AGENDA FOR

HEALTH AND WELLBEING BOARD

Contact: Kelly Barnett
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To: All Members of Health and Wellbeing Board

Voting Members : Geoff Little, 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, Councillor Lucy Smith, Jon Hobday and Joanna Fawcus

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, 26 January 2023
Place:	Bury Town Hall
Time:	5.00 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 8th December 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, Director of Public Health to provide a verbal update.

7 THE EVIDENCE UPDATE OF THE GM PROSPERITY REVIEW *(Pages 11 - 72)*

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

8 WIDER DETERMINANTS OF POPULATION HEALTH - REAL LIVING WAGE *(Pages 73 - 80)*

Sam McVaigh, Director of People and Inclusion to present the attached report.

9 WIDER DETERMINANTS OF POPULATION HEALTH - EMPLOYMENT AND HEALTH *(Pages 81 - 90)*

Simone Star, Employment and Health Officer to present the attached presentation.

10 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING - HOUSING AND HEALTH *(Pages 91 - 128)*

Liz Cook, Director of Housing to present the attached reports.

11 APPROVAL OF BETTER CARE FUND ADDITIONAL DISCHARGE FUNDING *(Pages 129 - 134)*

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

12 VIRTUAL MEETING UPDATE *(Pages 135 - 136)*

Briefing note attached.

13 URGENT BUSINESS

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

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Agenda Item 3

Minutes of: Health and Wellbeing Board

Date of Meeting: 8 December 2022

Present: Councillor T Tariq (in the Chair)
Councillors R Brown, N Boroda and T Pilkington
H Tomlinson, W Blandamer, S McCambridge, J Hobday, K Wynne-Jones, A Crook

Also in attendance: C Tickle – Commissioning Programme Manager, GM NHS Bury, D Aston – Senior Commissioning Manager, H Smith, S Senior – Consultant in Public Health, J Eastham – Collaborate Out Loud, M Kidd – Creative Inclusion, Community Collaborators – Tik, Johnathan, Jason and Mia.

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

Apologies for Absence: Councillor E O'Brien, J Richards and Councillor L Smith

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HWB.32 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.33 DECLARATIONS OF INTEREST

Councillor Tariq declared an interest in the Health and Wellbeing Board and Healthwatch, as he sits on the Health and Wellbeing Board in Oldham and is employed by Healthwatch, Oldham.

HWB.34 MINUTES OF PREVIOUS MEETING

The notes of the meeting held on the 20 October 2022 were agreed as an accurate record and signed by the Chair.

HWB.35 MATTERS ARISING

There were no matters arising.

HWB.36 PUBLIC QUESTION TIME

There were no public questions.

HWB.37 ANTI-POVERTY STRATEGY UPDATE

Jon Hobday, Acting Director of Public Health provided an update on the anti-poverty strategy and shared the feedback received from the cost of living summit and follow up summit. A range of key themes were highlighted which included voluntary community organisations and volunteers struggling with the cost of living crisis, positive feedback given around warm spaces, the need to reduce the stigma around people needing support and that different groups of people were now accessing help and support. Jon Hobday advised that we need to continue to listen to our residents to

see what the challenges are, and how we can best support them.

Jon Hobday highlighted the progress around the anti-poverty action plan which included an update around a more substantial food pantry model, promotion of the healthy start vouchers, healthy eating for less and cooking demonstrations, promotion of the ask for 'Jesse' campaign, household support fund, fuel poverty road shows and a dedicated support line.

In response to a question raised around how to reach out to people who don't use the internet, Jon Hobday explained that there are physical resources such as posters and leaflets. They will work with community hubs to understand where the highest need is, to ensure leaflets are dropped through doors and posted in community venues.

Sharon McCambridge advised of a piece of work that Public Health and Six Town Housing are doing around damp, mould and condensation. Sharon explained that in relation to fuel poverty there are 233 Six Town Housing properties where the gas is capped off, a survey is taking place around the reasonings for this and explained that work should be done to link the findings into the wider piece of work around damp, mould and condensation.

It was agreed:

1. To thank Jon Hobday for his leadership around the cost of living crisis.

HWB.38 COMMUNITY AND PERSON CENTRED APPROACHES - COMMUNITY COLLABORATORS

Matthew Kidd, Creative Inclusion provided an update around the community and person centred approaches. Creative Inclusion and Collaborate Out Loud started working together in 2019 on a co-production project called the Elephants Trail. Activities and projects that have taken place to date were outlined which included a film made in partnership with the Guardian, working in co-production on Bury's Homeless Strategy and bringing grassroots groups together around the Covid response. They had recently won a bid for the Greater Manchester Workforce Collaborative funding and are now 5 months into the project. The funding has been used for a number of projects including reverse mentoring which a number of senior leaders have committed to, developing a community first mindset programme for neighbourhood teams, the MaD Theatre Production to explore the impact of different ways of working within the community, work with the Steering Group around co-production and to share tools with the social care workforce. In January, through community conversations and the recruitment of the collaborators, work will start to build a network of people that are aware of the priorities in their communities, making sure their priorities are aligned with this Board.

Juliet Eastham, Collaborate Out Loud shared some of the work that she had done within the community as part of the Greater Manchester Workforce Collaborative. Juliet listed different places where she had worked within the community. Juliet shared how she has worked in collaboration within the communities and gave an example of how community centres want to do more but don't have the funding or volunteers to help run groups, which the community collaborates are helping to support.

Community Collaborators attended the meeting, they introduced themselves and shared their lived experiences and the work that they do within the community to encourage people to collaborate. Their work in the community included community led playgroups, trying to create groups for the under 25's which will be focused on the wellbeing of young people, a walking group and being the voice for the people who don't have a voice.

In response to a question around connections with Six Town Housing, the Mental Health Services and Pennine Care, Matthew Kidd explained that connections with Six Town Housing are good; a Six Town Housing representatives attends regular meetings but connections with the Mental Health Services and Pennie Care are not that strong. Kath Wynne Jones agreed to help make connections with the health services.

It was agreed:

1. Board Members thanked Matthew, Juliet and the Community Collaborators for attending the meeting, sharing their lived experiences and the work that they are doing within the community.

HWB.39 HEALTH RELATED BEHAVIOURS - THE WELLNESS STRATEGY

Jon Hobday, provided an update on the Wellness Strategy. Bury's proposed wellness model looks to reduce inequalities in health and life expectancy across a population level, focusing on physical health. There are currently wellness services such as the Live Well Service and BEATS, although they get positive results, they do not get significant numbers of people through these services and from a population health perspective, are not making enough of an impact. As such, the plan is to shift our model to a strength based, community focused way of working that aligns with other strategies that are available. The model will support physical, social, emotional and mental health with a key driver of the model being around physical activity. Current staff will shift away from the current 1-1 provided service to become the centre of the eco system, at the heart of this will be a small wellness service team working in the community to increase levels of physical activities of people who are experiencing inequalities and are not physically active. This will be done by universal and targeted provision, working with communities and working with sports clubs to ensure that the offer is inclusive. The new wellness model will be data and insight driven and more inequality focused.

In response to a question for a Community Collaborator around people who cannot afford to attend a gym, Jon Hobday advised the Wellness Model is an open model where the leisure centre could be the community hub and from there people could go for a coffee or go for a walk.

HWB.40 HEALTH AND CARE SERVICES - CANCER

Damian Aston and Catherine Tickle provided an update on the cancer inequalities work. In September 2021, the Cancer Board approved a GM Cancer Tackling Inequalities Strategy. Multiagency engagement took place to co-produce a Bury Locality Cancer Inequalities Action Plan. A summary of key findings were shared which highlighted cancel inequalities in Prestwich, East Bury, Whitefield and North

Bury. The highlights of the action plan were shared which included an uptake of smoking cessation services within East Bury and Whitefield, Neighbourhood Leads to align CHD prevention work with cancer prevention, discussions with GM on the national lung checks initiative and shared the current initiatives.

There were two questions asked of the Board:

1. Is the Health and Wellbeing Board assured that the gaps identified through the inequalities work been mitigated through the Bury Cancer Inequalities Action Plan?
2. Will the Health and Wellbeing Boards support enable the delivery of the Bury Cancer Inequalities Action Plan across the local health and social care system and beyond?

Board Members considered the questions proposed and in response, the Chair agreed that there are key people on the Board who can contribute to the work that is being done around cancer inequalities. It was suggested that Board Members can play a key role in delivery and monitoring the action plan.

Steven Senior questioned if we can ever be assured around the gaps identified through the inequalities work. Steven suggested further work across the length of the cancer pathway, looking at patient experiences and outcomes and capturing insight from the patients themselves. It was reported that the East Neighbourhood has made bowel cancer screening one of their priorities. At a GM meeting earlier this week, there was a discussion around the impact that screening programme has on patients. It was explained how screening programmes can widen inequalities and advised of a screening assurance group that looks at the inequalities of the take up of screening programmes.

In response to a question around bowel cancer and breast cancer being two key areas to work on, Damian Aston reported that there are screening programmes to ensure that people are accessing the programmes and raised the importance of getting an early diagnosis of symptoms through the GP. Work is being carried out to raise awareness within communities through PCNs, and are trying to gain further funding to work within communities around the screening programmes. The VCFA are doing ongoing work around the anticancer screening programmes.

It was agreed:

1. To note the actions in the plan and identify opportunities to support its implementation through the Bury Integrated Care Partnership.

HWB.41 WIDER DETERMINANTS - THE EVIDENCE UPDATE OF THE GM PROSPERITY REVIEW

Due to time restraints, it was agreed:

1. To defer the item to the next Health and Wellbeing Board meeting.

HWB.42 OUTCOME AND PERFORMANCE UPDATE

Due to time restraints, it was agreed:

1. Helen Smith, Head of Strategic Performance and Intelligence to circulate the update to Board members by e-mail.

HWB.43 BETTER CARE FUND

Adrian Crook, Director of Social Services presented the Better Care Fund Report to the Board and highlighted the spending plan of £28,326,369 for this current year which runs out in March 2023.

It was agreed:

1. That the Health and Wellbeing Board note the content of the report.
2. That the Health and Wellbeing Board approve the Better Care Fund 22/23 Planning Template and ratify the decision to submit to the national Better Care Fund team for assessment.
3. That the Health and Wellbeing Board approve the Better Care Fund Narrative plan for 22/23 and ratify the decision to submit to the national Better Care Fund team for assessment.
4. That the Health and Wellbeing board approve the 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.

HWB.44 DRAFT PUBLIC HEALTH ANNUAL REPORT

Steven Senior, Consultant in Public Health presented the draft public health annual report 2020-2022. The report focuses on the Covid-19 pandemic in Bury and includes the impact the pandemic has had on health, the local response, the vaccination programme and the learning from the pandemic.

It was agreed:

1. The Board agreed the content of the draft report.

HWB.45 GM PH BOARD FEEDBACK

Jon Hobday, Acting Director of Public Health provided and update from the Greater Manchester Population Health Board. The Kings Fund have commissioned a write up of the progress of Greater Manchester's journey and their ambition to become a population health system, Bury has been seen as an exemplar for our journey as a population health system. A range of senior leaders have been interviewed for the write up. Jon Hobday advised that he would share the details of the write up with the Board once it is available.

HWB.46 URGENT BUSINESS

There was no urgent business.

COUNCILLOR T TARIQ
Chair

(Note: The meeting started at 6.05 pm and ended at 8.06 pm)

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.

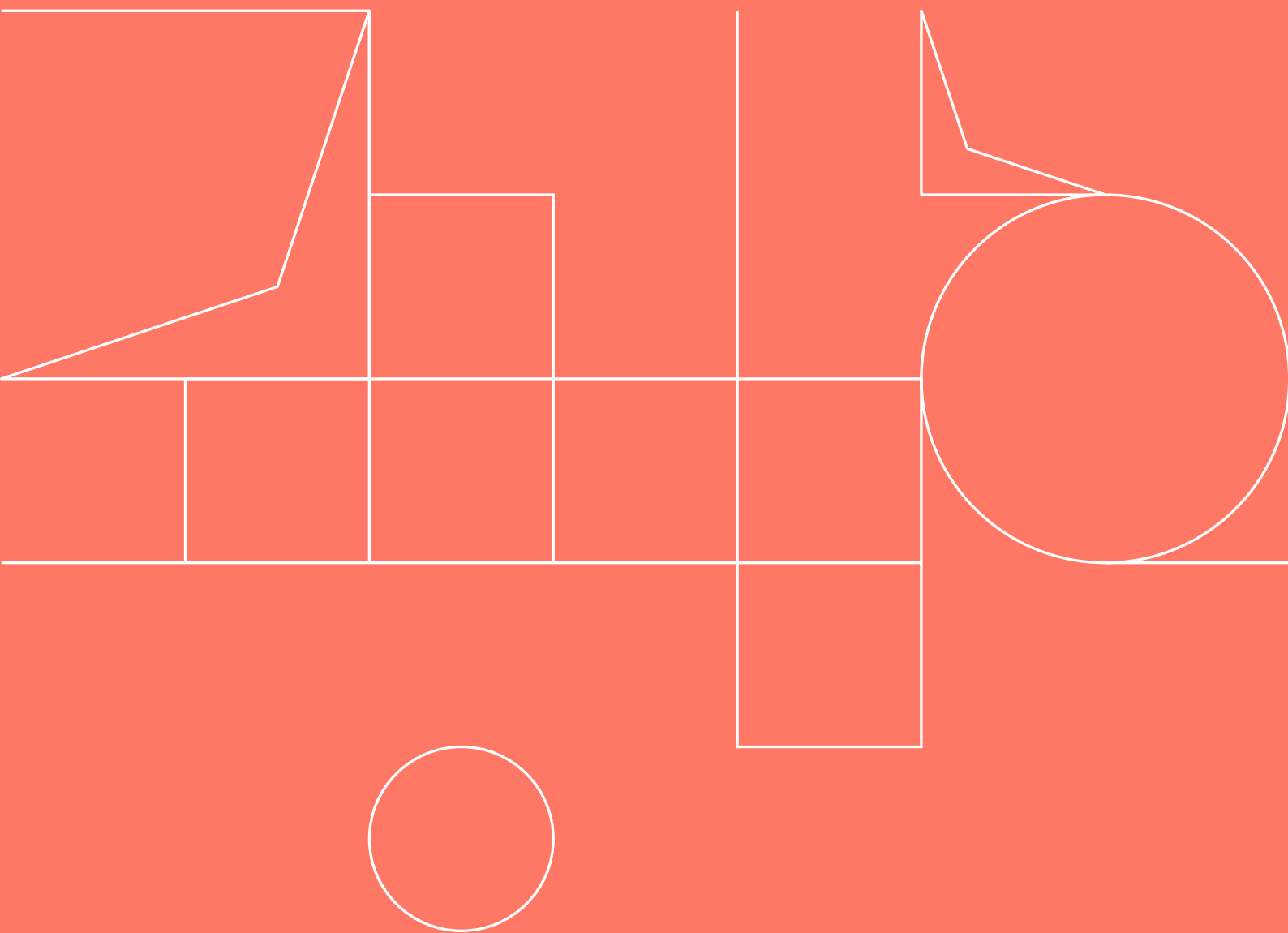
For some young people in particular there are lasting consequences for mental health and well-being. In general, more people are more concerned about their broader well-being and the character of the place they live.

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.

