are going to meet regularly to continue to report back on this work and create a space for senior leaders to respect and respond further along the process of this work.

Spaces to build connections and relationships between communities and public services

Output	Update
Establishing Bury Community Voices that has diverse voices and can help to shape all elements of this work alongside system.	The outline narrative has been developed for this work and this will be established in January. Community conversations are currently taking place to shape this further and to ground community voices in the neighbourhood priorities.
Develop an inclusive messaging group	This will flow out of the community voices work in the new year
Training and support for everyone entering into shared spaces to enable them to get the most out of them	We are testing and developing this process through brining together Bury Council, Achieve and people who have accessed Achieve services to reflect and respond to the feedback. This will give us a process to use in other areas.
Collaborative circles on neighbourhood challenges to utilise the strengths of all parties in creating new ways of working (bring people together to problem solve that would not normally be brought together)	We have identified the following themes as aeras for collaborative circles through our work: • Dual diagnosis • The future neighbourhood model • Early years and supporting families • Homelessness and health and care
A set of principles for co-producing with communities that can be spread beyond the neighbourhood teams	The first draft of these has been created and will be shared at the next Community Led Approaches Collective for system feedback. the intention is this draft is based on the work that has already happened in Bury and they are developed and adopted over the course of this work by the neighbourhood teams we are working with.

Building community capacity for change and co-production

Output	Update
Support emerging community collaboratives in each of the 5 neighbourhoods to develop and work with public services through facilitated development workshops and skills development activities	Work has been undertaken to understand how communities are collaborating at present. Juliet who is the Community Connector for this work has been out and about meeting with people in preparation for hosting some community collaboration meetings in late November and early December.
The training of a further group of community collaborators, starting with communities not fully represented in the first cohort (e.g., BAME, Jewish and Polish communities) and working with them on their terms.	10 Community Collaborators have been recruited with a wide breadth of lived experience. The training is ongoing and many of them are already work on their community led approaches test and learn prototypes (these

	are designed alongside this work to demonstrate the impact that community le approaches can have when given support)
Developing coaching skills and capacity amongst the community	This programme has been designed and we have discussed offering this to a more formal part of the VCSE infrastructure e.g., the Community Support Network early in the new year.
Bury Craftivists will work alongside a group of people who don't engage with mainstream services to help them articulate how their trust could be repaired and restored	Design work has begun on developing a craftivist idea that can run through this work. This will be a simple craft activity that can help communities to share the difference they can make to people's lives through their actions. The working title for this work is 'A World of difference;
Dedicated community collaborator support in each neighbourhood to help work through the day-to-day challenges that this work will encounter.	Juliet in her community Connector role has been providing support at a neighbourhood level and will continue tot do this with additional support from the Community Collaborators as they finish their training programme.

Project Documentation

The following Gant Chart has been updated to show the timescales for the remaining activities. Bury GM Workforce Collaborative Gant (	This is a copy of the draft logic model for this work that is being reviewed and updated through the 12 month period Logic Model v0.3.pdf	This is a copy of the equality impact questionnaire that has been completed for this work and returned to the GM Workforce Collaborative. EIA initial screen document CoL Augu

Budget Breakdown and Spend

Below is a breakdown of the spend so far against the key budget headings.

Category	Allocation	Spend
Programme Management and support • HEE reporting and programme requirements • Hosting and managing the contract and programme (Insurance, payroll, invoice payment etc.) • Programme support	£9,000	£9,000
Staff costs • Full time Community Connector • Additional capacity for specific elements	£46,800	£12,666.67
Consultancy support • Matt Kidd • Claire Haigh • Karen Vine (Craftivism • Graphic design support • Graphic recording support • MaD Theatre • Evaluation	£40,500	£17,750
Ring fenced pots • Inclusion support • Venues and refreshments • Printing • Learning and sharing activities	£8,250	£1014
	£99,550	**£40,430.67**

Get in Touch

For further information on this report please contact
Claire Haigh
Co-Founder and Director at Collaborate Out Loud CIC
E: claire@collaborateoutloud.org
T: 07464 612 568

Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	8th December 2022
Title of report:	Wellness model proposal
Report by:	Jon Hobday (Consultant in Public Health)
Decision Type:	**For information**
Ward(s) to which report relates	**All wards**

1. Executive Summary

1.1 The paper outlines proposals for a new neighbourhood wellness model that:

- Transforms and upscales our approach to promoting wellbeing and healthy lifestyles in line with our LET's Do It! Strategy and Bury Locality Plan
- More effectively addresses health inequalities & inclusion
- Positions Bury at the leading edge of developments and our ability to lever support and resources from GM and National bodies e.g., through the GM Mayoral Commitment to 'Live Well' offer in every Borough and via the GM 'Pivot to Wellbeing' programme for leisure centres and Sport England.

2. Recommendation(s)

2.1 To support the further development of the proposal

3. Key Considerations:

3.1 Introduction / Background

3.2 This paper outlines proposals for a new neighbourhood wellness strategy & model that:

- Transforms and upscales our approach to promoting wellbeing and healthy lifestyles in line with our LET's Do It! Strategy and Bury Locality Plan
- More effectively addresses health inequalities & inclusion
- Reduces demand on services especially health & care services.
- Positions Bury at the leading edge of developments and our ability to lever support and resources from GM and National bodies e.g., through the GM Mayoral Commitment to 'Live Well' offer in every Borough and via the GM 'Pivot to Wellbeing' programme for leisure centres and Sport England.

3.2 By aligning delivery of a number of ambitions and programmes into a single 'Wellness Strategy' for Bury we have a significant strategic opportunity to pool resources and create a strong cost-effective model which is greater than the sum of its parts and has far greater impact on health outcomes and inequalities.

3.3 There are stark and unjust health inequalities not only between Bury and the England average but within our Borough linked to levels of deprivation. Overall males in Bury have a lower life expectancy than women by five years. Travelling from Sedgley Park to Radcliffe, there is nearly 17 years difference in life expectancy for men, and from Summerseat to Radcliffe the difference is nearly 12 years for the women in our borough. Furthermore, those that have the shortest lives are more likely to live a greater proportion of their lives in ill-health. This is unacceptable and we need to change the headlines. The gap in life expectancy and healthy life expectancy is driven by premature mortality in several long-term conditions which are largely preventable through healthier, more active lifestyles. Our current approaches are not having sufficient impact at the necessary pace.

3.4 The proposed wellness strategy is forged on a Team Bury approach with active ownership by communities and all Team Bury partners. It will be a key enabler of the Let's Do It strategy supporting people to live healthier, more productive lives and reduce inequalities and demand on services. It is a central plank of our 'Bury Moving' Physical Activity Strategy to create a more active population which was approved by Council Cabinet in October 2019 as well as being an enabler of Thriving Communities as part of our Bury Mental Health Strategy.

3.5 The proposed model also aligns with the GM Mayoral commitment to the 'Live Well' concept and would put Bury in a strong position as a lead authority taking that initiative forward. 'Live Well' is a Mayoral commitment to "undertake a major expansion of our Live Well social prescribing offer in all 10 boroughs, with a structured offer of advice, counselling, supported exercise and activities to combat loneliness." Over the last 6 months there have been a number of conversations across Greater Manchester to build the ambition for 'Live Well'

alongside local conversations to align strands of work into a single 'Wellness Strategy' for Bury.

3.6 The proposal provides a means to support and channel delivery of the NHS Long term plan and CORE 20 Plus 5 ambitions to focus more on preventing illness and tackling health inequalities in Bury. The NHS has committed to increasing its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems. NHS England funding for these initiatives tend to be siloed leading to disjointed approaches on the ground. Our strong Place-based governance arrangements and neighbourhood working arrangements provide a unique opportunity to take a more unified and effective approach.

3.7 Furthermore, it puts Bury at the leading edge of the GM 'A Moment to Pivot from Leisure to Wellness' programme. The current Leisure service model in Bury is focused around three leisure centres where:

- There is a new Wellness Hub being developed in Radcliffe, but the remaining buildings are unappealing, old and in need of huge capital spend to keep them going
- Repairs and maintenance costs are spiralling
- Utility bills have risen sharply and are becoming unaffordable
- Membership levels and visits have not gone back to their pre covid levels and income is therefore falling
- Only 3% of the population are members of the Council run leisure facilities
- The leisure facilities struggle to attract those who are least physically active in our most deprived communities and who would most benefit.

3.8 The Pivot to Wellness Transformation Programme aims to move from a traditional transactional model of leisure provision to a more relational model focused on enabling and promoting physical activity and wellbeing. This would include a re-provision of facilities in the borough based on the Radcliffe model and greater community outreach and engagement whilst also ensuring the Council's statutory duty for provision of swimming is met.

3.9 The Radcliffe People and Community plan includes a very strong section on culture and sport which is based on the GM Moving Local Pilot. This will connect community level action to the new leisure centre and is the prototype for the Borough wide strategy.

3.10 By aligning delivery of these ambitions into a single 'Wellness strategy for Bury' we have a significant strategic opportunity to pool resources and create a strong cost-effective model which is greater than the sum of its parts and has far greater impact on health outcomes and inequalities.

3.11 Social, economic, and environmental conditions act as determinants of health and wellbeing by limiting and influencing the opportunities and decisions that

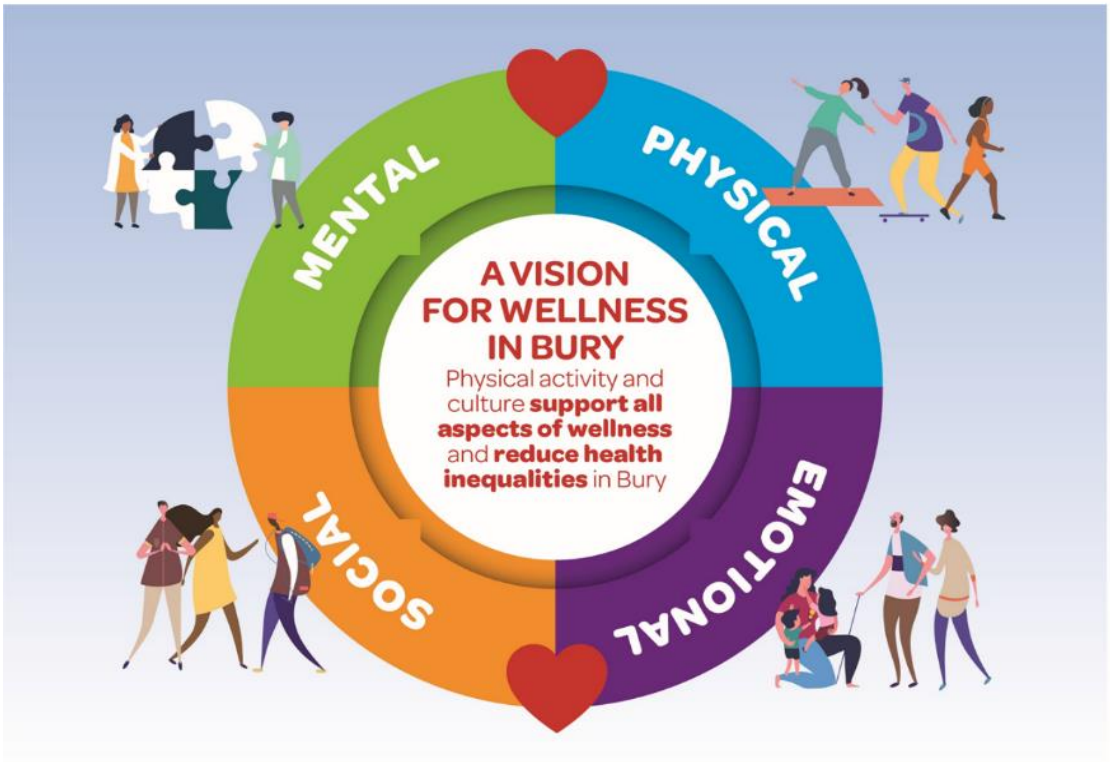
residents take, with consequences for their health and wellbeing. While the broader work to regenerate the Borough, improve employment opportunities, improve housing conditions for residents live is therefore critical for tackling health and wellbeing inequalities, so too is engaging and enabling individuals, families, and communities, investing in their agency, power, and potential to build healthy lives and places.

3.12 The proposed Wellness Strategy is forged on a Team Bury approach with active ownership by all Team Bury partners including the vibrant voluntary sector and sports club's scene. It will be embedded within townships where people live and enable lifestyle changes that will improve health outcomes, reduce health inequalities, and reduce demand and spend in other sectors, particularly the NHS and Adult Social Care. It will become a mass, community led call to action.

3.13 We want to ensure we build in the voice of the community and voluntary sector alongside health and council staff in each part of the Borough. Therefore, the model requires a whole system approach in which everyone has a stake to have the best chance of making changes happen and repurposing and building on the resources we already have including budgets, staff, volunteers, sports clubs and community assets.

3.14 The vision focuses on the positive role of physical activity in supporting and enabling all aspects of physical, social, emotional, and mental well-being. In line with the Let's Do It! Strategy, our new vision for wellness in Bury asks:

- What are or could communities be doing for themselves?
- What are or could communities be doing for themselves with support?
- What things do communities need public services to do for them?



3.15 Rooted in neighbourhoods, the wellness model uses all the talents and facilities of the wider place. The shift in emphasis is based around development of local eco systems within townships that are bespoke to that place and based on the social networks, physical assets and facilities and community assets (people and organisations).

3.16 We would look to develop six wellness eco-systems:

3.17 The model very much draws on the learning from the 'I Will if You Will' programme, the evalution of the neighbourhood health improvement grants and the GM Moving local pilot in Radcliffe.

3.18 At the heart of each eco-system will be a Township/Neighbourhood Wellness Team working in collaboration and synergy with others such as the Beacon Social Prescribing Service, Community Collaborators, the Staying Well team & PCN Health & Being Coaches. Their role will be to both to directly support residents improve their health wellbeing, resilience and social connections through physical activity and to act as 'eco-system developers' by connecting, spreading, developing and amplifying interventions, working to unblock system barriers, support training and development to build skills and capacity across the eco-system, facilitating evaluation and research to build and apply the evidence base of effective ways of working, deveoping funding and commisioning practices to move resources closer to communities, developing relationships with new partners e.g. private sector and national bodies.

3.19 It is anticipated that within each eco system there would be an appropriate mix of both universal and targetted interventions designed to meet the needs of specific communities living within our six townships. The initial outline of what these interventions might look like have been co-designed in the stakeholder workshops.

3.20 Universal approaches

3.21 Targeted approaches

3.22 In addition, the workshops pointed to the need to target, identify and work with those communities within neighborhoods and towns experiencing the lowest levels of physical activity and facing the greatest barriers as highlighted

3.23 The Wellness Model will work in collaboration and synergy with our Beacon Social Prescribing Service, Community Collaborators, and neighbourhood teams to develop the physical activity and well-being opportunities in each neighbourhood.

3.24 Evolved from the existing 'Live Well Service' primarily commissioned through Public Health and the existing council funded community hubs, the proposal is to redesign and further develop neighbourhood 'wellness' teams enabled by integrated borough-wide functions such as data and intelligence, communications, and social media.

3.25 They will:

- Bring specialist experience to support the wider system and promote best practice
- Organise local voluntary capacity for wellness, physical activity and sport and connect with System Partners and Ward Councillors to influence local decisions.
- Identify, connect and build relationships within their townships' communities of interest and stakeholders (e.g., Sports Clubs, Schools, Community groups etc) and feed in local knowledge, viewpoints, issues and opportunities to the wider team
- Engage with communities of identity, ethnic minority communities and faith groups to co-produce opportunities for physical activity
- Support Wellness Partners at a Township level in enabling physical activity programmes, events and development
- Lead on community engagement to support co-production of wellness activities within their Township and support in the co-production of activities bespoke to groups, communities within their Township
- Support marketing & communications of activity, learning and good news stories within their Township
- Apply the Bury Wellness Continuum approach to their work based on enabling communities to do things for themselves, enabling communities to do things with support, supporting communities in accessing direct services.
- Recognise and appreciate volunteers and connect community leaders to each other Provide technical assistance and support to build capacity and leadership

4. Conclusion

4.1 A shift towards a new neighbourhood wellness model will ensure those who experience the most significant inequalities can be effectively supported to become more active. This will be achieved through more robust engagement and co-design and will ultimately lead to better health outcomes for communities.

Community impact/links with Community Strategy

Let's Do It strategy

Bury Moving Strategy

Radcliffe people and community plan

_____

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 -

eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

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.

Equality Analysis	*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:

- Jon Hobday (Consultant in Public Health): j.hobday@bury.gov.uk

---

Background papers:

This page is intentionally left blank

NHS
Greater Manchester
Integrated Care

Health and Wellbeing Board

Bury Locality Cancer Inequalities Report

December 2022

Part of Greater Manchester Integrated Care Partnership

Presented By

Cath Tickle & Damian Aston

Health & Wellbeing Board Questions

NHS Greater Manchester Integrated Care

1. **Is the Health & Wellbeing Board assured that the gaps identified through the inequalities work have been mitigated through the Bury Cancer Inequalities Action Plan?**

2. **Will the Health and Wellbeing Board support and enable the delivery of the Bury Cancer Inequalities Action Plan across the local health and social care system and beyond?**

Introduction

NHS Greater Manchester Integrated Care

- **September 2021:** Greater Manchester (GM) Cancer Board approved a ‘GM Cancer Tackling Inequalities Strategy’.

- **Bury Director of Secondary Care Commissioning**: tasked to engage/consult with the Bury locality on cancer inequalities.

- **Approach:** Multi-Agency Engagement undertaken to co - produce a Bury Locality Cancer Inequalities Action Plan.

Summary of Key findings – Data Analysis

- **Prestwich:** highest prevalence of bowel cancer but the lowest 2WW referral rate for lower Gastrointestinal.
- **East Bury:** highest levels of lifestyle cancer risks and the lowest for bowel, breast and cervical cancer screening uptake.
- **Whitefield:** lowest 2ww lung referral rate alongside the highest incidence of lung cancer (not an outlier for smoking)
- **Whitefield and North Bury:** highest number of people aged 65 plus, age being the highest risk factor for prostate and skin cancer.

Data Limitations

- **Timeliness -** some sources of data were older than others.
- **Ward based data -** activity numbers decrease therefore activity data were used across a number of years.
- **Data sources** were not available at neighbourhood level (staging and conversion data)
- **Protected characteristics**, LGBTQ2+ data not currently available.

Bury's Cancer Inequality Action Plan (Highlights)

- **Investigate** - uptake of smoking cessation services within East Bury and Whitefield.
- **Collaborate** - neighbourhood leads to align CHD prevention work with cancer prevention.
- **Facilitate -** discussion with GM on the national Lung Checks Initiative.
- **Establish -** Communication line PCN's Cancer Care Co-ordinators and secondary care Cancer Navigators.

Current Initiatives;-

- **Prestwich** - Answer Cancer to increase bowel cancer screening.
- **East Bury** - Developing Neighbourhood Plans to increase the uptake of bowel screening (
- **PCNs**- Implementation of Cancer Care Co-Ordinator and Lung Checks

NHS
Greater Manchester
Integrated Care

Thank you

This page is intentionally left blank

Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	8th December 2022
Title of report:	Bury Cancer Inequalities Report/Position Statement
Report by:	Ian Mello Secondary Care Commissioning Director
Decision Type:	**Discussion**
Ward(s) to which report relates	**Bury Locality**

Executive Summary:

Health inequalities in cancer refer to avoidable differences in both the cancer care that people receive and the opportunities for people to lead healthier lives, free of cancer. Such inequality has been established for some time and relates in many cases to definable disadvantaged groups.

In September 2021 the Greater Manchester (GM) Cancer Board approved a 'GM Cancer Tackling Inequalities Strategy' with a clear list of actions to support the delivery of the Strategy. One of these actions is to support the GM Directors of Commissioning to engage with locality inclusion groups, with the aim of identifying and addressing variation in relation to cancer referrals, cancer screening uptake, treatment, and outcomes.

On behalf of GM Cancer Alliance's Cancer Inequalities Group, Bury Locality Director of Secondary Care Commissioning undertook an action to engage the localities Primary Care Networks and neighbourhoods with the overall outcome to co-produce

a Bury Locality Cancer Inequalities Action Plan and share any learning with The GM Cancer Inequalities Board.

Through this engagement process the Action Plan with identified themes has now been co-produced. The Plan is held by the Elective Care and Cancer Recovery and Reform Board accountable to the Integrated Delivery Collaborative Board

Recommendation(s) For Discussion only

That: The Health and Wellbeing Board and its individual members are asked to note the actions in the plan and identify opportunities to support its implementation through the Bury Integrated Care Partnership.

Key considerations:

Introduction/ Background:

Through a series of meetings, the Director of Secondary Care Commissioning and the Cancer Clinical Lead, Bury CCG agreed to start the engagement process with an inter-partnership Cancer Inequalities Workshop.

The first Workshop took place on the 22/02/2022 and attendees included delegates from Integrated Neighbourhood Teams (INT), Northern Care Alliance (NCA), Voluntary and Community Faith Alliance (VCFA), Bury Healthwatch, Bury Local Authority Public Health Team, Primary Care and Primary Care Networks (PCN) and CCG clinicians and commissioners.

The conclusion from the workshop was that East Bury is an outlier in cancer health inequalities and further work would be needed to understand the barriers of accessing cancer services. Additionally, following the initial data analysis it was agreed that a multiagency task & finish (T&F) group would carry out a deep dive into specific tumors groups.

The second workshop took place in June 2022, members were asked to ascertain current initiatives within the neighbourhoods that may be working to address the findings from the tumour deep dive by the T&F group. Following the second inequalities workshop a follow up meeting was arranged for the members to identify gaps in provision informed by the data. These gaps produced a range of agreed actions that went into the co-production of Bury's Inequalities Action Plan

Key Issues for the Board to consider:

- The colorectal data indicated that Prestwich has the highest prevalence of bowel cancer but the lowest 2WW referral rate for lower Gi.
- East Bury has the highest levels of lifestyle cancer risks such as childhood obesity, inactivity, and alcohol use.

- The lung data set showed that Whitefield had the lowest 2ww referral rate alongside the highest incidence of lung cancer.
- Prostate cancer data showed that Whitefield and North Bury had the highest number of people aged 65 plus.
- Breast cancer data indicated that East Bury had the lowest screening uptake rate but the highest incidence.
- Gynaecological cancer data also showed that East Bury had the lowest uptake of cervical screening.
- NCA provided 2WW referrals by Neighbourhood and ethnicity which did not really flag any inequalities.

Community impact/links with Community Strategy

The Cancer Inequality Action Plan will support the *Building a more inclusive borough* of the Community Strategy, where the vision for 2030 is that every member of our diverse communities feels that there is a place for them; that they are able to both be themselves and shape the community that they are a part of.

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.

Equality Analysis	*Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.*

In the development of the Inequality Cancer Action Plan an Equality Analysis wasn't required as the plan looked to identify area's of inequalities.

**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:

Damian Aston - Senior Commissioning Manager ICB NHS Greater Manchester

Damian.aston@nhs.net

Background papers:

Bury Cancer Inequalities Report '

Data sheet work shop 2.xlsx

Cancer Inequalities action plan JULY up

Cancer Inequalities Gap analysis worksh

Powerpoint slide deck Workshop 2.p

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning

This page is intentionally left blank

GREATER MANCHESTER INDEPENDENT PROSPERITY REVIEW

EVIDENCE UPDATE: REFLECTIONS

October 2022

CONTENTS

FOREWORD

Professor Diane Coyle
Bennett Institute,
University of Cambridge

This Reflections Report is a timely and welcome update of the sustained work done by researchers at the Greater Manchester Combined Authority (GMCA) – with input and challenge from many others – to understand and monitor how the economy of the city region is doing. As the report notes, this is a process that has been going on since the 2009 Manchester Independent Economic Review. That was published as the aftershocks of the financial crisis were still apparent. Since then, Greater Manchester (GM) – like the rest of the country – has experienced the headwinds of sustained austerity, the coronavirus pandemic, and now the energy and inflation shock. The winter ahead is likely to be challenging.

In this context, this report, including the commentaries from my fellow Reviewers and other experts, contains some important messages. I will highlight just four.

One is that productivity still matters, although it can seem an abstract piece of economic jargon. It is a measure of what can be got out of the resources available. Without improved productivity living standards cannot rise over time. It is all the more important to use resources well when they are scarce; and significant productivity improvements are about organising activities better and enhancing skills, rather than making cost efficiencies.

The second message is that productivity is not all that matters. The pandemic reinforced the message that health is fundamental. It has also led many people to evaluate their quality of life, with consequences for working patterns and transport.

For some young people in particular there are lasting consequences for mental health and well-being. In general, more people are more concerned about their broader well-being and the character of the place they live.

The third message is the importance of sustainability. There is rightly a focus on the net zero target. This is not only because climate change – as we have experienced with this past summer's weather patterns globally – is a massive threat, but also because there are opportunities for investment and good jobs in the net zero carbon transition. However, sustainability has other dimensions, such as access to clean air, clean water and green spaces, urban trees, and biodiversity. The need for improvements in our natural inheritance is all too evident.

Finally, this report emphasises the need for policies and decisions to connect up. All the assets available to the people of GM need to work together reinforcing each other, and all the parts of the city region must progress together. There is much more in the report, but this is the key message: **the right kind of growth, for everyone.**

Professor Diane Coyle
Bennett Institute, University of Cambridge

01. INTRODUCTION

The Greater Manchester Independent Prosperity Review (the Prosperity Review) was carried out in 2019 under the leadership of a panel of experts: Professor Diane Coyle (Chair of the Panel), Stephanie Flanders, Professor Ed Glaeser, Professor Mariana Mazzucato, Professor Henry Overman and Darra Singh.

They were responsible for commissioning studies into four areas for the city region building on the rigorous analysis undertaken for the Manchester Independent Economic Review in 2009 (MIER, 2009). These areas included: analysis of productivity, including a granular analysis of the 'long tail' of low-productivity firms and low pay; analysis of education and skills transitions; exploration of the city region's innovation ecosystems, national and international supply chains and trade linkages and sources of global competitiveness; and work to review the infrastructure needs of Greater Manchester (GM) for raising productivity, including the potential for new approaches to unlock additional investment (GMCA, 2019a).

This formed the basis for the Greater Manchester Local Industrial Strategy (LIS) (GMCA, 2019b) in 2019 which provides a plan for good jobs and growth in the city region jointly agreed by GM and UK Government. It has deployed an approach which builds on GM's economic and scientific strengths and opportunities, whilst improving the foundations of productivity. The newly refreshed Greater Manchester Strategy : *Good Lives for All* (GMCA, 2021a) provides the strategic framework detailing how the city region will create a fairer, greener and more prosperous city-region across all parts of the conurbation, it builds on the Local Enterprise Partnership Economic Vision (GM LEP, 2020) and the Living with Covid-19 Plan (GMCA, 2020a). The Prosperity Review was then updated with a report to assess the initial impacts of Covid-19, One Year On (GMCA, 2020b).

The Local Industrial Strategy is now being refreshed and we have seen significant economic developments since 2019. We have a better understanding of the large-scale disruption caused by Covid-19, (even if we are still unclear about the longer-term implications), an emerging understanding of the impact of the UK's exit from the European Union, and are now in the midst of an energy and inflation shock.

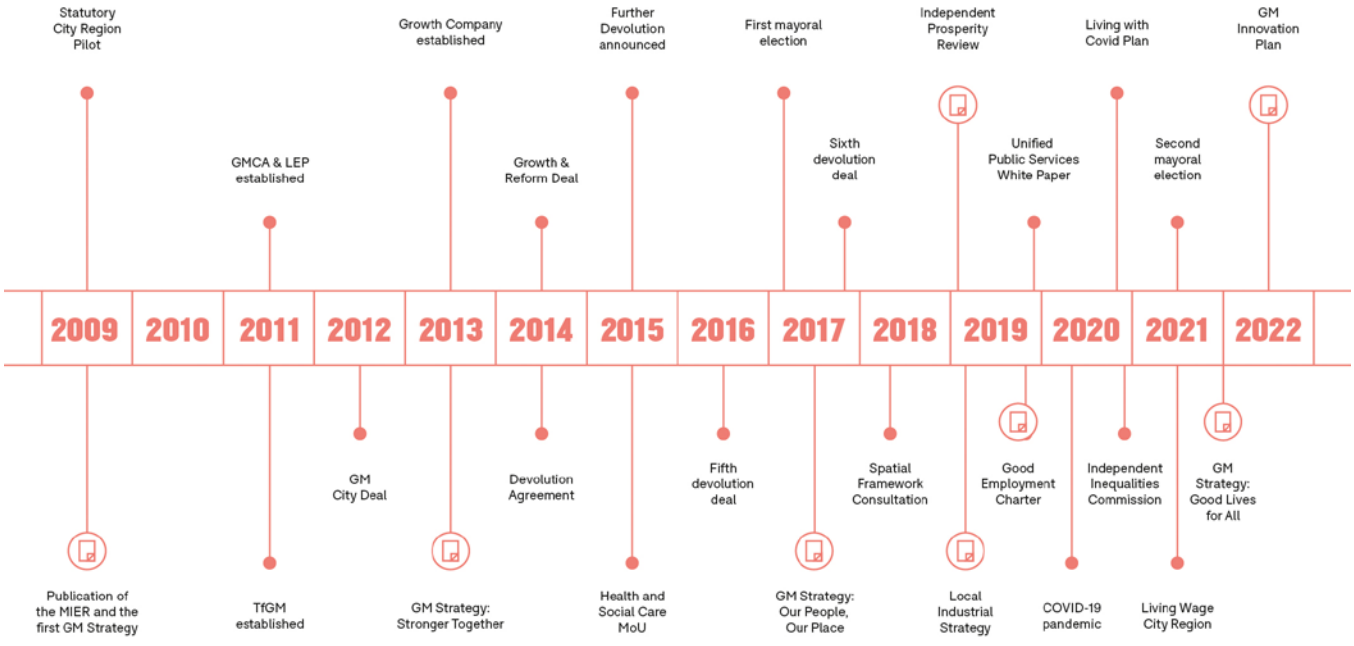
Set against this context, the Greater Manchester Combined Authority (GMCA) Research Team has returned to update the evidence base informing the Local Industrial Strategy and the Reviewers have been given the opportunity to assess that evidence, provide their insights and challenge the city region where necessary.

This evidence update explores seven inter-connected thematic areas: carbon neutrality; health inequalities; productivity and the business base; the labour market; skills utilisation and employer investment in skills; trade; and transport. The analysis is set within the context of recent changes and underlying chronic stresses.

Seven research reports covering each theme have been published alongside this Reflections Report[1]. In addition, the evidence update includes inputs from the Economy 2030 Inquiry (Resolution Foundation, 2022), together with other collaborators - Alliance Manchester Business School, the Productivity Institute University of Manchester, and Systems Science in Public Health and Health Economics Research Consortium (SIPHER)[2]. The work introduces new evidence, as well as drawing on the practical experience of the last three years.

This Reflections Report is the final paper for the evidence update. It commences with an overview of the economic context in GM including an outline of the changes and stresses to which the economy has been subjected. It then summarises the key findings and reflections from each of the research reports and includes commentary and reflections from reviewers and experts on each of these topics. A summary of key issues for a refreshed Local Industrial Strategy to consider based on the research findings and reflections is included in each section.

