



**BUILD BACK
FAIRER IN GREATER
MANCHESTER:
HEALTH EQUITY AND
DIGNIFIED LIVES**

Executive summary

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CHAPTER 1

INTRODUCTION

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

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

COVID-19 AND INEQUALITIES

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

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

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



CHAPTER 2

BUILDING BACK FAIRER IN GREATER MANCHESTER

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



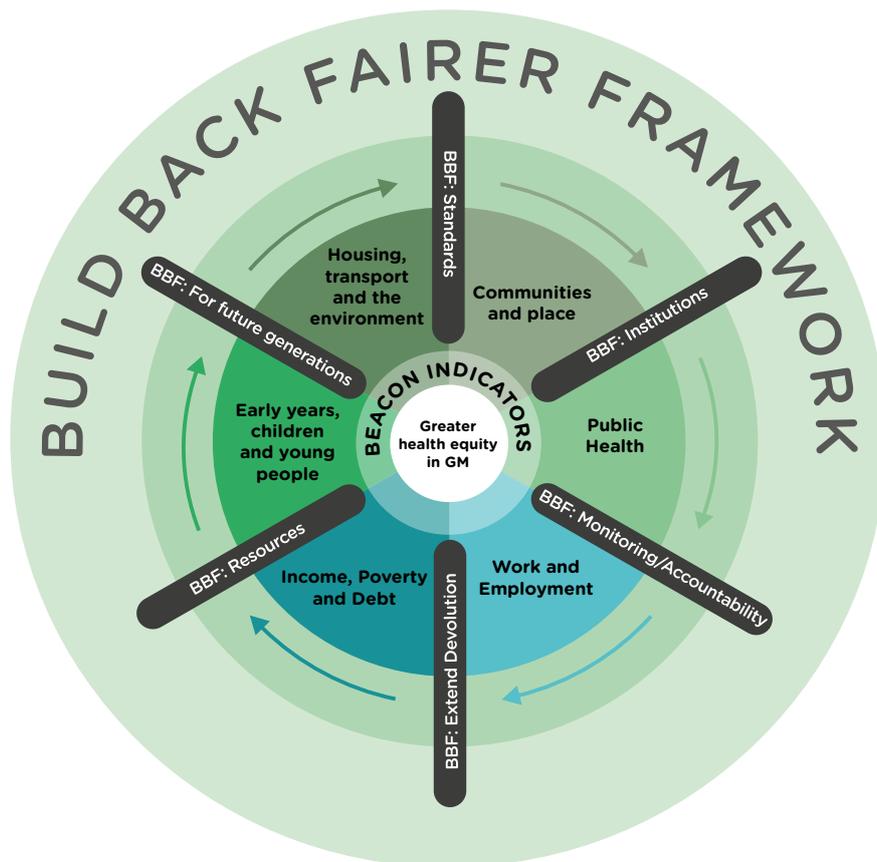
The Marmot City Region approach developed in Greater Manchester over the last two years has provided a good basis to place health equity at the centre of action in communities, local authorities and in the Combined Authority, and, we hope, with business, to focus on Building Back Fairer. Greater Manchester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