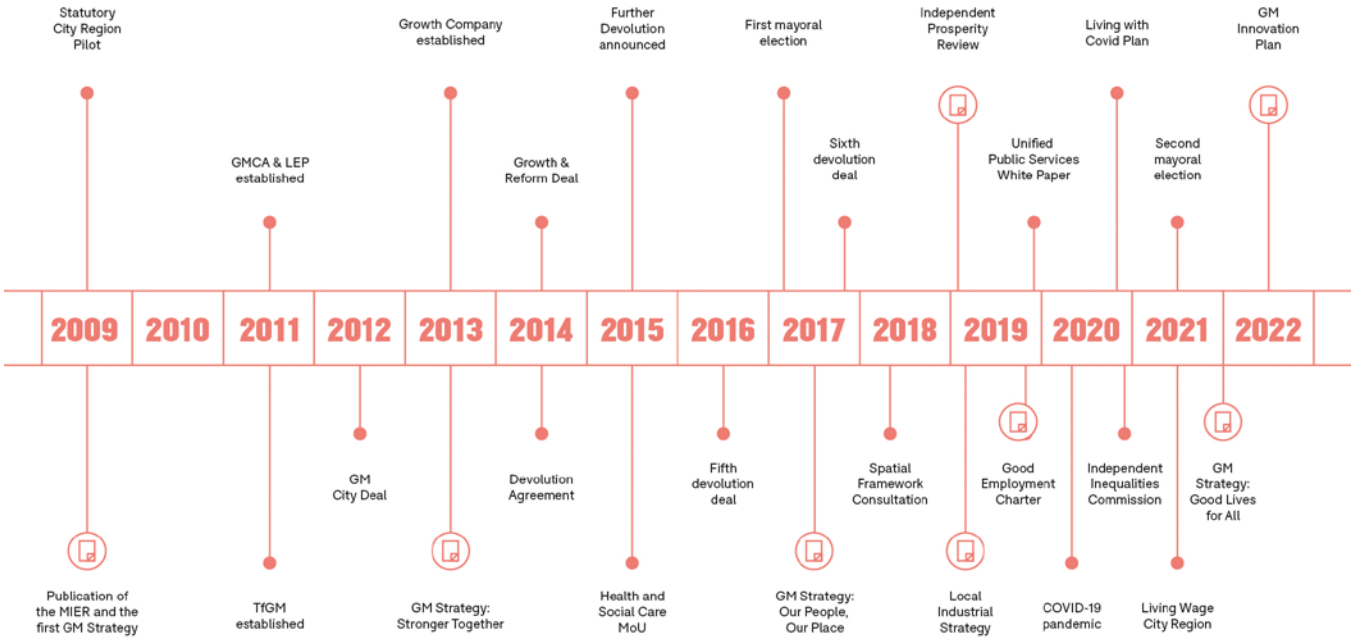
Set against this context, the Greater Manchester Combined Authority (GMCA) Research Team has returned to update the evidence base informing the Local Industrial Strategy and the Reviewers have been given the opportunity to assess that evidence, provide their insights and challenge the city region where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

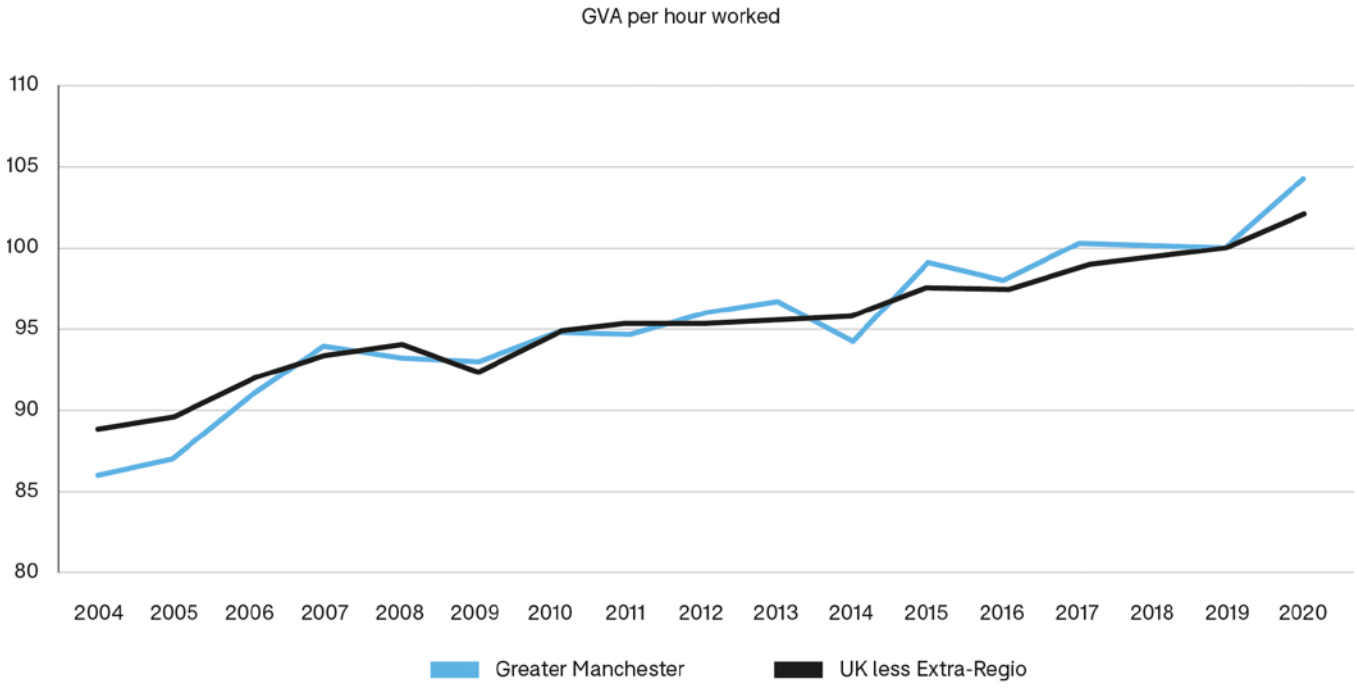
The latest productivity data, released by ONS in July 2022 highlights GM as one of the biggest improvers on productivity performance in the last ten years, with GM contributing more to UK productivity growth than all but two other International Territorial Level 2 (ITL2) areas between 2010 and 2020[3].

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

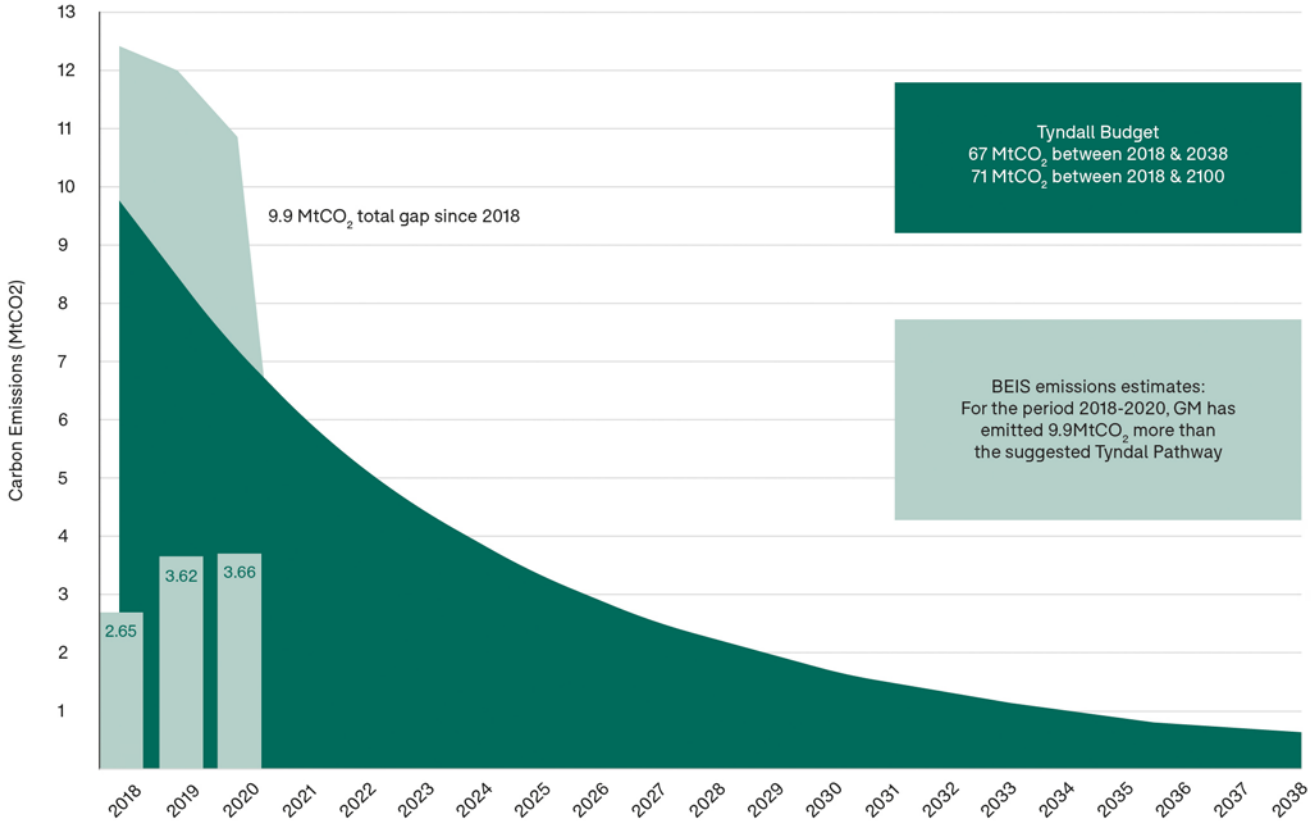
Looming over the other developments referred to in this report is that of the climate emergency. The 2019 Prosperity Review described GM's carbon neutrality ambition as impressive and the right thing to do based on climate change evidence, whilst also creating opportunities for innovation, improved resource 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.

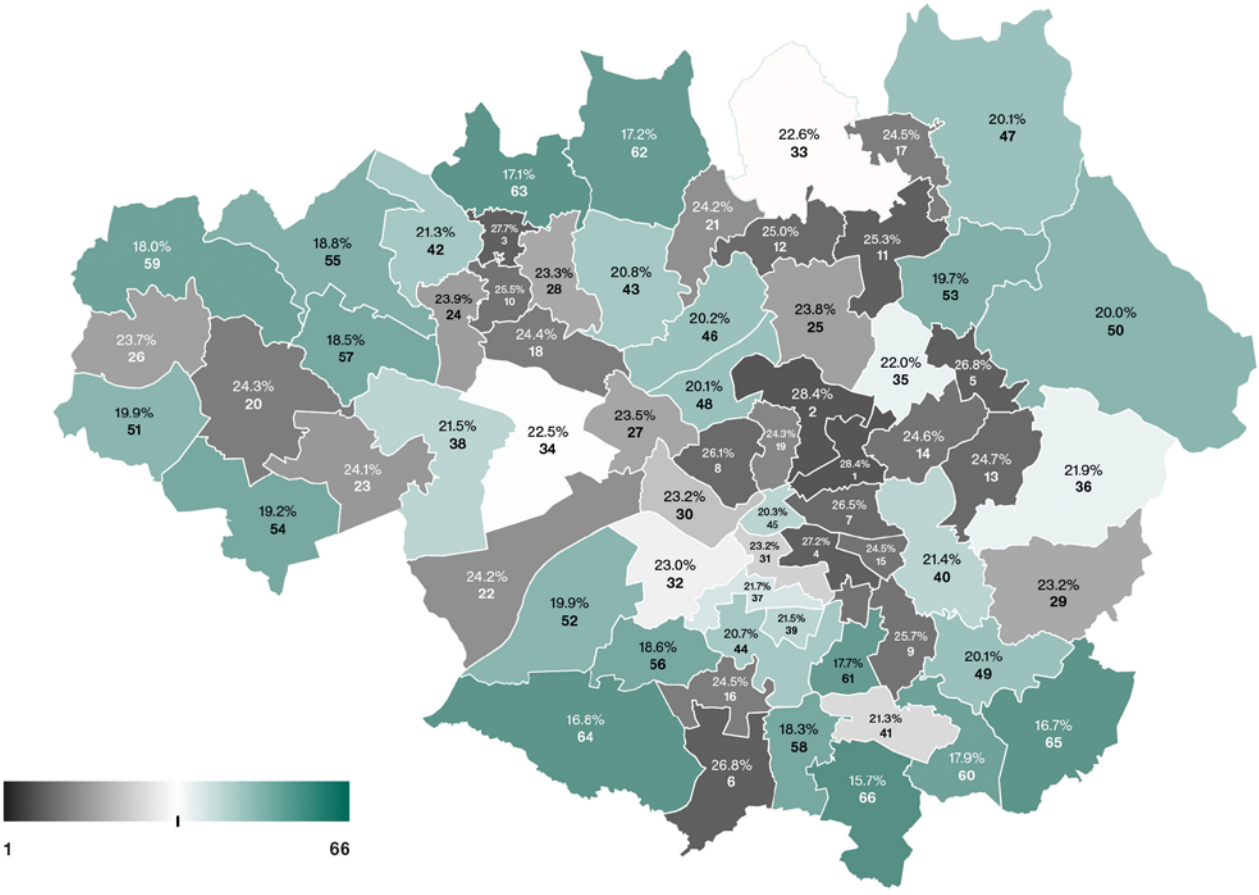
Despite these prior improvements, GM residents appear to have been more affected by the Covid-19 pandemic than other areas of the UK. **Levels of deprivation in GM worsened the impact of the Covid-19 pandemic.** Mortality ratios from Covid-19 tended to move with deprivation deciles, research has found. 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.

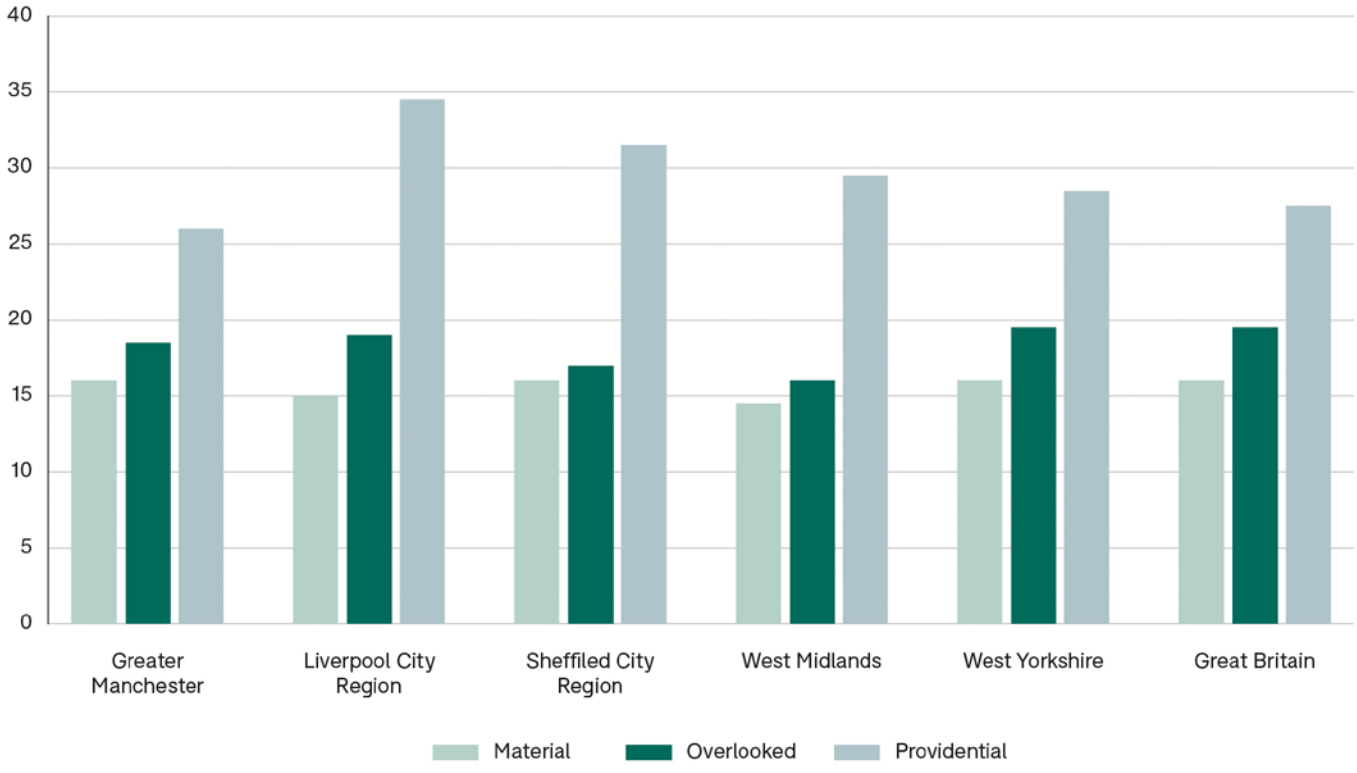
The definition of the foundational economy used in the Greater Manchester Independent Prosperity Review is: "that part of the economy that creates and distributes goods and services consumed by all (regardless of income and status) because they support everyday life."[24] It divides the foundational 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%).

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 '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).