Figure 1: GM devolution timeline



02. ECONOMIC CONTEXT IN GREATER MANCHESTER

PRODUCTIVITY PERFORMANCE IN GREATER MANCHESTER

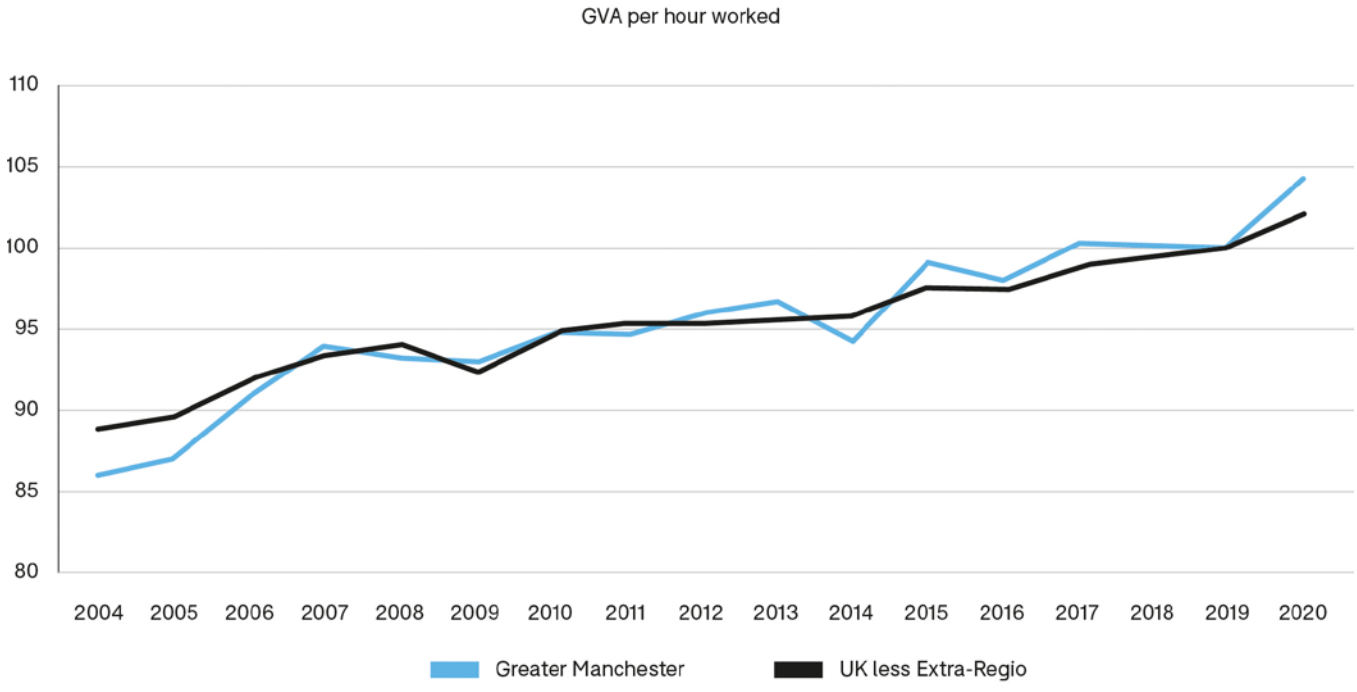
The latest productivity data, released by ONS in July 2022 highlights GM as one of the biggest improvers on productivity performance in the last ten years, with GM contributing more to UK productivity growth than all but two other International Territorial Level 2 (ITL2) areas between 2010 and 2020[3].

The chart below shows the growth of productivity in GM and the UK from 2004-2020 (with values indexed to 2019). It shows more rapid productivity growth in the years preceding the 2008 financial crisis and then a slowing down of productivity growth in both the UK and GM in the years following the crisis. In this period (2010-2020) however, in six of the years during the period 2010-2020, GM's productivity grew more quickly than the UK's.

Despite these improvements, the gap between London and the South East and GM is not closing at an aggregate level. That latest data confirms the continuation of the trend identified in the Prosperity Review that GM has productivity at approximately 90% of the UK average. This gap is substantially larger than the gap between European capital cities and their second- tier equivalents (GMCA, 2019c). Raising GM's productivity to the UK average would generate an additional £8.6bn of GVA per annum.

A further contributing factor to GM's productivity challenge is geographic variation between parts of the city region. There is a difference of £13,000 of GVA per job between GM's most productive sub- region and its least productive[4]. Raising the productivity of all parts of the city region to the GM average would create an additional £3.4bn of GVA per annum.

Figure 2: Growth of productivity in GM and UK 2004 to 2020 (values indexed to 2019)



Source: ONS Sub regional productivity

CHANGES AND CHRONIC STRESSES

Since the Prosperity Review was first written a great deal has changed. We have experienced a global pandemic and are now in the midst of an inflation and energy price shock. More is known about the long-term productivity impacts of the Global Financial Crisis – and the implications of the UK's exit from the EU are starting to become clearer. All these economic changes are underpinned by chronic stresses caused by poverty and inequality.

Changes impacting on GM's economy

Global financial crisis

GM and the UK experienced a sharp decline in productivity growth in the years following the financial crisis: annual increases in productivity shrank from an average of 1.7% for the UK and 3% for GM (2004-2007) to 0.9% for the UK and 1.1% for GM (output per hour)[5].

Poor labour productivity performance over the course of the 2010s has had a stagnating effect on household disposable incomes and this precedes the challenging period we are now in. As articulated by Andy Haldane, former Chief Economist of the Bank of England: "Productivity is what pays for pay rises. And productivity is what puts the life into living standards" (Bank of England, 2018). Increasing productivity (how much output is produced for a given input such as hour of work) is an enabler for improving living standards via higher real wages, particularly in the long run and as a necessary condition for sustainable economic growth. To ensure living standards for all are raised though, it must be supported by policy choices that ensure everyone can contribute to, and benefit from, growth.

Research by The National Institute of Economic and Social Research for The Productivity Institute quantified the impact that poor productivity performance has had on living standards with its finding that had the UK continued to grow at 2% per year over the last decade (output per hour worked)[6], it would have given each worker an extra £5,000 per year in wage rises. This equates to around 20% of average annual earnings and masks the considerable regional disparities that add up to this loss (NIESR, 2022). For residents in GM this represents a huge dent in their living standards, which will be compounded further by the price rises associated with the current cost of living crisis.

UK's departure from the European Union

The latest intelligence for GM shows that following the UK's departure from the European Union, Foreign Direct Investment has held up and whilst the number of goods exporting firms has remained relatively stable, overall values of goods exports fell in GM and nationally in the first year of the pandemic. This is supplemented by a national fall in the openness and competitiveness of UK economy. Between 2019 and 2021 UK trade openness fell by eight percentage points (compared to a two percentage point decline in France) (Resolution Foundation, 2022) and locally businesses have reported that whilst they are currently absorbing the additional costs associated with EU Exit, with rising prices of energy and raw materials, difficult decisions will soon need to be made (GM Chamber of Commerce, 2022).

Coronavirus

The global pandemic has had a significant impact on people's lives. Restrictions have now receded, but the aftermath will be long lived. It has exposed inequalities that were deeply entrenched in the city region. The urgency to address poor health outcomes and inequalities broadly in GM has grown as a result of Covid-19. A worrying trend of the pandemic has been the rise in inactivity – 20,300 more GM residents left the labour market between the end of 2019 and the end of 2021, particularly men and those with ill-health. The distribution of inactivity growth appears to be uneven across the city region. The pandemic provided new ways of working remotely particularly for higher earners, but there is limited evidence on the ultimate effect of this change on GM's economy either spatially or from a productivity perspective. Lockdowns provided real progress in carbon reduction (largely due to lack of travel), but these gains have been eclipsed as travel has opened up[7].

THE COVID-19 PANDEMIC EXPOSED INEQUALITIES WHICH WERE DEEPLY ENTRENCHED IN THE CITY REGION. THERE HAS BEEN A WORRYING RISE OF INACTIVITY AS RESIDENTS HAVE LEFT THE LABOUR MARKET

Inflation and energy shock

The inflation and energy price shock, sparked by Russia's invasion of Ukraine, has characterised much of 2022. It has been driven primarily by higher gas and fuel prices, along with a global rise in the price of raw materials and the prices of manufactured goods.. Those on the lowest incomes across the city region are worst affected as they spend a much higher proportion of their household income on essentials such as gas and electricity bills. It is estimated that about 450,000 (approx. 40%) of households in GM have a discretionary income of less than £124 per month based on a sample of data from Experian's MOSAIC[8].

THOSE ON THE LOWEST INCOMES ARE WORST AFFECTED BY THE INFLATION AND ENERGY PRICE SHOCK AS THEY SPEND A MUCH HIGHER PROPORTION OF THEIR INCOME ON ESSENTIALS.

Chronic Stresses

Poverty and inequality

ENDEMIC ISSUES OF POVERTY AND INEQUALITY ARE COMPOUNDING THE 'COST OF LIVING' CRISIS WHICH IS UNFOLDING

Endemic issues of poverty and inequality characterise the UK and GM economies. They resulted in very different experiences amongst residents in GM during the Covid-19 pandemic, and are compounding the 'cost of living' crisis which is unfolding today.

Evidence from GM's Resident Survey (February 2022) shows that job insecurity is high in GM – almost a fifth of respondents said that they thought they were likely to lose their job and become unemployed in the next twelve months (GMCA, 2022a)[9]. 309,000 GM residents are in receipt of Universal Credit payments to help with living costs and 103,000 GM residents are claiming out-of-work benefits (Jobseekers Allowance plus the number of Universal Credit claimants who are required to look for work). 287,000 GM residents are claiming help towards housing costs and this figure has risen since the pandemic (November 2021) (247,000 GM residents claimed housing benefit pre-pandemic, November 2019).[10]

There are 180,000 children aged between 0-19 living in households in GM with an income below the poverty line (GMPA, 2022)[11]. Some 26% of children in GM are eligible for free school meals (approximately 121,000 children). This is five percentage points higher than the average rate of Free School Meals in England (a gap equivalent to 24,000 additional GM children) (GMPA, 2022)[12]. The GM Resident Survey (September 2022) found that over 40% of respondents have experienced at least some degree of food insecurity in the last twelve months (GMCA, 2022a)[13]. Assuming that this sample is representative of the wider GM population, this is equivalent to approximately 500,000 households across the conurbation having experienced some form of food insecurity over the last 12 months, and is a 30% increase comparing results between February and September 2022. In GM, people from racially minoritised groups are significantly more likely to have eaten less than they should have because of a lack of money or other resources, compared to the GM average (53% compared to 33%) (GMCA, 2022a).[14]

Andy Haldane
Chief Executive
The Royal Society of Arts

ADDRESSING IMBALANCES BETWEEN THE UK AND GREATER MANCHESTER, AND WITHIN GREATER MANCHESTER

The arithmetic of growth tells a very clear story at a UK and GM level. We have experienced longstanding flatlining of productivity and real pay for the last 15 years and all growth since the global financial crisis has come courtesy of an expansion of workforce rather than an improvement in the productivity of that workforce. But as a result of Brexit and Covid-19, the workforce is now contracting. This means that without a rebuild in the scale and skills of the workforce to boost productivity it is difficult to understand where future growth will come from.

The response to this challenge must come from the bottom up. This is the essence of the White Paper on Levelling Up (DLUHC, 2022). It has set out a clear blueprint for growth which is driven at the local level. Local leaders need to be empowered to deliver local plans using local agency and local knowledge as it is only at a local level that places can join up the policy dots and deliver an effective local strategy.

For these local plans to stimulate growth, greater devolution and support for skills and transport improvements is needed. Consolidated funding streams are also essential for the city region so that they can be used efficiently and effectively in the places that need them most and pivoted as intelligence and evidence emerges on the areas of highest need. Specific support for skills and the rapid acceleration of the integrated transport system proposed is key to ensure access to economic opportunities by everyone, as part of an inclusive growth plan.

The evidence gives further weight to taking a people-centred approach to local economic development. There is much further for us to go in enhancing community power and spurring community development if the large and long-standing problems afflicting the UK's left-behind communities are to be tackled. The GM Independent Inequalities Commission (GMCA, 2020c) recommended that GM creates 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. That would be a significant step in the right direction. As GM develops and looks to make its economic strategy more responsible and responsive, it should reflect on how community led approaches can be brought into the forthcoming economic strategy more fully.

03. SUMMARY INSIGHTS

This latest update of the Prosperity Review evidence base explores seven inter-connected thematic areas (carbon neutrality, health inequalities, the business base, the labour market, skills utilisation and employer investment in skills, trade, and transport) set within the context of the major changes and chronic stresses which have affected the economy, as summarised in the previous section.

Each thematic area is the subject of a research paper published alongside this Reflections Report, which can be found at https://www.greatermanchester-ca.gov.uk/what-we-do/economy/greater-manchester-independent-prosperity-review[15]. This section sets out a summary of the main messages from each research paper. A box at the end of each summary highlights the key issues raised by the research for a refreshed Local industrial Strategy to consider.

CARBON NEUTRALITY

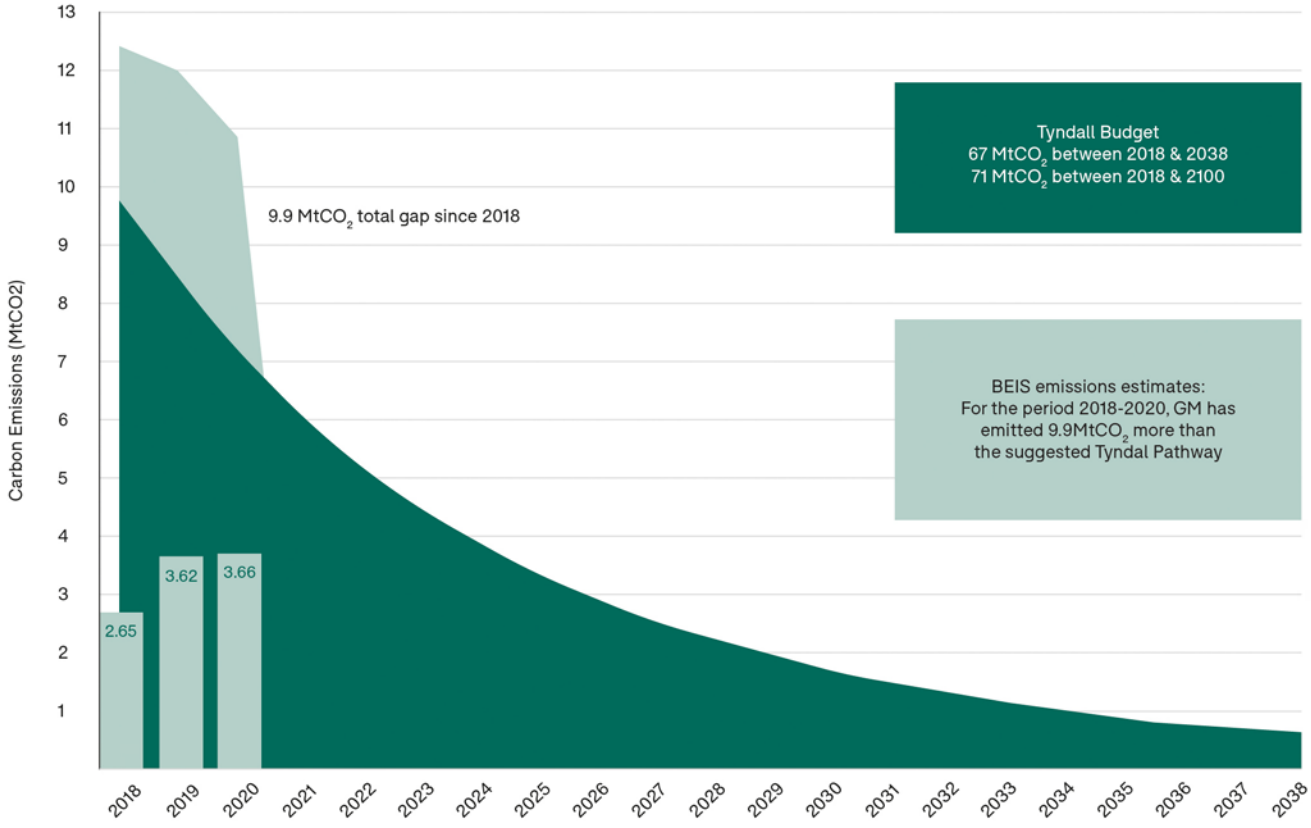
Looming over the other developments referred to in this report is that of the climate emergency. The 2019 Prosperity Review described GM's carbon neutrality ambition as impressive and the right thing to do based on climate change evidence, whilst also creating opportunities for innovation, improved resource efficiency and the development of new industries, However, it also said that the challenges it creates should not be underestimated (GMCA, 2019a). The target to be carbon neutral by 2038 is a science-based target that recognises the city-region's 'fair and equitable' contribution towards international climate agreements (GMCA, 2019d, Kuriakose et al. 2018). Since then, the signs of the climate crisis are becoming more evident in extreme weather events, such as more frequent floods and sudden heatwaves.

Progress to date against the 2038 carbon budget (set at 67 million tonnes carbon-dioxide ($MtCO_2$) for the period 2018-2038) is shown below. Since 2018, GM's emissions are cumulatively 9.9$MtCO_2$ above where they should be against the budget. **On present trajectories, analysis has shown that GM is only four years away from using up this carbon budget unless rapid reductions in emissions are achieved, especially in how we heat our buildings and transport ourselves (totalling 71% of current emissions)[16].**

To maximise the chances that carbon neutrality can be achieved, it will be necessary for the transition to be embedded into a coordinated and system-wide policy approach that stimulates increased and well-targeted investments across innovation, infrastructure and skills.

Whilst climate change is a global problem, the solution will require local action. Research by Innovate UK and PwC has highlighted the value of a 'place perspective' with regard to decarbonisation: **the adoption of low-carbon measures based on local characteristics, needs and opportunities requires far less investment and results in nearly double the energy savings and social benefits** (compared with a place-agnostic approach) (Innovate UK, PWC, 2022). Local city region action also recognises the need for a '**fair' allocation of responsibility for action and investment for different areas** – as well as galvanising a wide variety of actors around an agenda that is going to involve momentous adaptation for cities.

Figure 3: GM's carbon emissions (since 2018) compared to the suggested pathway to a carbon neutral city-region in 2038. Dark green represents budget from the Tyndall Centre, and actual emissions estimates from BEIS (2020)



Source: BEIS Local Authority Emissions Estimates 2020 (2022 data). Dark green shows the Tyndall Budget for Greater Manchester (2018-2038); the light green area shows the current gap between GM's cumulative emissions (2018-2020), and the suggested Tyndall budget); and the light green columns show the in-year gap between emissions and suggested carbon neutral pathway

Estimates of **the scale of investment needed for GM to reach carbon neutrality by 2038 in relation to the energy system alone have been put at £64 billion**[17] (with approximately 70% of this being required under `business as usual' activity, regardless of carbon reduction efforts). Of this, almost £6 billion will be required by 2025. Yet only 10% of this is within direct public sector control. A further £4.6bn will be the responsibility of individual households and businesses (including energy costs), and the remainder funded through novel commercial models. This implies **the role of cities is as much about convening and coordinating change, and nurturing the conditions for innovation, rather than directly funding and directing it.** It is also important to remember that decarbonisation may also yield longer term cost savings, as the roll-out of more efficient, resource-respecting technologies and methods occurs.

THE ROLE OF CITIES IS AS MUCH ABOUT CONVENING AND COORDINATING CHANGE, AND NURTURING THE CONDITIONS FOR INNOVATION, RATHER THAN DIRECTLY FUNDING AND DIRECTING IT.

Think tanks, consultancies and research organisations have produced models projecting which technologies and occupations are most in scope for growth or decline as net zero carbon horizons draw closer. Whilst useful to review, these forecasts have not been majored upon in this report. Instead, much of the intelligence comes from listening to businesses, experts and stakeholders. This intelligence has shown that certain sectors appear to be more self-evidently at the frontier of climate-related change than others. Of particular importance are the decarbonisation of heat, improvements to energy efficiency and electrification. **Sectors likely to be especially prominent in the net zero carbon transition include construction (especially retrofit), transport, energy, and resource and environmental management** (GMCA, 2022b).

Skill mixes within these areas will be very profoundly reshaped by net zero carbon. Some 'brown jobs' (heavy industry, extraction etc) may eventually disappear altogether (although GM has relatively few such jobs). Others will still be essential but will see transformations in their dominant technological paradigms: mechanics will need to adapt to the gradual electrification of car transport, for example[18].

In some respects, net zero carbon reinforces the longstanding preoccupations of local policymakers. **There is a more general need for technical and digital skills, founded on high quality STEM-based learning (Science, Technology, Engineering and Mathematics).** Future innovation and adaptation to technological change depends on expanding such skills (whether green or non-green). Decades-old concerns with skills shortages in technical fields such as construction and engineering overlap with skills planning for net zero carbon.

But green skills are also likely to involve more specific - and advanced – development needs. Such skills are in addition to those generally offered by providers. An installer of low carbon heating systems, for example, will require a wider range of skills than any single trade. In these areas, shortages are compounded by **a need for curriculum adaptation.** The GM Retrofit Taskforce has found there is **likely to be a requirement for up to 8,000 additional construction workers over the next five years if existing retrofit trends continue - and they will require additional specialist training (GMCA, 2022b).**

THERE IS A MORE GENERAL NEED FOR TECHNICAL AND DIGITAL SKILLS, FOUNDED ON HIGH QUALITY STEM-BASED LEARNING (SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS).

REDUCING EMISSIONS AND REACHING CARBON NEUTRALITY BY 2038 REQUIRES INNOVATION IN TECHNOLOGY, FINANCE AND DELIVERY MECHANISMS. IT ALSO REQUIRES INVESTMENT IN RESEARCH AND DEVELOPMENT AND SKILLS TOGETHER WITH WIDER ECONOMIC AND LIFESTYLE CHANGES.

Skills provision across apprenticeships, further education and universities in GM will need to keep evolving to meet the decarbonisation challenge. But what is clear is that the Reviewers' recommendation in their 2019 report (GMCA, 2019a) – that upskilling needs to be a priority for the city region – is as relevant now as it was then. The evidence points towards the requirement for a more coherent and joined-up local skills system so that it can respond to the needs of the local employer (see the separate section on Skills utilisation and employer investment in skills). Yet this will need to recognise and account for an increasing number of other pressures on employers, such as financial constraints and supply chain costs, so that employers are able to take advantage of any upskilling provision that is put in place.

However, **there is a role for policymakers and partners in the skills system in respect of encouraging and monitoring provision.** For example, ensuring employers and providers engage with new apprenticeship standards that are relevant to net zero carbon is important to their success (examples here might be Domestic Electrician Level 3, Low Carbon Heating Technician Level 3, and Landscaping Technical Manager Level 5) (GMCA, 2022c).

Reducing emissions and reaching carbon neutrality by 2038 requires innovation in technology, finance and delivery mechanisms, as well as investment in research and development, skills development, as well as wider economic and lifestyle changes. There is a limit to what can be achieved through technocratic structures and the advocacy of new technology alone, however. In September 2022, the UK Government commissioned an independent review into how to deliver the net zero commitments whilst maximising economic growth and investment, supporting energy security, and minimising the costs borne by businesses and consumers. The review will report by the end of 2022. **There is a need for the whole economy to operate in a manner that is supportive of carbon neutrality (and wider ecological limits), whilst recognising, acknowledging and addressing various challenges to achieving a fair and just transition.**

Meanwhile, and more optimistically, keeping sight of and nurturing the opportunities of the net zero transition also remain fundamental. Technological advance, living cost reductions, new business models and methods, and, of course, an enhanced environment and climate, remain realistically attainable goals. The enhancement of our natural environment and green spaces will not just be a necessity for the city region to adapt to the climatic changes we are already experiencing, but will bring about co-benefits in addressing wider socio-environmental challenges such as poor air quality, biodiversity loss and human health and wellbeing.

Professor Henry G. Overman
Professor of Economic Geography at the London School of Economic and Director of the What Works Centre for Local Economic Growth

Anna Valero
Senior Policy Fellow, CEP and Deputy Director, Programme on Innovation and Diffusion (POID), London School of Economics

HIGH INVESTMENT TO IMPROVE PRODUCTIVITY AND ACHIEVE THE NET ZERO TRANSITION

Carbon neutrality alone is not a silver bullet for reversing the UK's economic stagnation and addressing inequalities. Domestic implementation of climate policies and targets will not necessarily lead to domestic economic benefits or ensure that these benefits, and costs, are shared fairly. To help achieve these objectives, the transition must be embedded into a coordinated and system-wide policy approach that stimulates increased and well-targeted investments across innovation, infrastructure, and skills.

If done right, GM and the UK could see higher living standards, and better health and wellbeing, underpinned by businesses innovating and adopting cutting-edge clean technologies and practices fit for the mid-21st century.

This will not happen without significant investment. The Interim Report of The Economy 2030 Inquiry (Resolution Foundation, 2022) argues that the 2020s need to be a high investment decade if the UK wants to improve its productivity and achieve the net zero transition. Not only is such investment needed to address the challenges to come, but also to address years of low investment across the UK. Historically low levels of investment by consecutive UK governments and by UK firms in new technologies, process innovation, people, Intellectual Property (IP) and management practices play an important part in explaining the UK's poor productivity compared to the G7. And differences in these investments across areas also play a role in explaining differences between the north and south of the UK. Historically, arguments about spatial disparities have focused on public sector investment but the Economy 2030 report highlights the crucial importance of better understanding and stimulating private sector investment, particularly in intangible capital. Newly available experimental data from the Office for National Statistics provide an opportunity to learn more – and the GMCAand the What Works Centre for Local Economic Growth are currently working together to see how this data can further our understanding.

What we already know is that seizing opportunities relating to the UK's specialisms in clean technologies could generate increased investment and national and regional growth opportunities. Analysis of patent data shows that, although patents – as with R&D activity more generally – tend to be concentrated in the 'golden triangle' of Oxford, Cambridge and London, areas outside these regions tend to be more specialised in clean technologies. Similar patterns occur for firms providing net zero-related goods and services.

There are also interesting – and, for a government wishing to redistribute R&D spending and 'level up' the country, helpful – geographic patterns in the return on investments in clean innovation. Investments in certain clean technologies, such as tidal and offshore wind, generate relatively high national economic returns. But notably, investments in such areas in less innovation-intense regions generate strong returns for those regions (and little leakage). Local initiatives, such as Innovation GM, can play an important role in identifying local strengths and coordinating local partners to take advantage of these.

While some of this investment will need to be in physical and intangible capital, complementary investment in people and skills is urgently needed to improve labour market outcomes for individuals, and productivity and growth in firms – including stimulating the invention and diffusion of new clean technologies and ensuring that new "green jobs" are available to all. In the absence of this investment the potential economic benefits of the net zero transition are unlikely to go those that need them most.

Finally, encouraging this investment needs a long-term strategy – both for the UK and for local areas such as GM – to aid coordination and reduce the uncertainty that can be so damaging to private sector investment.

Carly McLachlan
Professor of Climate and Energy Policy, University of Manchester Tyndall Centre

A STEP CHANGE IS NEEDED TO EMBED ZERO CARBON IN ALL THAT WE DO

There is much activity and collaboration in GM driven by accelerating the delivery of emissions reductions, enhancing our resilience and our prosperity. However, progress is too slow: our emissions reductions in 2020 (the latest year of data) rely heavily on decarbonisation of the national grid and seem likely to bounce back to some extent following the end of Covid-19 restrictions. To really make progress we need to approach this as a process of transformation. It's not just about infrastructure, but in how we think about and embed zero carbon in all that we do. This is a mindset change that we must support and challenge each other to embed across GM, affecting the way we think about things like planning, priorities, decision-making, trade-offs, co-benefits, payback, value and justice.

The challenge is significant, but work that has taken place over many years across different stakeholder groups in GM makes us well placed to make this step-change and genuinely lead the transformation nationally. But make no mistake, this is a step change. It's not more of the same, not a few tweaks, but a deep, cultural shift in how we decide on priorities and how we deliver on them, how we challenge the status quo and long held assumptions. We will need to continue to work with other cities and local authorities to share what works, and importantly, what doesn't. We must also evidence to national government where we need support and be clear on how they can facilitate us to deliver locally, be that through businesses, local government, charities or other organisations.

Developing a thriving green economy isn't a single priority, but a cross-cutting and different way of thinking about the economy and society. It is about moving beyond pilots and trials towards rapidly scaling solutions that create value and good jobs in GM. Justice and equity are key. People across GM must be able to see, and experience, how they will live good, enjoyable and rewarding lives in our transformed city region. Significant increases in energy prices should sharpen our focus on a rapid and just transition to zero carbon and make the various benefits of doing so even clearer.

KEY POINTS ON CARBON NEUTRALITY FOR THE REFRESHED LOCAL INDUSTRIAL STRATEGY TO CONSIDER:

- While the Local Industrial Strategy published in 2019 identified low carbon as a frontier sector, the growth opportunities from decarbonisation are not yet being fully realised. Networks such as Innovation GM will have a crucial role to play in that.
- Decarbonisation needs to be accelerated and is not yet on track towards carbon neutrality by 2038. It needs to be considered in all aspects of GM's economic and business agenda.
- The transition to a decarbonised economy needs to be embedded into a coordinated and system-wide policy approach that stimulates increased and well-targeted investments across innovation, infrastructure and skills.
- Sectoral contributions to decarbonisation need to be better understood. Sectors likely to be especially prominent in the net zero carbon transition include construction (especially retrofit), transport, energy, and resource and environmental management
- There is a general need for technical and digital skills, founded on high quality STEM-based learning (Science, Technology, Engineering and Mathematics). Future innovation and adaptation to technological change depends on expanding such skills.

HEALTH INEQUALITIES

The 2019 Prosperity Review found that the interactions between poor physical and mental health and growth stand out dramatically in GM, with its analysis finding that poor health outcomes have a significant negative impact on the productivity of city regions. The Reviewers concluded that health needs to feature far more prominently in discussions of human capital, labour market participation, and productivity (GMCA, 2019a).

The evidence update has sought to assess the latest evidence on the economic impact of health inequality.

GM HAS – IN GENERAL – WORSE HEALTH THAN IS TYPICAL FOR THE UK, BUT THERE ARE SOME SIGNS OF IMPROVEMENT IN LIFE EXPECTANCY.

GM has – in general – worse health than is typical for the UK, but there are some signs of improvement in life expectancy. In parts of GM population health outcomes are far below normal expectations – especially for men. Healthy life expectancy for males in Oldham is just 56.63 years, for example - ten years below state pension age. Meanwhile, within GM, neighbouring local authorities can have sharply different health patterns. A man born in Manchester can expect to live 3.92 years less than his peer born in next-door Trafford; for women the gap is 3.36 years[19].

Prior to the Covid-19 pandemic there had been some improvement, however. A study undertaken by the University of Manchester and recently published in The Lancet, assessed the impact of the devolution of health and social care powers to Greater Manchester between 2014 and 2019. The study found that compared to similar areas elsewhere in England with similar pre-devolution trends, following devolution, life expectancy in Greater Manchester was 0·2 years (95% CI: 0·182 to 0·210) higher than expected. This figure may seem modest for an individual, but is significant when considered for the population as a whole. Another way of looking at the increase is that it was 2.2 times greater than the average change in the rest of the country between 2014 and 2019. The analysis was unable to determine the exact reasons behind the increase, but the authors suggest it might be due to "coordinated devolution across sectors, affecting wider determinants of health and the organisation of care services." (Britteon et al, 2022).

LEVELS OF DEPRIVATION IN GM WORSENED THE IMPACT OF THE COVID-19 PANDEMIC.