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

A FRAMEWORK FOR BUILDING BACK FAIRER IN GREATER MANCHESTER

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

Figure 1. Framework for Building Back Fairer in Greater Manchester



BUILD BACK FAIRER FOR FUTURE GENERATIONS

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

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

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

BUILD BACK FAIRER RESOURCES

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

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

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

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

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

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

BUILD BACK FAIRER STANDARDS

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

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

BUILD BACK FAIRER INSTITUTIONS

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

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

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

BOX 1. BUILDING BACK FAIRER BY BUSINESS

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

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

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

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

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

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

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

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

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

BUILD BACK FAIRER MONITORING AND ACCOUNTABILITY

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

BUILD BACK FAIRER THROUGH GREATER REGIONAL AND LOCAL POWER AND CONTROL

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

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

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

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

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

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

BUILD BACK FAIRER – RECOMMENDATIONS

1

Build Back Fairer for future generations

Prioritise children and young people

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

2

Build Back Fairer resources

Rebalance spending towards prevention

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

Build Back Fairer opportunities for all

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

Build Back Fairer commissioning

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

3

Build Back Fairer standards

Standards for healthy living

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

4

Build Back Fairer institutions

Extend anchor institution approaches

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

Scale up social value contracting and extend business role

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

5

Build Back Fairer monitoring and accountability

Develop Build Back Fairer equity targets for Greater Manchester

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

6

Build Back Fairer through greater local power and control

Build Back Fairer devolution

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

CHAPTER 3

HEALTH INEQUALITIES IN ENGLAND BEFORE THE PANDEMIC

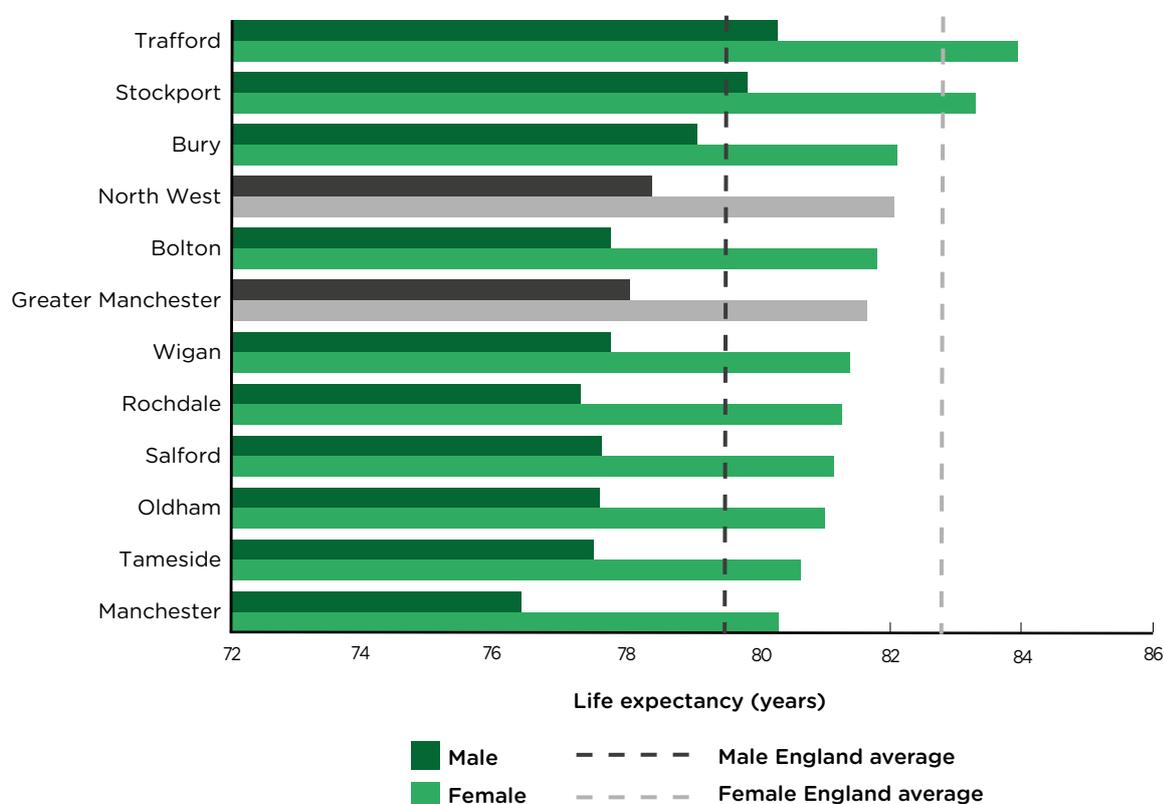
In the IHE report of February 2020, *Health Equity in England: The Marmot Review 10 Years On*, we documented three worrying features of health in England over the decade from 2010, pre-pandemic:

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

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

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

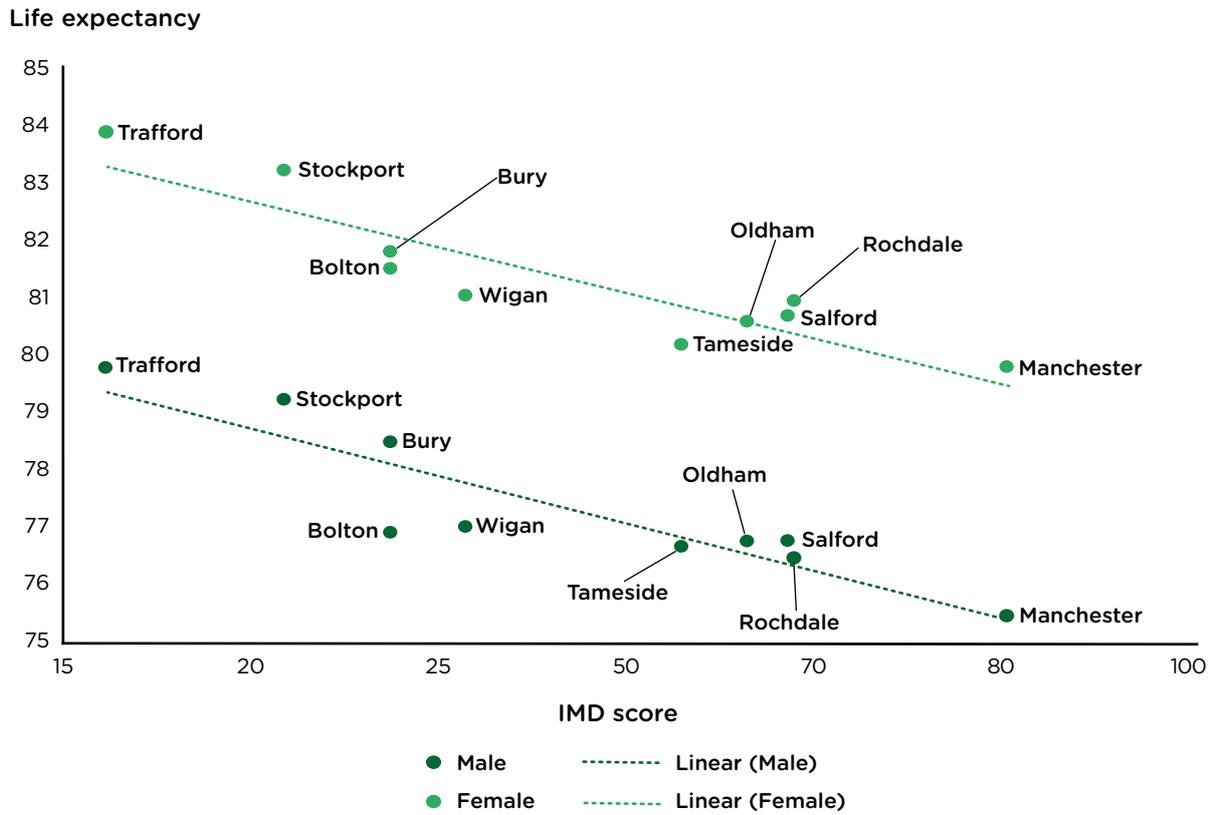
Figure 2. Estimated male and female life expectancy at birth for Greater Manchester, its local authorities, the North West region and England, 2017-2019