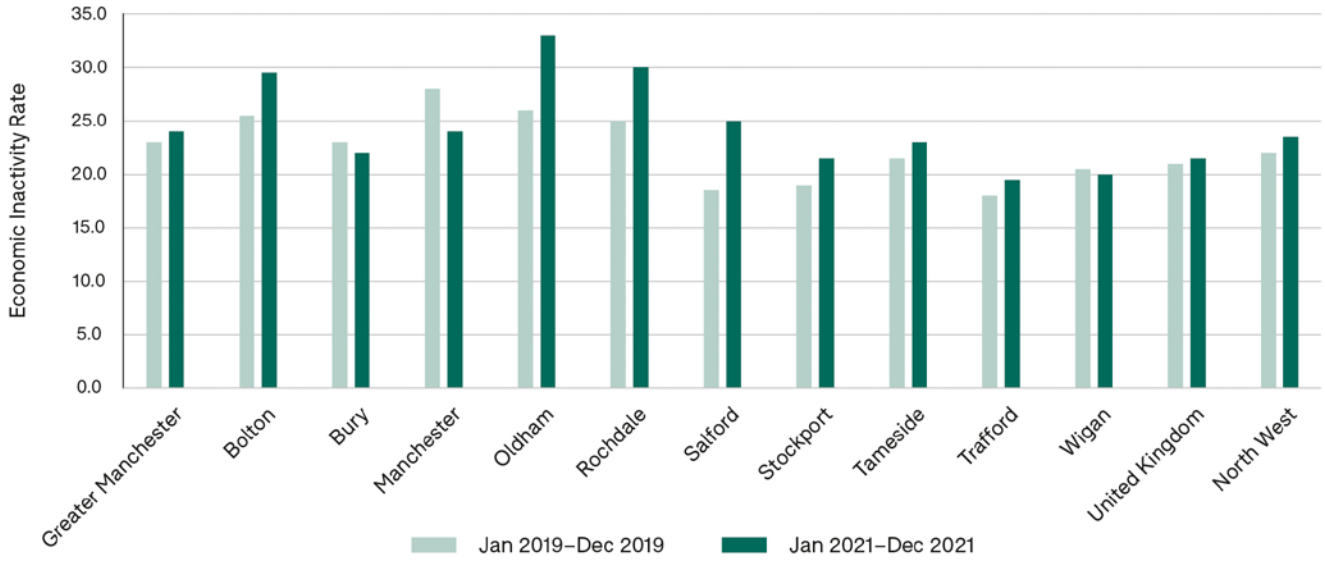
The evidence update has broadly reinforced the positions on the labour market set out in the 2019 Review.

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.

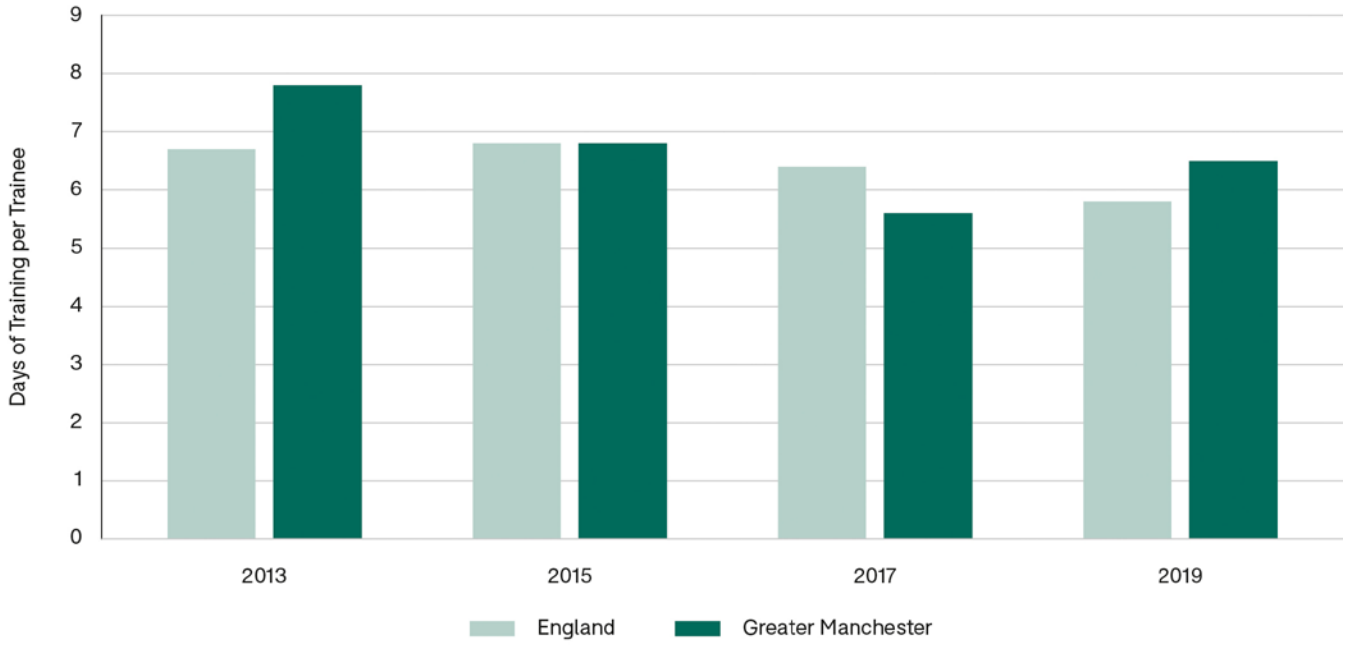
SKILLS UTILISATION AND EMPLOYER INVESTMENT IN SKILLS

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.

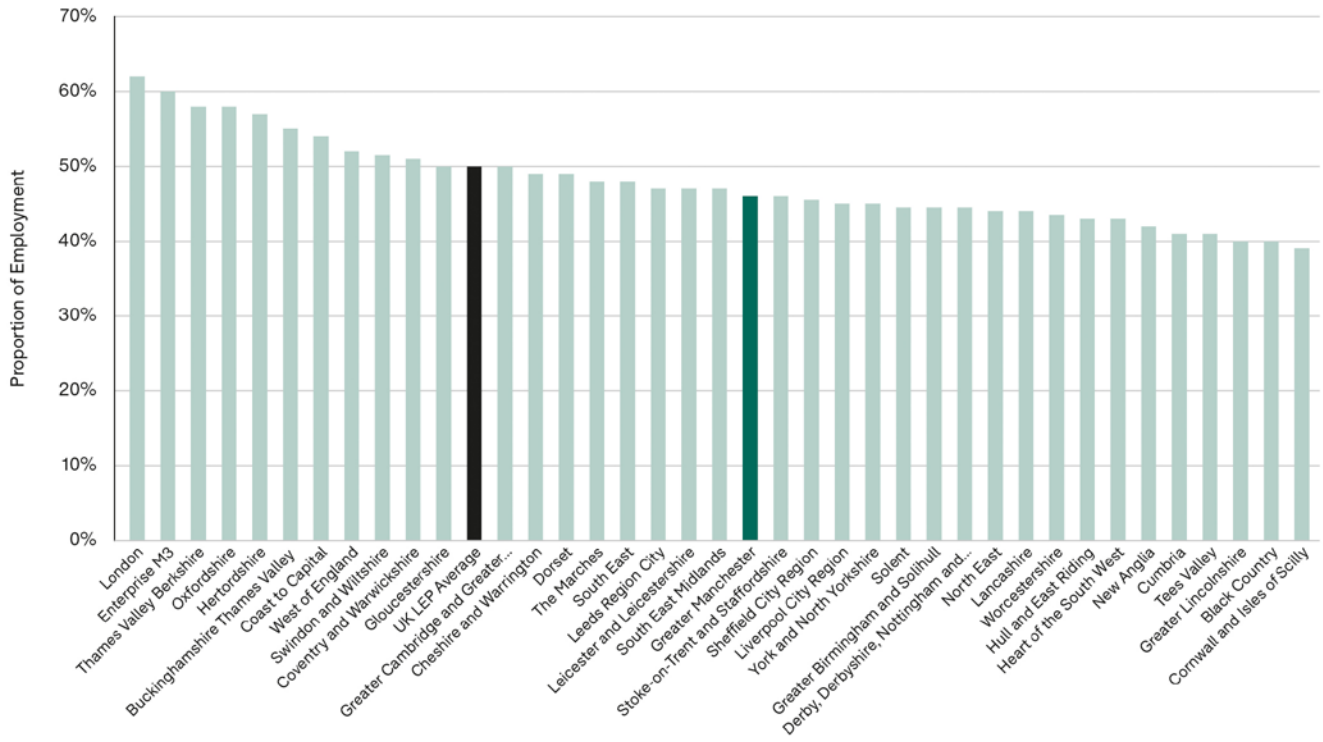
Although the data is a little ambiguous, employers appear to be investing less in skills over time. The average number of days training in GM in 2019 was more than a day less than in 2013 (although there were some improvements between 2017 and 2019) (GMCA, 2022g). Explanations include the changing incentives 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

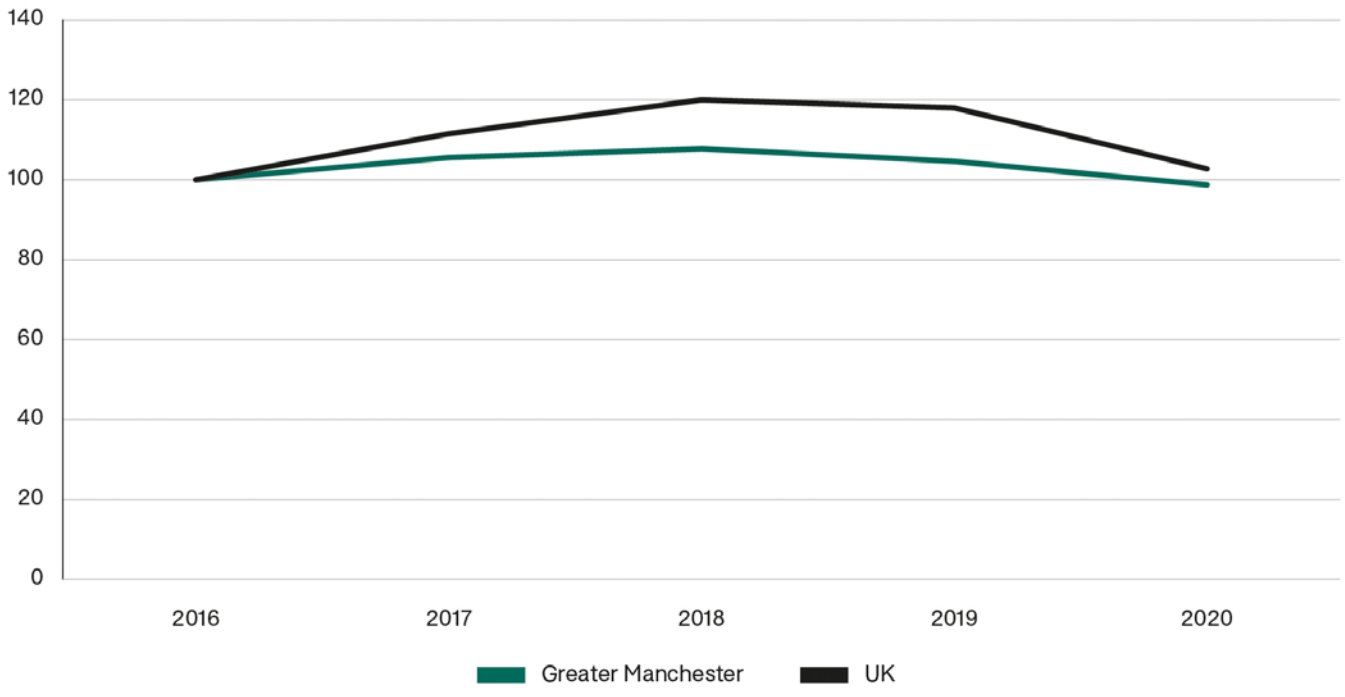
The Prosperity Review found that the main characteristics associated with higher-performing firms are those that trade internationally and/or are foreign-owned. Analysis has been undertaken to assess how the exporting of goods and services has changed over the period 2016 to 2021 and in response to the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

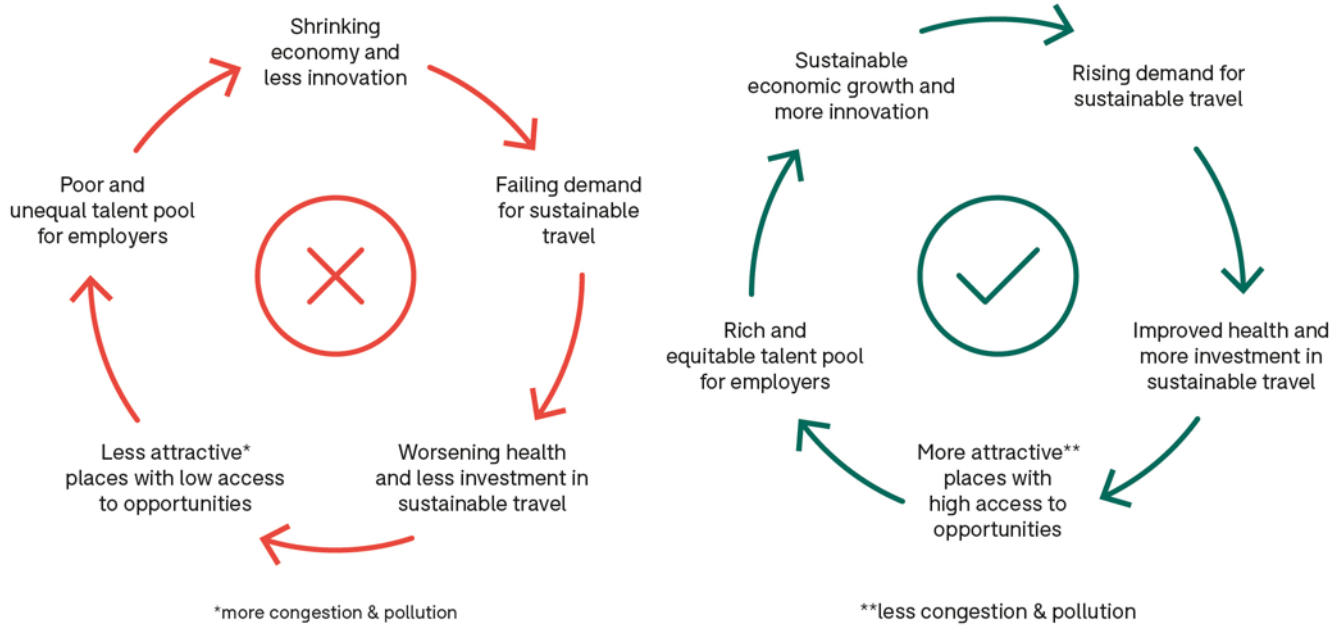
The Prosperity Review concluded that for parts of GM with lower productivity, pay and living standards, there needs to be better access to jobs in the centre and improved quality of jobs locally, enabled by an integrated transport system. The Reviewers said that this would be a necessary – if not sufficient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