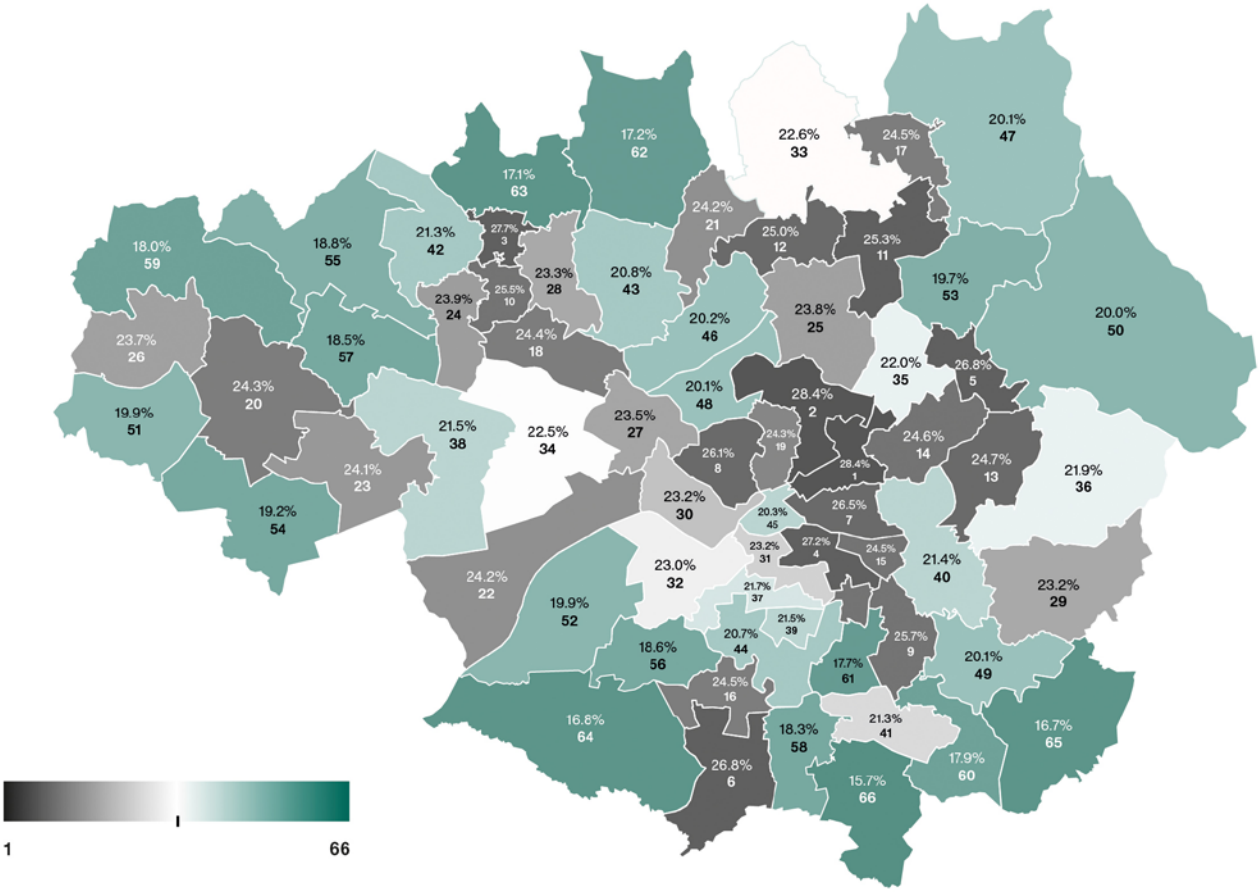
Despite these prior improvements, GM residents appear to have been more affected by the Covid-19 pandemic than other areas of the UK. **Levels of deprivation in GM worsened the impact of the Covid-19 pandemic.** Mortality ratios from Covid-19 tended to move with deprivation deciles, research has found. According to The Institute for Health Equity high Covid-19 mortality rates in GM relate to its socio-demographic characteristics, previous health status, living and working conditions and occupations, ethnicity, levels of deprivation and physical interconnectedness (M, Marmot et al, 2021)[20].

GM's productivity has been about 10% below the national average in recent years. Among the causes – explaining about 30% of the productivity gap (Bambra, Munford, Brown et al, 2018)– is lower labour market participation caused by health problems. There are very strong correlations between employment levels and health conditions. **Research found that as much as 75% of the variance in employment rates across the neighbourhoods of GM is accounted for by health (correlations for mental and physical ill-health were similar) (GMCA, 2022d).**

Improving population health and reducing health inequalities is critical to address economic under-performance in the city region. This could include continued expansion of mental health provision, and recommissioning and scaling up employment support programmes that take a health and employment approach. Further research and analysis into the extent to which perception of health (both individuals' perceptions and perhaps employers', too) acts as a barrier to employment could provide valuable insights. Such insights would help to ensure employment support programmes are tailored to address both real and perceived health issues, for example.

Increased use of tools such as those being created by the SIPHER consortium project – including the SIPHER Synthetic population, a 'digital twin' of individuals with attributes very similar to the actual population of GM – can be used for analysis, simulation and decision making. The SIPHER tools can support decision makers to optimise interventions and maximise the impacts on health, health inequalities, employment and productivity[21]. The map of the working-age population with a recent mental health issue below is an example of a synthetic population dataset. It is used here to show which neighbourhoods could be targeted for investment to drive both health and economic improvements.

Figure 4: % of working age population and neighbourhood rank where mental health had affected ability to work



Source: Modelled data sourced from University of Essex, Institute for Social and Economic Research (2022). Understanding Society: Waves 1-11, 2009-2020 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 15th Edition. UK Data Service. SN: 6614, http://doi.org/10.5255/UKDA-SN-6614-16. Map depicts % of working age population with 'Mental health meant worked less carefully (last four weeks)' ranked in order of 1 to 66 with 1 (black) being the worst performing (highest % of working age population where mental health meant worked less carefully over the last four weeks) and 66 (green) being the best performing (lowest % of working age population where 'mental health meant worked less carefully' over the last four weeks)

While the evidence in respect of the economic impact of health is of most concern to an economic strategy, the relationship runs the other way, too. Employment is a major influence on health.

In general, people in employment have better health than the unemployed. This means that the move from joblessness into work typically brings well-being improvements – at least initially. Yet the interaction is subtle. Research has found that precarious work has negative effects on mental well-being. Similarly, where employees are in poor health, this can be the trigger for reductions in the stability of employment (Gray et al, 2020).

Although greater work flexibility brings advantages for employees, these depend on who is driving the decision-making process. If the flexibility is imposed by employers, thereby removing control, this can lead to deteriorations in mental health (Joyce et al, 2010).

ONE OF THE KEY WAYS TO IMPROVING WELL-BEING IS TO INCREASE THE NUMBER OF PEOPLE IN HIGH QUALITY JOBS

Such findings imply that **one of the key ways to improving well-being is to increase the number of people in high quality jobs – stable, decently-paying positions where employees feel they have autonomy.** This is the objective behind several current local programmes, such as the GM Good Employment Charter, the Living Wage City Region initiative, and, to some extent, programmes such as Working Well.

The operating model co-ordinated by Health Innovation Manchester[22] provides a route to supporting health and care services, as well as residents, to recover from the pandemic, by using a population health management approach. Example projects since the publication of the Local Industrial Strategy include the development of the GM Care Record into a digital asset with the potential to tackle health inequalities and transform care.

The health and care system in GM is left with significant challenges after Covid-19 and more marked challenges than other places in England, so continued innovation will be needed to boost population health (including mental health) and recovery from the pandemic. This does however provide an opportunity to further grow the health innovation and life sciences sector across different areas of GM and to have a substantial impact on the health, wellbeing and prosperity of GM residents.

EMPLOYMENT IS A MAJOR INFLUENCE ON HEALTH.

Professor Sir Michael G. Marmot
Professor of Epidemiology at University College London, Director of the UCL Institute of Health Equity

NOT ONLY IS THERE A STRONG SOCIAL JUSTICE CASE FOR ADDRESSING HEALTH INEQUALITIES, THERE IS ALSO A PRESSING ECONOMIC CASE

There are considerable inequalities in life expectancy and health between and within different local authority areas within GM. Covid-19 has exposed differences in health outcomes amongst the population. 'Build Back Fairer in Greater Manchester' (Institute of Health Equity, 2021) evidenced that more deprived and minoritized groups had a higher Covid-19 mortality rate than white groups and that the Covid-19 mortality rate in Greater Manchester generally has been higher than the average in England.

Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case and improving health will improve economic productively and reduce the burden on public and local authority services. Action on health inequalities requires action across all the social determinants of health, including the early years, education, work, income, home and community.

We have long known for example that being in good employment is usually protective of health while unemployment, particularly long-term unemployment, contributes significantly to poor health. The nature of employment matters, too: poor quality jobs can have a detrimental effect on physical and mental health.

We at the Institute for Health Equity recommend that, as GM emerges from the pandemic, effort is focused on improving health and well-being by increasing the numbers of people in high quality jobs – stable, decently-paying positions where employees feel they have autonomy. Programmes such as the Greater Manchester Good Employment Charter, the Living Wage City Region initiative, and Working Well are making a difference, but more could be done. Interventions must also be targeted on the populations and geographies experiencing the greatest inequality.

KEY POINTS ON HEALTH INEQUALITIES FOR THE REFRESHED LOCAL INDUSTRIAL STRATEGY TO CONSIDER:

- Since the finding of the 2019 Prosperity Review that poor health outcomes have a significant negative impact on the productivity of GM, the evidence of that has only become more compelling.
- There is also a very strong correlation between employment levels and health conditions.
- Both the growth opportunities from health innovation and the economic determinants of (mental and physical) health therefore need to be embedded in the refreshed Local Economic Strategy.

THE BUSINESS BASE

The 2019 Prosperity Review concluded that GM has some world-class strengths, particularly in advanced materials and health innovation, supported by other high productivity sectors, which, if not nationally unique, remain important strengths and include: manufacturing, digital and creative industries, and professional services (GMCA, 2019e). It also found that the balance of employment had shifted towards lower productivity sectors and activities in recent years. The Reviewers therefore recommended that the issues that need to be addressed were both at the high-skill, innovative frontier and in the 'long tail' of low productivity businesses (GMCA, 2019a). Differences in productivity between firms in the same sector were in many cases more pronounced than those between firms in different sectors, so there was significant potential for productivity growth across all sectors of the economy. This report for the evidence update assesses structural change in the economy as a result of Covid-19 and summarises progress in supporting the frontier and foundational economy since 2019. **The Covid-19 pandemic caused rapid and large-scale disruption to the economy of both the UK and GM.** One finding of the Greater Manchester Independent Prosperity Review (GMCA, 2019a), was that GM's economy was 'the most diverse of any city region'. Whilst data is still emerging on the total economic impact of the pandemic and needs to be closely monitored, initial evidence suggests that state support for the economy through furlough, business grants, loans and other support programmes was effective in preventing long-term structural change to many elements of the city region's economy, thus retaining its diversity (GMCA, 2022e).

This is not to say that there have not been substantial economic impacts, but that on a range of measures these effects do not appear to be as deep and long lasting as initially feared. This is well exemplified by analysis of trends in employment by sector. Broadly speaking, the trends that were in place before the pandemic remain apparent. This includes an overarching trend towards more rapid growth in employment in service-based industries. Services jobs growth accounted for 77% of jobs growth in GM between 2015 and 2019 (+104,000 jobs)[23].

However, a close examination of the data does reveal some fluctuation in the fortunes of certain sectors. For example, counter to national trends, employment in the logistics sector shrank by 10% during the first months of the pandemic. This was largely as a result of reductions in employment in 'Passenger and Freight Transport by Road and Rail' and 'Postal and Courier activities'. Despite this trend, the number of logistics firms in GM continued to grow. Whilst these trends require close monitoring in the future, when examined in the context of overall employment volumes, they do not yet suggest a marked shift in sectoral employment in GM (GMCA, 2022e).

DESPITE THE LARGE SCALE ECONOMIC DISRUPTION CAUSED BY THE COVID-19 PANDEMIC, THE FINDING OF THE 2019 PROSPERITY REVIEW THAT GREATER MANCHESTER'S ECONOMY WAS 'THE MOST DIVERSE OF ANY CITY REGION' STILL STANDS

GREATER MANCHESTER CONTINUES TO HAVE WORLD-CLASS STRENGTHS, PARTICULARLY IN ADVANCED MATERIALS AND HEALTH INNOVATION,SUPPORTED BY OTHER HIGH PRODUCTIVITY SECTORS, WHICH, IF NOT NATIONALLY UNIQUE, REMAIN IMPORTANT STRENGTHS AND INCLUDE: MANUFACTURING, DIGITAL AND CREATIVE INDUSTRIES, AND PROFESSIONAL SERVICES

Frontier and Foundational Economy

Growth in high-skilled, high-value, high-productivity employment remains an essential priority for GM. Building on the recommendations of the Reviewers, this continues to be focused around four complementary and interconnected frontier sectors: sustainable advanced materials and manufacturing, health innovation and life sciences, digital and creative, and net zero.

A MORE SOPHISTICATED UNDERSTANDING OF SECTOR STRENGTHS HOWEVER IS NOW EMERGING. THE SYNERGIES BETWEEN THE FOUR FRONTIER SECTORS ARE BEING EXPLOITED IN CONJUNCTION WITH THE OPPORTUNITIES ARISING FROM CROSS-CUTTING TECHNOLOGY FAMILIES WITH A PARTICULAR FOCUS ON: SUSTAINABLE ADVANCED MATERIALS, ARTIFICIAL INTELLIGENCE, DATA AND ADVANCED COMPUTING, AND DIAGNOSTICS AND GENOMICS.

A more sophisticated understanding of these sector strengths however is now emerging. The synergies between these four frontier sectors are being exploited in conjunction with the opportunities arising from cross-cutting technology families with a particular focus on: sustainable advanced materials, artificial intelligence, data and advanced computing, and diagnostics and genomics.

Research has been accelerated by Innovation GM (IGM). IGM is a triple-helix partnership organisation which brings together leaders of business, universities, and public institutions to deliver the Innovation GM 2030 Vision. Linking with this Vision is the GM Innovation Accelerator pilot (a partnership activity with Government) which has a developed local innovation plan (IGM, 2022). **The Innovation Accelerator is an opportunity for local and national government and innovation agencies to work with business to co-design, deploy, and evaluate new approaches to place-based innovation**. Beyond the Innovation Accelerator, GM is seeking investment and policy support aligned with the GM Devolution Trailblazer. This would anchor and sustain the region's innovation ecosystem.

This activity sits alongside a greater focus on supporting the foundational economy. Reviewers in the One Year On report said that "a greater focus was needed to support businesses in the foundational economy in GM to adopt a sustainable footing" and this remains as relevant as ever (GMCA, 2020b). Covid-19 has also brought to bear the importance of 'foundational sectors' that provide the infrastructure for everyday life and support human needs directly.

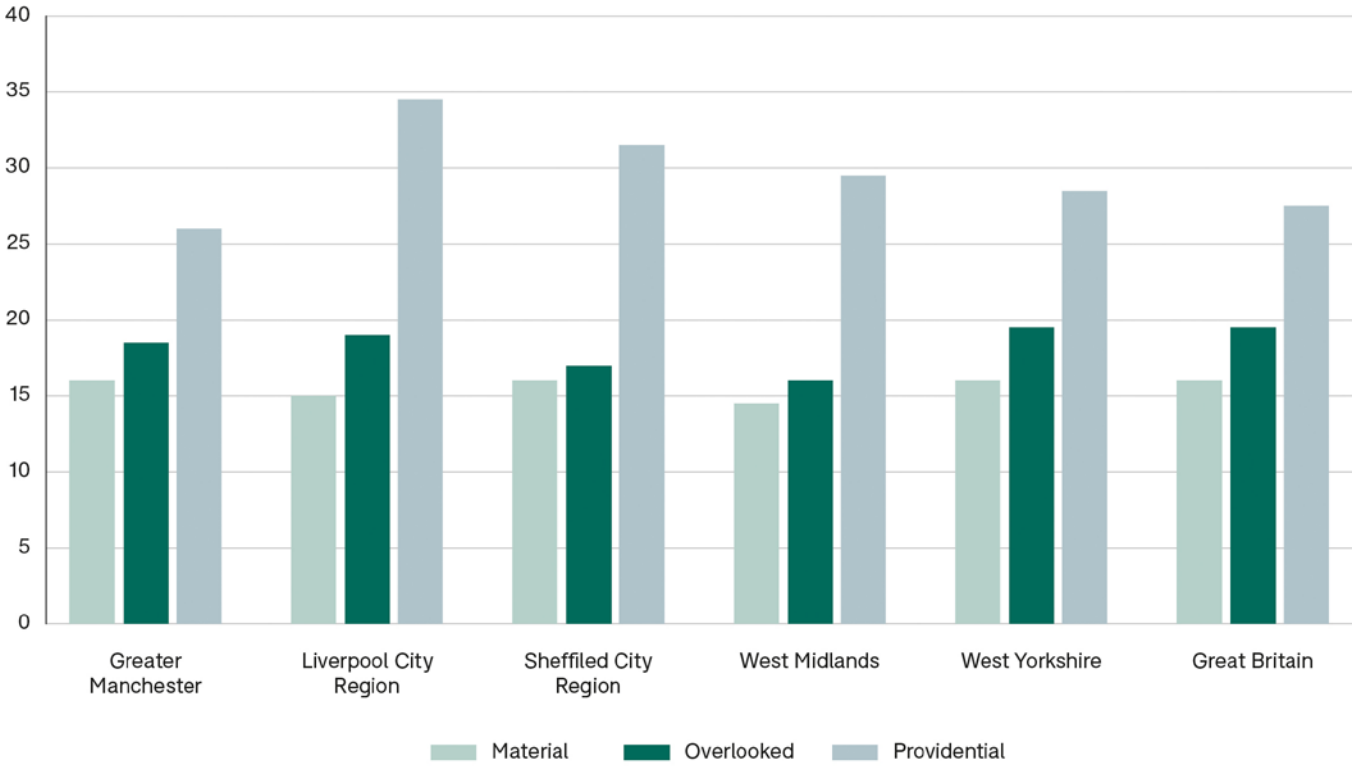
THERE IS NOW A GREATER FOCUS ON SUPPORTING THE FOUNDATIONAL ECONOMY. COVID-19 HAS ALSO BROUGHT TO BEAR THE IMPORTANCE OF THESE SECTORS THAT PROVIDE THE INFRASTRUCTURE FOR EVERYDAY LIFE AND SUPPORT HUMAN NEEDS DIRECTLY.

The definition of the foundational economy used in the Greater Manchester Independent Prosperity Review is: "that part of the economy that creates and distributes goods and services consumed by all (regardless of income and status) because they support everyday life."[24] It divides the foundational economy into two distinct categories: the material and the providential. The material includes sectors such as energy, transport, utilities and retail which connect households to daily essentials The providential includes sectors such as Health and Social Care, Education, Housing, Funerals and public administration which provide the universal services available to all citizens.

Based on this definition, 41% of the total GM workforce were employed in foundational economy jobs in 2020. This proportion fell consistently for four years from 44% in 2015 to 40% in 2019 before recovering slightly in 2020. It broadly matches that of the UK, where foundational economy employment fell from 42% of all employment in 2015 to 40% in 2019 before recovering in 2020 to 41%. GM has a lesser reliance on foundational economy employment than other comparable UK cities, including Liverpool (50%), Sheffield (49%), Leeds (44%) and Birmingham (44%).

The 'overlooked economy' including "goods and services culturally defined as essential and requiring occasional purchase, for example, a sofa or "goods and services that are socially defined as essential such as haircuts, house maintenance or a meal out" stands separate from the foundational economy but nonetheless includes services that can be considered essential. When the overlooked economy is included, GM's share of foundational economy employment rises to 61% of the workforce. A full comparison of all elements of foundational economy employment between city regions (and nationally) is provided in the chart below.

Figure 5: Percentage of employees employed in constituent elements of the Foundational Economy



Source: Business Register and Employment Survey

Few large-scale programmes exist in the city region or elsewhere that attempt to raise pay, skills, employment standards and improve services in the foundational economy. On the back of the Local Industrial Strategy, GM is developing a programme for the Foundational Economy. A key focus for any investments or support should be to learn what works, encourage experimentation and increase capacity for innovation in this underpinning part of the economy.

Location and working patterns

One area where, unsurprisingly, there does appear to have been longer-term structural change is in the adoption of hybrid working. However, the data relating to this area is relatively recent with many of the data sources having been introduced in direct response to Covid-19 and consequently not benefitting from a lengthy time series. Other sources are novel in their collection methods and therefore need to be treated cautiously as they are often not subject to the level of statistical rigour of officially produced data.

However, analysis of this data has shown that working-from-home volumes, both nationally and in GM, have settled at a level higher than observed in the period preceding the pandemic. It appears increasingly unlikely that there will be a return to the relatively low volumes of people consistently working from home prior to the pandemic. Whilst the scale of the change is substantial, working from home remains a reality for a minority of GM's workers. Workers in higher-paid, higher-skills occupations were more likely to work from home than those in the lower-paid roles[25]. Further monitoring of data is required to see if changing patterns of employment are emerging – for example, increased volumes of individuals living in GM but working further afield given the ability to undertake hybrid working.

Despite some businesses adopting a more hybrid working approach, the number of sites under construction for all sectors (office, retail, industrial and warehousing) is above pre-pandemic levels[26] and **since the 2019 Prosperity Review, key employment and business sites have been identified across GM as Growth Locations due to their distinct assets and opportunities.** As designated sites with allocated employment, transport accessibility, housing, education and skills provision, they aim to bring forward development at scale and facilitate growth across the economy, and especially within GM's frontier sectors.

GM's Growth Locations

The **North East Growth Corridor** will deliver thousands of quality jobs and new quality, low carbon homes linked to sustainable transport. Northern Gateway, Atom Valley, (1.2m sqm) is the North West's largest development site focused on high-value manufacturing and is being developed in partnership with the private sector, universities and national partners.

The **Airport and Southern Growth Corridor** aims to facilitate international business and tourism growth. Opportunities include the delivery of highspeed rail, through HS2, at the Airport and into the city centre. It also includes continued redevelopment of Stockport town centre. Health-focused employment growth is planned for development at Medipark & Roundthorn Industrial Estate and Wythenshawe Hospital, linking to mixed-use regeneration of Wythenshawe Town Centre.

The **Eastern Growth Cluster** will link the key development opportunities of Ashton Moss and St. Petersfield in Ashton Town Centre, and through the creation of a Mayoral Development Zone. The development will build upon Tameside's existing strengths in advanced materials and manufacturing of coatings, plastics and textiles and take advantage of the borough's city region leading digital connectivity. Hyde Growth Triangle will deliver over 2,000 new high-quality, low carbon homes at Godley Green Garden Village improving transport connectivity and supporting the regeneration of Hattersley and Hyde Town Centres.

The **Central Growth Cluster** will create over 90,000 new jobs with direct opportunities through the Oxford Road Corridor, Manchester Piccadilly and Salford's Innovation Triangle comprising Media City and The Quays (including future growth at Wharfside), Salford Crescent and Salford Royal Foundation Trust.

The **Western Gateway** will develop connections with the Port of Liverpool (and its Freeport status) through the development of a tri-modal freight hub at Port Salford. This will provide sustainable freight transport operations which will include rail and road links, on-site canal berths, a rail spur and container terminal. There is the potential to create 25,000 new jobs, capitalising on port and planned employment space at Carrington, Port Salford, Trafford Park and Trafford City.

The **Wigan and Bolton Growth Corridor** will deliver significant housing growth, bringing contaminated brownfield land into use facilitated by new multi-modal transport infrastructure. The development of a quality bus corridor, motorway link road and enhanced rail will connect residents with employment and skills opportunities within the boroughs and across GM. Employment growth will be driven by logistics, manufacturing (notably food) and distribution, and around 12,000 new quality homes will be created. Health innovation opportunities will be realised through the delivery of the GM Health Innovation Campus linked to the Royal Bolton Hospital.

Figure 6: Growth Locations

Business creation and type

GM has also retained its position as a strong performer on business creation compared to the national average. This has declined since the pandemic, but GM continues to outperform the UK average. Business birth rates reached a high of 119 per 10,000 working-age population in 2017 before decreasing to 93 in 2020. Over the same period, the UK average decreased from 100 in 2016 to 88 business births per 10,000 working-age population in 2020[27]. Whilst GM continues to outperform the UK average, it underwent a more rapid rate of reduction than the UK (-19% vs -12%). As the Prosperity Review found, there continue to be notable differences in business birth rates across GM's districts. Trafford had the highest business birth rate per 10,000 working age population in 2020 (115). Tameside had the lowest (61).[28]

There has been recent progress in better understanding the strengths of different business types. The Prosperity Review identified that GM has a strong voluntary, community and social enterprise sector and recent work has explored best-practice models and the extent to which GM has the necessary conditions and support mechanisms in place to allow social enterprise to thrive in the city region (GMCA, 2019a). The work has found a complex and interconnected network of support and identified the demonstration and measurement of impact as a key challenge for the sector.

Professor Richard Jones
Vice-President for Regional Innovation & Civic Engagement, University of Manchester

R&D INVESTMENT TO BOOST ECONOMIC GROWTH IN THE CITY REGION

The fundamental driver of productivity growth is innovation, which finds ways of reducing the inputs needed to produce existing goods and services, and develops entirely new, highly valued goods and services. Not all innovation arises from formal research and development, but it is striking that the UK's stagnating productivity growth follows a period in which the overall R&D intensity of the UK economy declined substantially, and that the UK's weak performance in productivity growth compared to international comparator countries is correlated with comparatively low R&D intensity.

In terms of productivity, the UK is a highly divided country. The Greater South East – London, the Southeast, parts of East Anglia – has an economy with a comparable level of productivity to other high-performing Northern European economies, but most of the rest of the country more closely resembles Southern Italy, Spain or Portugal. Moreover, the UK's large second-tier cities – Birmingham, Manchester, Glasgow and so on – instead of being drivers of the national economy, actually have levels of productivity below the national average.

It will not be possible for one corner of the nation to carry the economy of the whole country, so it should be a priority to raise the productivity of those parts that are currently lagging behind their potential – particularly the UK's large, second tier cities. This is the pre-eminent economic driver that the development of science and innovation policy needs to focus on. If the goal of "levelling up" is to increase productivity in underperforming regions, then perhaps the goals of innovation policy should include the use of applied R&D, together with other interventions to promote innovation diffusion and workforce development, explicitly to develop innovation and manufacturing capacity.

Public sector R&D investment has been used in Germany – both directly and indirectly via federal fiscal transfers to poorer states, who then choose to spend their money on R&D – to boost economic growth in regions with weaker economies. Given the well-documented correlation with increased economic growth, it is reasonable to hypothesise that this pattern of R&D investment in Germany has played a role in the economic strength of East Germany overtaking that of the North of England in the past decade[29] and, thus, in the regional inequality of GDP falling in Germany while it has risen in the UK[30].

GM's growth locations have the potential to drive investment – including business R&D – in those sectors that have the potential for high productivity growth, the frontier sectors identified in the local strategy. The sector focus for each growth location must reflect the existing business base in that place, as well as the potential for new investment there, including foreign direct investment from firms at the technology frontier. Thus the sector focus of each growth location may differ to reflect the particularities of each place, while city-wide institutional networking should connect each growth location to GM's full range of innovation assets. The goal must be to ensure that all parts of the city-region feel the benefits of innovation and the resultant productivity improvements.

The University of Manchester
Alliance Manchester Business School

INSIGHTS ON INTERNATIONAL BEST PRACTICE FOR GREEN AND JUST CITY REGIONS

The Covid-19 pandemic has highlighted the role and importance of our 'foundational sectors.' Whilst high-tech innovation in the frontier economy is necessary to overcome some of the challenges we currently experience in pursuit of carbon neutrality, innovation in our foundational economy is crucial to laying the foundations for progress to net zero carbon in everyday activities. Exploiting the interconnection between frontier and foundational sectors may be essential to a local economy that can deliver carbon neutrality and social equity. This requires a shift from adopting a purely supply-side focus to one that considers demand and collective consumption (public, households) as key levers and drivers for innovation, and from a sole focus on economic growth to a focus on supporting multiple value creation (social, economic, environmental).

Alliance Manchester Business School (AMBS) working closely with GMCA has been exploring a number of best practice case studies that exemplify good practice in the pursuit of just and green sustainability transitions. These are Amsterdam, the Basque Country and Washington DC. Amsterdam and the Basque Country represent innovative conceptual frameworks for local sustainability policymaking. Washington D.C. represents a strategic plan for the implementation of local policy initiatives. These, whilst evidently not the only places thinking about these agendas, offer valuable insights for GM, particularly with regard to the relationship and interplay between frontier and foundational sectors.

All the cases are useful illustrations of how to frame priorities, particularly in placing social equity and wellbeing centre stage. The identification of such region-specific challenges and the framing of policy priorities is key and can be done in several ways, including through participatory prioritisation, design and experimentation mechanisms such as foresight, innovation contests, living labs and hackathons.

These cases help make visible the potential trade-offs between societal and environmental objectives and values. For instance, supporting carbon neutrality may not necessarily advance social welfare. This implies that multiple policy instruments will be required to support the net zero transition and social objectives, but also that their implementation will need to be closely monitored and co-ordinated.

The importance of anchoring missions locally is apparent from the case studies. Mission-oriented policies tend to be not only biased towards frontier sectors but also to global problems, and this 'big science for big problems' approach leaves out a vast majority of people and places. Missions involving foundational sectors and local communities would be one way to embed inclusive approaches to decarbonisation.

A final lesson concerns learning from others and forming alliances that can address common problems and shape potential markets for solutions. In this report only three examples of regional economies were explored. However, other places are adopting 'just' and 'green' approaches to design their economic policies that could be explored to understand their implementation and impacts. Collaborating with cities with similar challenges and values can support policy learning, but also widen potential markets that help upscale local innovations to new places or fields of application.

KEY POINTS ON THE BUSINESS BASE FOR THE REFRESHED LOCAL INDUSTRIAL STRATEGY TO CONSIDER:

- The frontier sectors of sustainable advanced materials and manufacturing, health innovation and life sciences, digital and creative, and net zero remain crucial to driving growth and productivity in the city region.
- Understanding of the crucial role of innovation in driving productivity growth is continuing to develop, particularly through the business-led Innovation GM network. This needs to be embedded in the refreshed Local Industrial Strategy.
- The fundamental importance of the Foundational Economy is now better understood, including due to the impact of the Covid-19 pandemic. It needs to play a more prominent role in the refreshed Strategy.
- The six Growth Locations which have now been identified in GM provide a stronger basis for ensuring that the economic assets of all parts of the city region can contribute to productivity and growth.

THE LABOUR MARKET

The Prosperity Review noted the success of GM's Working Well programme and the subsequent co-commissioning of the Work & Health Programme in showing how local commissioning and integration can improve health outcomes. The Reviewers suggested that there was potential to build on this to find new approaches to improving human capital and productivity. They also recommended that the city region and government should work together to put the Work & Health Programme on a long-term footing and there should be further local control of both employment programmes and services and benefits currently delivered by the Department for Work & Pensions and Jobcentre Plus, so that they can be better integrated (GMCA, 2019a).