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

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

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

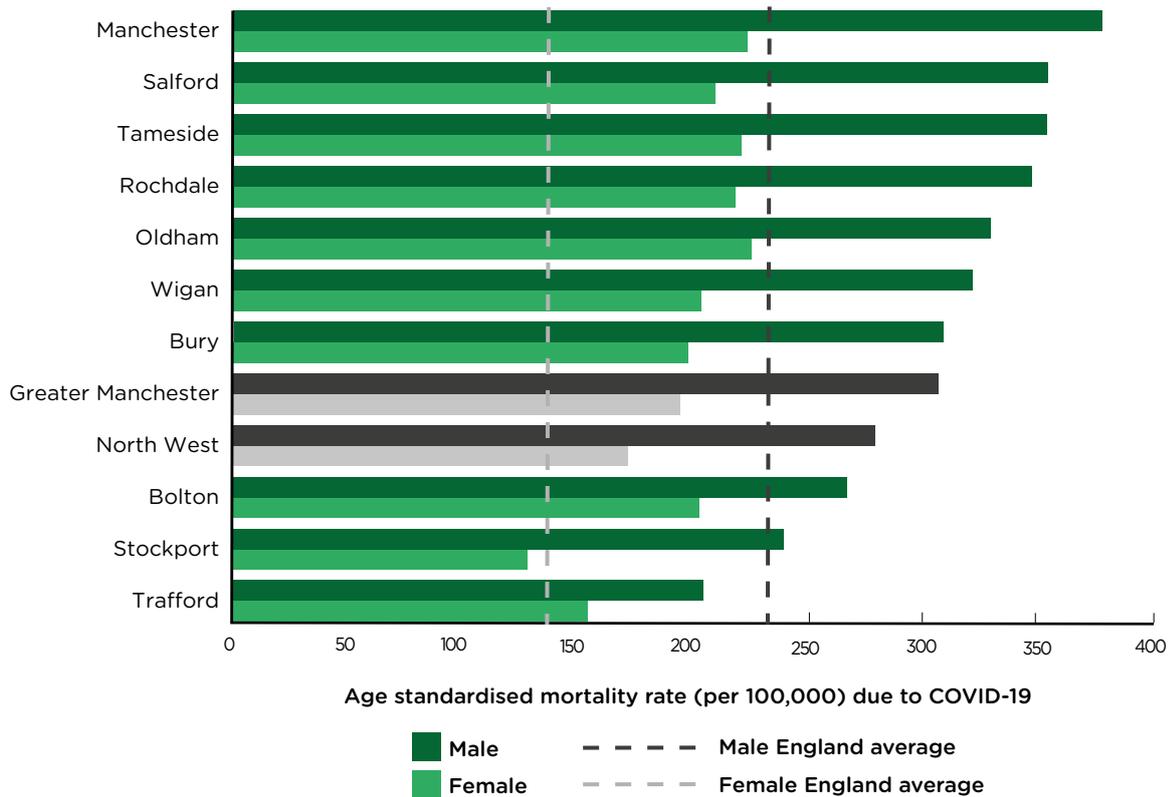


Source: ONS. Life expectancy estimates by sex, age and area, 2017-19 (11).