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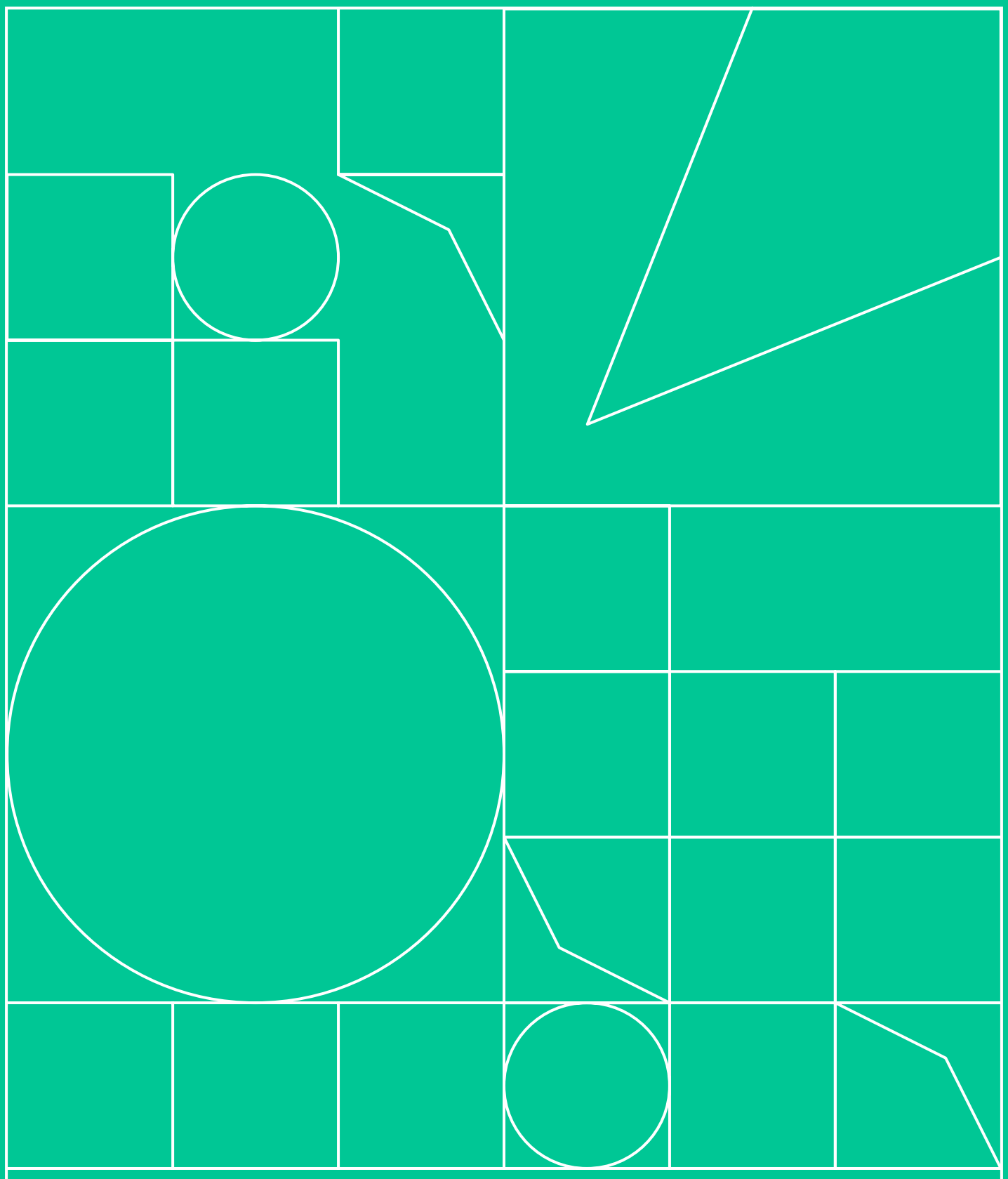

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Agenda Item 8

Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	26th January 2023
Title of report:	Wider Determinants of Population Health: Implementation of the Real Living Wage
Report by:	Cllr. Tahir Rafiq, Cabinet Member for HR & Corporate Affairs
Decision Type:	Discussion
Ward(s) to which report relates	All

Executive Summary:

In September 2021 Bury Council's Cabinet agreed to move towards the organisation's accreditation as a Real Living Wage employer by making arrangements to pay the Real Living Wage to all directly employed staff from April 2022 and move towards payment at this rate for staff employed by commissioned providers over a three-year period. The Council's work here was recognised by the Living Wage Foundation with the Council awarded formal Real Living Wage accreditation in November 2021. Furthermore, this accreditation was fundamental in the Council's recognition as a Member of the Greater Manchester Good Employment Charter in February 2022.

This commitment represented a significant financial investment for the Council, of a projected £5.5m over a five years period as of September 2021. The Council's October Medium Term Financial Strategy refresh added a further £3.2m to this cost owing to the unprecedented growth in the Real Living Wage this year.

In making the case for payment of the Real Living Wage, Members noted that this would directly increase the pay of an estimated 4,000 of Bury's lowest paid workers, most significantly within the commissioned care setting. This approach was championed because of both its strategic importance in supporting the stability of this crucial sector, particularly in the context of Covid-19, but also in recognition of the evidenced link between 'good work' and 'good health'.

This report provides an update on implementation of the Real Living Wage and highlights broader evidence in relation to the link between good work and good health.

Recommendation(s)

That Members note this report and the ongoing work to champion payment of the Living Wage across the wider Bury economy.

Key considerations:

1. Background

The Real Living Wage (RLW) is a voluntarily wage paid by over 11,000 UK businesses who believe their staff deserve a wage which meets every day needs. The rate is calculated annually by the Resolution Foundation and overseen by the Living Wage Commission, based on the best available evidence about living standards in the UK.

The RLW rate (outside of London) was last updates in September 2022 to £10.90 (regardless of age), with employers having until May 2023 to bring rates of pay in-line with this rate. The previous rate (£9.90) represented the lowest pay point for Council staff from April 2022 until the agreement of the national NJC pay award in November of last year increased this rate to £10.50. This rate will rise to £10.90 in April to align with the Living Wage, subject to approval of the Council's Pay Policy Statement. By comparison, the Government's Living Wage is currently £9.50 and applies only to those aged over 25 and over.

Accredited employers must work towards payment of the Living Wage rate to staff employed by contractors working for the organisation. For contractors, the accreditation process considers plans to apply the payment over a three-year period which are regularly reviewed by the Living Wage Foundation and must be delivered against if accreditation is to be maintained. In Bury, outside of Adult Social Care, all new and refreshed in-scope contracts include a requirement to pay in-scope staff at the Living Wage rate, with the contract renewal process meaning compliance should be reached within the three-year period. For those contracts outside of the direct scope of RLW accreditation (for example contracts for goods as opposed to services) the Council strongly commends payment and considers this as part of its Social Value assessment.

In Adult Social Care a more sophisticated approach has been taken with all providers offered the opportunity to increase payment rates marginally over a three-year period, to April 2023, via a contractual variation. Through this mechanism current hourly payment rates for those providers accepting the increased rate is £9.70 and will raise to £10.90 from April 2023.

2. The link between 'Good Work' and 'Good Health'

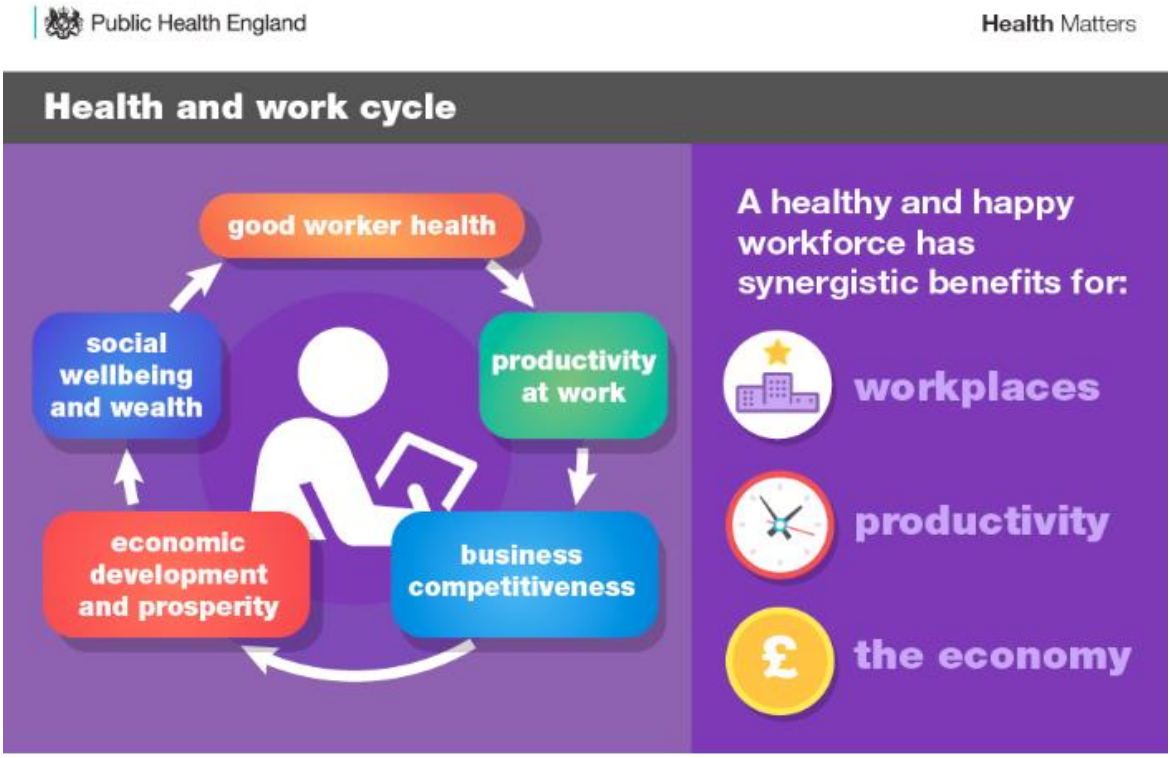
The Government's 2019 'Healthy Matters' publication makes clear the association between good work and good health:

'Being in good work is better for your health than being out of work. 'Good work' is defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development.

There is clear evidence that good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

For many individuals, in particular those with long-term conditions such as mental health problems, musculoskeletal (MSK) conditions and disabilities, health issues can be a barrier to gaining and retaining employment.

Combined costs from worklessness and sickness absence amount to around £100 billion annually, so there is also a strong economic case for action. Addressing and removing health-related barriers requires collaborative work between partners from across the private, public and third sectors at both national and local level.'



More explicitly, a number of studies have demonstrated the clear association link between household income and health outcomes:

Bartley et al., used British Household Panel Survey data to show that households in the lowest third of incomes had a higher risk of experiencing a limiting illness compared with those in the highest third of incomes.

Income is a key factor contributing to poverty, and the risk of household poverty is about ten times higher among low earners than among workers paid above the standard low pay threshold. Poverty is associated with poor mental health, including a greater risk of mental disorders, sleep deprivation, and depression in new mothers.

Children who live in poverty are more likely to be born early and small, and suffer chronic illnesses such as asthma, and they face a greater risk of mortality in early and later life, reflecting the long-lasting impacts across generations.

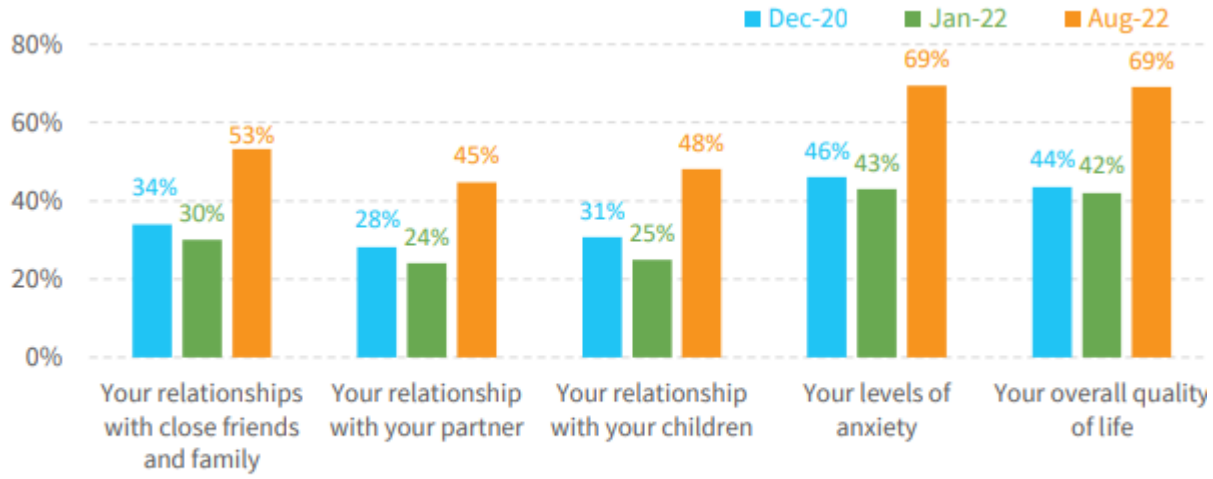
The negative health impacts of living on a low income can be caused by material or psychosocial factors, or a combination:

- Material deprivation: the inability to afford items necessary for a healthy life, such as nutritious food, fuel to heat homes or adequate housing, can lead to health problems.
- Psychosocial factors: there are a number of psychosocial factors that can cause stress and ill-health for those living with insufficient income and financial difficulties.

Insufficient income reduces the autonomy an individual can experience and the control they have over their life which research suggests increases the risk of cardiovascular and self-reported poor health.[1]

A study[2] commissioned by the Living Wage Foundation found that below real living wage paid workers are more likely to say the level of pay they receive has a negative impact on their lives.

Proportion of below Living Wage workers experiencing negative life situations as a result of low pay. UK, December 2020-August 2022



Source: Living Wage Foundation analysis of Survation surveys. Data for December 2020 comes from 2,128 respondents aged 18+, who live in the UK and earn under the real Living Wage. Data for January 2022 comes from 1,702 respondents aged 18+, who live in the UK and earn under the real Living Wage. Data for August 2022 comes from 2,054 respondents aged 18+ who live in the UK and earn under the real Living Wage. All samples were asked: To what extent does the payment you receive for your work impact the following, if at all?

A report from Health Scotland found that paying a living wage would prevent 2.40% of all premature deaths and prevent 1.95% of all hospital stays[3].

[1] https://fingertips.phe.org.uk/documents/Living_wage_health_inequalities.pdf
[2] https://www.livingwage.org.uk/life-low-pay-during-cost-living-crisis
[3] https://www.healthscotland.scot/media/2524/triple-i-technical-report-apr2019-english.pdf

3. The Direct Impact of Living Wage Accreditation

In September 2021 the Council estimated that payment of the Real Living Wage would increase the income of in the region of 4,000 Bury residents. The table below sets out the actual impact of accreditation as of December 2022:

Adult Social Care Providers	2,700 (+ a further 1,000 pay increases to retain pay differentials)
Employed Staff *(including within local authority maintained schools)*	800 (+ a further 400 pay increases to retain pay differentials)
Other commissioned provider staff	40
Total	**circa. 3,540 raising to 4,940 when increases to retain pay differentials are included.**

In summary, the Council's work here has, in reality, directly contributed to increases in pay to in the region of 5,000 people working in Bury.

In Adult Social Care this represents payment, currently, by 100% of homecare providers, 93% of Supported Living providers and 59% of Care Home providers. The lower rate of payment in Care Homes is not unusual and relates to the mixed origins of care home residents, including self-funders and those from other local authorities. – As more Greater Manchester authorities attain accreditation and in the context of the changing legislative framework in relation to funding here it is likely that this number will increase over the coming years.

Beyond direct payment, the Council has used its position as an accredited Real Living Wage organisation to promote payment by other Bury employers alongside the wider criteria of good employment as a member of the Greater Manchester Good Employment Charter.

This has included a significant campaign across media channels during Living Wage week in November last year, with a number of Bury employers becoming accredited Living Wage organisations following the example set by the Council. Communications have also stressed paying the Real Living Wage as part of the council's Anti-Poverty and Cost of Living Strategy.

There are currently 16 local employers that have signed up to the RLW and are now looking to sign up to the Good Employment Charter. Companies such as BEP Surface Technologies and Molygran are long standing representatives of the Charter and pledge to continue to pay the RLW. More recently, organisations including The Fed, Persona Care and Support and Play it Green have gained Living Wage accreditation, with a number citing the Council's leadership here as a factor in their decision. – Whilst it would

be challenging to quote an exact figure, it is clear that the Council's influence here has impacted wage rates for well beyond the 5,000 staff directly impacted.

Conclusion

The Council's payment of the Real Living Wage is making a strong positive contribution to the Bury economy by directly increasing the income of nearly 5,000 Bury employees and influencing the decision of other local employers to follow suit. Furthermore, as the evidence above demonstrates this increase in employee income will be directly contributing to the health and wellbeing of the Bury workforce. It is, perhaps, too early to show any direct local impacts through, for example, reduced sickness absence rates or increased stability in the social care sector or lowest paid areas of the Council workforce. Demonstrating causation here would also be challenging given the current period of unprecedented change and economic uncertainty. The evidenced link here is, however, strong.

Over the coming months the Council will continue to promote the Living Wage alongside the wider attributes of Good Employment through both its actions and own practices and will work to identify the positive impact of this work on the life chances of our communities.

Community impact/links with Community Strategy

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.*
A full equality analysis was conducted of the Council's Living Wage proposals in September 2021.	

Report Author and Contact Details:

Sam McVaigh
Director of People & Inclusion
s.mcvaigh@bury.gov.uk

Background papers:

Report to Cabinet, 1 September 2021*: Real Living Wage Implementation*

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

Term	Meaning
RLW	Real Living Wage

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Bury Means Business – Health and Wellbeing Board

Business, Growth and Infrastructure

Bury Means Business – Health and Wellbeing Board

Current Projects

Able Futures Thriving in Bury

Mental Health

Supporting local employers.