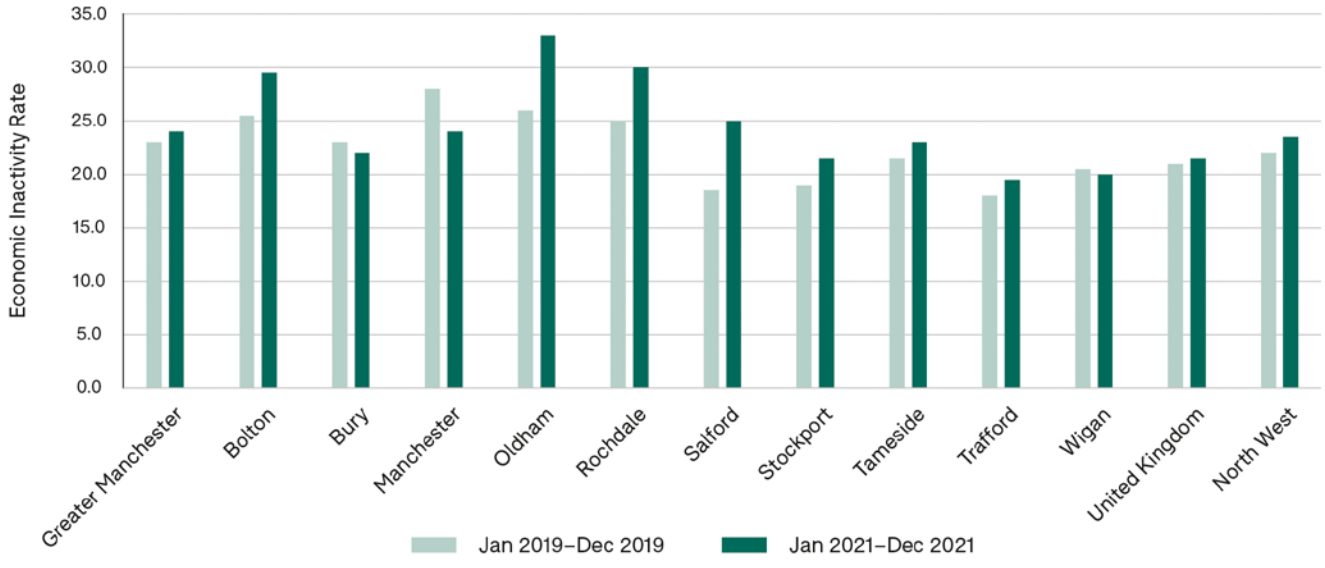
The evidence update has broadly reinforced the positions on the labour market set out in the 2019 Review.

Nationally, the focus has been on a rise in economic inactivity, as more people have stopped 'participating' in the labour market (whether through working or looking for work), often for health-related reasons. This effect can also be seen **in GM where inactivity has risen by 5% or about 20,300 people, especially among men**[31] **(compared with 2.3% nationally between the end of 2019 and the end of 2021).**

IN PARTS OF GM, NEARLY A THIRD OF THE WORKING AGE POPULATION WERE INACTIVE AT THE END OF 2021

Indeed**, in parts of GM, nearly a third of the working age population were inactive at the end of 2021 (Oldham: 32.1%; Rochdale: 30%; Bolton 29.5%).**[32] Inactivity on this scale positions some GM districts in the top 10 local areas in the UK for economic inactivity and suggests that pronounced social distress has followed the virus in hitting traditionally low-income areas (GMCA, 2022f).

Figure 7: Economic inactivity, 16-64 year olds, Jan-Dec 2019 -Jan-Dec 2021



Source: Annual Population Survey

However, what appears to be under-appreciated in the national debate on the fall-out from Covid-19 has been the scale of variation in economic effects. While some parts of GM have certainly witnessed a trend to inactivity, this is far from uniform. In GM's largest district, Manchester, economic inactivity fell but unemployment rose to high levels (8.8% in 2021). Such rates are among the highest of any UK local authority (among others, Birmingham's unemployment rate was higher at 9.4%).[33]

Some puzzles remain to be explained. For example, it is unclear why the increases in health-related inactivity should affect men more than women. But in the case of Manchester, the reason for different Covid-19 impacts for neighbouring areas may lie in population dynamics: the regional centre has a younger population than elsewhere (GMCA, 2022f).

Manchester's experience is far from exceptional, however. Around the UK, plenty of other areas have seen falls in economic inactivity – against the national trend. Among Mayoral Combined Authorities, the inactivity risers and fallers are evenly balanced. This demonstrates again the pronounced importance of a local and place-based perspective for economic policymaking.

Although the underplaying of place-based divergence regarding the labour market impacts of Covid-19 emerges strongly from research, **a more concerning feature is the questionable reliability of a good deal of labour market information.** There are wide error margins for national surveys at local authority level. In addition, different datasets tell different stories. **Administrative data drawn from the benefits system suggests a much more severe labour market fallout from the pandemic than survey data.**

Some closely watched local indicators (for example, the claimant count which measures people claiming unemployment benefits, such as Universal Credit and Jobseekers Allowance, and is more reliable for small local geographies) imply more serious joblessness flowing from the Covid-19 pandemic than the 'approved' labour market surveys. The claimant count more than doubled in the early months of 2020 in response to the first lockdown. It has fallen since but remains at a high level, suggesting ongoing socio-economic impacts[34].

Despite many worrying signals regarding the effects of Covid-19 - and therefore the preparedness of the city region for the cost of living crisis - some indicators suggest unexpected resilience. One of the more surprising after-effects was heightened employer recruitment activity. **The numbers of job adverts have repeatedly set new records.** The recruitment activity appears to be broad-based – with growth in high-paying jobs (over £50,000 a year), as well as a rise in 'mid-paying' work (the proportion of jobs paying between £20,000 and £30,000 rose from 32% to 37%).[35] All occupational levels experienced similar patterns with a fall in vacancies followed by robust growth. Labour and skills shortages flowing from the pandemic, and exacerbated by other economic changes such as Brexit, remain very apparent in late 2022.

ADMINISTRATIVE DATA DRAWN FROM THE BENEFITS SYSTEM SUGGESTS A MUCH MORE SEVERE LABOUR MARKET FALLOUT FROM THE PANDEMIC THAN SURVEY DATA.

KEY POINTS ON THE LABOUR MARKET FOR THE REFRESHED LOCAL INDUSTRIAL STRATEGY TO CONSIDER:

- A better understanding of the variations in the labour market in different parts of the city region is now developing and the refreshed Local Industrial Strategy needs to draw on that.
- The Covid-19 pandemic has led to increased inactivity – meaning people (particularly men) who have left employment but are no longer looking for work – in parts of the city region. This is likely to be related to the health impacts of the pandemic.
- There is still a significant demand for skilled labour across GM's diverse business base which is not currently being met.

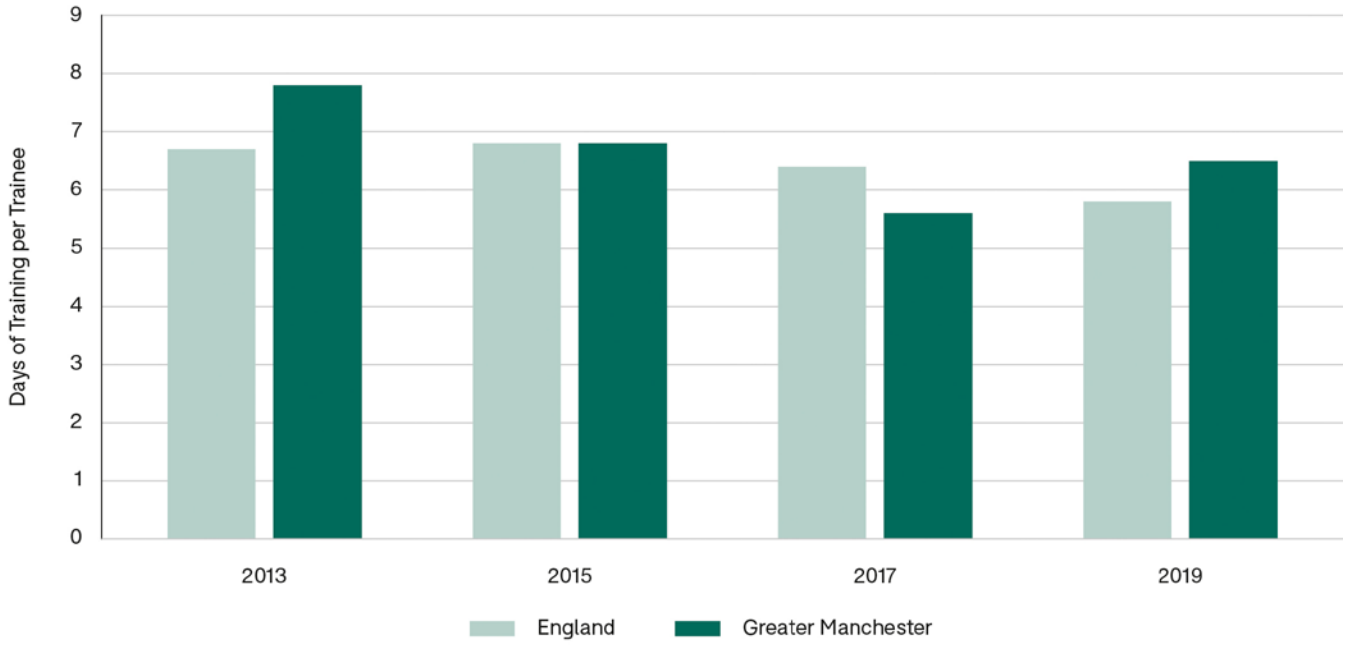
SKILLS UTILISATION AND EMPLOYER INVESTMENT IN SKILLS

Levels of skills are often cited as a driver of productivity and the findings of the 2019 Prosperity Review again highlighted this. It also noted that **differences in higher-value employment and the utilisation of skills appear to be the most important factors driving differences in local economic performance (GMCA, 2019c).** Employers need to be able to put the newly-developed skills to good use and be fully committed to further growing and refining the skills of their workforce in the light of technological and business change. Fresh intelligence has expanded on these themes.

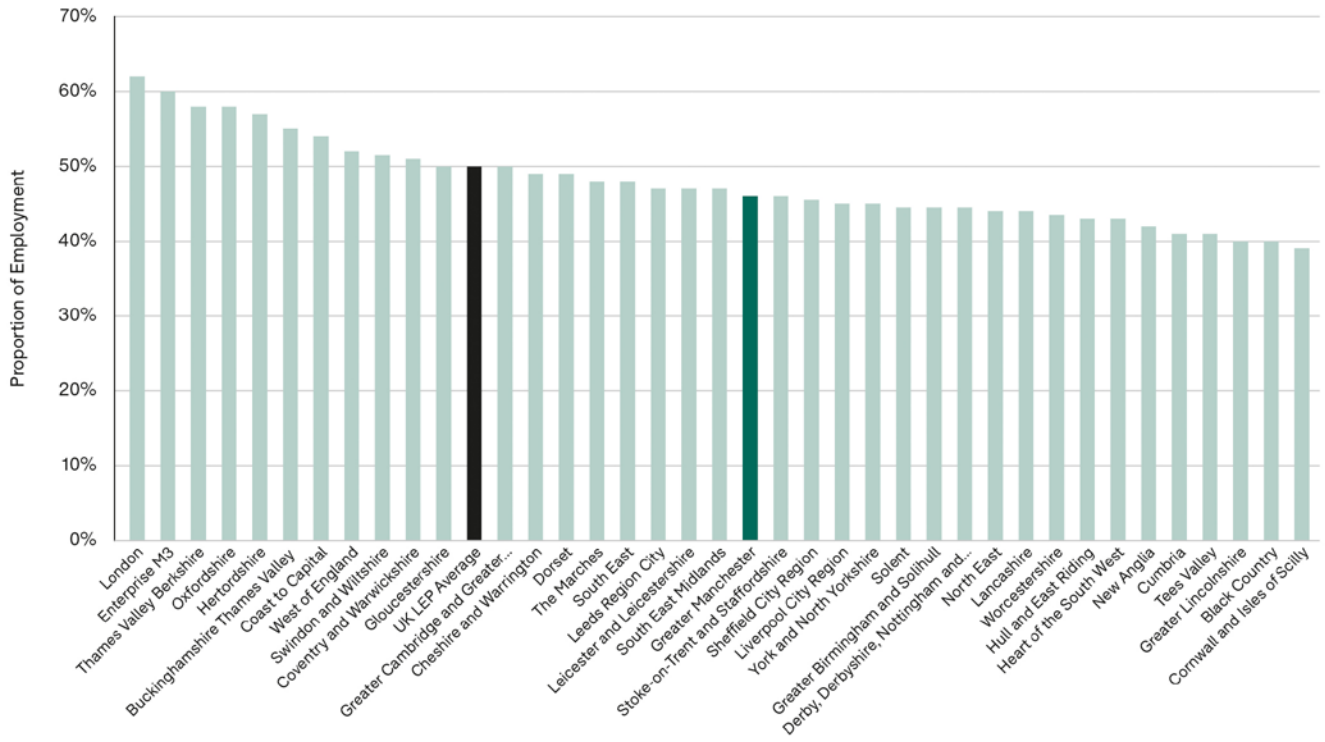
Although the data is a little ambiguous, employers appear to be investing less in skills over time. The average number of days training in GM in 2019 was more than a day less than in 2013 (although there were some improvements between 2017 and 2019) (GMCA, 2022g). Explanations include the changing incentives to invest in skills as the funding burden shifts to individuals and the state. But the 'low skills trajectory' of the economy more generally cannot be ruled out (demonstrated, for example, by the growth of foundational economy sectors and the ongoing prevalence of low pay, linked to productivity stagnation as described earlier).

Although in some respects the behaviour of GM businesses around skills compares relatively favourably to other areas – with that improvement in skills investment between 2017 and 2019 – at a UK-wide level, the willingness of employers to invest in and develop their workforces seems to be decreasing. Trends are moving in precisely the opposite direction from that anticipated by debates about the needs of an innovative, adaptive, digitally enabled economy (GMCA, 2022g).

Figure 8: Employer investment in training – investment per trainee, GM, 2019



Source: ESS, 2013, 2015, 2017, 2019



Source: Annual Population Survey. Notes: 'high skill job' proxied by people employed in one of the top three occupational groups of managers, directors and senior officials; professional occupations; and associate professional and technical occupations.

Figure 9: Proportion in 'highly skilled' employment, English LEP areas, 2020

GM has a below average share of highly-skilled employment (defined through the proxy of combining employment in the top three occupational categories of managers, professionals and associate professionals). Although the proportion of jobs in these categories has been rising over time, in 2020 some **47% of jobs were in these occupational groups in GM,** compared with a national average of 50%. Yet this proportion is **far lower than in more prosperous parts of the country (eg. 62.2% in London; 58% in the Oxfordshire LEP area).**[36] This shortfall implies there are fewer opportunities for highly-skilled people in GM. The structures of employment - demand - may therefore act to limit the economic uplift from skills investments and disincentivise the highly skilled from careers in the city region. Areas that are 'not London and the South East' can be characterised by the 'shallower' nature of opportunities for the highly skilled.

PEOPLE WITH SKILLS AT LEVEL 4 AND ABOVE GREW BY 87% BETWEEN 2004 AND 2020. OVER THE SAME PERIOD THE NUMBER OF JOBS IN THE TOP THREE OCCUPATIONAL GROUPS GREW BY 46%.

Indeed, although there are particular sectors with skills shortages in particular within the digital sector where demand for high skills is outstripping supply, yet when assessed at an overall, aggregate level, the demand for high skills actually appears to be lagging supply. **People with skills at level 4 and above grew by 87% between 2004 and 2020. Over the same period the number of jobs in the top three occupational groups grew by 46%.**[37]

The 2019 Prosperity Review indicated that graduate retention is an important ingredient in raising future productivity. GM is a major centre for higher education and the city region aims to encourage more of its graduates to stay in the conurbation. There has been a significant expansion of graduate education over the last few decades that has started to feed through into the skills profile of the population. In respect of graduate retention, research has found that for the 2018/19 graduates from GM-based higher education institutions, **44% opted to stay in GM after graduation to begin their careers** (GMCA, 2022h).

In total, **74% of the graduates of GM universities entered 'high-skilled work' if they stayed in GM,** but this proportion is a little lower than graduates who opt to go elsewhere to begin their careers. The 'all areas' proportion of graduates who entered high-skilled work was 78%. And this rises to 84% for the graduates who moved to London for work (GMCA, 2022h).

These patterns help contextualise findings on skills utilisation. **Some 36% of employers in GM reported they had at least one member of staff with skills and qualifications above what was necessary to do their jobs, according to the most recent data from the Employer Skills Survey (ESS, 2019).** This was higher than the UK national average (34%) while broadly similar to many other comparable areas.[38]

GRADUATE RETENTION REMAINS AN IMPORTANT INGREDIENT IN RAISING FUTURE PRODUCTIVITY. THERE HAS BEEN A SIGNIFICANT EXPANSION OF GRADUATE EDUCATION OVER THE LAST FEW DECADES THAT HAS STARTED TO FEED THROUGH INTO THE SKILLS PROFILE OF THE POPULATION.

Stephanie Flanders
Head of Bloomberg Economics

IMPROVING LOCAL LABOUR MARKET CONDITIONS FOR STRONGER AND INCLUSIVE GROWTH

No city region can wave a magic wand at its labour market. But local leaders need to do what they can to shape local employment conditions. Our (the Reviewers') original recommendations highlighted the potential of the Good Employment Charter to be a mechanism not just to encourage minimum standards, but to also act as a means for spurring wider workplace improvements – for example, better leadership, people management and skills utilisation. These areas of focus remain key.

The Covid-19 pandemic has changed local and national labour markets in ways that we still do not fully understand, but the basic message of the research in this evidence update is that improving skills supply and employer investment in skills remain vital to supporting a flourishing foundational economy and the broader economy more generally. Skills investment will enable GM to adapt to the changes needed to reach carbon neutrality, for example. And it cannot only be one-off, short-term investment but a lifelong effort to ensure that individuals' skills stay current and support higher productivity. So it is disappointing to see a continued overreliance on the early phases of education. Although some skills budgets have been devolved to local areas (the Adult Education Budget), local control over areas such as wider post-19 skills funding and classroom-based technical education might well make it easier to tackle low skills levels in certain areas of the country to do more to upgrade skills and so drive up productivity.

High quality apprenticeships continue to offer an important route into the workplace, but numbers have dropped following government reforms and we are seeing disparity and underrepresentation between different genders, cultures, ages and disabilities in different sectors and across the apprenticeship workforce as a whole. This needs to change. As the research also finds, we should be cautious about assuming that skills improvements will necessarily increase pay. The relationship is complex and context-dependent. Yet the main point is to develop a suite of practical local interventions that help steer labour markets in a direction that does not simply reproduce and reinforce existing patterns of inequality.

I have always considered the GM Good Employment Charter a useful way for the city region to set expectations. It is also a way for businesses to show their GM-affiliations and credentials – the sense that they want to be part of the city region and its economic story. So it is good to hear that the number of supporters and full members (members are accredited against Charter benchmarks) has been increasing steadily. The Good Employment Charter is also taking steps to ensure it is addressing issues in the foundational economy – and not just growing its membership by picking off large employers who find it relatively easy to meet the requirements.

KEY POINTS ON SKILLS UTILISATION AND EMPLOYER INVESTMENT IN SKILLS FOR THE REFRESHED LOCAL INDUSTRIAL STRATEGY TO CONSIDER:

- The decline in employer investment in training and development is a drag on productivity growth and needs to be reversed.
- Businesses should be supported to take the opportunities of the higher-skilled employment base which is developing in GM.
- Lifelong investment in skills is critical for individuals to ensure that their skills stay current in the workplace and support higher productivity, yet there continues to be an overreliance on early phases of education.
- Tools in the city region for raising employment standards, and therefore productivity, such as the Good Employment Charter and embedding social value in procurement, need to be fully developed.

TRADE

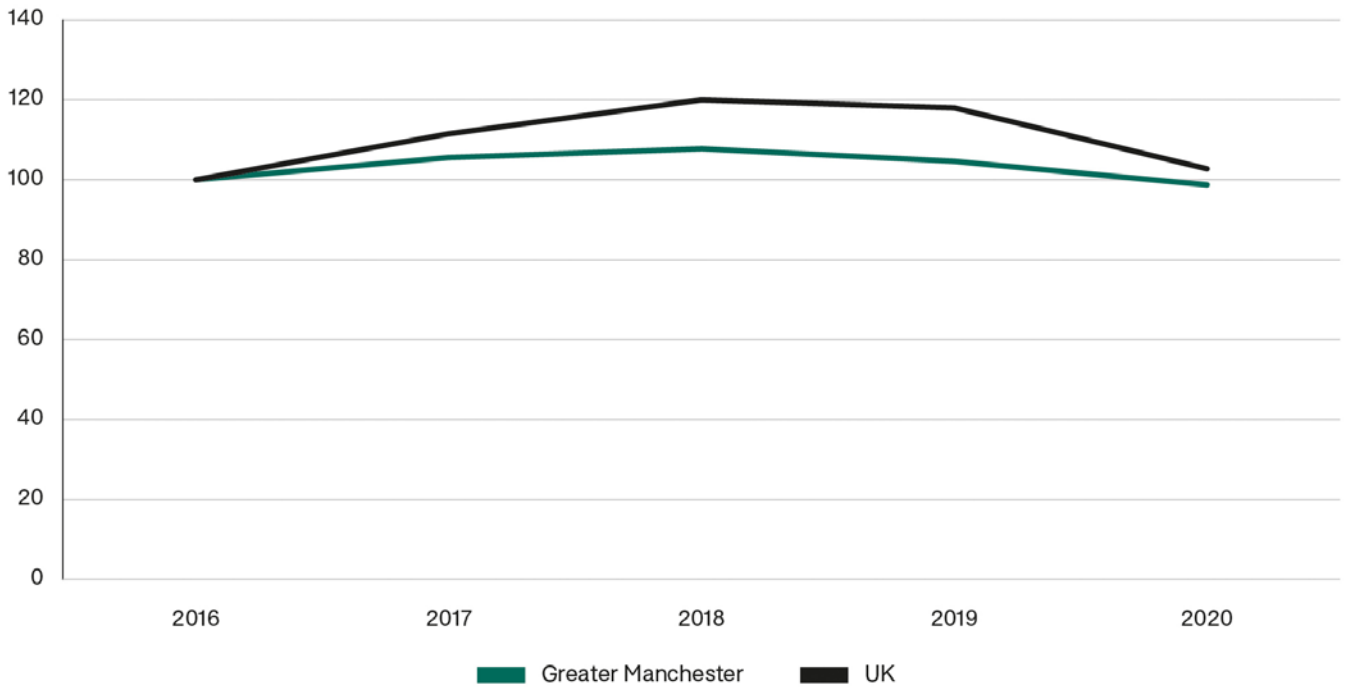
The Prosperity Review found that the main characteristics associated with higher-performing firms are those that trade internationally and/or are foreign-owned. Analysis has been undertaken to assess how the exporting of goods and services has changed over the period 2016 to 2021 and in response to the UK's decision to leave the European Union.

Despite being one of the UK's largest economies, GM punches below its weight with regard to export performance. GM was the 17th largest exporter of goods in the UK out of all International Territorial Level 2 (ITL2) regions in 2020[39]. GM was the 9th largest exporter of services in the UK out of all 41 ITL2 regions. These rankings would need to rise to around 6th place out of all ITL2 regions to simply match the city region's GVA contribution ranking.

GM's goods exports grew substantially more slowly than the UK's between 2016 and 2019 (3.2% vs 18.3%). However, exports of goods from GM were more resilient in the first year of Covid-19 than those of the wider UK (-5.7% vs -13.6%). GM had greater reliance on trade with the European Union than the wider UK which intensified in the first year of Covid-19 as GM's share of goods exports to the EU grew to 59% whilst the UK's fell to 45%. Across the whole period 2016 to 2020, total exports in GM declined by 2.7% while UK exports rose by 2.2%.[40]

DESPITE BEING ONE OF THE UK'S LARGEST ECONOMIES, GM PUNCHES BELOW ITS WEIGHT WITH REGARD TO EXPORT PERFORMANCE.

Figure 10: GM and UK goods exports indexed to 2016



Source: HMRC

GM HAS NOT YET SEEN ANY SIGNIFICANT CHANGE IN THE NUMBER OF FIRMS EXPORTING GOODS FOLLOWING THE INTRODUCTION OF THE UK-EU TRADE AND CO-OPERATION AGREEMENT (TCA) IN JANUARY 2021.

Data on services is less detailed than on goods, only covering the period 2017-2019 and providing limited detail on destination countries. It shows, however, that similarly to goods exports, **GM service exports growth (+6.8%) did not keep pace with UK growth (+ 13.5%) in the period preceding the pandemic** (GMCA, 2022i)**.** Exports to the EU accounted for 19.9% of GM's total service exports, compared to 19.1% for the UK as a whole.[41]

Research has revealed that **GM has not yet seen any significant change in the number of firms exporting goods following the introduction of the UK-EU Trade and Co-operation Agreement (TCA) in January 2021.**[42] Trading relationships are by their very nature long-term and this explains much of the finding – it is mirrored nationally.

Nevertheless, overall values of goods exports did fall in GM and nationally in the first year of the pandemic and GM businesses report that the cost and complexity of exporting (including both tariff and non-tariff hurdles) has increased for many businesses.[43] This is accompanied by continued uncertainty about the ultimate cost of exports and reports of additional difficulties in trading through UK and international ports.

The Interim Report of the 2030 Economy Inquiry found that whilst there had not been a large, immediate decline in trade following the implementation of the TCA, **the UK had suffered a decline in the 'openness and competitiveness' of its trading relationships.** They forecast that by 2030 this will lead to UK firms exporting 24% less than if the UK had retained EU membership (Resolution Foundation, 2022). **Export performance in GM will need close monitoring in the coming years to identify the extent of consequent changes in the nature and scale of exporting activity.**

KEY POINTS ON TRADE FOR THE REFRESHED LOCAL INDUSTRIAL STRATEGY TO CONSIDER:

- GM continues to punch below its weight in export performance, and this is a drag on productivity. Opportunities for export and inward investment need to be considered in the development of GM's frontier sectors.

- Businesses in the city region who are involved in international trade will need advice and support which is responsive to the UK's changing trading relationship with the EU, and to the sometimes rapid changes in global trading patterns.

TRANSPORT

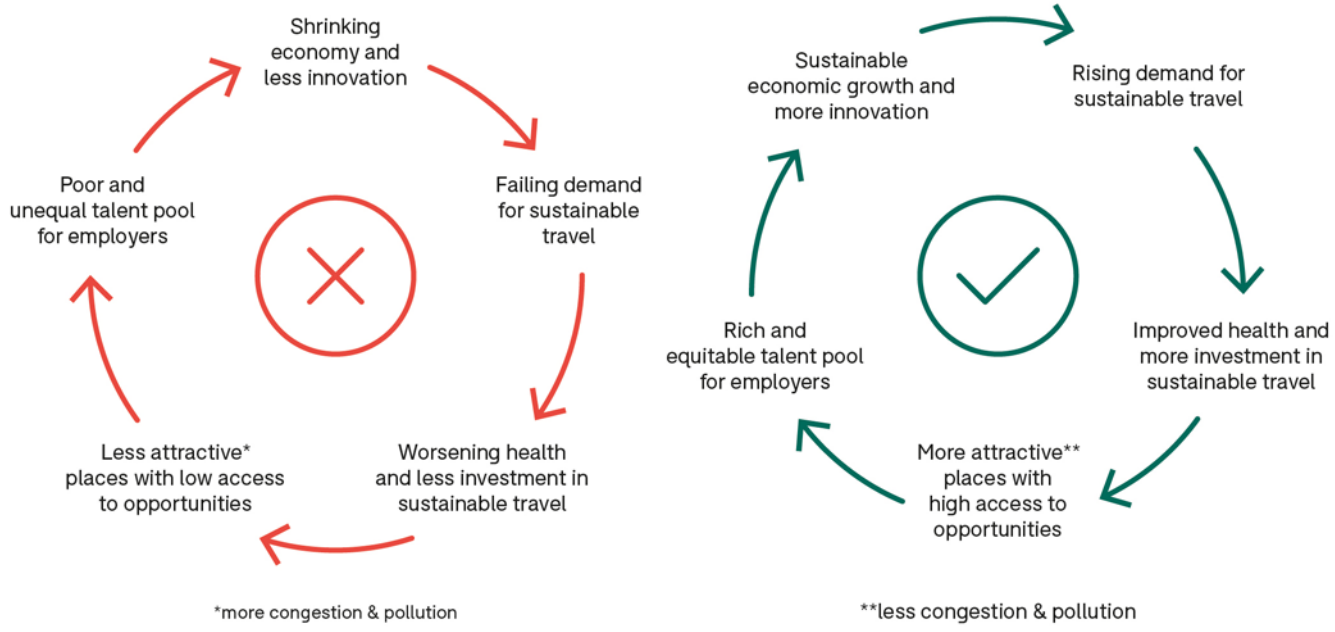
The Prosperity Review concluded that for parts of GM with lower productivity, pay and living standards, there needs to be better access to jobs in the centre and improved quality of jobs locally, enabled by an integrated transport system. The Reviewers said that this would be a necessary – if not sufficient – measure to tackle social and spatial disparities (GMCA, 2019a).

Critical regional and national infrastructure such as Northern Powerhouse Rail and HS2 were recognised in the Prosperity Review and Local Industrial Strategy as a vital part of GM's long term transport strategy, alongside a compelling case for increasing infrastructure investment generally to improve connectivity (GMCA, 2019f). This evidence update has therefore focused more on local transport integration, the role of active travel and local public transport (buses and trams), and the economic case for its improvement.

Creating and sustaining high demand for active travel and local public transport is important to access jobs, support innovation, productivity and economic growth, attract new firms to locate in the area, help shape greener and healthier places and unlock new development sites for businesses and housing. **It can also avoid the symptoms of economic decline, as set out in the vicious and virtuous cycles below (and in more detail in the GM Transport Strategy 2040) (TfGM, 2021a).**

GM has made significant progress in delivering on the Reviewers' recommendations in recent years. **The Bee Network – GM's plan for an integrated transport system which will join together buses, trams, cycling and walking and rail – is being delivered (TfGM, 2021b).**

Figure 11: How high demand for active travel and public transport is needed for sustainable economic growth: illustrative vicious and virtuous cycles.



GM has secured £1.07bn from the City Region Sustainable Transport Settlement to enable the early Bee Network priorities, set out in our Five-Year Transport Delivery Plan (2021-2026) (TfGM, 2021c), to be delivered. It is essential that despite the significant shocks of the pandemic and cost of living crisis this work continues at pace to boost productivity, pay, jobs and living standards across GM, and to significantly cut carbon emissions.

As highlighted in the Prosperity Review, devolution has given GM more tools at its disposal to affect change. This includes bus franchising. In 2021, the decision was taken to run buses in GM under a franchised system, coordinated by the GMCA(GMCA, 2022j). Bus reform forms an important component of delivering a Bee Network that can meet the demands of both passengers and the city region's economy. An adult bus fare price cap at £2.00 a journey or £5.00 a day introduced in September 2022 is a key element of transforming the bus network and helping to mitigate the rising cost of living. It helps to link deprived communities to amenities, services, and job opportunities across the region and helps keep people moving to support the economy.

These activities are supported by GM's statutory Local Transport Plan which was updated in January 2021. The suite of documents includes the GM Transport Strategy 2040 (the '2040 Strategy') that sets out a vision for GM to have 'world-class connections that support long-term, sustainable economic growth and access to opportunity for all.' (TfGM, 2021a).

A strengthened public transport network will certainly create greater access to employment opportunities for all, and particularly for lower income households who are likely to be reliant on public transport. It is important to highlight that the way some people travel (or whether they travel much at all) has evolved significantly since the start of the pandemic. Some have benefitted from increased digital and home working; or have started walking and cycling more as part of wider lifestyle changes. Others – especially less affluent people – have fewer choices about how, when or where they travel for day-to-day activities and may have become more reliant on using cars due to disruption and reductions to public transport services or safety concerns. As the cost of second-hand vehicles and fuel continues to increase, the cost of running a car is becoming more of a burden for many households, particularly for those on low incomes.