COVID-19 MORTALITY IN GREATER MANCHESTER

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

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



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

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

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

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

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

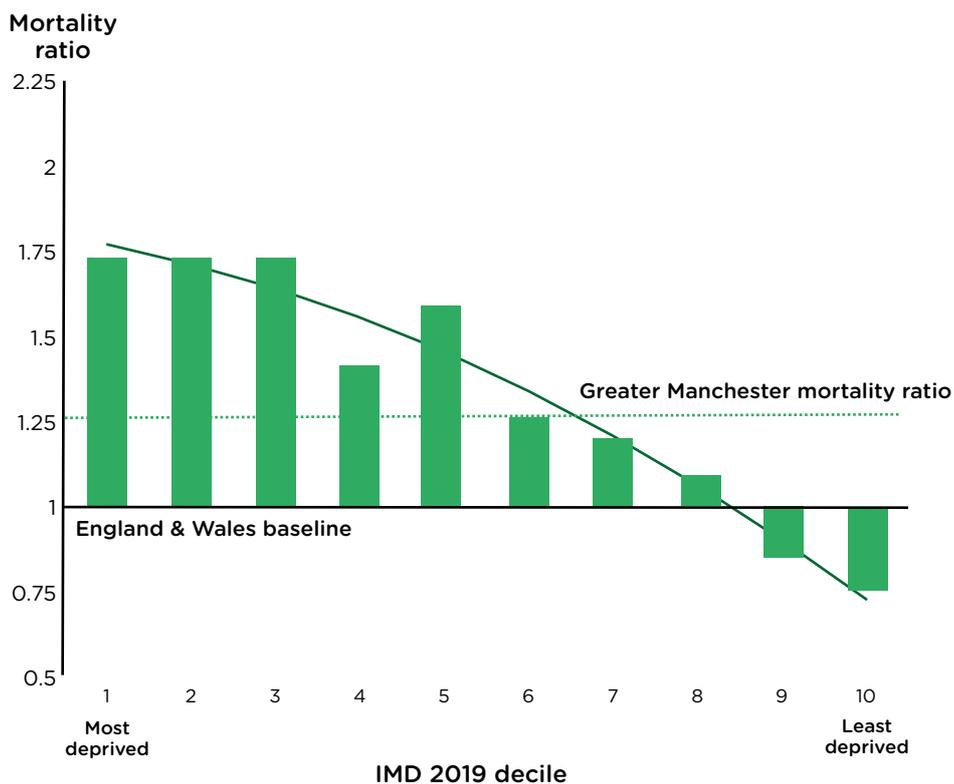
COVID-19 MORTALITY AND DEPRIVATION IN GREATER MANCHESTER

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

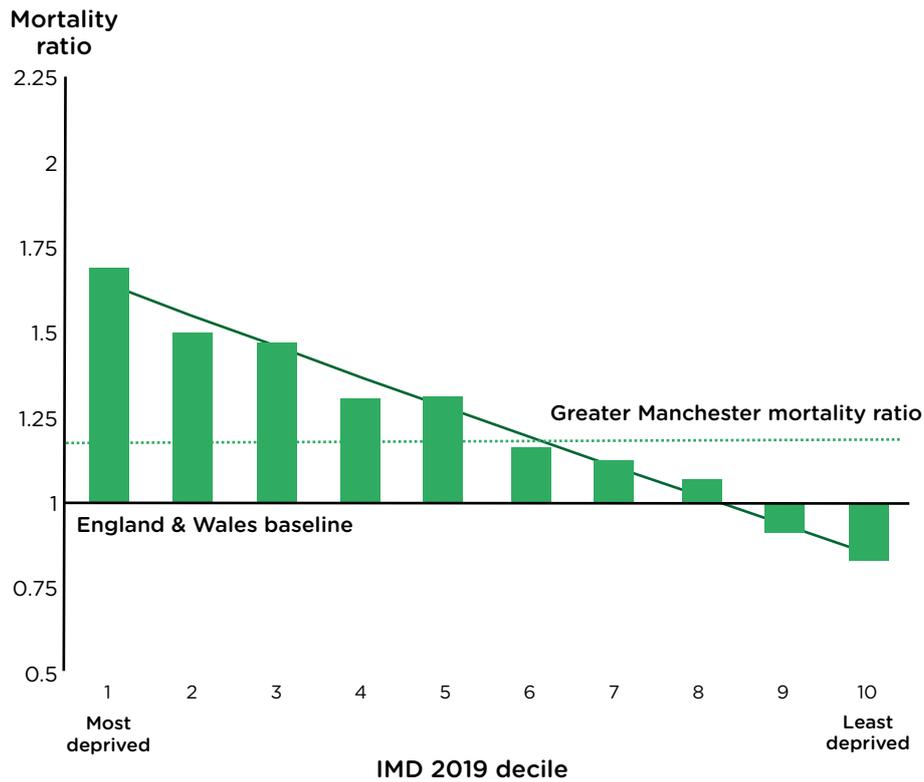
In Greater Manchester the COVID-19 mortality ratio in the most deprived decile was 2.3 times greater than in the least deprived decile, and the corresponding figure for all causes of death in Greater Manchester was 2.1, shown in Figure 5. In the City Region as for England as a whole, inequalities in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

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

a) COVID-19 mortality ratios



b) All-cause mortality ratios



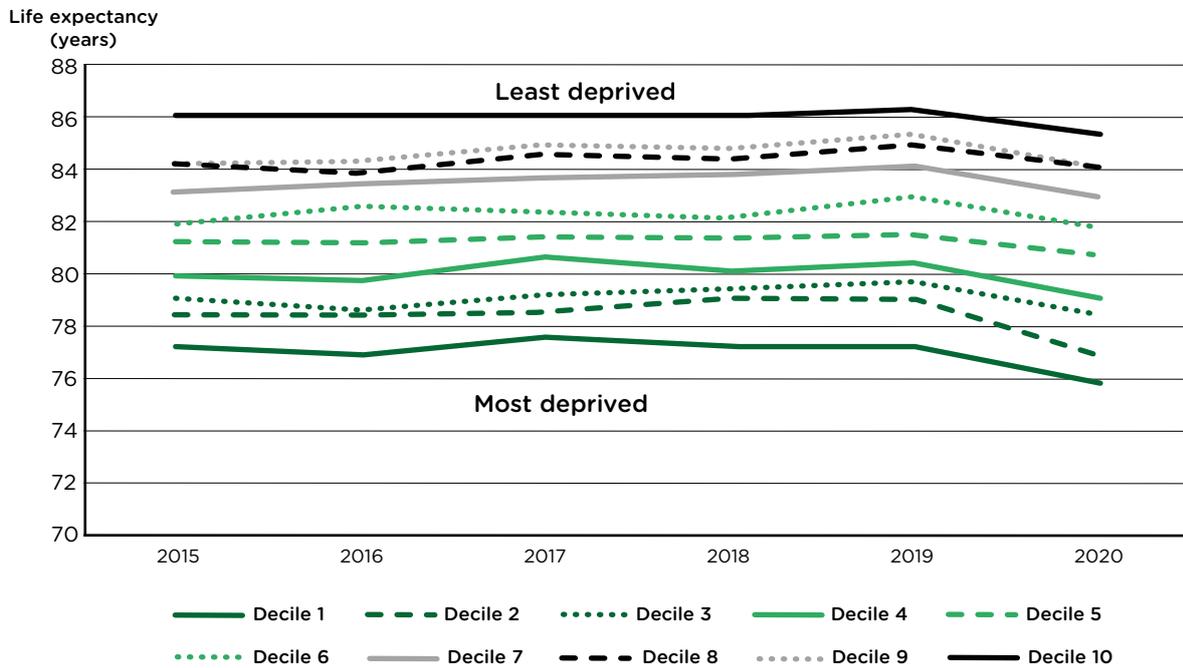
Notes: *MSOA = middle layer super output area. Uses the Index for Multiple Deprivation (IMD) 2019, calculating the score for each MSOA in Greater Manchester by taking the average of the lower super output area (LSOA) scores for each domain of the IMD and then taking a weighted average of these domains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