Good Employment Charter

Wellbeing pop ups
Health partnership with the 'Works' brands

Business &Health Questionnaire to tailor specific support

Economic Strategy

Learning Disability
ESOL

Inclusive Opportunities

Employment Support

Business, Growth and Infrastructure

Bury COUNCIL

Bury Means Business – Health and Wellbeing Board

Changes since last update

- The team formerly known as Economic Development is now Business & Investment, Tracey Flynn is the service manager and Sarah Porru is the Assistant Director.
- We also have a Senior Business Advisor in place, Tracy Eyres formerly the Bury Account manager for the Growth Hub
- The skills agenda now sits with Isobel Booler in Childrens & Young People
- BHEAST has been disbanded
- The GROW (Job Entry Targeted Support) programme has now closed

Bury Means Business – Health and Wellbeing Board

Offer to Businesses

Employers

- Bespoke action plans
- Access to recruitment support
- Health & Wellbeing pop ups
- Newsletter/social media
- Sector specific Skills support (Skills for Growth)

Employees

- Adult Education/Skills for Growth/Local Education offer
- Mental Health Support
- Lifestyle Support – smoking/diet/sleep/exercise
- Disability Event
- Place based offer via Works brand
- Active Travel

Radcliffe Works & Bury Works

- Based on successful Working Neighbourhood Model
- Place based resident access
- Single point of access for Health, Employment & Skills
- Partner organisations able to co-locate and cross refer
- Access for residents who do not or cannot access mainstream offer
- Promote local opportunities connected to Regeneration
- Exemplification of Let's strategy

Work & Health programme

- Contract has been extended for 23 months
- Bury is at the top of the tables for jobs and outcomes
- Partnership with CIF fund for 'Works' hubs
- Referrals are low
- Relaunch of offer

Bury Means Business – Health and Wellbeing Board

Restart

- Restart scheme is funded by DWP and referrals are made by Job Coaches.
- Residents who are referred get access to Key worker, Health support, skills support and general employability support
- Effective partnership working with Local Authority
- Fuel poverty event
- Case study of Bury resident available on Ingeus website.

Bury Means Business – Health and Wellbeing Board

Let's do it…

Local neighbourhoods
- Radcliffe Works
- Bury Works
- Prestwich Works

Enterprise
- Good Employment Charter
- Able Futures
- Business Support

Delivering **Together**
- Bury Adult Education
- Employment Support
- Public Health

A **Strengths-based** approach
- Engagement
- Specialist knowledge
- Relationships

Further Information

- Keep up to date with this information by signing up to the Bury Means Business e-newsletter
- Refreshed website in development
- Contact the Invest in Bury Team on 0161 253 6535 or investin@bury.gov.uk

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Agenda Item 10

Classification Open	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	26 January 2023
Title of report:	Housing and Health
Report by:	Liz Cook, Director of Housing
Decision Type:	Information
Ward(s) to which report relates	All wards

Executive Summary:

This report considers the negative effects that poor quality housing can have on people's health and wellbeing. It sets out how the Council aims to address inequity and gives a brief overview of the new housing standards and how these values will help to reduce health inequalities.

Introduction/Background

It is widely recognised that the quality of housing and the environment we live in has a big impact on our health and wellbeing at different points in the life course. Poor housing is associated with a range of health conditions such as cardiovascular and respiratory diseases including asthma. Children growing up in disadvantaged neighbourhoods and poor quality housing are more likely to underachieve at school and be exposed to avoidable health risks including damp and cold. Similarly, people living in overcrowded homes are more likely to suffer from anxiety and depression and have poorer physical and mental health. Investing in good quality housing will help keep people healthy, enable them to maintain their independence in later life and ease the pressures on the NHS and care services.

The Bury Housing Strategy sets out how the Council aims to address health issues that are caused or exacerbated by poor quality, unsuitable and unaffordable housing. Priorities include:

- Increasing the supply of good quality affordable homes including specialist and supported accommodation.
- Ensuring homes of the right type, size and tenure are built in the right places.
- Investing in the Council stock.
- Enhanced support for people who are homeless or sleeping rough.
- Addressing fuel poverty and supporting the low carbon agenda.
- Improving conditions in the private sector.

Progress update:

A review of the Council's brownfield land portfolio has been undertaken and a pipeline of sites for the development of new affordable homes has been established. The table below gives details of some of these developments:

Site name	Number of homes	Tenure
Wheatfields, Whitefield	30 homes (inc 6 bungalows for those with mobility issues) to help re-balance the housing stock.	Affordable rent and shared ownership.
William Kemp Heaton, Bury	43 homes (inc 8 bungalows for those with mobility issues and 18, self-contained supported living apartments for people with learning disabilities).	Social rent.
Willow Street, Bury	13 self-contained supported living apartments for young adults with a physical and/or sensory disability or learning disability.	Social rent.
School Street, Radcliffe	29 homes (including gifted units).	TBC
Green Street, Radcliffe	97 homes.	TBC
Seedfield, Bury	32 homes (including gifted units).	TBC
Fletcher Fold, Bury	Circa 30 homes for older people including those with long term conditions such as a learning disability.	Social rent and shared ownership
Townfield Close, Bury	35 homes for older people including those with long term conditions.	Social/affordable rent and shared ownership tbc.
East Lancs Paper Mill, Radcliffe	100 homes.	TBC
Total number of affordable homes	**Circa 409**	

The Council has negotiated 100% nomination rights in perpetuity to all of these homes. More schemes on other sites are currently being planned, utilising the new

township housing propositions, to ensure that the right types of homes are built in the right places.

The new homes will be built to 'Future Homes Standards' incorporating low carbon technologies and energy efficient heating systems to help reduce fuel bills, offering significant benefits to residents, the Council and the environment. The supported living apartments will be multifunctional and adaptable to suit need at any given time.

A stock condition survey with assessment of zero carbon requirements has been undertaken to help plan future capital works, and a plan for all Council homes to achieve carbon neutrality by 2038 has been developed.

A review of the sheltered housing stock is currently underway, to better meet the needs of older residents. Proposals will be presented to Cabinet in due course.

A new Homelessness Strategy has been developed and housing provision and support for rough sleepers has been enhanced. A Tenant Incentive Scheme has been designed to help tackle over-crowding and under-occupation in Council housing.

The Council's enforcement resources have been strengthened and delivery of the Empty Property Strategy is underway, to help improve conditions in the private sector.

Social Housing Regulation

The Social Housing Regulation Bill is set to come into force in April 2023. The Bill seeks to improve the quality of social housing by introducing a range of measures to protect and empower tenants and reduce health inequalities.

All registered providers of social housing, including local authorities, will have to adhere to the regulatory standards which include:

<u>Home Standard</u>

- All tenant homes must be energy efficient and kept in good repair to meet the Decent Homes Standard. The Regulator has emergency powers to intervene if repairs are required where there is risk to life.
- A cost effective repairs and maintenance service to homes and communal areas must be provided, and repairs must be completed within timescale.
- All applicable health and safety requirements must be met to safeguard tenants. All providers are required to employ a named health and safety advisor to work with tenants, prevent risk and ensure compliance.

<u>Neighbourhood and Community Standard</u>

- Communal areas are to be kept clean and safe.
- Training, volunteering and employment opportunities should be promoted to tenants.
- Providers must work in partnership with other agencies to prevent and tackle ASB in their neighbourhoods.

- All complaints must be resolved promptly and fairly.

Tenancy Standard

- All tenants should be treated with fairness and respect.
- Homes must be let to tenants in a fair, transparent and efficient way.
- Enhanced support must be provided to vulnerable tenants, to help them maintain their tenancies.
- There should be clear application, decision-making and appeals processes.

Tenant Involvement and Empowerment Standard

- Tenants will be able to scrutinise their landlords performance and make recommendations.
- Tenants will have the opportunity to influence and be involved in the management and maintenance of their homes.
- All services, policies and procedures must be universally accessible to all tenants at all times.

A number of key performance indicators have been developed including 22 around tenant satisfaction, to enable providers to monitor their performance and report outcomes to the Regulator of Social Housing.

The Regulator will undertake periodic inspections to ensure that providers are maintaining their stock and, will be able to set unlimited fines for breach/non-compliance.

Report Author and Contact Details: Liz Cook, Director of Housing

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Partnership Information: Tackling Damp & Mould / Housing Condition in Bury.

Liz Cook – Director of Housing

1.0 Context

The report sets out how Bury Council and partners are taking steps to respond and react to mitigate against risks in Bury & the challenges and support required from partners to ensure early intervention and prevention.

2.0 Housing Responses to date

2.1 Council Housing

The Council is accountable for the council's stock managed by Six Town Housing and Springs TMO.

- Six Town Housing have reviewed all data and have developed an action plan to
- STH are collating all required information for submission which will be undertaken jointly and submitted to the regulator by the 19th December 2022
- The Council do not have homes which have structural defects / or are of construction types - essentially 'at risk properties'
- Bury Council / STH policy position and practice is to continue repairs whilst there is litigation ongoing.
- Legal Services have under-taken a review of disrepair claims
- Temporary Accommodation weekly property checks to highlight and record any concerns of mould, damp and take proactive steps.
- Damp mould & condensation will be integrated into compliance management in the same way as the big 6 (gas, electrical, fire etc.) and therefore included within the quarterly reporting through Performance and Improvement Group.

2.2 Six Town Housing -Action Plan

Six Town Housing have developed will focus on making changes that achieve the following four aims.

1. Ensure our customers and their families are kept safe in their home by establishing robust processes to remove the risk to human health by using a health and safety and risk-based approach where damp and mould is present in their home, whilst this is rapidly treated and eliminated:

2. To deal with damp and mould in our properties through enhanced inspection, repairs and surveying processes matched by investment in our stock and through partnership working with other agencies.

3. Treat damp and mould as we would with other health and safety obligations (such as gas safety, asbestos etc.) by gathering evidence of properties affected by damp and mould, establish a new suite of performance measurements, and hold ourselves accountable to them.

4. Share learning across the housing sector, as well as with GMCA and GMNHS to raise awareness of the progress we are making and the changes we need across the system to achieve our aims. This will include consideration of race, language, culture, and respect for our customers.

The Damp and Mould Action plan work has commenced on the short-term actions. Work with key GM partners will be undertaken to maximise opportunities to progress with solutions.

Six Town Housing are sending out a range of updates to tenants through a range of media including our website and newsletters.

3.3 Housing Association Stock

The Housing Association stock in the Borough is regulated, as is the council housing, by the Regulator of Social Housing. The Council has been proactive in requesting assurance form HA partners and a letter has been sent to all HA partners with stock in Bury to provide assurance. Discussions have taken place with the Greater Manchester Housing Providers (GMHP) who will also be coordinating the response of Housing Providers to all GM local authorities. All Housing Associations were required to make a submission to the Regulator by the 19th December 2022.

3.4 Private Housing – Owner Occupation and Private Rented Housing

Property conditions in the private rented sector stock & owner-occupied stock condition are reactive and responded to through the Private Sector Enforcement teams who respond and intervening to enforce standards. Resource and capacity of Private Rented Sector Enforcement is a risk in terms of our ability to respond as a Council and preform proactive interventions to inform.
The Council is has committed additional resources to Private Sector Housing regulation and will participate in the GM Good Landlord Scheme.

4.0 Partner Support and Action

There is significant information and advice regarding damp, mould and condensation here are some resources for sharing with frontline staff to support them identify risk and poor housing conditions to ensure early identification and prevention.

Tackling damp and mould | Chartered Institute of Housing (cih.org)

Guidance on Pre-Action Protocol for Housing Conditions Claims and service complaints - Housing Ombudsman (housing-ombudsman.org.uk)

Damp and mould prevention - NFA National Federation of ALMOs

5.0 What is the pathway of escalation through the housing provider? Social Rented Housing

The initial process is to report through the Housing Providers reporting process for repairs.

In Bury STH manage the Council homes (approx. 7,000 homes) and have a dedicated contact centre taking repair calls including web chat and social media options for report repairs including damp and mould. The requests will be prioritised, and an appointment booked with a trained damp inspector who will visit the home and provide a schedule of work for any remedial action required include advice on avoiding dampness in the home. The remedial works will be complete by their in-house repairs and maintenance service. A post inspection is carried out to check the remedial work has been effective. The Business Manager for Repair Direct is responsible for ensuring repairs are carried out effectively and efficiently. STH operate a complaints process for tenants to let us know if we have not delivered the required level of service as well as tenant satisfaction questionnaires. Should the tenant remain unhappy with our response, the complaint will be escalated and reviewed by an independent Executive with the final stage of escalation being the housing ombudsman. In addition, we have a number of committees and a Board who have specific responsibility for ensure policies and procedures are in place as well as performance information which is reviewed for compliance and corrective action taken should performance be below expectation. The performance of Six Town Housing is also reviewed by

the Council to ensure satisfactory delivery of the management of the housing stock on behalf of the Council.

There are a number of Housing Association Providers operating in the Borough (approx. 7,000 homes) – All HA's will have their own reporting and escalation processes through their complaints processes up to the Housing Ombudsman. All HA's operating in Bury have formally responded to Housing Service to give assurance of actions and all were required to submit a questionnaire to the Regulator of Social Housing. However, if there are concerns of in action a referral into myself would be appropriate to raise at CEO level with the provider.

6.0 What is the pathway of escalation through the housing provider? Owner occupation / Private Rented Sector

Tackling housing conditions in the private sector is more challenging, this would be reported through Private Sector Housing Team, Public Protection who have introduced a risk-based prioritisation process. The team will work with vulnerable owners and private landlords to effective intervention.

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Damp and mould in rented housing

Public health information for social housing agencies and private landlords

1. Health implications of damp and mould in residential properties

Respiratory disease is an umbrella term for conditions affecting the lungs and airways, including lung cancers, infections, and chronic diseases such as asthma. The UK has some of the highest mortality rates from these conditions in Europe, with outcomes remaining broadly static over the past decade.[1] Preventable deaths from respiratory diseases increase with socioeconomic deprivation, with areas of the North West having some of the highest levels of deprivation and respiratory mortality in the country.[2]

Poor housing conditions affect respiratory health throughout life. Multiple studies have established an association between poor housing and childhood asthma, particularly in relation to mould and dampness.[3-6] Hospitalisation for respiratory infections in children has a dose-response relationship with a number of measures of poor housing quality.[7] Exposure to these conditions in childhood continues to have detrimental health effects later in life, including reduced lung function and increased respiratory disease in adulthood.[8-10] In adults, the European Community Respiratory Health Survey found a statistically significant relationship between indoor mould growth and asthma symptoms.[11] Similarly, overcrowded and under-ventilated housing is an important risk factor for respiratory infections such as tuberculosis.[12] Housing issues also cause and exacerbate respiratory problems in older people; the group most likely to be affected by fuel poverty.[13] The resultant cold and damp housing is associated with increased respiratory symptoms and chronic respiratory conditions.[14-16] Older people are disproportionately affected by excess winter deaths, which are strongly associated with cold homes and subsequent respiratory illness.[17]

The Secretary of State for Levelling up, Housing, and Communities has recently written to housing providers and local authority leaders, re-emphasising their responsibilities under the Housing Act 2004.[18] This includes using of the Housing health and Safety Rating System (HHSRS) to identify and remediate hazards.[19] This note is intended to provide additional public health rationale and practical activities to supplement the guidance and responsibilities provided in the aforementioned legislation.

2. Assessing mould and damp problems

In response to rehousing requests which include reference to damp and asthma, a housing officer should visit the premise to ascertain:

1. If there is a structural problem causing dampness in the property e.g. leaks from pipework, roofs, leaking gutters, penetrating damp through external walls, or rising damp.
2. Whether the ventilation, is adequate for the size of property and number of occupants, and whether any ventilation has been obstructed.
3. How washing is dried e.g. tumble drier, clothes horse, over radiators. Drying clothes inside increases the risk of damp and mould, but this may be the only option in households without

access to private outdoor space or during wet weather. Advice on how to manage this can be found in section 4.

4. How the house is heated, and whether this is adequate. Cold houses are subject to increase condensation and any dampness tends to persist and increase in colder weather.

5. Whether the house is overcrowded, resulting in additional moisture which may not be accounted for in the ventilation of the property. This is particularly notable in houses of multiple occupancy, where numerous people share the same room, washing, and cooking facilities.

6. Whether any additional sources of moisture are present above what would usually be expected for the property. For example, cooking is unlikely to be a problem in itself, but can lead to condensation if pans are left boiling for prolonged periods.