A STRENGTHENED PUBLIC TRANSPORT NETWORK WILL CERTAINLY CREATE GREATER ACCESS TO EMPLOYMENT OPPORTUNITIES FOR ALL, AND PARTICULARLY FOR LOWER INCOME HOUSEHOLDS WHO ARE LIKELY TO BE RELIANT ON PUBLIC TRANSPORT.

The location of public transport stops and stations in GM is generally well targeted. Whilst many on low incomes do have access to public transport, there are around 180,000 people categorised as 'Financially Stretched' and 'Urban Adversity' (through CACI's Acorn Consumer Classification) who live in the 20% least accessible areas by public transport. There are challenges in these locations that may require more attention and understanding, such as 'forced car ownership' – where communities who, despite having low incomes and financial concerns (likely to be increasing amidst the on-going cost of living crisis) deem personal car keeping a necessity to access opportunities. **The interventionist approach set out in the 2040 Strategy opens the way for a future where car ownership is not considered essential regardless of where in GM people live. There is a need to better understand what additional action public agencies can take to support modal shift from private car to sustainable travel in locations where 'forced car ownership' is a problem.**

Alongside increasing access to jobs, public transport is important for connecting young people to places of learning. 64% of young people (aged 16-18) use public transport every week (TfGM, 2021d). The Mayor's Our Pass initiative, which provides free bus travel for 16–18-year-olds, is helping to widen accessibility to public transport and embedding behaviours around the use of public transport as the first-choice option from an early age.

There is evidence to suggest that, in the short term at least, perceptions of public transport were negatively affected because of the pandemic. Further monitoring is required to determine the extent in which significant long-term changes have taken root. **As of June 2022, demand for public transport was hovering at around 75% of pre-Covid November 2019 levels.**[44] A significant proportion of this relates to the shift to hybrid working, particularly for middle and higher-income earners. It has also increased reliance on cars for safety and accessibility reasons. The added environmental impact of sustained internal combustion engine car use, coupled with the rising price of fuel, makes this a particularly troubling trend – around 60% of trips are made by car (TfGM, 2021e). This suggests that change is going to be harder than the Reviewers envisaged and **GM will need to move faster and focus more on behaviour change to increase the appeal of public transport to a wider market to enable the city region to unlock the wider benefits that rising demand for sustainable travel brings. This will require continued support from central government at this critical juncture.**

GREATER MANCHESTER WILL NEED TO MOVE FASTER AND FOCUS MORE ON BEHAVIOUR CHANGE TO INCREASE THE APPEAL OF PUBLIC TRANSPORT TO A WIDER MARKET TO ENABLE THE CITY REGION TO UNLOCK THE WIDER BENEFITS THAT RISING DEMAND FOR SUSTAINABLE TRAVEL BRINGS

Even prior to Covid-19, GM faced challenges in growing its public transport patronage. **The comparatively low density and polycentric nature of GM has major implications for travel, including but not limited to the ability to operate commercially viable, high-frequency public transport networks.** Research by Centre for Cities suggests that on average, just 35% of residents in a selection of UK 'Northern Cities' including Manchester are well connected by public transport to their centres, compared with nearly 70% in a selection of 'European equivalents' (Centre for Cities, 2022). Whilst access to the centre is not the only area of focus GM has, this research does emphasise the importance of population density in supporting high quality public transport networks by acknowledging that 'much of the disparity can be attributed to differences in population density among these cities.' **Places for Everyone (GMCA, 2021b)– the draft Joint Development Plan for Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford and Wigan – alongside Stockport's emerging Local Plan will ensure all new developments are sustainably integrated into GM's transport network or supported by new infrastructure.**

SUSTAINED GROWTH IN ACTIVE TRAVEL AND PUBLIC TRANSPORT DOES NOT ONLY BRING THE ECONOMIC BENEFITS OUTLINED ABOVE – IT WILL ALSO BRING HEALTH AND DECARBONISATION BENEFITS.

Sustained growth in active travel and public transport does not only bring the economic benefits outlined above – it will also bring health and decarbonisation benefits. In GM, more than 1 in 3 adults are not physically active enough to maintain good health. This is a key driver for the ambition to develop a transport system that supports people in leading active, healthy lives (TfGM, 2021f).

As acknowledged by the DfT's recent Transport Decarbonisation Plan (DfT, 2021) there is no single action that will solve the transport carbon challenge in GM, and the public sector, businesses and citizens will all need to take co-ordinated action across three main areas (avoid, shift and improve).

It is also very important that the transition to a decarbonised transport system does not exclude those least able to respond, who in any case contribute much less to the carbon problem due to their lower levels of mobility and car use.

There is a huge opportunity to tackle carbon whilst also tackling inequalities and helping to boost productivity, pay, jobs and living standards in the poorest communities in GM. **There would be multiple benefits of a carbon neutral transport system, including new highly-skilled employment opportunities associated with scaling up technological solutions, as well as a range of wider health and wellbeing benefits.** GM, alongside other UK city regions, needs to be part of a much more co-ordinated national approach to reduce the need to travel, shift travel on to more sustainable modes of transport, and rapidly decarbonise vehicle fleets (GMCA, 2022k).

Vernon Everitt
GM Transport Commissioner

ON TRANSPORT AS AN ENABLER OF THE ECONOMY

This is an exciting time for transport in GM. New powers have given us the means to build a fully-integrated public transport system for the first time – the Bee Network – that will help residents and businesses here access new economic opportunities, creating thousands more homes, businesses and jobs.

GM is a fast-growing, innovative city region and a key driver of growth at the heart of the United Kingdom. It was here that Rolls met Royce; that the world's first inter-city railway was constructed and that the Manchester Ship Canal made a city 40 miles inland Britain's third busiest port.

Today, this same entrepreneurial spirit is driving the creation of thousands of new homes, jobs and businesses, with the fastest population growth of any metropolitan county in the last ten years. GM contributes £74.8bn in GVA[45] to the national economy, second only to Greater London, and is forecast to continue growing at pace over the coming years.

Transport is a key enabler of better outcomes for people and is central to attracting additional long-term investment in GM. The emerging Bee Network is a fully integrated transport system that brings together buses, trams, active travel and, ultimately, suburban rail and will transform how people get around GM.

Delivery of this vision is already well underway – including significantly reduced bus fares – enabling the greatest transformation of a city region's transport network anywhere in the country. The Bee Network will support sustainable population growth and create healthier and more attractive places with high levels of access to opportunity for all.

GM has always worked in partnership with governments of all colours and used significant local funding commitments in recent decades to lay firm foundations for an integrated transport system. We are building on this through the Bee Network to ensure this city region has the transport services and infrastructure it needs to support its future sustainable growth.

KEY POINTS ON TRANSPORT FOR THE REFRESHED LOCAL INDUSTRIAL STRATEGY TO CONSIDER:

- Creating and sustaining high demand for active travel and public transport is crucial to enable everyone to access economic opportunities and contribute to growth, and for businesses to invest and grow.
- The economic and business opportunities from GM's progress towards a more integrated and affordable public transport network need to be fully exploited.
- There is a need to better understand what additional action public agencies can take to support modal shift (from private car to active and sustainable travel) where issues around public transport accessibility and 'forced car ownership' are a problem, including for people on low incomes. These factors can help to explain economic imbalances across the city region (see report on productivity and the business base).
- Active travel and public transport are critical to Greater Manchester's ambitions for improved health and wellbeing, and the decarbonisation of the city region's economy, as set out in this evidence update.
- Alongside health and wellbeing benefits, our ambition for a carbon neutral transport system will help to generate highly skilled jobs associated with scaling up technological solutions. We need to make sure Greater Manchester residents can develop the skills they need to take full advantage of these opportunities.


Stockport NHS
NHS Foundation Trust

BIBLIOGRAPHY

Bambra, Munford, Brown et al (2018) *Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity.* Available at NHSA REPORT FINAL *(thenhsa.co.uk)*.

Bank of England (2018) A*ndy Haldane Academy of Social Sciences lecture.* Available at *https://www.bankofengland.co.uk/speech/2018/andy-haldane-academy-of-social-sciences-annual-lecture-2018*.

Britteon et al (2022) T*he effect of devolution on health: a generalised synthetic control analysis of Greater Manchester, England.* Available at *https://doi.org/10.1016/S2468-2667(22)00198-0*.

Centre for Cities (2022) *Billions lost in productivity as Northern cities' transport networks lag behind European equivalents.* Available at: *Billions lost in productivity as Northern cities' transport networks lag behind European equivalents | Centre for Cities*.

Department for Levelling Up, Housing and Communities (2022) *UK Shared Prosperity Fund.* Available at UK Shared Prosperity Fund: prospectus - GOV.UK *(www.gov.uk)*.

Department for Transport, (2021). *Transport Decarbonisation Plan.* Available at: Transport decarbonisation plan - GOV. UK (*www.gov.uk)*.

GM Chamber of Commerce (2022) *International Trade Survey.* Not publicly available.

GM LEP (2020). *GM LEP Economic Vision.* Available at *http://gmlep.coUnvm/wp-content/uploads/2020/11/GM-LEP-Economic-Vision.pdf*

GMCA (2019a). *Reviewers' Report, GM Independent Prosperity Review.* Available at *gmis_reviewersreport_final_digital.pdf (greatermanchester-ca.gov.uk)*.

GMCA (2019b). *Local Industrial Strategy.* Available at *gm-local-industrial-strategy-web.pdf (greatermanchester-ca.gov.uk)*.

GMCA (2019c) *GM Independent Prosperity Review, Audit of Productivity. A Technical Report for the Research on Productivity.* Available at *gmipr_tr_auditofproductivity.pdf (greatermanchester-ca.gov.uk)*.

GMCA (2019d). *5-Year Environment Plan.* Available at *5-year-plan-branded_3.pdf (greatermanchester-ca.gov.uk)*.

GMCA (2019e) *GM Independent Prosperity Review, Audit of Productivity. A Technical Report for the Research on Productivity.* Available *at gmipr_tr_auditofproductivity.pdf (greatermanchester-ca.gov.uk)*.

GMCA (2019f) *GM Independent Prosperity Review. Critical Assessment of Appraisal Methodology, A technical Report for the Research on Infrastructure* Available at *gmipr_tr_criticalassessmentofappraisalmethodology.pdf (greatermanchester-ca.gov.uk)*.

GMCA (2020a). *Living with COVID plan.* Available at *Coronavirus - GMCA(greatermanchester-ca.gov.uk)living-with-covid-plan-010920-final.docx (live.com)*.

GMCA (2020b). *GM Independent Prosperity Review: One Year On.* Available at *gmipr_one-year-on.pdf (greatermanchester-ca.gov.uk)*.

GMCA (2020c). *Independent Inequalities Commission.* Available at *Independent Inequalities Commission - GMCA(greatermanchester-ca.gov.uk)*.

GMCA (2021a). *Good Lives for all, Greater Manchester Strategy.* Available at *https://aboutgreatermanchester.com/the-greater-manchester-strategy-2021-2031/*

GMCA (2021b) *Places for Everyone.* Available at *Places For Everyone - GMCA(greatermanchester-ca.gov.uk).*

GMCA (2022a) *GM Residents Survey.* Available at *GM Residents' Survey (greatermanchester-ca.gov.uk)*.

GMCA (2022b) *Carbon Neutrality: Net Zero.* Available at *Greater Manchester Independent Prosperity Review - GMCA (greatermanchester-ca.gov.uk)*.

GMCA (2022c). *Green Economy Industry Labour Market and Skills Intelligence Report.* Available at *gm-skills-intelligence-pack-green-economy-feb-2022.pdf (greatermanchester-ca.gov.uk)*.

GMCA (2022d) *Health Inequalities.* Available at *Greater Manchester Independent Prosperity Review - GMCA(greatermanchester-ca.gov.uk)*.

GMCA (2022e) *The Business Base: Assessing change in Greater Manchester's economy.* Available at *Greater Manchester Independent Prosperity Review - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)*.

GMCA (2022f); *The Labour Market.* Available at *Greater Manchester Independent Prosperity Review - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)*.

GMCA (2022g). *Skills utilisation and employer investment in skills.* Available at *Greater Manchester Independent Prosperity Review - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)*.

GMCA (2022h) *Higher Education in Greater Manchester.* Available on request.

GMCA (2022i) *Trade: Exports from Greater Manchester 2016 - 2020.* Available at *Greater Manchester Independent Prosperity Review - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)*.

GMCA (2022j). *Mayor of Greater Manchester Andy Burnham statement on outcome of judicial review on bus franchising.* Available at *Mayor of Greater Manchester Andy Burnham statement on outcome of Judicial Review on bus franchising - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)*.

GMCA (2022k). *Transport: The critical role of transport in enabling a more inclusive and sustainable Greater Manchester economy.* Available at *Greater Manchester Independent Prosperity Review - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)*.

Gray et al (2020). *Differences in the impact of precarious employment on health across population subgroups: a scoping review.* Available at *https://journals.sagepub.com/doi/10.1177/1757913920971333*.

GM Local Enterprise Partnership (2020). *GM Economic Vision.* Available at *Economic Vision | GM Local Enterprise Partnership (gmlep.com)*.

IGM (2022). *Innovation GM 2030 Vision.* Available at *Innovation GM | GM Local Enterprise Partnership (gmlep.com)*.

Innovate UK and PwC (2022). *Accelerating Net Zero Delivery: Unlocking the benefits of climate action in UK city-regions.* Available at *IUK-090322-AcceleratingNetZeroDelivery-UnlockingBenefitsClimate ActionUKCityRegions.pdf (ukri.org)*.

Institute of Health Equity (2021). *Build back fairer in GM: Health Equity and Dignified Lives.* Available at *Executive-report_GM_final.pdf (gmhsc.org.uk)*.

Joyce et al (2010). *Flexible working conditions and their effects on employee health and wellbeing.* Available at *https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008009.pub2/full*

Kuriakose, J., Anderson, K., Broderick, J., & Mclachlan, C. (2018). *Quantifying the implications of the Paris Agreement for GM.* Available at *Quantifying the implications of the Paris Agreement for GM | Research Explorer | The University of Manchester, Quantifying the implications of the Paris Agreement for GM | Research Explorer | The University of Manchester*.

Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2021) *Building Back Fairer in GM: Health Equity and Dignified Lives.* Available at *https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives/build-back-fairer-in-greater-manchester-main-report.pdf*.

MIER (2009). *Manchester Independent Economic Review (2009) Reviewers Report.* Available at Manchester Independent Economic Review | Oldham Council Please request a copy from GMCA.

National Institute of Economic Research (2022) *Productivity in UK: Evidence Review.* Available at *Productivity-in-the-UK-Evidence-Review.pdf (niesr.ac.uk)*.

Resolution Foundation (2022) *Economy 2030 inquiry, Stagnation Nation, The Interim Report of The Economy 2030 Inquiry.* Available at *https://economy2030.resolutionfoundation.org*.

Transport for GM (TfGM) (2021a) *GM Transport Strategy 2040.* Available at *GM Transport Strategy 2040 | Transport for GM (tfgm.com)*.

Transport for GM (TfGM) (2021b). *The Bee Network.* Available at *https://beeactive.tfgm.com/bee-network-vision/*.

Transport for GM (TfGM) (2021c). *Our Five-Year Transport Delivery Plan (2021-2026).* Available at *Our Five Year Transport Delivery Plan | Transport for GM (tfgm.com)tfgm.com/strategy*.

Transport for GM (TfGM) (2021d). *GM Travel Diary Surveys.* Available at *GM Travel Diary Surveys | Transport for GM (tfgm.com)*.

Transport for GM (TfGM) GMCA (2021e). *GM Transport Strategy 2040: Appendix 1: Right Mix Technical note.* Available at: *GM Transport Strategy 2040: Appendix 1: Right Mix Technical note*.

Transport for GM (TfGM) (2021f) *GM Moving in Action 2021 – 2031.* Available at *gmmia-strategy-web.pdf (gmmoving.co.uk)*.

University of Essex, Institute for Social and Economic Research. (2022). Understanding Society: Waves 1-11, 2009-2020 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 15th Edition. Available at *http://doi.org/10.5255/UKDA-SN-6614-16*.

ENDNOTES

1 This report is accompanied by seven thematic research papers which are available at Greater Manchester Independent Prosperity Review - GMCA(greatermanchester-ca.gov.uk).

2 Systems Science in Public Health and Health Economics Research (SIPHER), Systems Science in Public Health and Health Economics Research - Sipheris a major investment by the UK Prevention Research Partnership (UKPRP), which brings together scientists across six universities, three government partners at local, regional and national level, and ten practice partner organisations. SIPHER's vision is a shift from health policy to healthy public policy. This means all policy sectors working together to tackle health inequalities and improve the health of the public.

3 Office for National Statistics (2022), Subregional productivity: labour productivity indices by UK ITL2 and ITL3 subregions. Available at Subregional productivity: labour productivity indices by UK ITL2 and ITL3 subregions - Office for National Statistics

4 Office for National Statistics (2022), Subregional productivity: labour productivity indices by UK ITL2 and ITL3 subregions. Available at Subregional productivity: labour productivity indices by UK ITL2 and ITL3 subregions - Office for National Statistics

5 Office for National Statistics (2022). Available at Movements out of work for those aged over 50 years since the start of the coronavirus pandemic - Office for National Statistics (ons.gov.uk)

6 ONS (2020) Annual Population Survey. Available at annual population survey - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

7 BEIS (2020) UK local authority greenhouse gas emmissions estimates 2020. Available at UK local authority greenhouse gas emissions estimates 2020 (publishing.service.gov.uk)

8 GMCA analysis of Experian's MOSAIC data. Not publicly available

9 GMCA (2022) GM Residents Survey. Available at GM Residents' Survey (greatermanchester-ca.gov.uk)

10 Department for Work and Pensions (2022) Universal Credit Statistics. Available at Universal Credit statistics - GOV.UK (www.gov.uk)

11 GM Poverty Action (2022) GM Poverty Monitor. Available at Poverty Monitor 2022: Child Poverty - GM Poverty Action (gmpovertyaction.org)

12 GM Poverty Action (2022) GM Poverty Monitor. Available at Poverty Monitor 2022: Child Poverty - GM Poverty Action (gmpovertyaction.org)

13 GMCA (2022) GM Residents Survey. Available at GM Residents' Survey (greatermanchester-ca.gov.uk)

14 GMCA (2022) GM Residents Survey. Available at GM Residents' Survey (greatermanchester-ca.gov.uk)

15 This report is accompanied by seven thematic research papers which are available at Greater Manchester Independent Prosperity Review - GMCA(greatermanchester-ca.gov.uk)

16 Analysis undertaken by GMCA Research Team to understand progress against the GM carbon budget using BEIS emissions estimates (available here: UK local authority and regional greenhouse gas emissions national statistics, 2005 to 2020 - GOV.UK (www.gov.uk)).

17 EY undertook this work on behalf of GMCA to start to explore the outputs of the Local Area Energy Plan in more detail. This initial insight work has not been published but is used by the GMCA in their work.

18 Such options are those that regardless of wider socio-political changes that may be unknown at present, these activities will generate positive outcomes, compared to the initial cost of implementing them, for example, fabric retrofit of properties which will reduce energy demand regardless of the source of energy

19 ONS (2022) Health state life expectancies, UK: 2018 to 2020. Available at Health state life expectancies, UK - Office for National Statistics (ons.gov.uk).

20 Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2021) *Building Back Fairer in GM: Health Equity and Dignified Lives.* Available at https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives/build-back-fairer-in-greater-manchester-main-report.pdf.

21 Systems Science in Public Health and Health Economics Research (SIPHER). Available at https://sipher.ac.uk

22 Health innovation Manchester, Home - Health Innovation Manchester.

23 ONS (2022) *Business Register and Employment Survey.* Available at Business Register and Employment Survey : open access - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk).

24 Foundational economy definition developed by CRESC. CRESC was a joint initiative between The University of Manchester and The Open University, that is an authoritative voice on the foundational economy having published their original 'Manifesto for the Foundational Economy' in 2013. Unlike high-tech industry, the foundational economy operates in more or less sheltered areas of economic activity with limited international competition or opportunities for offshoring.

.25 ONS (2022) Annual Population Survey. Available at annual population survey - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk).

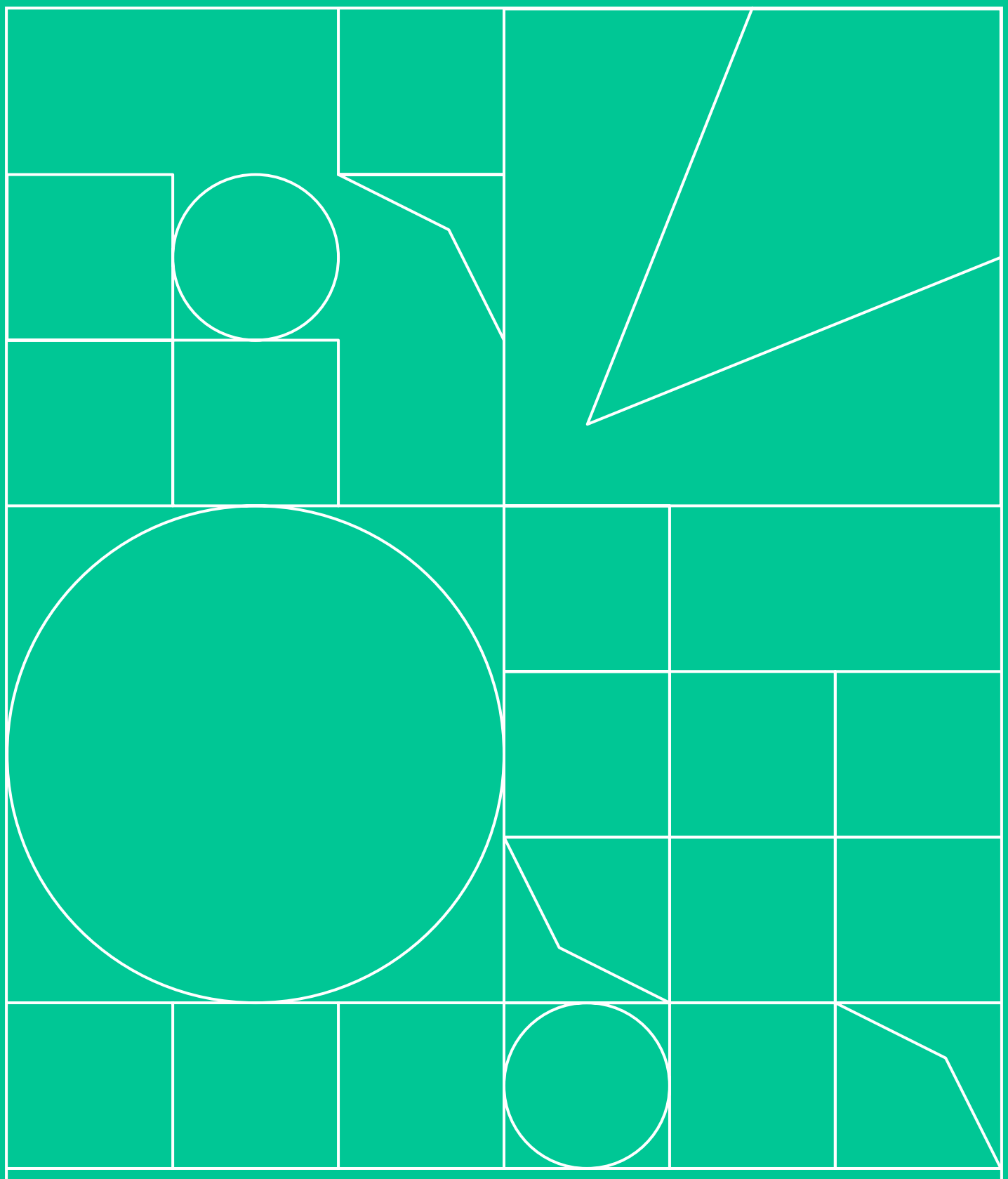
26 Glenigan (2022) Projects database accessed by GMCA 29 September 2022 .

27 ONS (2021) Business Demography. Available at Business demography, UK - Office for National Statistics (ons.gov.uk).

28 ONS (2021) Business Demography. Available at *Business demography, UK - Office for National Statistics (ons.gov.uk)*.
29 Imactivate (2020) Regional GDP explorer, indexed. Available at *Region Explorer (imactivate.com)*.
30 Thomas Forth (2020 GDP Dispersion. Available at *GitHub - thomasforth/GDPDispersion: Calculating GDP dispersion (regional inequality) within Europe*.
31 ONS (2022) Annual Population Survey. Available at *annual population survey - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)*.
32 ONS (2022) Annual Population Survey. Available at *annual population survey - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)*.
33 ONS (2022) Annual Population Survey. Available at *annual population survey - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)*
34 ONS (2022) Claimant Count. Available at *Claimant count by sex and age - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)*.
35 GMCA analysis of Labour Insight/Lightcast data (2022) Data not publicly available.
36 Department for Education (2019) Employer Skills Survey. Available at *Employer Skills Survey 2022* .
37 Anecdotal evidence in some sectors, for example in Creative Digital and Tech Sector do not show this trend as supply of skills at level 4 is not keeping pace with demand
38 Department for Education (2019) Employer Skills Survey. Available at *Employer Skills Survey 2022*.
39 International Territorial Levels (ITLs) is a domestic statistical classification framework for the UK. It replaces NUTS classifications and there are 41 ITL 2 geographies in UK
40 HMRC (2021) Regional Trade in Goods Statistics dis-aggregated by smaller geographical areas. Available at *UK regional trade in goods statistics disaggregated by smaller geographical areas - GOV.UK (www.gov.uk)*.
41 HMRC (2021) Regional Trade in Goods Statistics dis-aggregated by smaller geographical areas. Available at *UK regional trade in goods statistics disaggregated by smaller geographical areas - GOV.UK (www.gov.uk)*.
42 Analysis undertaken by GMCA research team using UK Trade Info's API tool. Available at *Trade data - UK Trade Info*.
43 Greater Manchester Chamber of Commerce (2022) International Trade Survey. Not publicly available.
44 TfGM Highways Department analysis (2022) International Trade Survey. Not publicly available.
45 ONS (2022) *Regional Gross Value Added (balanced) by industry: all ITL regions.* Available at *Regional gross value added (balanced) by industry: all ITL regions - Office for National Statistics*.

ACKNOWLEDGEMENTS

The guidance and support of the Independent Prosperity Review panellists and thematic experts has been invaluable in the development of this report. It was produced with input from across the GMCAand Transport for Greater Manchester, and authored by Katrina Hann, Stephen Overell, John Wrathmell, Lisa Dale-Clough and Alan Harding. Thanks are extended to the research report authors, Rachel Berman and Joe Crolla, Julian Cox and Jess Smith, Stephen Overell, Richard Waggott and Andrew Walmsley for their inputs to the summary chapters and Cathy McDonagh and Jack James for their editorial support. In addition, acknowledgement is afforded to Greater Manchester Local Industrial Strategy Delivery Executive, Greater Manchester Growth Board, Greater Manchester Economic Strategy Delivery Executive and for all those that have supported this ongoing research.



Visit www.gmprosperityreview.co.uk
Designed by A Studio Called Jane for Design Manchester.
Photography by Shaw and Shaw.
Printed by Pressision on Revive 100 uncoated paper made from FSC® Recycled 100% post-consumer waste.

This page is intentionally left blank

Agenda Item 12

Bury Health and Wellbeing Board

Title of the Report	Better Care Fund and Improved Better Care Fund 22/23
Date	7th December 2022
Contact Officer	Shirley Allen
HWB Lead(s) in this area	Will Blandamer Executive Director OCO Strategic Commissioning Adrian Crook – Interim Executive Director Adult Social Care Geoff Little, Chief Officer, Bury NHS Clinical Commissioning Group

Executive Summary

Is this report for?	Information ☐	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	To seek Health and Wellbeing Board sign off for the Bury submission to the Better Care Fund 2022/2023		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	The Better Care Fund primarily focuses upon: • Living Well with a Long-Term Condition • Reducing Length of Stay in hospitals • Improving and supporting Hospital Discharges • Prevention & Early Intervention		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	• Living Well with a Long-Term Condition • Reducing Length of Stay in hospitals • Improving and supporting Hospital Discharges • Prevention & Early Intervention		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	(1) Note the content of the report. (2) Agree the submission to		

	BCF 2022/2023 as per the attached Planning Template1 and the Narrative Plan and the Intermediate Tier Capacity Plan
What requirement is there for internal or external communication around this area?	None
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The planning template has been collaboratively populated by relevant colleagues from within Bury Council and Bury NHS Clinical Commissioning Group (CCG). The final planning template has been signed off for progression by the Executive Director for Strategic Commissioning, Interim Director of Adult Social Care, s.151 officer at Bury Council, the Director of Commissioning at Bury CCG, and the joint Chief Finance Officer.

Introduction / Background

1. Introduction and background

1.1 The final Better Care Fund 2022/2023 Policy Framework and Planning Guidance was published in September 2022 and can be found via https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023

At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: https://www.england.nhs.uk/wp-content/uploads/2022/07/B1296-Better-Care-Fund-planning-requirements-2022-23.pdf

1.2 The framework and guidance establish the key conditions and requirements of the Better Care Fund in 2022/2023

1.3 The requirement in 22/23 was for a fully completed Better Care Fund planning template to be submitted accompanied by a 12 page narrative plan detailing how activities achieved Better Care Fund national objectives and an intermediate care capacity and demand template.

2. BCF 2022/2023 Conditions and Requirements

2.1 **Implementing the BCF Policy Objectives (national condition four)**

2.2 National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe, and independent at home for longer
- Provide the right care in the right place at the right time
- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objective
- Steps to personalise care and deliver asset-based approaches
- Implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to: Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.
- Carry out collaborative commissioning of discharge services.

2.3 NHS England have set out **2 overarching requirements** for approval of Better Care Fund Plans:

- All funding agreed as part of the BCF plan must be transferred into one or more pooled funds established under Section 75 of the NHS Act 2006
- All plans are approved by NHS England in consultation with DHSC
- As in previous years, the NHS contribution to the BCF will still include funding to support the implementation of the Care Act 2014, which will be set out via the Local Authority Social Services Letter.
- Funding previously earmarked for reablement and for the provision of carers' breaks also remains in the NHS contribution.

3. BCF 2022/2023 Planning Template

3.1 The national Planning Template sets out the Bury Better Care Fund proposals for 2022/2023

Funding Sources	Income	Expenditure
DFG	£2,076,611	£2,076,611
Minimum NHS Contribution	£15,694,924	£15,694,924
iBCF	£7,628,448	£7,628,448
Additional LA Contribution	£0	£0
Additional ICB Contribution	£2,926,386	£2,926,386
Total	**£28,326,369**	**£28,326,369**

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£4,460,052
Planned spend	£6,481,755

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£9,108,375
Planned spend	£9,213,169

Scheme Types	
Assistive Technologies and Equipment	£62,551
Care Act Implementation Related Duties	£796,332
Carers Services	£0
Community Based Schemes	£1,979,553
DFG Related Schemes	£2,076,611
Enablers for Integration	£1,174,860
Home Care or Domiciliary Care	£6,804,561
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£1,575,071
Bed based intermediate Care Services	£1,199,242
Reablement in a persons own home	£4,856,593
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£4,731,467
Residential Placements	£3,069,528
Other	£0
Total	**£28,326,369**

Metrics

Avoidable Admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	240.4	206.7	218.4	205.7
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
(See Guidance)	Indicator value	270	234	245	245

Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	90.2%	91.8%	91.5%	90.5%
	Numerator	3,429	3,645	3,538	3,225
	Denominator	3,802	3,970	3,865	3,565
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
(SUS data - available on the Better Care Exchange)	Quarter (%)	91.9%	91.5%	91.5%	91.5%
	Numerator	3,375	4,183	4,044	3,829
	Denominator	3,673	4,570	4,418	4,183

Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	644.7	589.8	589.8	528.3
	Numerator	226	210	210	190
	Denominator	35,054	35,605	35,605	35,965

Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	76.9%	81.3%	87.3%	87.5%
	Numerator	40	170	62	105
	Denominator	52	209	71	120

4. Links to the Bury Locality Plan

4.1 The Better Care Fund proposals should not be read in isolation but should be seen as a constituent part of the Bury Locality Plan and ''Let's Do It' 2030 Bury Strategy which sets out the entirety of the local approach to Health and Social Care transformation.