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

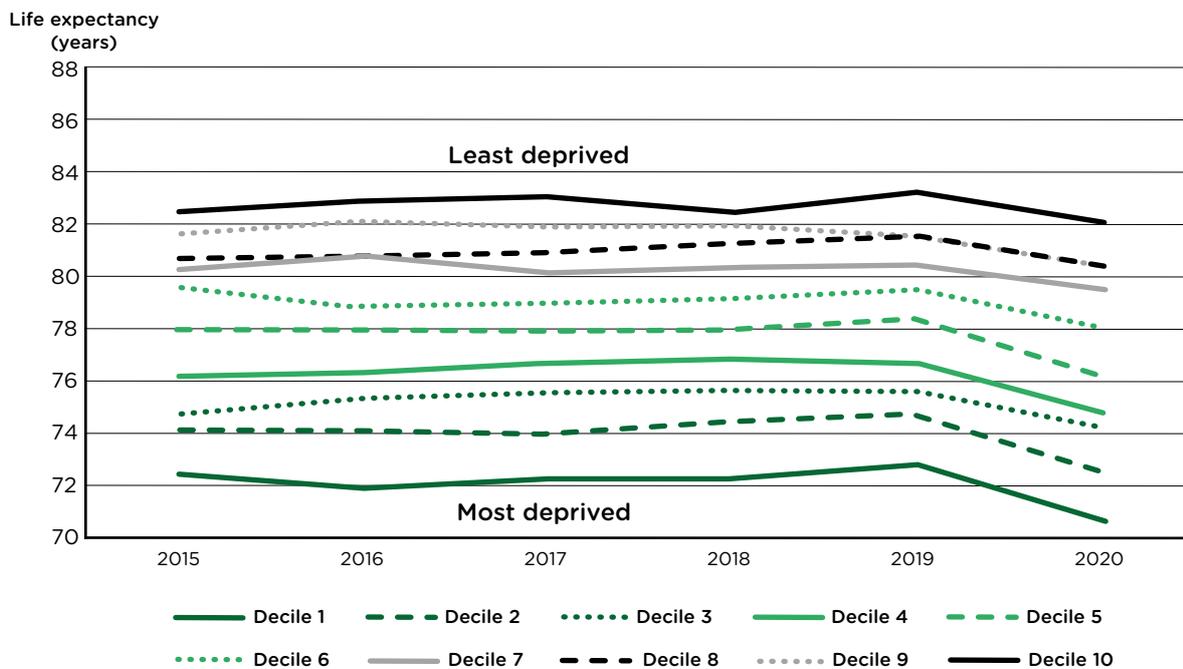
The high and unequal impact of COVID-19 mortality on life expectancy in the North West region is shown in Figure 6, based on provisional data for January to December 2020, by deprivation decile (16). Mortality data by deprivation are not yet available for Greater Manchester or for local authorities.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

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

a) Females



b) Males



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



COMPONENTS OF AREA DEPRIVATION DRIVING COVID-19 MORTALITY

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

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

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

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

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

INEQUALITIES AND COVID-19 VACCINATIONS

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

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

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



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

BOX 2. REDUCING INEQUALITIES IN VACCINE UPTAKE

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

The vaccine equity plan includes:

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

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

BOX 3. COMMUNITY HUBS

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

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

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

CHAPTER 4

FACTORS DRIVING HEALTH INEQUALITIES IN GREATER MANCHESTER

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

4A. COMMUNITIES AND PLACE

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

COMMUNITIES AND PLACE AND HEALTH

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

COMMUNITIES AND PLACE IN GREATER MANCHESTER BEFORE THE PANDEMIC

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

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

COMMUNITIES AND PLACE IN GREATER MANCHESTER DURING THE PANDEMIC

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

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



Source: Greater Manchester Police (30).