7. The extent of the mould problem and the rooms affected. Total areas of mould exceeding 10 square feet should be considered particularly significant, and where mould is present in more than rooms that just bathrooms and kitchens. Mould in bedrooms is particularly associated with lung disease.[20-21]

After reviewing the property and the risk factors, the housing officer should determine whether the mould is intrinsic to the condition of the property, and if there are any significant aggravating factors associated with the daily use of the property. Any causes of dampness which are the landlord's responsibility should be identified and the landlord made aware of their responsibilities, which may include safe removal of the existing mould.

If the property is sound and reasonable standard and there are no intrinsic risk factors for mould, then the occupiers should be given advice on reducing the risk factors set out above and how to safely get rid of existing mould (see section 4).

3. Requests for repairs or rehousing

The recent death of a toddler from a fungal respiratory infection secondary to mould and dampness within his home has highlighted the need for housing authorities to respond effectively to reports of mould and damp.[18] This includes prompt assessment in response to reports of mould and damp, arranging remediation and reviewing its effectiveness, and communication with tenants regarding ongoing measures they can take to reduce damp within their property. Special consideration is also required regarding requests for rehousing on grounds of health conditions which may be exacerbated by damp. For example, asthma may be triggered or exacerbated by mould spores, with chronic inflammation can lead to potentially severe and progressive allergic alveolitis. For those with impaired immunity, exposure to mould can cause fungal lung infections which may be severe and life-threatening. The following factors should be considered when assessing requests for repairs rehousing:

- Where mould is extensive within the property (>10 square feet/1 square metre) and there are intrinsic faults within the property causing the mould, then requests for repairs or rehousing should be carried out urgently wherever occupants have pre-existing lung disease (particularly asthma) and/or include young children.

- Where damp is assessed to be due to activities within the home, the occupiers should be given advice on reducing the risk and the situation kept under review to ensure that the problem is remediated.
- If the dwelling is damp due to activities within the home and there are young children within the household with pre-existing lung disease, consider referring the family via a safeguarding pathway to ensure the problem given multidisciplinary consideration.

The following NICE guidance may be useful for local authorities and housing bodies wishing to improve indoor air quality in houses in their area: https://www.nice.org.uk/guidance/ng149

4. Mitigation advice for tenants

Where activities within the property are likely to be contributing to mould and damp, advice should be provided to tenants on how to reduce the accumulation of moisture. Particular care should be taken to communicate this information effectively to households who are unable to read material written in English, or who have no previous experience of managing mould and damp in cold and wet climates.

Households should be informed that everyday activities like cooking, showering and drying clothes create moisture in the home which can lead to condensation. Over time, this moisture provides an environment for mould to grow and spread. This can be prevented by:

a) **Reducing the amount of moisture produced in the property** e.g. drying clothes outdoors or in an externally-vented tumble dryer, covering pans with lids when cooking, and closing internal doors when showering or cooking.

b) **Preventing moisture from becoming trapped in spaces** e.g. leaving a gap between furniture and external walls or radiators to allow air to circulate.

c) **Removing excess moisture promptly from the property** e.g. using extractor fans in kitchens and bathrooms, opening bedroom windows for 5-10 mins after getting up, and using a dehumidifier.

d) **Keeping the property adequately heated.** It usually helps to have a low background temperature of at least 15 degrees in all rooms.

The following resources may be useful for tenants experiencing damp and mould issues:

1. Shelter: damp and mould in rented homes
2. Citizen's advice: damp repairs
3. NHS: health effects of cold and damp

5. References

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NHS GM Response to Damp, Mould and Poor Condition Homes

1. Context

The tragic case of Awaab Ishak and the subsequent inquest into his death has highlighted the urgent need to respond to the health risk, and risk to life, of poor-quality homes.
Correspondence has been received across system partners, clearly setting out expected action along with advisory responses to ensure this is prevented from happening again. This includes:

- Letter from the Coroners Court to NHS GM Integrated Care
- Regulation 28 Notice to Department of Health and Social Care (shared with NHS GM Integrated Care)
- Letter to all providers of social housing from the Secretary of State
- Letter from the Regulator of Social Housing to all Housing Provider Chief Executives
- Letter to Chief Executives and Leaders of Local Authorities (including GMCA) from the Secretary of State

In recent days further restrictions have been announced for Rochdale Boroughwide Housing, Awaab's housing provider, and other poor performing social landlords, removing government funding for development of new homes.

NHS Greater Manchester Integrated Care has a formalised relationship with Greater Manchester Housing Providers (GMHP), 24 of the biggest housing organisations in GM, through the GM Tripartite Agreement. This relationship has been the platform for the immediate cross-sector response proposed in this note.

2. Our proposed NHS Greater Manchester response

This note sets out a series of actions that NHS Greater Manchester Integrated Care is committed to taking, both as an individual organisation, and working in partnership with the housing sector more broadly. The activity set out here, taken in conjunction with the action of the wider sector, responds to all of the mandated tasks set out in the correspondence we have received, and in some instances, goes further to drive better connectivity, relationships and common understanding across housing and health.

1. Supporting specific action taken by GM Housing Providers
2. Refresh and reinforce information on health impacts of damp, mould and poor-quality living environments
3. Connect through Primary Care Networks
4. Develop a single point of contact for front line health and care professionals
5. Make better use of our data
6. Share 'Warm Homes' activity and initiatives
7. Connect to the Private Rented Sector response

2.1 Supporting specific action taken by GM Housing Providers

GMHP members will individually respond to the actions set out in the letter from the Secretary of State and the letter from the Regulator of Social Housing, which ask for:

- Current approach to assessing for damp and mould

- Detailed recent assessments of damp and mould issues (HHSRS Cat 1 and 2)
- Detail of action taken to remediate and ensure the Decent Homes Standard is met
- Clarity on escalation processes employed for complaints

A response is required nationally by 19th December.

The GMHP partnership will also pursue a wider Response Plan, that seeks to draw on the collective efforts of the Partnership to make further improvements to the way they operate. An overview of this plan will be shared with all relevant system partners in due course.

Activity mandated in these letters such as better understanding the condition of stock, will be used to inform other action we are committed to taking set out below.

2.2 Refresh and reinforce information on health impacts of damp, mould and poor-quality living environments

As advised in correspondence from the Coroner's office, NHS GM will refresh our information and understanding of the health impacts of damp, mould and poor-quality living environments, and reinforce this through proactive communications and sharing resources with front line health and care staff and with the housing sector. Where this can be used to inform reviews of housing standards, policies and processes, we will work with GMHP members to do this.

Communications campaigns similar to campaigns on gas safety and legionnaires have been suggested and we will review our approach in line with this.

2.3 Connect through Primary Care Networks

Based on individual housing provider responses, the GMHP Response Plan, and other actions set out in this note, GMHP members will connect proactively with the 66 Primary Care Networks across GM to ensure referral mechanisms are in place between PCN's and housing providers and to share information on properties where risk factors to families are most likely to be present.

We will coordinate this initial connection at a GM level and support development of relationships in localities where needed.

2.4 Develop a dedicated point of contact in GMHP for front line health and care professionals

To ensure that any issues related to damp and mould are escalated in an appropriate manner, each member organisation within GMHP will set up a dedicated email address for correspondence on this specific issue, which will be available to tenants and to health professionals who may have a concern. In addition to this, a GM wide 'portal' for all housing condition complaints is also to be considered longer term.

The details of these referral routes will be publicly available and proactively promoted to tenants and will be shared extensively with health professionals who routinely make home visits and with particular focus on CYP respiratory professionals.

2.5 Make better use of our collective data

The letter from the Coroner's Office highlighted the lack of information sharing between health agencies, and between housing and health, as something which should be considered by NHS Greater Manchester.

We will connect information held on CYP asthma with our improved understanding of GMHP stock condition to identify areas of high risk and share with localities to undertake targeted interventions accordingly. This exercise can also be replicated with private rented homes.

GM NHS Intelligence and Analytics Team are already advising Rochdale Boroughwide Housing on opportunities for sharing data between housing and health, in direct response to specific actions they have been mandated to undertake. A DPIA is under development, led by a third party, which will provide the legal framework for connecting housing and health records and this will be used as a blue-print for other GMHP members.

2.6 Private rented sector response

Local Authorities are responding to a letter from the Secretary of State regarding their private rented housing stock, with a response is required by 27th of January. We know this is where the greatest issues are in terms of poor quality and ongoing risk. The letter asks that LA's:

- Submit an assessment of damp and mould issues affecting privately rented properties including prevalence of damp and mould hazards
- Submit an assessment of action that may need to be taken in relation to damp and mould issues affecting privately rented properties
- Submit specific data for the last three years around enforcement, prosecutions and remediation activity related to damp and mould

GMCA recently commissioned a review of private sector housing stock condition across GM and this modelled data is being utilised to support LA's in responding to the above. Additional funding has been announced for GM (£2.12m) to increase the use of fines where a landlord is found to have committed an offence.

2.7 Share 'Warm Homes' activity and initiatives

There is activity already in our GM system that seeks to respond to the health issues caused and developed as a consequence of cold and damp homes. Each locality has some form of warm homes offer for residents living in the private sector. For some this is part of a comprehensive Home Improvement Agency service, offering wider home improvement interventions, along with warm homes. In others it is limited to connectivity into any available national schemes.

NHS GM have recently partnered with five LA's to co-fund five 'warm homes pilots'. The investment is supporting identification of adults who are at increased risk of poor health (stroke, CVD, hypertension) due to or exacerbated by their living circumstances. This is providing interventions that keep homes safe, warm and dry and alleviate fuel poverty, and also to develop improved pathways between housing and health services.

We will proactively share information on the provision of warm homes scheme availability across GM and highlight examples of good and innovative practice.

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The impacts of household damp and mould on human health: a review of the literature

1. Introduction

1.1. How does household damp and mould affect health?

People spend a large portion of their day indoors, especially within their own homes. The quality of the air they breathe during this time is an important determinant of their health and wellbeing. As such, indoor air pollution is a major cause of morbidity and mortality across low, middle, and high-income countries (1).

Microbial indoor air pollutants that are relevant to health include bacteria, fungi, algae, and some protozoa (1). The presence of many of these in the indoor environment is primarily due to dampness and inadequate ventilation (1). Excess moisture within the household environment can lead to the growth of these microbes, which can subsequently emit spores, cells, allergens, mycotoxins and volatile organic compounds (VOCs) into the air (1–3). Dampness also increases the risk of house dust mite and can initiate chemical or biological degradation of materials, which can pollute indoor air (1,2,4).

The mechanisms by which non-infectious microbial exposures associated with indoor air dampness and mould affect health are largely unknown, but they are likely to be multiple (1). Suggested mechanisms include inflammatory, allergic, cytotoxic and immunosuppressive responses to the spores, metabolites and components of microbial species (1,3).

1.2. Prevalence of household damp and mould

The prevalence of household damp varies widely within and between countries, and is related to a variety of factors, including climate, building construction and age (1,5). A review of studies conducted in Europe, Canada and the United States concluded that in most datasets, at least 20% of buildings have one or more signs of damp, although this is based largely on self-reporting rather than objective measures (2). More recently, the European Community Respiratory Health Survey (ECRHS II), which includes homes in the UK found self-reported dampness in 20.5% of homes, and self-reported mould in 15.8% of homes over a 12 month period (5). The proportion judged to have mould or dampness after objective assessment was similar. However, figures from the English Housing Survey were much lower. In the 2 years to March 2019, an average of 3% of households in England reported having damp (rising damp, penetrating damp, serious condensation, or mould) in at least one room of their home (6).

Although these surveys did not provide prevalence data by area deprivation or socio-economic status, the World Health Organisation (WHO) suggests that the prevalence of household damp and mould is likely to be highest in poorly maintained housing, lived in by people on a low income (1). The reasons for this are multiple, but fuel poverty is likely to be a major factor, since damp and mould problems are more common in cold, poorly insulated homes (7). Data from the English Housing survey also suggests that there are differences in household damp prevalence by ethnicity, with Mixed White and Black Caribbean (13%), Bangladeshi (10%), Black African (9%) and Pakistani (8%) households more likely to report damp than White British households (3%) (6). Given the health impacts, these disparities in prevalence between different population groups mean that household damp and mould is a significant driver of heath inequalities.

1.3. Purpose of this paper

Knowledge about the health impacts of poor indoor air quality, and the factors that cause it are key to enabling action by relevant stakeholders. This paper provides a summary of the literature focusing on the health impacts of household mould and damp. The aim is to inform the system-wide response to the recent death of Awaab Ishak, who died as a result of a severe respiratory condition due to prolonged exposure to mould in his home environment. Through collective action, it is hoped that future deaths and ill health due to household damp and mould can be prevented.

2. Methods

A literature search, using the research question: "What are the impacts of household damp and mould on human health?" was conducted by the UKHSA Knowledge and Library Services during the last week of November 2022. Limits applied include English language, and academic articles published between 2002 to the current day. Searches were made of CINAHL, Emcare, Embase, Global Health, Google, Medline and NICE evidence. Further details of the search strategy are provided in Appendix 1.

3. Results

3.1. Literature review

After de-duplication and screening for relevance, 303 articles were identified as fitting the inclusion criteria. Due to the volume of articles, these were sorted into the following categories:

- 2018 onwards (last 5 years)
- Reviews
- Top 25 (closest fit to the research question)
- Damp specific (mention of "damp" and "home/house" in title or abstract)
- Mould specific (mention of "mould/mold" in title or abstract)
- General domestic environmental risks regarding air quality/fungus growth.

A summary of the papers is attached in Appendix 2.

In total, 23 reviews (including narrative literature reviews, systematic reviews, and meta-analyses) were identified. All of these were read in full, and 18 were considered relevant for inclusion in this paper. A further ten reviews were identified from the reference lists of these articles. In light of the number of available reviews, the focus of this paper is on the evidence they present.

The findings have been categorised according to health impacts and are summarised below.

3.2. Asthma

Numerous studies have looked at the association between indoor damp and mould and asthma or asthma symptoms in both adults and children. In 2004, the Institute of Medicine (IoM) published a review looking at the impact of damp indoor spaces on health (2). They concluded that there was sufficient evidence of an association between exposure to a damp indoor environment and/or mould and the presence of asthma symptoms in people with asthma. They also found limited or suggestive evidence of an association between exposure and asthma development. Five years later, both the WHO, and Mendell et al., included additional studies in two updated reviews, and went further to say that there was *almost* sufficient evidence of causality in the relationship between indoor damp/mould and

increased risk of asthma exacerbation (1,8). They also concluded there was now sufficient evidence of an association between indoor dampness and asthma development. However, neither review drew conclusions for adults and children separately.

Most recently, Caillaud et al. (9) conducted a systematic review looking specifically at the impact of indoor mould exposure on asthma (separately in adults and children), and identified seven meta-analyses, four systematic reviews, and 27 longitudinal or panel studies published between January 2006 and November 2017. This included several systematic reviews and meta-analyses identified in our search (8,10–16). They concluded for the first time that there was now sufficient evidence of a causal relationship between exposure to indoor moulds and the development and exacerbation of asthma in children. In adults, they concluded that there was sufficient evidence of an association between indoor mould exposure and asthma exacerbation and the development of asthma in relation to work in a mouldy and damp building. However, they found limited evidence of the effect of indoor mould exposure on asthma onset in adults in the general population due to insufficient data.

In terms of quantifying these associations, Quansah et al. (12) conducted a systematic review and meta-analysis including only cohort and incident case-control studies to look at the impact of residential dampness and mould on asthma development (both doctor diagnosed and asthma symptoms) in both adults and children (although only 2 of the 16 included studies involved adults). The authors found that exposure to household damp or mould was associated with a 50% increase in the risk of asthma onset (95% CI 1.25–1.80). Significant impacts were also found separately for dampness (EE 1.33; 95% CI 1.12–1.56), visible mould (EE 1.29; 95% CI 1.04–1.60), and mould odour (EE 1.73; 95% CI 1.19–2.50), but not for water damage (EE 1.12, 95% CI 0.98–1.27).

Two large cohort studies, not included in this review and meta-analysis, but described in another recent review (17), have looked at dampness or mould and risk of asthma onset specifically in adults. One 9-year follow-up of young adults, within a population-based cohort study (ECRHS) from 13 countries (n = 7104), found an increased onset of asthma in homes with reports of water damage (RR 1.46; 95% CI 1.09–1.94) and indoor moulds (RR 1.30; 95% CI 1.00–1.68) at baseline (18). A dose–response effect was also observed. The authors concluded the population attributable risk was 3–10% for reported, and 3–14% for observed dampness/mould. Another 9-year follow-up within the population-based cohort RHINE from five countries in Northern Europe (n = 11,441) found associations between dampness, mould and mould odour at home and onset of asthma symptoms/ doctor diagnosed asthma (19). For doctor diagnosed asthma, the overall risk estimate (OR) for any type of household dampness at baseline was 1.43 (95% CI 1.12–1.82) and for mould odour it was 2.23 (95% CI 1.48–3.37).