4.2 The guidance for the Better Care fund planning requirements was issued to lead officers in September 2022 with a submission deadline of 10th October 2022. As a result of this short timescale for development and submission the deadline fell between Health and Wellbeing Board planned meetings. The planning template has been collaboratively populated by relevant colleagues from within Bury Council and Bury NHS.

4.3The final planning template has been signed off for progression by the Executive Director for Strategic Commissioning, Interim Director of Adult Social Care, s.151 officer at Bury Council, the Deputy Director of Commissioning at Bury CCG, and the joint Chief Finance Officer.

4.4 Seeking ratification of the planning template and narrative plan from Health and Wellbeing Board.

4.5 To note that initial feedback from the national Better Care fund team is that the submission from Bury was a very strong submission and the narrative plan was of a high standard.

Recommendations for action

- That the Health and Wellbeing Board note the content of the report.

- That the Bury Health and Wellbeing Board approve the attached Better Care Fund 2022/2023Planning Template and ratify the decision to submit to the national Better Care Fund team for assessment.

- That the Bury Health and Wellbeing Board approve the attached Better Care Fund Narrative plan for 22/23 and ratify the decision to submit to the national Better Care Fund team for assessment.

- That the Bury Health and Wellbeing board approve the attached Better Care fund Intermediate Capacity and Demand template for 22/23 and ratify the decision to submit to the national Better Care Fund team for assessment.

Financial and legal implications (if any)

- These proposals relate to the use of financial resources
- These proposals have been developed in partnership with the Bury Council s.151 Officer and the Bury Joint Director of Finance.

Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

- None

CONTACT DETAILS:

Contact Officer: Shirley Allen

Telephone number: 0161 253 6302

E-mail address: S.Allen@bury.gov.uk

Date: 7th November 2022

END

This page is intentionally left blank

Department of Health & Social Care | Department for Levelling Up, Housing & Communities | Local Government Association | NHS England

Bury Health and Well Being Board Better Care Fund Narrative Plan 2022/2023

Governance

Health and Well Being Board

A Health and Well Being Board providing the visible leadership on supporting the population health system development, in the context of (and challenging as required) the vision for Bury 2030 is an important component of our partnership arrangements.

The Health and Well Being board focuses upon the population health system and the implementation of the Kings Fund 4 quadrant model as below;

- The Wider Determinants of Health
- Health Related Behaviours
- An Integrated Health and Care System
- The Places and Communities we live in and with

Membership of the Health and Wellbeing Board will be made up of leaders across the NHS, Social Care, Public Health, Wide Public Services, and other services directly related to Bury operating as a Population Health System

Core voting members:

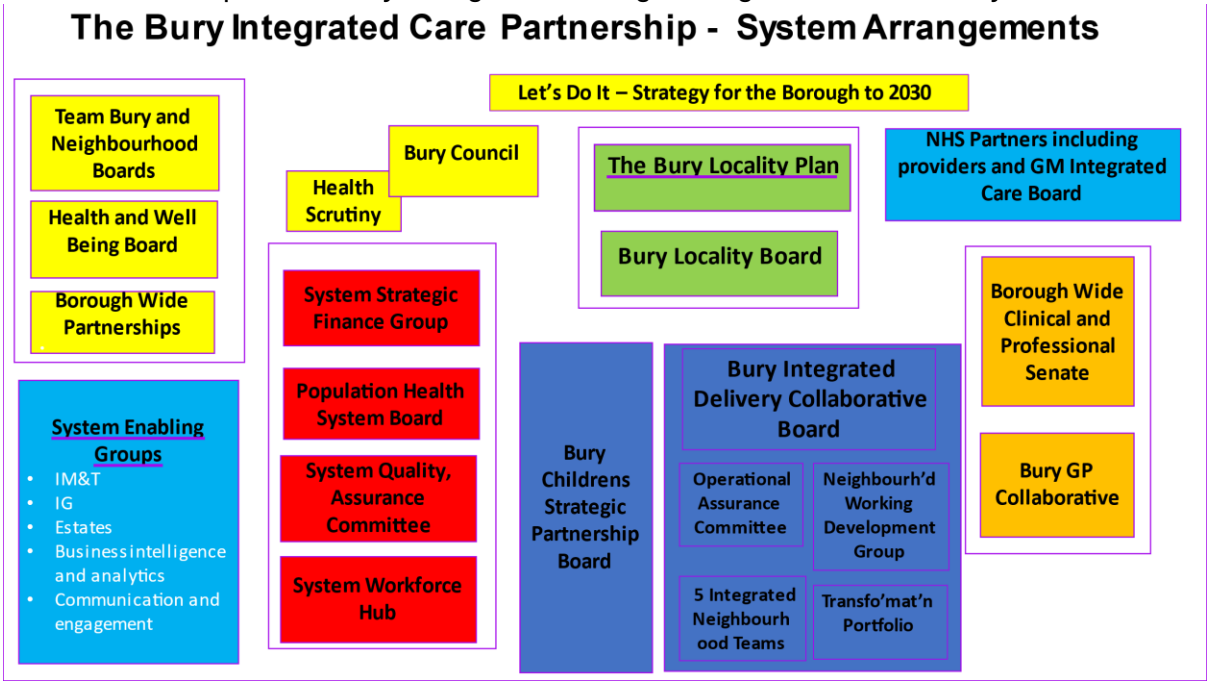
- Cabinet Member, Health and Wellbeing (Chair)
- A nominated representative from the voluntary sector
- Cabinet Member, Children and Young People
- Additional Labour Cabinet Member
- Shadow Cabinet Member, Health and Wellbeing
- Executive Director, Children, Young People and Culture
- Executive Director, Communities and Wellbeing
- Director of Public Health
- Two nominated representatives from the Clinical Commissioning Group
- A nominated representative from Bury Health watch
- A nominated representative from the Community Safety Partnership.
- A nominated representative from Greater Manchester Fire and Rescue.
- A nominated representative from Northern Care Alliance
- A nominated representative from Pennine Care NHS Foundation Trust.
- A nominated representative from SixTown Housing

The Board may also decide to co-opt/invite by invitation additional members to advise in respect of issues.

Bury Integrated Care Partnership – System Arrangements

Partners in Bury have from October 2021 established in transitional form the partnership arrangements we will have fully operational from 1/7/22. Work in the period December 2021 to date has been in maturing each component and understanding the connections between them. Further work is required to fully mature the arrangements, some of which is dependent on the GM operating model (e.g the delegated authority to the Locality Board). The diagram

below describes the partnership arrangements in the borough. It is recognised this diagram needs to be complemented by a diagram showing funding flows and authority.



Locality Board

The partnership leadership of the Bury Integrated Care Partnership is through the Locality Board, made up of senior representatives from all relevant statutory organisations and other key partners. It will bring together political, clinical, managerial and professional leaders to help shape the strategy, prioritise and focus on integrated health and care for the Place. The Locality Board will include the Council, Primary Care Leadership, Northern Care Alliance, Pennine Care NHS FT, Manchester Foundation Trust, GP Federation on behalf of PCNs, the Greater Manchester ICB, the Bury VCFA, and Healthwatch. The Locality Board sets the shared strategy for the partnership and ensures triple aim outcome are improving, including overseeing the implementation of the planned budget for health and care in the borough (some of which may be formally pooled), ensuring services are high quality efficient and effective, and ensuring population health outcomes for our Borough are improving. The Board will set the direction for the way services are delivered as described in the Locality Plan.

Integrated Delivery Collaborative, and Board

The 'engine room' of the Bury Health, Care and Well Being system is the 'Bury Integrated Delivery Collaborative'. This is the vehicle through which we are building relationships, structures and solutions between all the partners to drive improvement in the way we are working to improve triple aim outcomes for our Borough, and to deliver services and interventions in innovative ways. The IDC includes all partners to the Locality Board and several other key providers – e.g Persona (the Council owned social care delivery organisation), the Voluntary and Community Faith Sector Alliance and Bardoc. The Integrated Delivery Collaborative supports collaborative working at borough, neighbourhood and individual community level.

We have undertaken significant organisational development work to determine the purpose, principles and values of the IDC. We have defined the purpose of Bury integrated delivery collaborative to be enabling health and care organisations and the voluntary sector in the borough to achieve more together than each individual organisation could do alone to provide

more effective integrated services, to achieve better outcomes and experience for people, to improve cost control in health and care services and to have a greater impact on improving population health, reducing health inequalities and increasing inclusivity. Our scope includes all health and social care services for people of all ages. We recognise that for some services their optimum footprint may be greater than the borough of Bury. However, it is still essential these services are considered part of, and integrate with, the Bury system for the benefit of our local population.

Key tasks for the Integrated Delivery Collaborative include:

- To create the conditions for the delivery of high-quality integrated health and care services in each of 5 neighbourhood teams,
- To co-ordinate the delivery of the system wide thematic programmes in the context of wider system working, including for example

    - The Bury urgent care board
    - The Bury mental Health programme board
    - The Bury Elective Care and Cancer Programme Board
    - All other key thematic programmes of work.
    - To create the frameworks and partnership arrangements to deliver the expectations of the Locality Board as described.
    - To assure the delivery of directly managed services

Neighbourhood Working

The default setting for integrated community health and care services in Bury is though joined up delivery across 5 integrated neighbourhood teams. These are:

- Ramsbottom and Tottington
- Bury
- Radcliffe
- Whitefield
- Prestwich

We have an operating model and development plan for integrated neighbourhood working in health and care which continues to develop and mature.

The model of integrated neighbourhood team working in health and care operates at the same spatial levels as our community hubs - a focal point for community leadership and co-ordination in each of 4 places. In 2021 the community hubs have created opportunities for public services and volutary and community partners to come together with a shared understanding of each others role, the assets in those communities, and the residents and communities at risk of vulnerbaility.

Increasingly wider public services are also working on the same spatial level - this includes GMP, Housing Providers, GMFRS, wide Council Services - with the understanding that prevention and early intervention across a range of public service can sustainably improve outcomes. From a health and care perspective this work explicitiy recognises that the organisation of service delivery of health and care is actually a minority contributor to the health and well being of residents. More important is, for example, the quality of housing, the availability of quality work, the extent to which residents are connected to their communities, and whether a life is led free from harm and fear. This work is co-ordinated by the Bury Public Service Reform Board

Primary care is at the heart of our model of integrated care. We have 4 Primary Care Networks working across the 5 neighbourhoods. The Primary Care Networks are supported in their development by the Bury GP Federation and work continues to explore how best to support the maturity and system leadership of the primary care networks, and the role of the GP Federation in doing so. The primary care team of the CCG/future ICB will work closely with the capacity of the GP Federation to support practices and PCNs.

Clinical and Professional Leadership

Bury has established a clinical and professional senate with the intention of ensuring clinical and wider professional (e.g social worker) leadership is significantly influencing, leading, guiding, and challenging the work of the wider partnership arrangements. It is also intended to create opportunities for strengthened clinical and professional leadership across different sectors and interfaces e.g primary care/secondary care, mental/physical health, health/care. A clinical senate board operates through mandated leadership and will coordinate the work of the wider clinical and professional senate.

In addition to the work of the GP Federation Bury has also established a GP Collaborative. This is a joint initiative between GP practices in Bury, the 4 Primary Care Networks, the GP Federation, and the Local Medical Committee. It is intended to support the voice of GP leadership particularly in the partnership arrangements, recognising the potential risk of the loss of the CCG as a GP membership organisation and as a key statutory authority in the borough.

Overall BCF plan and approach to integration

A focus upon links to the Health and Well Being Strategy and the Let's Do It! 2030 Strategy. Alongside ensuring alignment with the Bury Health and Care locality Plan, CCG Operating Plan, the NHS long Term Plan and future ICS development plans. One of the main aims is for people to be healthier and have a higher quality of life for longer. People will not be defined by their needs or disabilities, but by their abilities, their potential and what they can do for themselves with or without support.

The intention is to ensure that individuals and families are at the centre of their care and support, and we are meeting their needs in a holistic way by providing the right care and support, at the right time.

Our approach is to make the optimum use of health and social resources in the community, to intervene earlier, and build resilience to secure better outcomes by providing more coordinated and reactive services and to focus upon prevention and early intervention to support people to retain and regain their independence.

Four priorities of the Health and Well Being Strategy are;

- Start Well
- Live Well
- Age Well
- Die Well

The Covid -19 pandemic presented the greatest challenge that our communities, business and public services have ever faced, and we will be dealing with the consequences for some time. The pandemic also highlighted and exacerbated pre-existing health inequalities. Covid 19-continues to be a problem in relation to staffing in services in Adult Social Care and is still causing care home closure because of outbreaks which impacts upon system flow.

The Let's Do It! Strategy is a 10-year transformation programme to 2030 but the first 2 years is where we attempt to repair the damage caused by the pandemic. Where we will respond to issues such as poverty and the health impacts of covid on our communities and our health and care system.

We aim to maintain the good relationships between public services and public services and communities that were forged during the pandemic.

We aim to deliver health and care services that are increasingly integrated with staff from different organisations working more effectively together. Increasingly, our services are jointly delivered through 5 integrated neighbourhood teams across the Borough and focused upon the prevention of poor health and early intervention to avoid unplanned care in hospital and other settings.

Health and Care teams in Neighbourhoods are working alongside community hubs- connecting and supporting vulnerable residents to be more independent and connected. Health and care teams are also working closely across the neighbourhood footprint with staff from other services e.g., GMP and schools. Delivering against the following key principles;

Local Neighbourhoods

- Integrated public service teams
- Housing for Homes
- Community Safety
- Carbon Neutral

Delivering Together

- Community Voice
- Cultural Legacy
- Joined up Health and Social Care

Strengths Based Approach

- Community Wealth Building
- Community Capacity
- Population Health

The main priorities of the 2030 strategy are:

- A Housing Strategy for every township, more affordable homes, developing a more dynamic housing market, with additional support that enables people to live healthily and well in their community for long into later life. Eliminating rough sleeping by 2025, by helping homeless people achieve financial independence.

- Further development of integrated teams. Creating a 600 strong team of nurses, social workers, health workers, clinicians and volunteers working with primary care services supporting people to live healthy lives as part of Living Well at Home Strategy.

- Transforming services to maximise quality and sustainability including a focus on;

  - Mental Health
  - Urgent Care
  - Planned Care
  - Community based services
  - Intermediate Care

- Learning Disabilities.

- Delivering this transformation through a strengths-based approach. Listening to what Is important to people, supporting neighbourhoods to determine their own priorities, recognising and valuing the Voluntary, Community and Faith Alliance and their role in enabling people to improve their health and Wellbeing.

- Empowering public services to support people in ways that work for them. Staff will not be constrained by organisational boundaries.

- All partners have signed up to a common inclusion strategy which reflects all nine of the protected characteristics in law. The Inclusion strategy also recognizes additional groups defined as vulnerable who will be supported with the same level of priority as follows;

  - Carers
  - LAC and Care Leavers
  - Military Veterans
  - Socio-economically vulnerable.

Bury is using the King's Fund Population Health model to implement a whole system population health management approach to the main causes of death and illness. This incorporates an intervention decay framework to ensure focus across the whole clinical pathway, from awareness of symptoms, through diagnosis and care, to adherence and tackling barriers to care. Close working between public health and healthcare commissioners and providers has enabled payment incentives to be aligned with this model, to make sure providers are rewarded and incentivised for maximising diagnosis and uptake of preventive care. This is being implemented in Bury's five neighbourhoods – the structures that connect primary care to other community healthcare providers, social care, social prescribers, and public health living well services. Improving diagnosis, care (including social prescribing and social care), and removing barriers to treatment is intended to help people with long term conditions feel healthier, have better outcomes, and live better quality, independent lives.

Self-Care

Educational – The Bury Directory has many information and advice pages on self-care and self-management which can improve people's knowledge around their self-care.

Structured educational courses - For those who would like more information on self-care and for those people with long term conditions for example HY2W which the Live Well Service deliver.

Digital - currently working on a digital self-care hub on the directory which hopefully should be completed by December 2022. The updated quality for life tool 'A Better You' will be live this September 2022 and is a health and wellbeing focused self-assessment tool that will signpost to relevant services for further advice and information around self-care. There are also online courses delivered for HY2W and other self-management eLearning that the individual can work through at their pace.

Social prescribing – a team which is based in the voluntary sector which focuses on what matters to the person through making a personalised care and support plan and then

connecting the people to the community groups and agencies for practical and emotional support.

Implementing the BCF Policy Objectives (national condition four)

Supporting Discharge

Bury has invested a lot of time and effort in creating a single system approach to urgent care. A range of work across the urgent care footprint has taken place, including to improve system flow and support effective discharges.

Across the Bury system there are a range of new and ongoing projects and plans targeted towards improvements in the number of avoidable admissions. These include the following.

- System Wide UEC Improvement Programme
- Exploring further enhancements to Pre-ED Triage
- Development of Urgent Treatment Centre at the FGH site including NWAS direct Pathways
- Development of SDEC pathways including speciality services i.e. cardiology, ENT and Frailty etc
- Winter Planning including a Winter Planning Event
- A range of Community based Alternative To Admissions including;

  GM CAS
  Rapid Response
  Virtual Ward
  GP Extended hours
  Referral to CPCS
  Mental Health Community Support
  ATT for NWAS crews
  Neighbourhood based MDT
  Home first principles adopted across the system for hospital discharges
  IDT to support discharges wherever appropriate to usual place of residence
  Reablement and Package of Care support upon discharge

Anticipatory care

Through Active Case Management and the existing MDTs Bury has implemented a number of the components of Anticipatory Care. In addition, we have access to a shared care record via the Greater Manchester Care Record [GMCR] We are working with colleagues across the Greater Manchester ICS to use the emerging national guidance to develop a model for Anticipatory Care and will be working with our PCNs and wider system partners to agree and implement an approach locally.

Neighbourhood Integration

Bury has 5 Neighbourhoods with integrated health and social care teams in each Neighbourhood.

Active Case Management is a key part of the Neighbourhood model providing targeted support to people with multiple long term conditions and wider needs via an MDT in each Neighbourhood. The MDTs have representation from general practice, pharmacy, district nursing, social work, social prescribing, and mental health. Care plans are developed and regularly reviewed with a key worker or co-ordinator allocated for each case. Other services such as housing support are invited to join the MDT where relevant to the needs of a particular individual.

5b) Improving in-hospital flow and discharge	
What practical processes are in place to monitor in-hospital length of stay? What work is underway to reduce long lengths of stay (patients with LOS of 14 and 21+ days)?	• Review of Long Length of stay process pending in conjunction with deep dive outcomes and EDD • Review of bed meeting in line with system reset • The NRTR patients are reviewed daily by our integrated discharge team • Weekly long length of stay reviews on site • Daily bed meetings are held 3 times a day • Point prevalence audits are undertaken to ensure patients still require in hospital care • Bury system trajectories in place to reduce LLOS patients • 7, 14 and 21 day LLOS reviewed weekly at Care Organsation Urgent Care Board • Current system wide reporting in place via Bury Bronze with escalation triggers set.
What Discharge to Assess model is in place to ensure that people are efficiently discharged on the correct pathway when they no longer meet the Clinical Criteria to Reside? What did the self-assessment against the national policy identify and what actions have followed?	• Daily assessment of patients pathways 1-3 for discharge target of those with NRTR to be discharged within 48 hours unless Complex where there is a provision shortage such as nursing/nursing dementia. • 7 day service in place for discharge and action plan for wider system 7 day working • Acute site competing reset which will include pathway 0 and reduce LOS of those in acute setting • Annex A&B leaflets to be distributed as per process • Discharge to Assess is in place and supported via the IDT team. Capacity regularly reviewed and increased as and when needed

Intermediate Tier Services

We want all our services to treat each person according to their individual care, support needs and preferences. It is important that providers adapt their service to deliver flexible options and

Intermediate care services support people in the community, helping to promote independence and providing care, therapies, and rehabilitation.

The Intermediate Tier

- provides short-term rehabilitation to enable service users to regain their optimal levels of independence.
- prevents people from being admitted to hospital, supports people to return home after a recent hospital admission, and enables people to live at home rather than in a care home, if they choose; and
- provides multi-disciplinary teams that support people and their carers when they are in transition between hospital and home or have entered some kind of health and/or social care crisis at home.

There are four primary categories of intermediate care:

- Rapid Community Response (crisis response);
- Home-based intermediate care.
- Bed-based intermediate care; and
- Reablement

Bury has an existing Rapid Community Response service which primarily offers rapid social care support to individuals, with the aim of preventing non-elective admissions to hospital or unnecessary or premature admission to residential or care homes. The rapid community response team currently has a staffing model of:

- Nursing;
- Social work;
- Occupational therapy;
- Physiotherapy;
- Night-sitting

Home Based Intermediate Care Despite being a core component of intermediate care, empowering individuals to maintain their independence and helping to prevent unnecessary admissions to hospital and care homes, offered in Bury. This is being addressed by the Greater Manchester Transformation Scheme funding and is currently in operation. Intermediate Care at Home comprises of Occupational Therapy and Physiotherapy delivered in a person's own home for a short period to aid recovery.

Reablement is the assessment and interventions provided to people in their home aiming to help them to recover skills and confidence and maximise their independence. Bury's current reablement service, supports individuals after a recent hospital admission or crisis at home with up to six weeks of intensive support in their own home. A wide range of services are now offered as part of Bury's Choices for Living Well service. Unlike intermediate care at home Reablement meets people's daily personal care needs such as washing, dressing, and making meals in addition to any therapy needs. The recent combination of the Killelea unit with the reablement team has provided a more streamlined and integrated service to support flow of users through rehabilitation and reablement, from bed-based to home-based. However, feedback from local stakeholders is that there is further requirement to supplement these services with more robust and consistent support from pharmacy, therapy, nursing, and medical cover

Killelea Intermediate Care Facility Killelea is an intermediate care facility delivering 36 single rooms all with ensuite facilities. It is located on Brandlesholme Road and is north of the centre of Bury. Built in the 1960s it recently benefitted from a complete refurbishment and now boasts a fully equipped therapy hub to help people regain confidence and skills to manage everyday tasks, as well as a bistro and hairdressers. Whilst residents are encouraged to prepare their own meals wherever possible hot food is prepared and available on site. Four of the larger single rooms are set up as flats equipped with assistive technology enabling residents to test out equipment before they go home.

Discharge to Assess Beds - Bury's Discharge to Assess beds are 19 beds delivered within the Heathlands Village Care Home in Prestwich. Located in the south of the Borough very close to Manchester. The Heathlands Village provides a wide range of care services for up to 214 older people from both the Jewish and Non–Jewish community. The Heathlands Village is divided into six units. Beach House, residential dementia, Wolfson, residential, Unit 2 residential, First floor residential, the Simon Jenkins nursing unit and Oakwood nursing dementia unit. Bury's discharge to assess beds are in one of these units. All are single

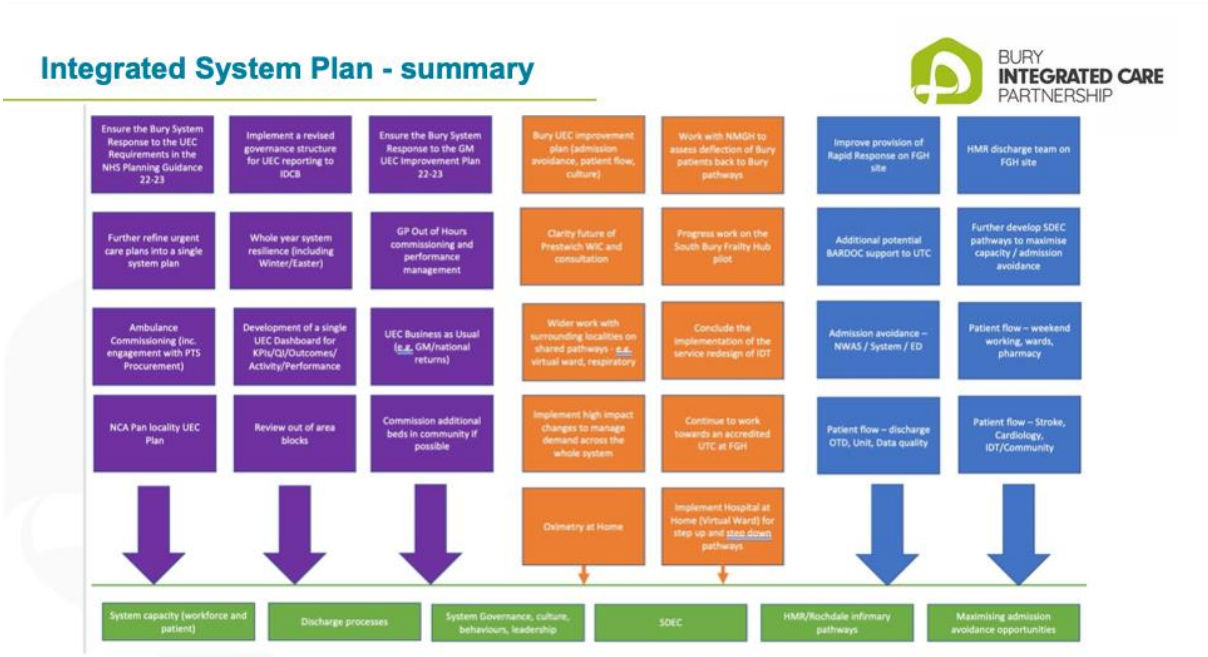
rooms and benefit from ensuite facilities. The care home has many communal lounges and facilities on its large site.

Hospital Discharges

One of the reasons for the increase in Care at Home hours could be that the increased acuity in customers has reduced the capacity in the intermediate Tier. Consequently, more packages are being brokered directly from the hospital into the community, an increase of 46%

Additionally, under the Hospital Discharge and Community Policy there is a requirement for people to be supported at home on pathway 1 to reduce the number of bed-based services accessed as Bury is also an outlier for overuse of bed-based services in England. The Hospital Discharge and Community Policy pathway denotes that at least 45% of people are assessed for discharge on this pathway from a hospital setting.

The HICM has been incorporated into a wider programme of work for Bury's Integrated Care Partnership, this includes the 100 day discharge challenge and a significant urgent care improvement programme. The planned work for this programme is described below:



Intermediate Tier (Home Based)

The Intermediate Tier (Home Based) service is a well-established service which provide time limited, up to 6 weeks reablement services to customers to assess their needs.

The outcomes for this service are extremely positive with just over 50% of customers who have been through the Reablement services being discharged without any further care from

Adult Care Services, a further 16% of customers who were referred on to Care at Home with a reduced package of care

Intermediate Tier (Bed Based)

The Intermediate Tier (Home Based) service provide an assessment of customers' needs either in Killelea or through the Discharge to Assess (D2A) service.

The outcomes for both these services are again extremely positive with just over 42.8% of customers who have completed an assessment returning home with either no care or support from family/private care provider.

Rapid Response

Benefiting from expansion plans delivered as part of Bury's transformation plans but also the need to expand and respond to the need to reduce hospital admissions during the pandemic Bury's Rapid Response Service has gone from strength to strength and now sees **4** times more people per month than before the pandemic and its transformation where average monthly admissions were only **40** per month. The average time from referral to service start is less than ½ a day with people spending an average of **2** days on the service.

Equipment Services

Bury Local Authority equipment services provides equipment and aids to people in their own home to aid and maintain their independence

In response to the pandemic the service expanded to run over 7 days and extended its hours.

Care Link

Carelink provides a remote alarm monitoring system in people's own home which provides a button for people to press if they experience any difficulty along with other sensors and telecare equipment.

The service is currently under review and has been included in the recent development of a 'digital first' approach in Bury, where a dedicated Technology Enabled Care Team with explore a much wider plethora of Technology to support residents their family and carers in a person centred way.

Support at Home Service

The support at home service provides outreach support to **18** sheltered housing developments across Bury which house **423** people aged 55 and over in rented flats and apartments. Of these tenants **155** receive tenancy and wellbeing support from the Support at Home service.

During the pandemic this service went through a re structure and now offers a 24 hour a day emergency response service to the 2200 Care Link customers. When the person cannot be contacted over the Carelink system and a relative is not available to call on the person, rather than calling the emergency services the support at home service now responds.

Falcon and Griffin Extra Care Housing

Falcon and Griffin Extra Care Service provides care and support to a development of **69** flats for older adults.

The service provides **150** hours of care and support per week to **21** residents and wellbeing and tenancy support to a further **71**

Hospital Integrated Discharge Team

The Hospital team is based over 2 hospitals, and the role of the team is to assess people who require support for discharge. The team are multi agency workers from social care and health

Staff based at Fairfield assess every customer regardless of the local authority they reside in. to support discharge, the staff at North Manchester assess some Bury customers at North Manchester and manage assessments that come in from North Manchester and other Out of Area Hospitals. The team use the Trusted Assessment model for all assessments and referrals to external partners

The team follow the Hospital Discharge and Community Support: Policy and Operating Model https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model

The team are also responsible for prevention of delayed discharges and reducing the Length of Stay in Hospital, the Brokerage team is firmly embedded in the service and capacity has been increased to reflect the increase in demand for hospital discharges and the brokerage of care at home and residential/nursing care because of a decreased level of acuity of patients on discharge. The Brokerage team works closely with the commissioning team to help prevent blockages to system flow throughout the wider system.

System Flow Group

A system flow group consisting of senior managers in Adult Social Care has been operational for a couple of years now and meets regularly to discuss concerns or issues in the flow from hospital into adult social care services. Task and Finish groups have been set up to review and test new pathways and the group now regularly reviews all pathways every quarter to ensure they are operating safely and efficiently. This group is supported by the Commissioning Team and the most recent piece of work is linked to hospital discharge pressures whereby commissioning team members are supporting senior managers to move people on through the system from D2A beds and IMC, thus freeing up further beds for hospital discharges. The demand for D2A beds is increasing and we currently have 19 in Heathlands, and a further 39 beds which have been purchased from the private sector to cope with increasing demand.

Care at Home

In line with best practice, it was agreed to review the Care at Home service in advance of its initial 3-year contract end to ensure that the contract is both effective and high performing for its final year and beyond.

As part of the new contract Providers will work with customers to agree a more flexible, person-centred approach based on the individuals needs and agreed hours over a four week period.

This flexible plan is then assessed by CWB with the care plan / service order updated internally to reflect the agreed service delivery.

Lot 1: Primary Framework Providers - to deliver the Care at Home service in the most cost-effective way, it has been agreed that the borough of Bury will be separated into five neighbourhoods; these are based on the Integrated Neighbourhood Teams, West Bury, Bury East, North Bury, Whitefield and Prestwich. Two providers will be allocated to each neighbourhood as main provider on alternate weeks for the purposes of accepting new referrals and managing provision.