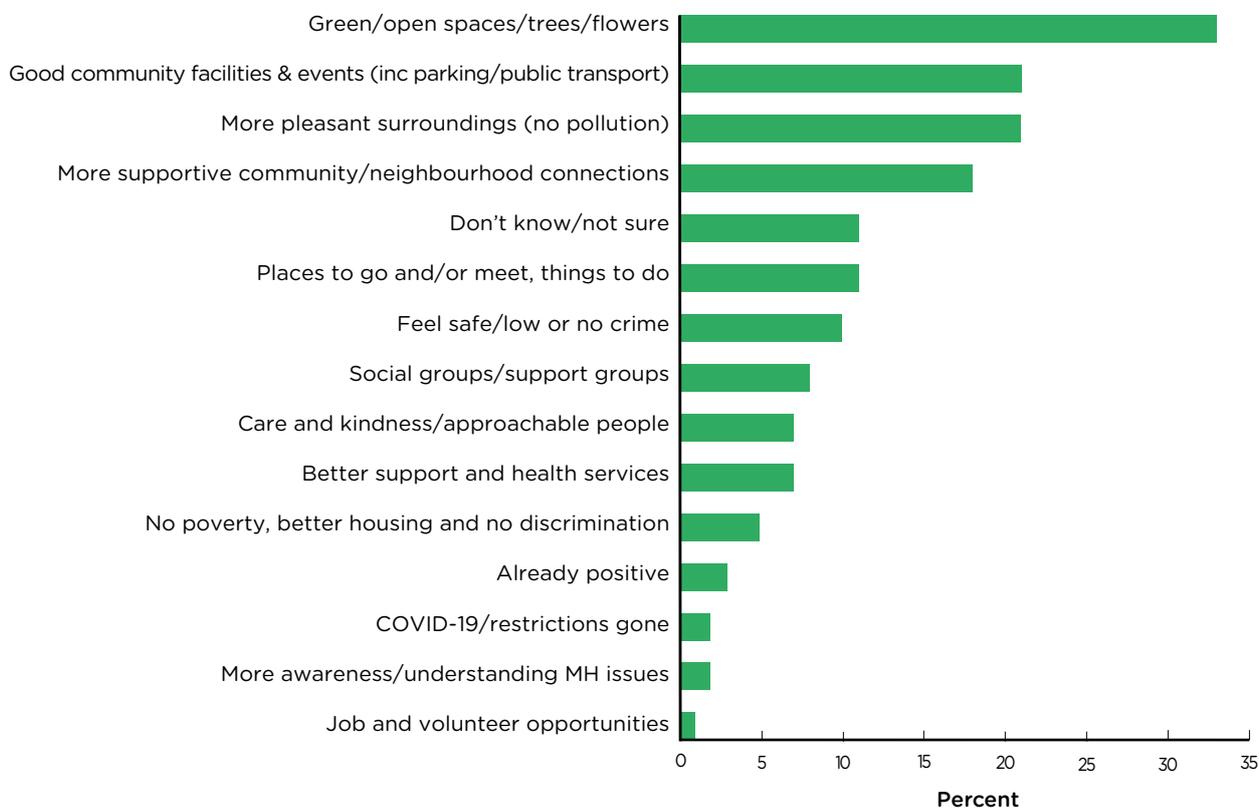
COMMUNITIES AND PLACE IN GREATER MANCHESTER AFTER THE PANDEMIC

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

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

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

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



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

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

BOX 4. GREATER MANCHESTER: TAKING ACTION FOR COMMUNITIES

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

COMMUNITIES AND PLACE - RECOMMENDATIONS

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



4B. HOUSING, TRANSPORT AND THE ENVIRONMENT

HOUSING, TRANSPORT, THE ENVIRONMENT AND HEALTH

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

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

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

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

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

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

HOUSING

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

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

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

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

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

TRANSPORT

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

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

ENVIRONMENT

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

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





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

HOUSING

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

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

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

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

TRANSPORT

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

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

ENVIRONMENT

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

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

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

HOUSING, TRANSPORT AND ENVIRONMENT IN GREATER MANCHESTER AFTER THE PANDEMIC

HOUSING

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

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

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

BOX 5. ACTIONS GREATER MANCHESTER IS TAKING ON HOUSING

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

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

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

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

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



TRANSPORT AND THE ENVIRONMENT

Greater Manchester aims to reduce direct CO₂ emissions by at least 50 percent by 2025 and to be carbon-neutral by 2038. The targets and initiatives to support the climate change mitigation aims will benefit local air quality and improve public and active transport systems and, as a result, health and health equity. Further efforts are required to ensure that these improvements occur in more deprived areas first so that equity is at the forefront of the improvements.