A meta-analysis of eight birth cohort studies has also been published, investigating the role of dampness and mould at home on the risk of asthma and allergy development specifically in children (11). It concluded that exposure to visible mould and/or dampness in the first two years of life is associated with an increased risk of developing asthma, specifically in very young children aged 0-2 years (OR 1.39; 95% CI 1.05–1.84) (the association was not significant in older children).

Most of the studies described above used qualitative methods to assess exposure to damp and mould (water damage, visible mould, mould odours). Regarding quantitative exposure to culturable fungi, the evidence is less well developed. In their 2015 review Kanchongkittiphon et al. (15) identified limited evidence to suggest associations between quantified indoor culturable Penicillium or total fungi and exacerbation of asthma, but called for future studies to clarify the relationship. Similarly, in a 2014 systematic review (17 observational studies) and meta-analysis (7 studies), Sharpe et al. (16) found that certain fungal species were

present at higher concentrations in homes of asthmatic patients, and that the presence of Cladosporium, Alternaria, Aspergillus, and Penicillium species increased the exacerbation of current asthma symptoms by 36-48% compared with those exposed to lower concentrations of these fungi. However, the review included only one small case-control study in the UK, and the included studies were judged to be of medium quality, with many not accounting for covariates.

Mendell et al. explored the relationship between measured building moisture and occupant health effects due to microbial growth in their 2018 review, (20). Two studies, conducted in the UK, both reported dose-related increases in asthma exacerbation with higher measured moisture, with 1 study reporting an adjusted odds ratio of 7.0 for night-time asthma symptoms with higher bedroom moisture.

3.3. Rhinitis

The WHO review included 6 studies (3 prospective and 3 cross-sectional) looking at allergic rhinitis and concluded there was some evidence to suggest increased risks for occupants of damp and mouldy buildings, but that this was inconsistent (1). Similar findings were reported by Mendell et al. in their review published in 2011 (8). Stronger positive conclusions were reported in a more recent (2013) systematic review and meta-analysis of 31 observational studies (largely cross-sectional) looking at the impact of indoor dampness and moulds in both adults and children (21). The authors concluded that dampness and mould at home are determinants of rhinitis and its subcategories. In the meta-analysis, the summary effect estimate for any type of exposure was 2.08 (95% CI 1.56–2.75). When considering specific exposures (water damage, dampness, visible mould or mould odour), the largest risk was observed for mould odour (EE 2.18; 95% CI, 1.76-2.71) (21).

Tischer et al. (10) conducted a systematic review and meta-analysis of observational studies (both cross-sectional and longitudinal) in 2011, focusing on children only. In accordance with the results detailed above, the authors found an association between visible domestic mould and allergic rhinitis (OR 1.39; 95% CI 1.28–1.51) and stated that “the results were consistent with the evaluation of causation according to Hill’s criteria”. However, they found some evidence of moderate publication bias.

The same authors conducted a meta-analysis in eight European birth cohorts (including two in the UK) later in the same year and found that exposure to self-reported visible mould and/or dampness during the first 2 years of life was associated with a significantly increased risk of symptoms of allergic rhinitis at school age (6–8 years: aOR 1.12; 95% CI 1.02–1.23)) and at any time point between 3 and 10 years (aOR, 1.18, 95% CI 1.09–1.28) (11). Potential confounders that were adjusted for included gender, parental atopy, parental educational level, maternal smoking, environmental tobacco smoke, breastfeeding, and early day care attendance.

Most recently, Caillaud et al. (9) conducted a review of the literature published between 2006 and 2017 on the associations between indoor mould exposure and rhinitis in children and adults with a focus on longitudinal epidemiological studies. They concluded that there was sufficient evidence of an association, with an odds-ratio generally greater than 1.35 across the included studies. However, the authors noted that some studies have suggested there is a possible decreased risk of allergic rhinitis in individuals exposed to mould-derived components and highlighted the need for further longitudinal studies to provide conclusive evidence.

3.4. Respiratory symptoms

In their 2004 review, the IoM found sufficient evidence of an association between exposure to a damp indoor environment and/or mould and upper respiratory (nasal and throat) symptoms, cough and wheeze (2). Subsequent reviews by the WHO and Mendell et al. identified numerous additional studies (although most were cross-sectional in nature and not of improved quality), and came to the same conclusions (1,8). The summary estimate (OR) in both adults and children calculated from the latter of these reviews, was 1.67 (95% CI 1.49–1.86) for cough, 1.50 (95% CI 1.38–1.64) for wheeze, and 1.70 (95% CI 1.44–2.00) for upper respiratory tract symptoms (22).

Most recently, Fakunle et al. conducted a systematic review and meta-analysis of studies up to February 2020, investigating whether exposure to microbial aerosols (defined as the presence of specific microbial communities (bacteria, fungi, viruses, and/or microbial by-products) or visible moulds) within the indoor environment are associated with respiratory symptoms among children under 5 years of age (23). Fifteen non-UK cohort studies were included in in the meta-analysis, eight of which were assessed to have a high risk of bias, and most of which focused on self-reported wheeze as an outcome. The pooled risk estimate showed a significant association between objectively measured microbial exposure and respiratory symptoms (RR: 1.24; 95% CI 1.09, 1.41). The association was strongest with exposure to a combination of Aspergillus, Penicillium, Cladosporium and Alternaria species (pooled RR: 1.73; 95% CI 1.30, 2.31).

3.5. Respiratory infections

The WHO review included eight observational studies (five cross-sectional and three prospective) looking at the risk of indoor damp and mould on upper and lower respiratory tract infections in otherwise healthy people (largely children), and concluded there was enough evidence to show increased risk (except in otitis media) (1). A later review and meta-analysis, including 19 studies, came to the same conclusion for both adults and children (8,14). The risk estimates (OR) in the latter were 1.38 (95% CI 1.21–1.57) for common cold, 1.44 (95% CI 1.32–1.58) for any respiratory infection, and 1.45 (95% CI 1.34 – 1.56) for bronchitis (14).

Most recently, Fakunle et al. (24) investigated whether exposure to microbiome (defined as visible moulds or specific microorganisms identified to genus level), within the indoor environment is associated with risk of lower respiratory tract infections (LRTI) among children under 5 years of age. The meta-analysis included 7 non-UK studies (2 cohort and 5 case-control studies), 4 of which were judged to have a low risk of bias, and 3 a high risk of bias. The authors found that exposure to a higher concentration of indoor microbiome was associated with an increased risk of LRTI (OR 1.20, 95% CI 1.11-1.33). The risk was stronger with exposure to total fungal concentration (OR 1.27, 95% CI 1.13-1.44) than visible moulds (OR 1.20, 95% CI 1.07-1.34). However, the nature of the included studies meant that causality could not be inferred. In their discussion, Fakunle et a. postulated that “continuous activation of immune responses from fungal exposures may contribute to inflammation-related diseases, and the resulting inflamed mucosal tissue may result in respiratory infections”. The WHO suggest that the immunosuppressive effects of damp building-associated microbes could be an alternative explanation for the observed increase in respiratory infections associated with damp buildings (1).

Opportunistic infection with Aspergillus and other fungi is a well-known complication in patients who are susceptible or immunosuppressed. However, the WHO review found no studies to link such infections to mould in the indoor environment, and suggested that the infecting agents are not those typically encountered in damp houses (1).

3.6. Other health effects

A variety of other health effects associated with household damp and mould are reported in the literature. In particular, the WHO review found clinical evidence that exposure to mould and other dampness-related microbial agents increases the risks of rare conditions, such as hypersensitivity pneumonitis, allergic alveolitis, and allergic fungal sinusitis (1)

A recently published book has highlighted the increasing number of cross-sectional studies from around the world that show an association between household dampness and/or mould and atopic dermatitis or eczema (17). Studies mostly focus on paediatric populations, but several also include adults. The same book reports on the association between damp indoor environments and 'sick building syndrome' (SBS) identified in a small number of studies (17). SBS refers to a set of varying non-specific building-related symptoms, including eye, nose, throat and dermal symptoms, headache, and fatigue. Avoidance of the problematic indoor environment is reported to resolve the symptoms (17,25). However, in a review focusing on the Australian literature, Coulburn et al. suggest there is evidence that reversible SBS can proceed to irreversible hypersensitivity to dampness and/or mouldy indoor conditions that can affect many body systems, and is linked to autoimmunity and conditions such as postural tachycardia syndrome (POTS) and chronic fatigue syndrome (25). The authors also found limited evidence of an association between household mould and gastrointestinal infections in children, atopy, depression and joint pain (25).

Another important issue is quality of life related to dampness or mould at home. Few studies appear to be available on this topic, although there is some limited evidence that workplace dampness or mould is associated with poorer quality of life and impaired work ability (17). Norback et al. identified two studies (one cohort study and one cross-sectional study, both conducted in Europe), suggesting that dampness and mould at home can impair sleep quality in both adults and children (17).

3.7. The health benefits of action to address household damp and mould

There is a paucity of studies looking at the health benefits of targeted action to address household mould and damp, although given the weight of evidence described above, it is reasonable to assume this will be of significant benefit. The WHO report states that "Although few intervention studies were available, their results show that remediation of dampness can reduce adverse health outcomes" (1). Similarly, a 2010 review looking at housing interventions to reduce exposure to indoor biological agents implicated in asthma exacerbations found that combined elimination of moisture intrusion and leaks and removal of mouldy items was likely to be effective at reducing asthma symptoms in people with asthma (26).

The largest study included in this review (164 homes) was a randomized controlled trial (RCT) of visible mould eradication (with removal, fungicide application, and ventilation fan installation) among adults and children with asthma in South Wales (27). The authors found that peak expiratory flow rate variability did not differ between the two groups, but the intervention group had significant improvements in asthma symptoms at 6 months and significant reductions in preventer and reliever use at 12 months.

A second RCT found that comprehensive removal of sources of dampness and mould and cleaning of visible mould in the houses of highly symptomatic US children with asthma significantly reduced exacerbations (28). Acute care visits at 6–12 months after intervention were 90% fewer in those remediated versus controls. While both studies were (necessarily) unblinded, and had small sample sizes, they show important positive impacts of action.

A more recent Cochrane review evaluated health improvements after interventions in damp buildings (29). A total of 12 studies were identified (8028 participants); two RCTs, one cluster RCT and nine controlled before-after studies. The interventions varied from thorough renovation to cleaning only. Repairing houses decreased asthma-related symptoms in adults (OR 0.64; 95% CI 0.55–0.75), respiratory infections (OR 0.57; 95% CI 0.49–0.66) and rhinitis (OR 0.57; 95% CI 0.49–0.66). The conclusion from the review was that there is moderate to low-quality evidence that repairing mould-damaged houses and offices decreases asthma-related symptoms and respiratory infections in adults as compared to no intervention. The authors suggest that better research, with more validated outcome measures, is needed.

3.8. Limitations of the current evidence base

With few exceptions, most of the published literature in this topic comes from observational studies of varying quality. The results of these may have been prone to significant bias and confounding and largely cannot be used to determine causality. In particular, many of the included studies relied on self-reported indicators of mould and damp, which may have introduced reporting bias. For example, residents with health problems may be more aware of indoor dampness/moulds, and vice-versa, making them more likely to over-report the situation. Alternatively, others may under-report if they are not aware of the problems or if the problems are perceived as mild. While some authors have noted discrepancies between measured and self-reported damp and mould (4), others have found them to be similar (5).

Although some of the included studies adjusted for potential confounding factors, such as socioeconomic status, deprivation, house dust mite infestation, family history, cold housing, and smoking, many did not, and residual confounding may have affected the results. Furthermore, uncertainty about the causal exposures must be considered when interpreting the findings. While microbiological organisms (such as fungi) are considered among the most plausible explanations for the health risks associated with indoor dampness, further research is needed to clarify the exact nature of the relationship (including causative species, 'safe' exposure thresholds, and the role of co-exposure to multiple organisms). Household damp is also related to other factors, such as dust mites and chemical emissions from damp materials, which may provide other causative mechanisms for disease.

4. Relevant guidelines for addressing household mould and damp

Although the appropriate response for dealing with household damp and mould is outside the scope of this review, the following advice is available in the included literature.

In 2009, the WHO report concluded that; "As the relationships between dampness, microbial exposure and health effects cannot be quantified precisely, no quantitative, health-based guideline values or thresholds can be recommended for acceptable levels of contamination by microorganisms. Instead, it is recommended that dampness and mould-related problems be prevented. When they occur, they should be remediated because they increase the risk of hazardous exposure to microbes and chemicals" (1). This difficulty in developing guidelines that specify 'unhealthy' levels of household damp and mould has been echoed in later literature (30). Although studies show that as observed household damp/mould increases, the associated health risks also increase (often in a dose-related fashion), the evidence-based public health advice is currently limited to recommendations to prevent or remediate any indoor damp or mould that can be seen or smelled (30).

The IOM provides the following advice: "Homes and other buildings should be designed, operated, and maintained to prevent water intrusion and excessive moisture accumulation

when possible. When water intrusion or moisture accumulation is discovered, the source should be identified and eliminated as soon as practicable to reduce the possibility of problematic microbial growth and building material degradation. The most effective way to manage microbial contaminants, such as mould, that are the result of damp indoor environments is to eliminate or limit the conditions that foster its establishment and growth. That also restricts the dampness-related degradation of building materials and furnishings" (2). More details of guidance on how to respond to damp and mould are contained within the report.

On the basis of their 2009 evidence review (1), the WHO formulated the following guidelines:

- Persistent dampness and microbial growth on interior surfaces and in building structures should be avoided or minimized, as they may lead to adverse health effects.
- Indicators of dampness and microbial growth include the presence of condensation on surfaces or in structures, visible mould, perceived mouldy odour and a history of water damage, leakage or penetration.
- Thorough inspection and, if necessary, appropriate measurements can be used to confirm indoor moisture and microbial growth.
- As the relations between dampness, microbial exposure and health effects cannot be quantified precisely, no quantitative health-based guideline values or thresholds can be recommended for acceptable levels of contamination with microorganisms. Instead, it is recommended that dampness and mould-related problems be prevented. When they occur, they should be remediated because they increase the risk of hazardous exposure to microbes and chemicals.
- Well-designed, well-constructed, well-maintained building envelopes are critical to the prevention and control of excess moisture and microbial growth, as they prevent thermal bridges and the entry of liquid or vapour-phase water.
- Management of moisture requires proper control of temperatures and ventilation to avoid excess humidity, condensation on surfaces and excess moisture in materials.
- Ventilation should be distributed effectively throughout spaces, and stagnant air zones should be avoided.
- Building owners are responsible for providing a healthy workplace or living environment free of excess moisture and mould, by ensuring proper building construction and maintenance. The occupants are responsible for managing the use of water, heating, ventilation, and appliances in a manner that does not lead to dampness and mould growth.
- Dampness and mould may be particularly prevalent in poorly maintained housing for low-income people. Remediation of the conditions that lead to adverse exposure should be given priority to prevent an additional contribution to poor health in populations who are already living with an increased burden of disease.

The following NICE guidance may be useful for local authorities and housing bodies wishing to improve indoor air quality in houses in their area: Overview | Indoor air quality at home | Guidance | NICE. The following resources may also be useful for tenants and homeowners experiencing damp and mould issues:

- WHO: information brochure
- Shelter: damp and mould in rented homes
- Citizen's advice: damp repairs
- NHS: health effects of cold and damp

- Oldham Council: Mould and damp in the home | Mould and damp in the home | Oldham Council

5. Conclusions

A large body of research from across many different countries and settings has now consistently associated subjectively and qualitatively assessed household damp and mould with increases in a variety of adverse health effects in both adults and children, including asthma development and exacerbation, allergic rhinitis, and respiratory infections. While causality has not yet been established for many of these outcomes (except for the exacerbation and development of asthma in children), given the reported prevalence of household damp and mould in the UK, an important proportion of common illnesses may be attributable to residential damp and mould and could therefore be preventable. The risk of living in a property affected by damp or mould varies by factors such as ethnicity and socio-economic status, meaning that addressing this problem will both improve population health and tackle health inequalities.