Lot 2: Providers who wish to remain at low volume (from 0 to 600 hours/week) will be accommodated on this framework. There are currently 15 providers offering back up provision. This system allows for more flexibility to handle increased service demand from the integrated hospital discharge teams, we have recently block booked 600 care at home hours from 2 Lot 2 providers for care at home provision to allow people to be discharged from hospital at a faster pace to free up hospital beds.

The new Care at Home contract allows for changes to be made to the service specification that will allow greater flexibility and choice for customers in how their needs are met. The strengths of this are:

- A well-functioning and sustainable Care at Home service will have a positive impact for other areas of health and social care, for example, reduced social isolation, reduced admissions to hospitals, reduced carer breakdown, more people being able to live at home for longer.
- Enabling providers to have a stronger role in assessment and care management will allow more capacity for social workers.
- A truly person-centred service for customers will be developed.
- Implementation of innovative ideas that the current contract does not allow.
- Alignment to the Integrated Neighbourhood Teams and Locality Plan.

Strength Based Approach

- Care management conduct a strength-based assessment to identify broad outcomes and available budget.
- Provider and customer to continue strength-based approach to support planning by working up support plan details and timings.
- Providers to use the ability to subcontract to consider working with voluntary and community sector organisations in the neighbourhood which may be able to support certain specialist needs or sections of the community.
- Strengths-based approach with customers is embedded at the first interaction with our customers and at the review stage.
- Bury has embedded the '7 stage conversational tool' exploring how the person can be empowered to achieve outcomes that matter most to them, promoting independence and self-care, utlising technology enabled care, aids and adaptations, working with family, friends and carers, accessing community assets, universal services and when these elements are unable to support a person then considering person centres formal care.
- Providers able to deliver a level of reablement when there is insufficient capacity, or it is inappropriate for them to be referred to the Bury Council Reablement Team.
- Social Care and health staff along with a range of providers and partners have undertaken ethnographic training and will continue to access an online version.

Living Well at Home

Bury's 'Blended Roles' project aims to identify and explore opportunities to support Care at Home staff to undertake healthcare tasks historically undertaken by District Nurses. With full training and support, these tasks could include basic tasks such as basic wound care and eye drops etc. This will create an opportunity to optimise and improve the Care at Home role in Bury which will develop career opportunities by supporting potential transfer to roles in the NHS. It will also ensure that experience of care is improved as fewer professionals will be involved in the facilitation of a person's care.

Blended Roles sits within 'Living Well at Home' - a Greater Manchester programme of work which promotes a model of independent living and support delivered through transformed adult social care and health. The aim of this programme is to support people to stay well and independent in their own homes and communities of choice, as well as ensuring high quality support where needed. This will be achieved by developing a strong, attractive, and aspirational workforce offer with careers in health and care that offers progression through education, training, apprenticeships, and a good career pathway. It will also ensure interventions and prevention models are in place so that people can avoid going into long term support services and it will also change the way the money drives the outcomes, with payment reform incentivising retention of independence and improved outcomes. Covid had a major impact upon our providers which meant the implementation of this project was delayed considerably, however the work has now been picked back up but the increased demand for care at home for hospital discharge is having an impact upon the pace of change.

Assistive Technology (Technology Enabled Care TEC)

TEC is central to the modernisation of health and social care. It offers a range of possibilities for individuals, through the application of technological advances in a social care setting. TEC enables people to live independently for longer by preventing hospital admissions and premature moves to residential care. Complimenting care by offering alternatives to formal care, maintaining quality outcomes often in a less intrusive manner and freeing up staff capacity to focus human interaction with those who most need it. TEC can also be used to better assess customers ensuing support is truly reflective of support required.

Personalisation is based on offering choice and control to our customers, working with them to co-develop individualised support plans. TEC offers numerous possibilities depending on the customer's needs and desired outcomes. TEC ranges from simple devices to prevent sinks flooding, to GPS tracking and smart-phone applications. By ensuring technology is considered during the development of every support plan we can support customers to find the best possible solutions to meet their needs and is often the cheaper solution.

Technology can't replace human care, but it can hugely assist in reducing the need for care, particularly where the care is predominantly about monitoring and managing risks. This increases independence for the customer and frees up capacity in the home care sector. A new transformation project has been set up via the Commissioning Team to move the TEC agenda forward, consultation has been carried out and recruitment for a new TEC team will be underway shortly. Our approach will be via a framework where people can have choice and control over which services or apps are used rather than to commission one size fits all products. Having a dedicated TEC team working alongside our health and social care professionals, linking into our VCSE sector, and supporting the customer directly via self-referral will being a new form of support not previously known in Bury.

Home from Hospital

The Commissioning Team is currently leading on the development and commissioning of an enhanced home from hospital service, to replace the current 'Take Home and Tuck Up' scheme and various voluntary sector activities. The aim is to being together all funding pots to commission an enhanced service which is more flexible in its approach and has levels of service dependent upon customer and patient need. The new service will bring together all providers including the voluntary sector to deliver one service instead of a host of very good, but disjointed services at the moment. The outcome of the service is to ensure people discharged from hospital on pathway 0 or 1 are supported to have a safe but speedily discharge, remain at home and to prevent hospital readmission. Ensuring people who live in the community are supported at times of life changes to prevent admissions to hospital and to reduce loneliness and isolation which should also help to prevent hospital admissions and reduce pressure on GP practices.

Supporting unpaid carers.

As a society we are increasingly dependent on the contribution of unpaid care. Carers are an essential part of enabling people to stay in their own homes for longer and allowing the move from hospital to community care.

The Bury Carers' Hub

The Bury Carers' Hub is the primary resource for adult carers in Bury to provide information, advice and a wide range of specialist support services designed to help adult carers caring for another adult to continue in their caring role for as long as they choose and reduce the impact the caring role can have on their own health and wellbeing.

The service is shaped on the main themes identified, following significant consultation and engagement with carers, the community, providers and partners.

Bury now has a model that delivers a service direct to carers as a 'One Stop Shop / Pop-Up' approach, in each of the 5-neighbourhoods of Bury, so that carers receive all the support they require via a single point of contact that is recognised and local to them, making it easier for carers to connect with others, to both offer and receive a range of support and to come together to influence service delivery.

We are gaining an understanding of the demographic of Bury, which reflects the diversity of the 5-neighbourhoods, enabling the service to build relationships with local community support in each of the neighbourhoods adopting a whole family approach, to maximise the impact of resources and identify opportunities to support carers.

- The Bury Carers' Hub offer volunteering opportunities for carers; fully supported by a Volunteer Co-ordinator.
- 1-2-1 support delivered by method and in location of carers choice
- Holistic assessment, outcome tools, and support planning employing a strengths-based approach.
- Newsletter – designed by carers
- Carers Community Network Platform with 1,600+ carer members from across the providers' carer services. Also, digital groups and activities delivered through the platform, including evening offer
- Carers Help and Talk (CHAT) line available 24/7, 365 days, manned by volunteers
- Outgoing calls to carers through CHAT Line. Carers are matched to volunteers who offer regular wellbeing calls
- Carers UK Digital Resource for Carers including Jointly App can be accessed by a code provided by the GP. Supporting GP Practices and carers to deliver this

- Digital groups and activities delivered on Zoom, including evening offer
- Closed Facebook group for peer support
- PenPal scheme
- Carers clinics, coffee & chats and other activities delivered borough-wide
- Monthly community based walks in partnership with the Stepping Out Project and Manchester & Salford Ramblers

- Information, advice and signposting to other more appropriate, specific and skilled services, organisations, groups and support networks
- Service briefings and Carers Awareness Training to professionals across all sectors.

Carers Personal Budgets
Carers Personal Budgets are part of the statutory Carers Assessment process delivered by Bury Council.

Carers Personal Budgets are a response to meet needs identified in the Carers Assessment which cannot be met otherwise and are about giving the carer choice and control over the way that their support is provided, to enable carers to achieve recognised quality of life outcomes which they are unable to achieve due to their caring role.

The FED Volunteer Service – Time for You Project
The Time For You project, based within The Fed's Volunteer services, supports carers in the Jewish Community. This project has been providing this culturally appropriate service to carers for over 20 years.
The service aims to provide carers with a much-needed break from their caring role. They recruit, train and support volunteers who sit with or take out the person being cared for, enabling the carer to have some time away from their caring responsibilities.

The Bury Directory
The Bury Directory is Bury's one-stop information point for advice, support, activities, services and more. Following several workshops with carers of all ages, a dedicated carers section has been developed which brings together information, advice and services for carers all in one place.

Disabled Facilities Grant (DFG) and wider services

Housing

The Adult Social Care White Paper 'People at the Heart of Care: adult social care reform' focusses on making every decision about care a decision about housing. Writing 'ensuring people receive the right care and support all begins with where they live and the people they live with'. The ambition is to give more people the choice to live independently and healthy in their own homes for longer. 'This means adults of all ages being able to access or remain in the home of their choice, whether that be their own home of today or one they move into - which forms part of a community they have chosen to call home'.

The white paper outlines four 'I' statements in relation to housing, these are 'I' statements that Bury will consider throughout our housing agenda:

- I can live as part of a community, where I am connected to the people who are important To me, including friends and family and I have the opportunity to meet people who share my interests.

- I lead a fulfilling life with access to support, aids and adaptations to maintain and enhance my wellbeing.

- I can live in my own home, with the necessary adaptations, technology, and personal support as designed by me, to enable me to be as independent as possible.

- I have a good choice of alternative housing and support options, so I am able to choose where I live and who I live with, with the opportunities to plan ahead, and take up those options in a timely fashion.

This means that the right home can be beneficial for the wider health and care system, and can be a key factor in contributing to:

- Delaying and reducing the need for primary care and social care.
- Preventing hospital admissions.
- Enabling timely discharge from hospital and prevent readmissions.
- Enabling rapid recovery from periods of ill health or planned admissions

The first priority is to address the shortfall in housing provision for older people in the borough and the second priority is to increase housing options for specialist groups.

We are committed to working collaboratively with our housing partners and Bury residents so we can design and deliver options for homes which meet people's needs. Using an evidenced based understanding of where the existing generation of older people live and where the next generation of older people are currently living in the Borough, also those who need supported housing. Understanding their health needs, and aspirations for housing over the next 25 years.

Working in collaboration with health, key partners, housing developers and providers to identify sites and buildings in the right locations for development and conversion/improvement to meet the needs of older people, specialist groups and people with a learning disability. The focus is to increase housing choices for our older people, specialist groups and people with a learning disability.

Bury has spent the past 18 months researching, listening, and collaboratively understanding the current and future need for housing for adults with additional needs. This has been a joint health and social care effort linked into wider housing colleagues and partners, both care and housing providers along with our customers to understand what is important regarding housing. This work led to the development of a housing for those with additional needs vision, strategy and market position statement, the 'blueprint' for Bury.

Through our housing solutions we will:

- Promote wellbeing and social inclusion.

- Support improved quality of life in terms of financial wellbeing, reduced social isolation, continuation of community life, and potential for continued role for carers and families.

- Enable people to maintain their independence in their own self-contained accommodation.

- Provide care and support which is flexible and accessible (either onsite or nearby).

- Offer alternatives to residential care and sheltered housing (for those who need it).

- Supply affordable solutions so that the chosen options can be “a home for life”.
- Deliver high-quality, fit for purpose dwellings with low-running costs in local communities.
- Provide a choice of housing options.

Overall, across the priority areas (learning disabilities including autism, mental health and our older people) there is a requirement by 2025 to increase supported accommodation by C.245 bedspaces. To deliver the defined blueprint a cross council (health and social care) Housing Growth Programme Board and Subgroup has been established. Supported by a dedicated resource within the Community Commissioning team focused on reviewing and improving existing housing stock, ensuring it meets expectations set out in the OCO ‘Checklist of accommodation standards and tenancy-related housing services in supported housing’. Decommissioning inappropriate stock, focussing on reducing voids in the system and aligning agreements to our voids policy. Standing up a plethora of new housing schemes which are at various stages from embryonic, planning through to build stage. Collaboration with our housing and care providers is important, several care provider networks are used as a vehicle along with the GM housing provider network and the newly formed Bury Registered Provider Framework.

The full housing market position statement is embedded below and link to the webpage with accompanying housing related documents: https://www.bury.gov.uk/aschousing

Final- Bury ASC Housing for Adults wi

Disabled Facilities Grants

We are embarking on an exciting time in Bury were we start to look at our DFG and the way it is used to adapt properties to enable independent living, privacy, confidence and dignity for individuals and their families as a system. Collaboration across health and social care, our housing colleagues and where we can our providers and residents will help shape the way we work and align the objectives of our DFG usage and adaptations policy with existing local social care, health and older people related strategies. Bury now has its Housing for Additional Needs Vision, Strategy and Market Position Statement, The Bury Let’s Do it Strategy and several other strategies and market position statements sitting across learning disabilities, mental health and our ageing population will all enable a revised DFG and adaptations policy, process and pathways that aligns to them all.

As a system we will look at opportunities around Technology Enabled Care, expanding our handy person scheme, a wide range of aids and adaptation solutions, looking at floating support to offer information, advice and guidance helping enable people to live independently at home for as long as possible, working with providers in a different way with a potential revised framework and considering how DFG can help get people home from hospital in a timely manner and prevent the need for admission in the first place. A cross system Adaptations Steering Group has been established, a term of reference produced, and an action plan has been developed with all stakeholders support to drive this work forward collaboratively.

Equality and health inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

Continuing the commitment of Bury Council and the CCG (Now ICS) to make significant improvements in equalities both as an employer and service provider, there has been a lot of progression since the last report. We are working together to deliver the Equality, Diversity, and Inclusion Strategy. Two new roles have been established this year; Equality, Diversity and inclusion Manager role which is a joint role between Bury Council and NHS GM (Bury) and a Project Manager role focused on Inclusive Recruitment and Reciprocal Mentoring which will work across Bury and Rochdale Public Services, Bury Council are hosting the role after leading on and succeeding in a bid to the Gm Health and Social Care Partnership.

Our aim has been not only to protect those who are the most vulnerable and engage with those whose voices are seldomly heard but also to create a provision which is not only reflective of our communities but also understands the cultural and religious needs of our communities.

There has been significant community funding through the Neighbourhood pitch events to address neighbourhood inequalities as well as a development of the Radcliffe People and Communities plan, one of the priorities of which is Health and Wellbeing

In line with our strategy of focusing on one protected characteristic each year we created a Bury Race Plan and over the past year we have had conversations across our neighbourhoods with different communities to discuss Race and Racism. There has been lots of engagement with our communities and an action plan has been developed that will be delivered over the next few years, in line with the Let's Do It Strategy. We are committed to focus on; more education around different races and cultures for staff as well as creating more methods for inclusive recruitment e.g., easier, more accessible applications, going into community venues with job opportunities and creating safe spaces for feedback about the process of recruitment. In conjunction with partners, we will ensure we give voice to lived experience, be vocal and positive advocates and celebrate diversity.

This year we have started to create and action our Disability Plan which will comprise of Bury Council, ICS and other partners including Bury VCFA developing structures which are more inclusive to create safer spaces for the staff and residents of Bury who have disabilities. This plan includes strengthening our approach to reasonable adjustments for staff and engaging with residents, building the confidence of our workforce around

disabilities, to support the progression of people who are disabled within our workforce and more.

We have continued to engage Team Bury partners, businesses and investors into the Inclusion Strategy; the Inclusion Working group which now engages with a wider range of members from other public services as well as the VCSE. Positive outcomes from this group have included inclusion forming part of the inaugural Team Bury Away Day, which was held in July, the Council's Director of People & Inclusion presenting on the Inclusion Strategy to the Bury Business Leaders Group and signposting to various sources of support for businesses to strengthen their focus on inclusion.

To develop our commitment further towards equality we have also set up a community cohesion sub-group from the Community Safety Partnership in which community leaders are involved to continue the partnership working.

Currently there is work underway to formally review all HR policies and develop a new managers handbook as a single source for all relevant policy and guidance information. All new and revised policies are subject to formal Equality Impact Assessment

- Goals for the following year:
- Celebrate the voices of those with lived experience
- Deliver the next steps of the race equality plan
- Deliver the Disability plan
- Continue working with the Inclusion Working Group to ensure EDI is embedded through our work

Governance of the Inclusion Strategy

This is a joint strategy between Bury Council and Bury CCG and such ownership in terms of driving implementation and evaluation sits with the Strategic Commissioning Board (SCB) under the accountable leads of:

- The CCG Chair as Clinical Lead for Inclusion
- The Council's Cabinet Member for Corporate Affairs

Reporting against the Implementation Plan will take monthly to the Cabinet Member for Corporate Affairs and the Clinical Lead for inclusion, who together shall present joint updates to SCB every six months and to the respective scrutiny committees (Bury Council – Overview and Scrutiny Committee). As outlined above reporting on progress and outcomes of the Inclusion Objectives will also take place through the quarterly reviews of the Corporate Plan by the SCB.

The Health and Wellbeing Board has also been refreshed with an explicit role to act as a 'standing committee' on population health and health inequalities. All programmes of work are challenged to demonstrate their understanding of health inequalities (geographic, demographic, and social) and how the programmes will monitor and address inequalities through design and delivery. This includes ensuring co-production with those with lived experiences.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Bury

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	240.4	206.7	218.4	205.7	There is a 6.8% increase in admissions from Q1 21/22 to Q1 figure for 22/23. The plan for 22/23 assumes a similar % increase across the reaming 3 quarters	Across the Bury system there are a range of new and ongoing projects and plans targeted towards improvements in the number of avoidable admissions. These include the following
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(See Guidance)	Indicator value	270	234	245	245		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	90.2%	91.8%	91.5%	90.5%	In order to define the % performance for 22/23 two scenarios were produced. Whilst total admissions were down 1.8% in Q1 22/23 compared to Q1 21/22. Scenario 1 was mapped against this decrease. However going back further to 20/21 and 21/22 we saw a 13.3% increase in admissions. Scenario 2 was mapped against this increase.	•Home first principles adopted across the system for hospital discharges •MDT to support discharges wherever appropriate to usual place of residence •Reablement and Package of Care support upon discharge
	Numerator	3,429	3,645	3,538	3,225		
	Denominator	3,802	3,970	3,865	3,565		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(SUS data - available on the Better Care Exchange)	Quarter (%)	91.9%	91.5%	91.5%	91.5%		
	Numerator	3,375	4,183	4,044	3,829		
	Denominator	3,673	4,570	4,418	4,183		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	644.7	589.8	589.8	528.3	Targeted reduction in general residential, annual tariffs set to encourage the market to move towards increase in more complex provision such as dementia residential, dementia nursing and general nursing	Plans in place to offer a wider choice of provision, new model of Care at Home and increased support to remain at home for longer, proposals to improve and increase provision in new Extra Care facilities planned.
	Numerator	226	210	210	190		
	Denominator	35,054	35,605	35,605	35,965		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	76.9%	81.3%	87.3%	87.5%	Post pandemic we have returned to our normal LOS and plan to increase the amount of rehabilitation provided, returning to previous levels.	Plans in place to increase level of rehabilitation commissioned, increased staffing and further reduction in LOS to enable greater flow.
	Numerator	40	170	62	105		
	Denominator	52	209	71	120		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Capacity & Demand

4.2 Capacity - Community

Selected Health and Wellbeing Board: Bury

4.2 Capacity - community
This sheet collects expected capacity for community services. You should input the expecte You should include expected available capacity across these service types for eligible refer services to support recovery, including Urgent Community Response and VCS support. The - Voluntary or Community Sector (VCS) services - Urgent Community Response - Reablement or rehabilitation in a person's own home - Bed-based intermediate care (step up) Please consider the below factors in determining the capacity calculation. Typically this wil service or length of stay Caseload (No. of people who can be looked after at any given time) Average stay (days) - The average length of time that a service is provided to people, or av Please consider using median or mode for LoS where there are significant outliers Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a pe own home. For services in a person's own home then this would need to take into accoun

Any assumptions made:	

Capacity - Community	
Service Area	**Metric**
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.
Urgent Community Response	Monthly capacity. Number of new clients.
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.

Template

ed available capacity across the different service types.
rals from community sources. This should cover all service intermediate care
template is split into 5 types of service:

ll be (Caseload*days in month*max occupancy percentage)/average duration of

erage length of stay in a bedded facility

rcentage? This will usually apply to residential units, rather than care in a person's
t how many people, on average, that can be provided with services.

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
260	260	260	260	260	260
124	123	136	148	147	146
4	4	4	4	3	4

Public Health Annual report 2020-2022

Forward by Lesley Jones Director of Public Health

I distinctly remember being stood on a train platform on my way home from an evening out, when my mobile phone rang and I looked to see the caller was Public Health England. My heart sank. It was the call to advise me that the first case of Covid-19 in the North west of England had been detected in Bury. From that moment on my feet didn't touch the ground for two years. The following day was a whirlwind of TV and Radio interviews and the beginning of public health being thrust front and centre into the response.

The pandemic hit the population of Bury hard, with well over a third of people having tested positive at some point and by July 2022 almost 750 people had died with COVID-19 mentioned on their death certificate. The measures to control the spread of infection impacted on access to health and care, children & young people's education and on the viability of businesses. The lockdowns and the need for the more clinically vulnerable to shield exacerbated loneliness and isolation and impacted on mental health and well-being. The worst of these effects fell hardest on those already suffering social injustice and the effect of pre-existing inequalities.

I am immensely proud of our response. This really did involve the whole system pulling and working together - making the seemingly impossible happen to help manage and mitigate the effects of the pandemic as far as possible locally. Whether through getting much needed PPE to care homes; establishing early Covid-19 testing beyond the national offer; being one of the first areas to set up a local contact tracing partnership and enhanced contact tracing; setting up Community Hubs to support to 14,000 clinically extremely vulnerable people; providing support to local businesses, schools, nurseries and care homes to understand and adhere to the changing regulations and guidance and with outbreak management; utilising every form of media and working with community champions to get key messages out or rapidly establishing and delivering the vaccine programme - everyone involved went over and above to do everything they could and I cannot thank them enough.

The critical role of Key workers in our society has never been made more stark. They worked tirelessly to keep us safe and keep essential services going whilst also putting themselves at greater risk of exposure. We owe them a debt of gratitude and should never forget just how much we rely on these roles in our everyday lives.

Whilst we have come out of worst phases of the global pandemic, the virus is still around and the enduring impacts persist for bereaved families, those with long-covid, those who have had their health and care delayed and those whose livelihoods, development and mental well-being been upended by social and economic disruption. It is vital we draw on the legacy of strengthened relationships, new ways of working and a renewed appreciation of what really matters as we now focus on our recovery and regeneration through delivery of the brough LET's! Do It Strategy.

Foreword by cabinet member for health Councillor Tariq

TBC

1 Introduction

The COVID-19 pandemic has affected everyone who lives and works in Bury over the past two and a half years. The first case of COVID-19 in Bury was reported on Sunday 1st March 2020. Since then, the borough has been on a journey which includes national and localised lockdowns; changes in the way people work; changes to the way children were educated; and the biggest vaccination program ever run.

Council Public Health teams who have usually worked in the background to improve their population's health have been thrust to the forefront of tackling a global pandemic. The whole Council mobilised, along with other public services, charities, faith groups, and communities to respond to the pandemic. Bury is now looking to the future and planning for how the borough can adapt and thrive in future.

COVID-19 has not affected all parts of society equally. It has highlighted, and in some cases increased, existing health inequalities both at a local and a national level. From the first reported cases up until 31st March 2022 Bury residents reported over 65,000 positive Covid-19 cases, this resulted in over 6,700 hospital admissions across local hospitals and 718 deaths as a result of COVID-19 in the borough.

This year's Director of Public Health's Annual report will take a slightly different approach to previous years. It will explore Bury's experience of the COVID-19 pandemic so far and look forward to the borough's recovery and future Public Health plans as we learn to live in a world alongside COVID-19.

2 Key dates/ Timeline

2020

30 January: First cases confirmed in UK.

01 March: First case reported in Bury.

16 March: Country is told “now is the time for everyone to stop non-essential contact and travel”.

23 March: First UK lockdown announced, people told to “stay at home”.

25 March: Coronavirus Act 2020 received Royal Assent granting the Government emergency powers including to limit gatherings, detain people believed to have COVID-19, and to change regulations across a range of sectors.

16 April: central Government sets out five tests that must be met before restrictions are eased. These were (i) making sure the NHS could cope; (ii) “sustained and consistent” falls in COVID-19 deaths; (iii) data showing infections were at “manageable” levels; (iv) ensuring adequate supplies of PPE; and (v) being sure any adjustments would not risk a second peak.

1 June: Phased re-opening of schools in England.

13 June: Single adult household allowed to create support bubbles.

15 June: Non-essential shops reopen in England.

23 June: National government announce relaxing of restrictions and 2m social distancing rule.

29 June: First local lockdown in Leicester and parts of Leicestershire announced.

4 July: UK’s first local lockdown comes into force in Leicester and parts of Leicestershire. More restrictions are eased in England, including reopening of pubs, restaurants, hairdressers.

20 July: initial results from trials indicate that a COVID-19 vaccine has been produced by Oxford University.

30 July: announced that parts of the North of England will have stricter lockdown measures including no mixing indoors. Plans to further ease national lockdown measures on 1st August are postponed.

31 July: Greater Manchester placed under increased restrictions.

2 August: Major incident declared in Greater Manchester due to high rates in Trafford and Oldham. All areas in Greater Manchester, including Bury, are subject to increased restrictions

3 August: Eat Out to Help Out scheme, offering a 50% discount on meals up to £10 per person, begins in the UK.

14 August: National lockdown restrictions eased further, including reopening indoor theatres, bowling alleys and soft play. Restrictions not eased in Greater Manchester.

14 September: Rule of six introduced. Indoor and outdoor social gatherings above six banned nationally

22 September: New restrictions in England announced, including a return to working from home and 10pm curfew for hospitality sector

14 October: New three-tier system of Covid-19 restrictions starts in England. Greater Manchester placed in tier 2.

21 October: Greater Manchester moved to Tier 3

5 November: Second national lockdown comes into force in England

24 November: Christmas rules announced- up to three households would be able to meet up during a five-day Christmas period of 23 to 27 December.

2 December: Second national lockdown ends, England returns to three-tier system of restrictions

19 December: Tougher restrictions for London and South East England announced with a new Tier 4: 'Stay at Home' alert level. Christmas mixing rules tightened to now allow three households to mix in Christmas day only.

26 December: More areas of England enter tier 4 restrictions.

2021

4 January: Children told to return to school after the Christmas break, but public warned restrictions in England will get tougher

6 January: England enters third national lockdown. Schools closed.

15 February: Hotel quarantine for travellers arriving in England from 33 high-risk countries begins.

22 February: Roadmap for lifting the lockdown published.

8 March: Step 1 Schools in England reopen for primary and secondary school students. Recreation in outdoor public spaces will be allowed between two people. 'Stay at home' order remains in place.

29 March: Step 1 Outdoor gatherings of either six people or two households will be allowed, including in private gardens. Outdoor sports facilities also reopen. 'Stay at home' restrictions ends but people are encouraged to stay local.

12 April: Step 2 Non-essential retail, hairdressers, public buildings (e.g. libraries and museums) reopen. Outdoor venues, including pubs and restaurants, zoos and theme parks also open, as well as indoor leisure (e.g. gyms). Self-contained holiday accommodation opens. Wider social contact rules continue to apply in all settings – no indoor mixing between different households allowed.

17 May: Step 3 Limit of 30 people allowed to mix outdoors. 'Rule of six' or two households allowed for indoor social gatherings. Indoor venues will reopen, including pubs, restaurants, cinemas. Up to 10,000 spectators can attend the very largest outdoor-seated venues like football stadiums.

14 June: Step 4 delayed by four weeks, until 19 July, as whilst vaccination programme is accelerated. Restrictions on weddings and funerals abolished

19 July: Step 4 Most legal limits on social contact removed in England. All remaining closed sectors of the economy reopened (e.g. nightclubs).

16 August: Those who were double vaccinated and those under 18 were no longer required to isolate if they had been in contact with a person who had tested positive for COVID-19.

14 September: PM unveils England's winter plan for COVID-19 – 'Plan B' to be used if the NHS is coming under "unsustainable pressure", and includes measures such as face masks.

8 December: Move to 'Plan B' measures announced England following the spread of the Omicron variant.

10 December: Face masks become compulsory in most public indoor venues under Plan B.

15 December: NHS COVID-19 Pass becomes mandatory in specific venues such as nightclubs.

2022

5 January: Rules regarding PCR tests in England are to change from the following week, meaning anyone testing positive for COVID-19 with a lateral flow test but who have no symptoms will no longer need to follow the test with a PCR test; they will still be required to self-isolate for seven days though. Wales also announces the same changes but plans to bring them in from the following day.

7 January: From 4am people in England who are fully vaccinated are no longer required to take a pre-departure COVID test before travelling abroad, while anyone arriving in England who has had both vaccines is not required to self-isolate while waiting for the results of a PCR test. Similar changes are also made in Scotland.

11 January: People in England without COVID-19 symptoms no longer need a PCR test to confirm a positive lateral flow test following a change in the rules.

17 January: the period of self-isolation in England following a positive COVID test is to be cut to five full days from Monday 17 January.

27 January: Plan B measures are lifted in England bringing an end to the mask mandate.

24th February: End of isolation for close contacts and end of contact tracing.

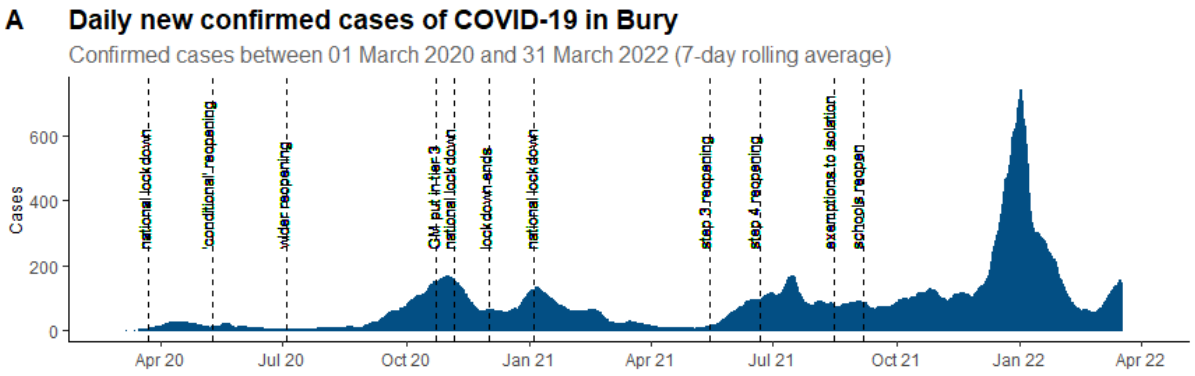
1st April: COVID-19 PCR and LFT tests are no longer be available for free for the general public.

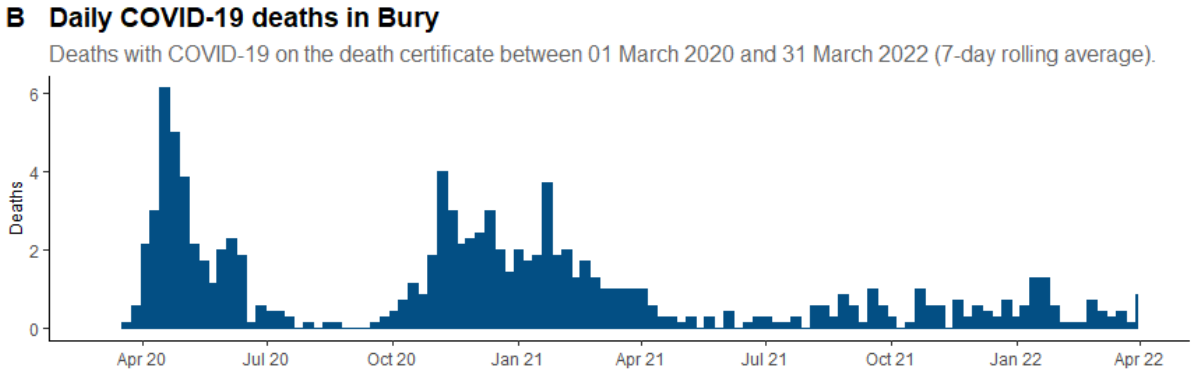
3 COVID-19 in Bury

As of 20 July 2022, over 64,000 residents of Bury had tested positive for COVID-19 at least once. This is around a third of Bury's population of around 194,000 people. However, more people are likely to have had COVID-19 without getting a positive test.

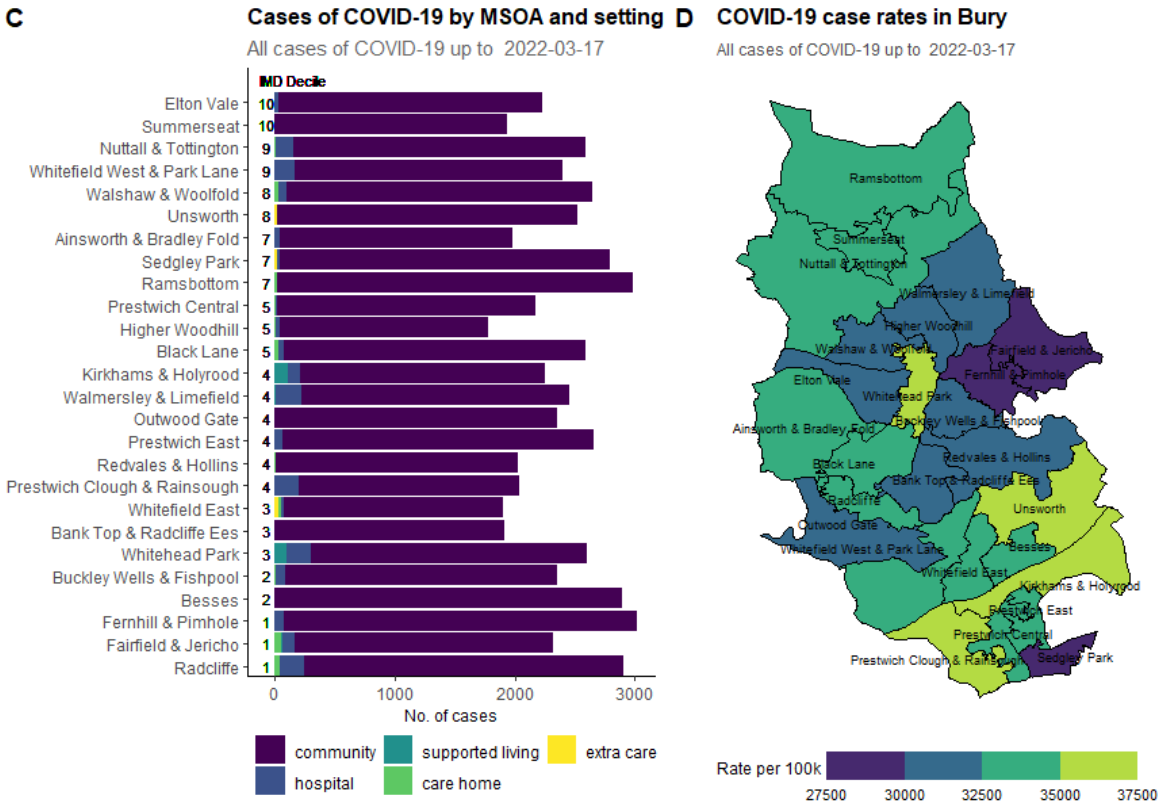
Plot A shows the seven-day average number of cases between 1 March 2020 and 31 March 2022. The waves of infection are clearly visible, but changes in access to testing through the pandemic mean the height of the peaks should not be compared.

Up to 17 July 2022, 744 Bury residents had died and had COVID-19 mentioned on their death certificated. Plot B shows the seven-day average number of COVID-19 deaths between 1 March 2020 and 31 March 2022. The waves of infections are still visible but most of the deaths happened in waves 1 (March to July 2020) and 2 (October 2020 to April 2021). Later waves were less deadly because of immunity built up in the population, crucially through the vaccination programme, and improvements in treatment for people with COVID-19.

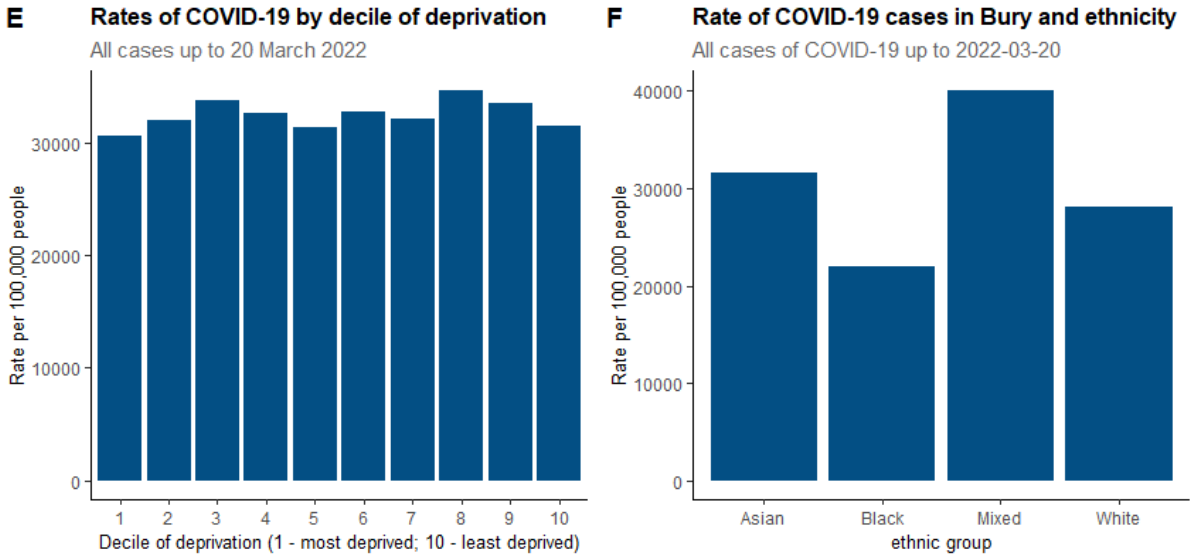




COVID-19 infection rates have varied across the borough. Plots C and D below show how infection rates varied across different parts of Bury. Despite these overall differences, at different times different areas could have higher infection rates.



These differences in infection rates between different parts of Bury are reflected in variations between different communities within Bury. This can be seen in the higher infection rates experienced by ethnic minority communities (plots E and F below).



4 The impact of COVID-19 on health in Bury

The most obvious impact of COVID-19 has been the lives cut short by the virus. At the time of writing this was 744. These deaths have not been evenly distributed: in 2020-21 COVID-19 accounted for 14.1% of the gap in life expectancy between men living in the most and least deprived fifths of Bury and 9.7% of the same gap for women. This is because both the infections and the underlying illnesses that make people more vulnerable to the infection were not evenly distributed.

The same is also likely to be true of long-COVID – where people experience persistent symptoms months after their initial infection with COVID-19. Long-COVID covers a wide range of conditions, including both people who suffered severe COVID-19 and needed intensive care, through to people who had a milder initial infection but later experienced prolonged symptoms. Definitions vary, but typically focus on symptoms that persist beyond 12 weeks after the initial infection. Some estimates include any symptoms, others focus on only those that substantially affect the person's quality of life. Because of this, estimates of the proportion of people who get long-COVID vary widely and estimating the number of people experiencing long-COVID in Bury is difficult. Nevertheless, Bury is likely to be worse affected than average parts of England because it has had higher than average infection rates, and has a population that is less healthy than average. Long-COVID appears to be more likely to affect women, older people, people living in more deprived communities, and people who were already suffering poor general health. This means long-COVID is likely to continue to widen gaps in health and wellbeing.

As well as causing harm directly, COVID-19 also caused indirect harm through its impact on the healthcare system. To manage periods of high community transmission of COVID-19 and the large numbers of people needing hospital care, some aspects of other healthcare was paused. This is likely to lead to harm in the form of long-term conditions such as heart disease and diabetes that we less well managed than they would otherwise have been, as well as people who have had to wait longer for surgery. Most of the extra deaths above normal levels that have been seen in England since July 2021 have been attributable to causes other than COVID-19, particularly cardiovascular disease and diabetes. Deaths due to cancer in England are not significantly above normal levels, but this may take longer to change over the coming months and years.

COVID-19 and the measures taken to control it have had a rage of effects on the things that make us healthy or ill. Many of these changes are likely to have widened health inequalities. Local data are limited, but national data suggests the following impacts:

- **Alcohol:** Overall sales of alcohol in England increased. Worryingly, this increase was mostly among people who were already consuming the most alcohol. Survey data show that most people say they did not change their drinking behaviour but some reported drinking more and a similar proportion report drinking less. Consistent with sales data, people who reported drinking more during the pandemic than before tended to be heavier drinkers. Deaths attributable to alcohol increased during the pandemic, with harm greatest among the most deprived. This trend is likely to have particularly affected Bury as rates of alcohol specific mortality is higher than average for England.
- **Illicit drugs:** Drug related deaths have been increasing in England and Wales since 2013 and this increase continued in 2021.
- **Physical activity:** Unsurprisingly the stay-at-home orders markedly reduced physical activity. The proportion of people reporting any activity fell nationally, with the biggest falls were among people from ethnic minority communities and unemployed people.

Among people who were active before the pandemic and remained active, the duration of activity reported stayed the same.

- **Food preparation:** Many people reported being more likely to cook from scratch and cooking healthier meals, as well as increases in snacking. However, increases were greater among people in more affluence social classes. This is likely to widen inequalities in health related to food intake.

- **Social isolation:** The proportion of people who said they often felt lonely increased during the pandemic. Increases were higher among young people and working age adults than people aged 65 and over. Women were affected more than men. People living in rented accommodation were affected more than people who own their own property. And people who were furloughed reported greater increases in loneliness than people who worked from home, outside the home, or who were not working.

- **Employment and income:** The pandemic caused the biggest recession on record in 2020, with economic damage continuing through 2021 and 2022, including in contributing to cost of living increases. Young people and people living in areas in the North of England were most affected by increases in economic inactivity.

- **Education:** Education was severely impacted during lockdown. At times schools were closed to most pupils, remaining open for the children of keyworkers and children with certain vulnerabilities. Children, teachers, and parents all had to adapt to new ways of schooling learning via video calls and parents helping children in ways they hadn't before. Teachers had to adapt to teaching online whilst ensuring that staff were available for those children who needed to attend school in person. When schools reopened children went through periods of learning in the classroom and learning at home as positive cases in the classroom led to bubbles being isolated. Despite extensive efforts from teachers and parents, children's education was impacted during this time and work continues to ensure that they are not impacted in the long term.

All these impacts contributed to falls in mental wellbeing and increases in mental illness. The lockdown was associated with increases in the proportion of people reporting high anxiety, low life satisfaction, low levels of happiness. The impact on people's mental wellbeing was greater in women, older people (early in the pandemic), younger people (later in the pandemic), some ethnic minorities, people with higher levels of education, and people in rented accommodation. Younger people and working age adults saw bigger increases in loneliness than older adults. Overall, the impacts were greater early in the pandemic and levels of mental wellbeing have returned to normal or near-normal levels by June 2021.

These effects on broad subjective wellbeing are reflected in clinical mental illness. The proportion of adults reporting clinically significant psychological distress increased from 20% to 24.5% in March 2021. People who were already experiencing mental illness before the pandemic were particularly affected, including through disruptions to healthcare and loss of income. However, despite fears early in the pandemic, there is no evidence of an increase in suicide or self-harm. People living in the north of England experienced bigger impacts on mental health, with rates of psychiatric diagnoses and antidepressant prescribing increasing more in the North than the rest of England. This effect was especially pronounced in younger people, women and people from ethnic minority communities, highlighting the interplay between age, gender, ethnicity, and deprivation.

5 Key workers

People have come together to help each other and play their part during the pandemic, non-more so than the country's key workers. The key workers of Bury have been no exception, our refuse staff, supermarket workers, teachers, doctors, nurses, and hospital cleaning staff were some of the key groups who worked tirelessly to keep us safe throughout the initial lockdown, and they have continued to do so since.

Whilst the country was advised to lockdown there were some roles that could not be fulfilled from home. People needed emergency medical treatment, our bins needed emptying, shelves needed stacking and people still needed to use public transport.

And many more places of work that were required to stay open with a physical presence from staff during lockdown periods. These people were at more risk of catching COVID-19 that those who were able to work from home and showed true dedication in the face of the pandemic.

6 A new life from home

6.1 Shielding

During the pandemic clinically vulnerable residents were advised to stay in their own homes to reduce their risk of contracting COVID -19.

There are 3 ways you may be identified as clinically extremely vulnerable and therefore included on the Shielded Patient List:

i. You have one or more of the conditions listed below.
ii. Your clinician or GP has added you to the Shielded Patient List because, based on their clinical judgement, they deem you to be at high risk of serious illness if you catch the virus.
iii. You have been identified through the COVID-19 population risk assessment as potentially being at high risk of serious illness if you catch the virus.

Conditions included in definition of clinically vulnerable	
solid organ transplant recipients	people with Down's syndrome
people with specific cancers	people on dialysis or with chronic kidney disease (stage 5)
people with cancer who are undergoing active chemotherapy	people on immunosuppression therapies sufficient to significantly increase risk of infection
people with lung cancer who are undergoing radical radiotherapy	women who are pregnant with significant heart disease, congenital or acquired
people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment	people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
people having immunotherapy or other continuing antibody treatments for cancer	problems with your spleen, for example splenectomy (having your spleen removed)
people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors	people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)	other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs – GPs and hospital clinicians have been provided with guidance to support these decisions

6.2 Our support hub

We set up Community Hubs, temporarily moving council 100 staff into 5 virtual hubs overseen. We recruited 800 volunteers with the Bury Voluntary, Community, and Faith Alliance (VCFA) and matched them to a shielded person for the duration and used new technologies to enable us to do this, winning a national award for the app we co designed with Microsoft. We set up a dedicated phoneline which shielding residents could access, council staff entered the shielding individual details into the newly designed app which sent an alert to nearest hub which then alerted the nearest volunteers until one of them accepted the task. Thousands of tasks were completed through this process, such as shopping, and collection of medicines over 18-month period and feedback was overwhelmingly positive.

6.3 Working from home

For those who were able to, working from home became the new norm during the pandemic. Many office workers (apart from key workers who were required in their places of work) set up a new life working from home. We now shared our workspaces and video calls with our partners, our children and even our pets! For some people this was a welcome change to their daily routine whereas other missed colleagues and their workplaces.

6.4 Furlough

Not everyone was required in their place of work or could work from home during lockdown restrictions. This left individuals and employers in a difficult position: if businesses could not make money through their usually lines of work they would not have the income to pay their staff. In 2020 the government introduced its furlough scheme where businesses could apply for funding to pay their staff 80% of their current salary whilst they were unable to work due to the business they work for being impacted by COVID-19 legislation. This helped business who were unable to produce an income to pay staff during this time and avoid redundancies and helped people stay at home and reduce the risk of coming into contact with the virus.

7 Seeing each other again

7.1 Tiered approach to pandemic control

At various points during the pandemic the countries that make up the UK had different levels of COVID-19, this led to a variation in restrictions. This wasn't just the case of differences in the rules in England and the devolved nations but also the case in different parts of England. In late 2020, England put in place a set of tiered restrictions. These ranged from tier 1, where people from different households could mix in small groups indoors and outdoors, and shops, restaurants, and other hospitality businesses were open, up to tier 4 where people were advised to stay home apart from essential travel, could not mix with other households, and non-essential shops and food and drink businesses were closed apart from takeaway services. A full description of the tiered restrictions is in Appendix A.

As part of Greater Manchester, Bury was particularly affected by localised lockdowns as it had higher levels of infection than other areas of the country. This is likely to have widened regional inequalities – both due to the higher infection rates and the greater impact of lockdown restrictions.

7.2 How did Bury rise to the challenge of COVID-19?

Bury's Public Health team worked with other Council teams, our communities, external organisations within the borough, along with regional and national partners to ensure a consistent approach and the best use of resources during the pandemic. Bury's Public Health team co-ordinated COVID-19 testing, vaccinations and contact tracing for the borough as well as working alongside partners to help those who needed to isolate and those who needed extra support.

7.2.1 Testing

Since the start of the pandemic, Bury Council and Bury CCG worked hard to make sure that Bury residents have access to COVID-19 testing beyond the national offer and to tackle barriers to access that lead to inequalities in testing uptake.

Early on, we worked with local hospitals to ensure access to testing for people with COVID-19 symptoms living in care homes at times when the national system could not support this. Later, we set up and operated a drive-through testing facility for key workers. Drawing on this capacity, we supported mobile testing, such as where someone needs urgent admission to a care home. We also supported outbreak testing in care homes, extra care, supported living, hospices, and local independent sector hospitals. To improve access to testing for residents with COVID-19 symptoms, we set up no-appointment walk-up testing centres close to some of our underserved populations. Furthermore, we have supported a wide range of sectors to implement Lateral Flow Testing (LFT) (providing testing, training, advice, and support) to relieve pressures on care homes, schools, and businesses. We have also engaged with those organisations not able to take advantage of national testing offers to maximise the benefit of targeted testing for their employees. During this time, we also worked through military aid to the civil authority (MACA) processes to support two military deployments into Bury to help set up rapid testing and support testing at all high schools across Bury. And we have ensured delivery of PCR testing to communities with limited access and the development of a rapid testing service in pharmacies.

7.2.2 Isolation support

Bury had five community hubs which supported those who needed to isolate during the pandemic along with the boroughs 14,000 clinically extremely vulnerable. In the first year if the pandemic the hubs provided support for over 3200 who were shielding and dealt with 6000

requests for help from the wider population and helping 1700 with applications for financial support. In the second year the hubs became part of the emerging community model in Bury to ensure that learning from the work on COVID-19 will be utilised and embedded going forward

7.2.3 Contact tracing

As part of Greater Manchester, Bury was among the first areas in England to have a local tracing partnership, starting in early September 2020. It provides a 7-day a week service. Cases were called from a local phone number that they could ring back if they miss the call. Any cases that could not be reached within the day had a letter hand-delivered asking them to contact the Council contact tracing team as soon as possible.

The Council's contact tracers were drawn mainly from Environmental Health staff, who had experience in contact tracing for high-risk gastrointestinal infections and investigating outbreaks of Legionnaire's Disease. Environmental Health staff also routinely provide infection control advice to businesses and have enforcement powers where necessary.

We also supported the development of regional contact tracing capacity by taking part in a pilot of surge capacity for contact tracing provided by the Greater Manchester Fire and Rescue Service. This benefitted the local system with extra contact tracing capacity, which has been valuable in coping with peaks in demand and helped Greater Manchester local authorities and the Health and Social Care Partnership in supporting the development of a pooled contact tracing capacity across the city region.

As well as contact tracing individuals, Bury Council also managed most cases linked to complex settings. The Council was one of the first in Greater Manchester to take on the role of managing cases and outbreaks in schools and nurseries. This simplified arrangements for schools and nurseries who have fewer public health bodies to liaise with. Feedback from schools on the support they have had has been good, with many saying they preferred the service they get from the Council to the advice they receive from the national helpline.

Bury was an early adopter of enhanced contact tracing. This involved using information on the places where people with COVID-19 may have caught the infection to spot places where transmission risks may be higher. This supported outbreak identification and investigation and informed proactive support and enforcement activity as well as wider understanding of transmission patterns in Bury.

7.2.4 Enforcement

Whilst as a borough we have tried to work with our business and residents to enable them to take positive action to reduce the spread of COVID-19 there have been times when enforcement has been necessary. Our approach has been to engage, explain, and encourage, with enforcement as the final step in this process. We know that on the whole businesses in Bury want what's best for their staff and customers and understand the benefits of a safe working environment.

Initially public protection teams came together and deprioritised business as usually to focus on the pandemic. Officers from the different disciplines have worked together to help businesses. They supported local business to interpret changing guidance and legislation whilst offering support where appropriate. Where this hasn't worked officers have had to respond which in some cases has included taking enforcement action against non-compliant businesses. The team has been vital in encouraging and ensuring compliance, ensuring that

business who were permitted to open where doing so in a safe way, and ensuring that businesses who should not have been operating have remained closed.

7.2.5 Information

We created a central point of information for Bury's residents to update them throughout the pandemic

Communicating and engaging with people to keep them safe and raising awareness about Covid-19 risks, rules, testing and vaccination, was a critical part of our response throughout the pandemic.

We used our website, social media channels and the local media and press to share important information, alongside developing our community engagement to better reflect those who are most impacted but least engaged.

During the pandemic we invested in targeted engagement work with community connectors for Muslim, Jewish and disabled communities, establishing community champions as a two-way network of weekly information to cascade to friends, family and community groups but also, crucially, to feedback issues for us to respond to.

We've also worked to develop the voices of trusted people as part of communications and reviewed our accessible materials in the context of Covid. This has resulted in a range of new materials focused on videos in different languages including British Sign Language, and the provision of materials specifically formatted for community broadcast e.g., WhatsApp groups. We also carried out research with young people to understand their attitudes and behaviours towards Covid.

Bury's Community Hubs continued to evolve to connect local people and place. This included engagement through Ward Councillors, regular Hub newsletters to local community groups, targeted leafleting, pop-up events and promotion through public service leadership team colleagues.

7.2.6 Vaccination

The COVID-19 vaccination programme in Bury has been a success. This success has been the result partnership working across the whole system. While overall rates have been good there have been inequalities in uptake with some of the most vulnerable to COVID-19 being the least likely to take up the vaccination offer. This is not a situation which is unique to Bury and similar situations exist both regionally and nationally, and the size of these inequalities in Bury is smaller than other areas. The vaccinations teams have worked with local communities to make vaccination more accessible to those who may be less able to take up the vaccination offer whether this is due to limited ability to visit a vaccine centre or vaccine hesitancy. Clinics have been moved around the borough to improve accessibility, including clinics intended to improve access for homeless people, refugees and asylum seekers, more deprived communities, and ethnic minority communities. Community health champions have also promoted uptake of COVID-19 vaccines and have helped those delivering the programme to understand reasons for low uptake.

The COVID-19 vaccination programme has been delivered by GP practices, community pharmacy, local hospitals, and school-aged immunisation providers (school nurses). This system has delivered over 390,000 vaccinations since 15 December 2020. It set up the main vaccination sites across Bury in a matter of weeks in December 2020. It has put together a model for vaccinating children in schools at short notice and delivered through a service despite extremely limited staff numbers, at the same time protecting other important vaccine programmes, such as vaccines that protect against cervical and other cancers, influenza, and meningitis.

The Council and CCG have provided support including:

- Providing civic buildings for vaccinations sites;
- Logistical support to get the buildings ready;
- Programme management support;
- Coordination of extra workforce;
- Support inviting and booking in patients, including phoning every clinically extremely vulnerable resident directly;
- Coordinating vaccination offers to the eligible workforce;
- supporting vaccinations in care homes and of housebound patients;
- Promoted and monitored uptake among the social care workforce;
- Working with local voluntary organisations to help unpaid carers access vaccination;
- Work to address inequalities in uptake, working with communities and the voluntary and community groups and GPs practices that serve them and know them best;
- Working with schools and colleges to promote uptake and support the school-based immunisation programme;
- Providing guidance that ensured that vaccinations have been focussed where they save the most lives;
- Data analysis and intelligence to identify inequalities and areas of low uptake; and
- Capturing insights from thousands of phone calls to patients about reasons for refusing offers of vaccination, helping to inform local and regional work to improve uptake.

7.2.7 Easing of restrictions

From 24th February 2022 people who had tested positive for COVID- 19 were no longer legal required to self-isolate and routine contact tracing by national and local teams was no longer taking place. The advice from local and national experts remained the same, to stay vigilant and not to mix with others if you have tested positive, however, this was now a personal choice rather than a legal requirement.

From April 1st 2022 COVID- 19 PCR and LFT tests were no longer available for free for the general public, although infection rates are still monitored by the Office for National Statistics and others.

8 What have we learnt?

During the pandemic services had to work together in was and at speeds which they haven't before and this has taught us a lot about the way we can work going forward. Changes have been made far more quickly than would ordinarily have been possible. The power of collaboration when everyone shares the same goal has been clear throughout the programme. And this has been enabled by clear decision making to stop or pause some work to allow people and resources to be deployed to the COVID-19 response.

We have also learned that our ability to respond to a pandemic is not only about stockpiles of PPE or epidemiological modelling. Our resilience to pandemics depends as much or more on the dedication of our public services and other essential workers in the private sector, and the strength of our communities. This was never more visible than when arranging essential deliveries of food and medicine to help people to stay home to avoid spreading infection.

The pandemic has highlighted and worsened many inequalities that already existed, on both a local and national level, and it has been a very difficult time for many people. While we have seen the very best in people through the numerous volunteers who gave up their time at vaccination centres and helping those who are isolating or clinically vulnerable we have also seen people go through extremely difficult times separated from family whilst they are in hospital unwell.

From the reopening of workplaces and town centre businesses to people mixing again life has begun to return to normal, however, COVID-19 is still with us and we must learn from the previous two years. Looking to the future Bury's 10-point plan for recovery is:

- Summer provision for our children;
- No rough sleepers;
- The Bury opportunity guarantee;
- Anti-poverty strategy refresh;
- Year of Culture;
- Health and care recovery;
- Backing Bury businesses;
- Working well;
- Economic recovery strategy; and
- Championing the borough's key workers.

These ten key priorities along with planned regeneration across Radcliffe, Prestwich, Ramsbottom and the town centre will ensure that Bury is in strong position for recovery

Glossary

Contact tracing: How people who have been in contact with a person who has tested positive for COVID-19 were identified and advised of any necessary isolation

COVID-19: a strain of coronavirus which reached global pandemic status in 2020.

Epidemic: where a disease becomes more common than normal, often referring to an outbreak that spreads quickly and affects many people at the same time.

Endemic: a disease which occurs with a constant or predictable level in a population.

Pandemic: an epidemic that has spread across a large part of the world, for example affecting countries on different continents and large numbers of people.

Health inequalities: Differences in the health of parts of the population due to geographic location, income, race, gender etc. Health inequalities are something that are influenced by external factors (the economy, laws, policy, etc) and cannot be controlled at an individual level

LFT: lateral flow test. A test which can be used by individual in their own homes which produces a positive/negative/inconclusive answer. Lateral flow tests have been used during the COVID-19 pandemic to allow people to test for asymptomatic COVID-19 in their own homes

Immunocompromised: A person whose immune system is not strong enough to fight off certain diseases due to a pre-existing condition

PCR: Polymerase Chain Reaction test. A test which has been used to test for symptomatic COVID-19 either at test centres or in a person's home. PCR tests do not produce an immediate result and must be sent to a laboratory, they are also able to test which strain of COVID-19 a person has allowing for the discovery and tracking of new strains.

PPE: personal protective equipment. This is equipment used to prevent the spread of infection and to prevent contact with substances that would be hazardous to a person. In the Case of COVID-19 this could refer to the equipment use to prevent spread in healthcare settings, it may also refer to the masks and measures taken by the public to prevent spread in settings such as supermarkets and public transport

VOC: Variant of Concern. This is a variant of a infectious disease which national and/or international health protection agencies have deemed of significant enough risk to alert national/international bodies. This may be due the level of spread or due to the impact on peoples' health who contract the disease

VUI: Variant Under Investigation. Before a disease is declared a variant of concern it is usually classified as a variant under investigation. This is a stage where authorities are not yet sure if a disease is of concern and it is monitored to determine this.

Appendix A: Tiered restrictions.

Tier 1
People were able to meet with people from different households. Indoors and outdoors, in groups of up to 6 people (more if it was only two households). Advised to socially distance from anyone not in your household or support bubble. There were no restrictions on travel or use of transport but were encouraged wear a face covering. Travelling to tier 3 areas was to be avoided, unless necessary for work, medical reasons, caring or education. Encouraged to work from home where possible. All shops could open. Restaurants, pubs, cafés and other hospitality venues could open. They had to provide table service and close by 11pm with last orders at 10pm. Up to 15 people could attend a wedding ceremony and a coronavirus secure sit-down reception. Up to 30 people could attend someone's funeral with up to 15 people able to attend someone's wake, ash spreading or other linked events. These could not be held in someone's home.
Tier 2
People could see people from different households outside in groups of up to 6 people but inside mixing was not allowed except for those in your household or support bubble. It was advised to limit journeys where possible with travel restricted to using transport to go to the shops, work and hospitality venues that are open. Face covering encouraged. Travelling to tier 3 areas was to be avoided, unless necessary for work, medical reasons, caring or education. People could only stay overnight somewhere if it was with those in their household or support bubble. Encouraged to work from home where possible. All shops could open. Pubs and bars could open as long as they were able to serve a substantial meal, restaurants could open too, hospitality venues were table service only. Alcohol could only be served with a substantial meal. Venues had to close by 11pm, last orders at 10pm. People could visit pubs and restaurants in groups of six if they sat outside. Only those from the same household or in support bubbles could sit together indoors at these venues.

Up to 15 people could attend a wedding ceremony and a coronavirus secure sit-down reception.

Up to 30 people could attend someone's funeral with up to 15 people able to attend someone's wake, ash spreading or other linked events. These could not be held in someone's home.

Tier 3

People could only spend time in their house or garden with the people they lived with or within support bubbles.

People could meet with others in public outdoor places, such as beaches or parks, but only in groups of up to 6 people.

It was advised to limit journeys where possible with travel restricted to using transport to go to the shops, work and hospitality venues that are open. Face covering advised.

Travelling to other areas was to be avoided, unless necessary for work, medical reasons, caring or education.

People from tier 3 areas could not stay overnight somewhere outside of their local area unless needed for work, education or similar.

Accommodation was closed in these areas except for specific reasons.

Encouraged to work from home where possible.

All shops could open.

Pubs and restaurants were closed, but could remain open for takeaway, drive through and delivery services.

Up to 15 people could attend a wedding ceremony, but receptions were not allowed.

Up to 30 people could attend someone's funeral with up to 15 people able to attend someone's wake, ash spreading or other linked events. These could not be held in someone's home.

Tier 4

People were advised to stay at home as much as possible and should only leave their homes for specific purposes, including:

- Essential activities such as shopping for food, drink or other items such as medicine and accessing public services or basic amenities.
- Work and volunteering if you could not do this from home
- Education and childcare
- Providing care to a vulnerable person
- Meeting up with others in a support bubble
- Exercising
- For medical care or to avoid harm.

People could only spend time in their house or garden with the people they live with or those in their support bubble.

People could only meet up with one other person in public outdoor places, such as beaches or parks.

Only essential travel was recommended.

People from tier 4 areas could not stay overnight somewhere outside of their local area unless needed for work, education or similar.

Non-essential shops were closed. Essential shops such as supermarkets remained open.

Pubs and restaurants were closed, but could remain open for takeaway, drive through and delivery services.

Weddings and civil partnerships could only take place in exceptional circumstances, for example, if one partner is seriously ill. These are limited to 6 people.

Funerals could take place with up to 30 people. Linked ceremonies or events could take place with up to 6 people (excluding anyone working at a venue).