The mechanism behind the health effects of household damp is not fully understood but is likely to be mediated through the increased risk of microbial agents such as bacteria and fungi, which may subsequently emit spores, cells, allergens, mycotoxins and VOCs, causing health problems through inflammatory, allergic, cytotoxic and immunosuppressive responses.

There is insufficient information on which to base quantitative recommendations for either the appropriate level of dampness reduction or the “safe” level of exposure to dampness-related agents. As such, it is recommended that all household dampness and mould-related problems be prevented or remediated as soon as possible.

The importance and relevance of this topic is likely to grow in future years because of climate change (increasing the risk of flooding and storm damage to residential properties), and the cost-of-living crisis/ associated fuel poverty (leading to colder homes, increased condensation, and reduced ventilation).

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Appendix 1: Search strategy and results

Knowledge & Library Services: Search results

Searcher: Megan Cox (Megan.Cox@ukhsa.gov.uk)
Person requesting search: Alison Pye
Date of request: 28/11/2022 **Date results sent: 01/12/2022**
Level of search: (1) bibliography

Search question:

What are the impacts of household damp and mould on human health?

Terms used:
See below.

Limits applied:

Age group	Language	Publication type	Time limit
	English	Academic	2002-2022

Summary of resources searched and results:

Source	No. of results*
CINAHL	38
Emcare	55
Embase	13
Global Health	584 (using Citation Chaser, see appendix)
Google	16
Medline	9
NICE Evidence	1

TOTAL after deduplication and screening for relevance = 303

Disclaimer
Although every effort has been made to ensure this information is accurate, it is possible it may not be representative of the whole body of evidence available. Both articles and internet resources may contain errors or out of date information. None of the resources have been critically appraised. No responsibility can be accepted for any action taken on the basis of this information.

Appendix: Search strategy
Global Health

#	Query	Limiters/Expanders	Last Run Via	Results
S6	S1 AND S2 AND S3	Limiters - Publication Year: 20020101-20221231 Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	96
S5	S1 AND S2 AND S3	Limiters - Publication Year: 20220101-20221231 Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	2

			Database - Global Health	
S4	S1 AND S2 AND S3	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	117
S3	health AND impact OR impacts OR implications	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	391,095
S2	Respiratory symptoms OR asthma OR respiratory infections OR allergy OR eczema OR bronchitis OR wheeze OR hay fever	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	105,255
S1	(mould OR mold OR damp) AND (Household OR residential OR indoor OR home OR domestic)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	2,025

Database:

Ovid Emcare <2021 to 2022 Week 46>

#	**Query**	**Results from 29 Nov 2022**
1	mould.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	323
2	damp.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	295
3	mold.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	1,150
4	Household.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	20,921
5	residential.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	9,465

6	indoor.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	3,681
7	home.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	64,445
8	domestic.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	11,245
9	Health impact*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	4,267
10	Respiratory symptoms.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	2,238
11	asthma.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	14,843
12	respiratory infections.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	2,468
13	allergy.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	7,751
14	eczema.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	1,337
15	bronchitis.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	1,197
16	wheeze.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	563
17	hay fever.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word]	150
18	1 or 2 or 3	1,716
19	4 or 5 or 6 or 7 or 8	102,652
20	9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17	31,053
21	18 and 19 and 20	76
22	limit 21 to (english and last 10 years)	55

Database:

Embase <1974 to 2022 November 28>

#	Query	Results from 29 Nov 2022
1	mould.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	10,699
2	damp.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	6,354
3	mold.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	17,275

4	Household.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	119,050
5	residential.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	64,351
6	indoor.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	50,353
7	home.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	457,272
8	domestic.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	126,595
9	Health impact*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	26,639
10	Respiratory symptoms.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	29,877
11	asthma.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	324,353
12	respiratory infections.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	25,672
13	allergy.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	218,312
14	eczema.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	46,738
15	bronchitis.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	51,261
16	wheeze.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	8,917
17	hay fever.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	8,596
18	1 or 2 or 3	32,043
19	4 or 5 or 6 or 7 or 8	762,620
20	10 or 11 or 12 or 13 or 14 or 15 or 16 or 17	590,079
21	9 and 18 and 19 and 20	19

22	limit 21 to (english and last 10 years)	13

Database:
Ovid MEDLINE(R) ALL <1946 to November 28, 2022>

#	Query	Results from 29 Nov 2022
1	mould.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	5,119
2	damp.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	4,882
3	mold.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	14,690
4	Household.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	87,150
5	residential.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	45,166
6	indoor.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	40,491
7	home.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	294,169
8	domestic.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	111,069
9	Health impact*.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	18,618
10	Respiratory symptoms.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism	19,443

	supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	
11	asthma.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	193,665
12	respiratory infections.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	19,247
13	allergy.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	92,097
14	eczema.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	24,151
15	bronchitis.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	34,292
16	wheeze.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	5,493
17	hay fever.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	3,919
18	1 or 2 or 3	24,401
19	4 or 5 or 6 or 7 or 8	545,557
20	10 or 11 or 12 or 13 or 14 or 15 or 16 or 17	345,665
21	9 and 18 and 19 and 20	11
22	limit 21 to (english and last 10 years)	5

#	Query	Limiters/Expanders	Last Run Via	Results
S6	S1 AND S2 AND S3 AND S4	Limiters - Published Date: 20020101-20221231 Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Complete	38
S5	S1 AND S2 AND S3 AND S4	Expanders - Apply equivalent subjects	Interface - EBSCOhost Research Databases	40

		Search modes - Boolean/Phrase	Search Screen - Advanced Search Database - CINAHL Complete	
S4	Health AND impact OR impacts OR implications	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Complete	648,522
S3	Respiratory symptoms OR asthma OR respiratory infections OR allergy OR eczema OR bronchitis OR wheeze OR hay fever	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Complete	99,512
S2	Household OR residential OR indoor OR home OR domestic	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Complete	301,604
S1	Mould OR mold OR damp*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Complete	9,341

Cochrane

21 Cochrane Reviews matching mould in Title Abstract Keyword OR mold in Title Abstract Keyword OR damp in Title Abstract Keyword AND effective in Title Abstract Keyword AND behavior change in Title Abstract Keyword - in Cochrane Reviews (Word variations have been searched)

Citation Chase (488)

Forward citations for the following articles:

Indoor dampness and mould health effects – ongoing questions on microbial exposures and allergic versus nonallergic mechanisms: JM Cox-Ganser

Residential Dampness and Molds and the Risk of Developing Asthma: A Systematic Review and Meta-Analysis. Quansah et al.

Indoor fungal diversity and asthma: A meta-analysis and systematic review of risk factors. Sharpe et al.

Association between domestic mould and mould components, and asthma and allergy in children: a systematic review. Tisher et al.

Appendix 2: Papers obtained from the initial literature search

Copy of
20221129MLCMould

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Agenda Item 11

Classification Open / Closed	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	
Title of report:	Approval of Better Care Fund Additional Discharge Funding
Report by:	Cllr Tamoor Tariq Deputy Leader and Cabinet Member for Adult Care, Health, and Wellbeing
Decision Type:	**Information and Retrospective Decision**
Ward(s) to which report relates	**All**

Executive Summary:

On 22 September 2022, the government announced its Plan for Patients. This plan committed £500 million for the rest of this financial year, to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The focus will be on, but not limited to, a 'home first' approach and discharge to assess (D2A). This addendum to the 2022 to 2023 Better Care Fund (BCF) policy framework and planning requirements sets out further detail for how this £500 million fund will be distributed, as well as conditions governing its use.

The funding is to be allocated to projects which will achieve the maximum reduction on delayed discharge. 40% of the funding is available in December 2022 and 60% by the end of January 2023. Areas must have provided a planned spending report and fortnightly activity date to receive the second tranche of funding.

The planned spending report was submitted on 16th December 2022 and NHSE have approved the submission dependent upon retrospective approval from the Health and Well Being Board.

The first activity report was due and submitted on the 6th of January 2023. This report set out what has been delivered in line with the commitments in the spending plan. The activity report will need to be submitted every fortnight until the end of April 2023 and then a final spending report must be submitted by the 2nd May 2023 alongside the wider end of year Better Care fund reports

Seeking retrospective approval for the spend plans and the first progress update for the Better Care fund Additional Discharge Funding.

Recommendation(s)

That:

That the Health and Wellbeing Board note the contents of the report,

The Health and Wellbeing Board gives retrospective approval to the Additional Discharge Funding plan submitted 16th December 2022,

The Health and Wellbeing Board notes the information contained in the first activity report submitted 6th January 2023.

Key considerations:

Introduction/ Background:

On 22 September 2022, the government announced its Plan for Patients. This plan committed £500 million for the rest of this financial year, to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The focus will be on, but not limited to, a 'home first' approach and discharge to assess (D2A). This addendum to the 2022 to 2023 Better Care Fund (BCF) policy framework and planning requirements sets out further detail for how this £500 million fund will be distributed, as well as conditions governing its use.

This funding will be distributed to both local authorities and integrated care boards (ICBs) to pool into the local BCF. In line with usual BCF requirements, the use of both elements of this funding should be agreed between local health and social care leaders. The 2022 to 2023 BCF planning, and assurance process has concluded, with formal approval letters due shortly. Therefore, a separate short template has been designed for systems to confirm their spending plans for this funding. This funding should complement plans for improving discharge outcomes under national condition 4 of the main BCF plan for the area.

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Additional Discharge Fund Allocations

Source of funding		Amount pooled	Planned spend	
LA allocation		*£680,592*	£680,000	
ICB allocation	NHS Greater Manchester ICB	*Please enter amount pooled from ICB*	£1,192,000	£1,193,000
		Please enter amount pooled from ICB		
		Please enter amount pooled from ICB		

Additional Discharge Funding Committed Spend

Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
Additional D2A beds	Additional 16 beds including MDT costs. 8 until 14 May 2023 and 8 until	Residential Placements	Discharge from hospital (with reablement) to long		146		Community Health	Bury	ICB allocation	£507,000
Additional reablement hours	Upfront block booked care at home of 320 hours and MDT costs for move on	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Community Health	Bury	ICB allocation	£160,000
SDEC frailty	Provide the SDEC Frailty offer 5 days a week 8am - 8pm	Additional or redeployed capacity from current care workers	Local staff banks				Community Health	NHS Greater Manchester ICB	ICB allocation	£167,000
Primary Care Capacity	Additional capacity for the Acute visting Service - expansion and	Additional or redeployed capacity from current care workers	Local staff banks				Primary Care	NHS Greater Manchester ICB	ICB allocation	£66,000
Workforce Hub	Additional capacity to source care workers and MDT staff to assist with	Local recruitment initiatives	Local staff banks			Both	Social Care	Bury	Local authority grant	£30,000
Hospice 2 beds	Purchase 2 x additional beds a the hospice for fast track discharges	Residential Placements	Nursing home		16		Social Care	Bury	Local authority grant	£18,000
D2A IMC flow manager post	1 x manager to triage and manage flow between hospitals and IMC and D2A	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)				Social Care	Bury	Local authority grant	£17,000
Additional Home care and placements (d2A	Purchase additional beds for D2A and IMC,- pathway 2	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		77		Community Health	Bury	Local authority grant	£440,000
Additional Care at home packages	Purchase an additional 320 hours to enable more effective discharge from	Home Care or Domiciliary Care	Domiciliary care packages		26		Social Care	Bury	Local authority grant	£160,000
Additional SDEC Frailty	Extend SDEC hours further	Additional or redeployed capacity from current care workers	Local staff banks				Community Health	NHS Greater Manchester ICB	ICB allocation	£78,000
Private Transport	Support flow and discharge	Other		Additional transport to support			Community Health	NHS Greater Manchester ICB	ICB allocation	£60,000
Additional AHP / Pharmacy on wards	Support flow and discharge	Increase hours worked by existing workforce					Community Health	NHS Greater Manchester ICB	ICB allocation	£60,000
GP in reach to IMC wards	Support flow and discharge	Other		Additional GP in reach to support reduced length			Community Health	NHS Greater Manchester ICB	ICB allocation	£60,000
One off purchases to support	Support flow and discharge	Reablement in a Person's Own Home		One of purchases to support			Community Health	NHS Greater Manchester ICB	ICB allocation	£25,000
Other reablement purchaases to speed discharge	Support flow and discharge	Reablement in a Person's Own Home					Community Health	Bury	Local authority grant	£15,000
Other reablement purchaases to speed discharge	Support flow and discharge	Reablement in a Person's Own Home					Community Health	NHS Greater Manchester ICB	ICB allocation	£10,000

First Activity Report submitted 6th January 2023.

6 January 2023 first activity return only - baseline capacity assessment	
Number of discharges into adult social care 01-31 October 2022	75
	All local authority funded social care (01-31 October 2022)
Hours of home or domiciliary care packages	147.25
Hours of reablement in a person's own home	480.8
Number of care home beds (complex/nursing)	0
Number of care home bed beds (residential)	1
Number of intermediate care beds	45

Discharges from hospital by service (previous 14 days)		
Number of discharges by service	Home or domiciliary care	3
	Residential care	0
	Nursing care	0
	Intermediate care	51
	Other pathway one or pathway three support	10

Packages of care booked or in use since spending under the ASC DF commenced	All local authority funded social care (Oct -Dec)	Funded via ASC Discharge Fund
Hours of home or domiciliary care packages	130,061	3,975
Hours of reablement in a person's own home	10,080	0
Number of care home beds (complex/nursing)	143	0
Number of care home beds (residential)	592	0
Number of intermediate (reablement) care beds	65	38

Adult Social Care Discharge Fund spending to date		
Service type	Spend (£)	With this spending, to what extent do you have the capacity to meet need to discharge people into adult social care? Percentage [100%/75-99%/50-74%/25-49%/<25%] drop down
Home care or domiciliary care (long term)	47,333	50-74%
Home care or domiciliary care (short term)	-	
Bed based intermediate care services	465,360	50-74%

Key Issues for the Board to consider:

Links to the Bury Locality Plan

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.

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.

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 Deputy Director of Commissioning at Bury CCG, and the joint Chief Finance Officer.

Community impact/links with Community Strategy

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.*
This activity relates to any person who is discharged from a hospital setting to a community setting under this funding and the same guidance and right to access the service applies to all individuals.	

**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

- 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.

Report Author and Contact Details:

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Background papers:

Copy of Bury ASC Discharge Funding Te

Copy of Bury ASC Discharge Fund first r

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

Term	Meaning
NHSE	National Health Service England
BCF	Better Care Fund

Briefing note Health and Wellbeing Board – January 2023

Legislative Background:

On 4 April 2020, the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 (the 'Regulations') came into force, made under section 78 of the Coronavirus Act 2020.

Under regulation 5(1), local authorities in England and Wales were permitted to hold and attend committee meetings remotely through video, telephone and live-streaming conferencing technology.

However, this was intended to be a temporary measure until 6 May 2021. This position was made clear in regulation 2(4) meaning that **from 7 May 2021, only in-person meetings would be permitted.**

Calls for change:

The local government sector has called for the government to legislate to permit remote local authority meetings to continue.

As an illustration of how important this issue is to local authorities, the Association of Democratic Services Officers (ADSO), Lawyers in Local Government (LLG) and Hertfordshire County Council lodged a claim in the High Court. This sought confirmation that remote meetings could continue after the 7 May cut-off date. However, on 28 April, the claim was dismissed and the High Court concluded that:

"…once the Flexibility Regulations cease to apply, **such meetings must take place at a single, specified geographical location; attending a meeting at such a location means physically going to it; and being "present" at such a meeting involves physical presence at that location**."

Bury's current position:

Bury has taken the position that non-decision making meetings can be held remotely. However, **if a decision is to be made, the meeting must take place face-to-face in person.** Any decision taken in a remote meeting is not legally valid (as it would not be complying with the provisions of the Local Government Act 1972) and would be open to challenge.

Options for the Health and Wellbeing Board Going forward:

- Option one (preferred option)

The Board meets annually in person and agrees to delegate sign off reports following consideration by the Board to the Chair and the vice Chair in consultation with the Council's Monitoring Officer. Decisions taken will be published on the Council's website.

- Option two

Hybrid option, with some Members online and some Members present/in person including the Chair and a quorum only relating to those in the room, these Members would be allowed to vote.

It should be noted that those joining remotely, would not be able to vote.

- Option three

Continue to alternate meetings between in person and virtual meetings. Schedule items for decision at in person meetings.