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

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

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

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

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

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

HOUSING, TRANSPORT AND ENVIRONMENT - RECOMMENDATIONS

1. Improve the quality and affordability of housing

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

2. Green spaces, air quality and quality high streets

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

3. Transport and active transport

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

4C. THE EARLY YEARS, CHILDREN AND YOUNG PEOPLE

THE EARLY YEARS, CHILDREN AND YOUNG PEOPLE AND HEALTH

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

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

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

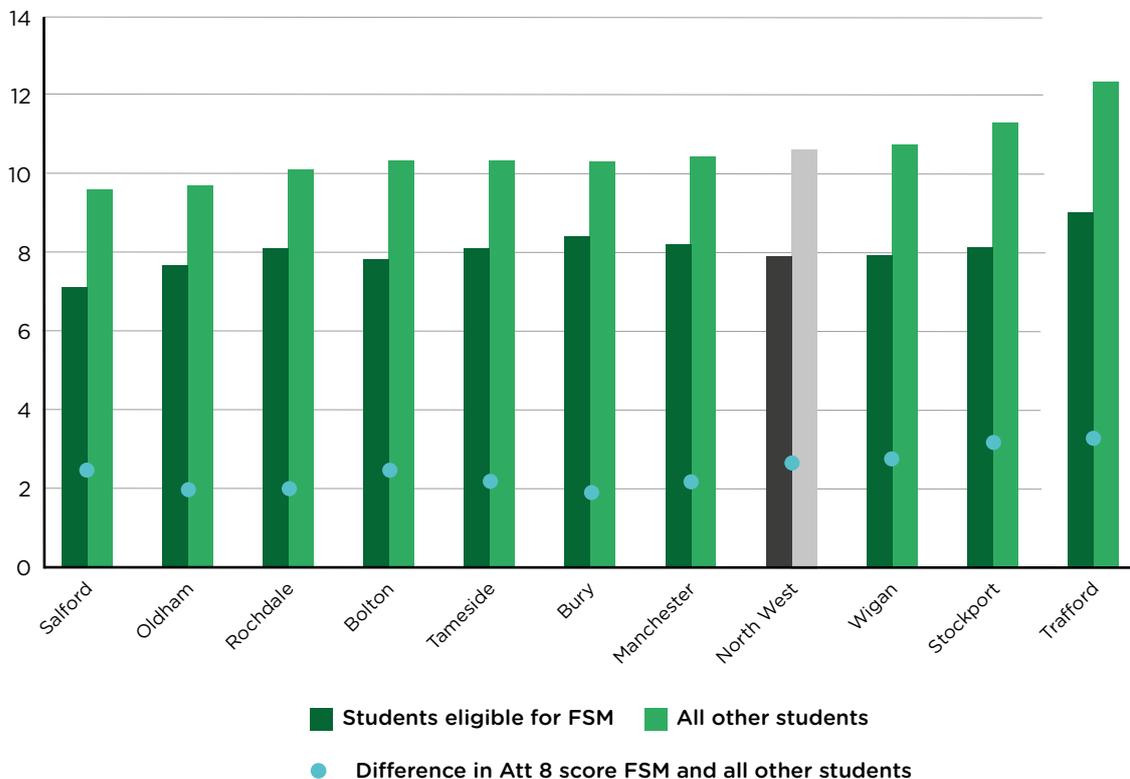
in England, particularly those from more disadvantaged households and areas. Child poverty increased from 2010, including for working households (1).

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

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

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

Average Attainment 8 score English



Note: Attainment-8 is a measure of performance at GCSE.
Source: DfE. Key stage 4 performance, Academic Year 2019/20 (68).



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

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

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

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

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



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

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

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

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

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

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



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

Early years

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

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

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

Young Person's Guarantee

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

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

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

EARLY YEARS, CHILDREN AND YOUNG PEOPLE - RECOMMENDATIONS

1. Reduce inequalities in early years development

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

2. Reduce inequalities in educational attainment

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

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

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

4. Improve training and work prospects for young people

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

4D. INCOME, POVERTY AND DEBT

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

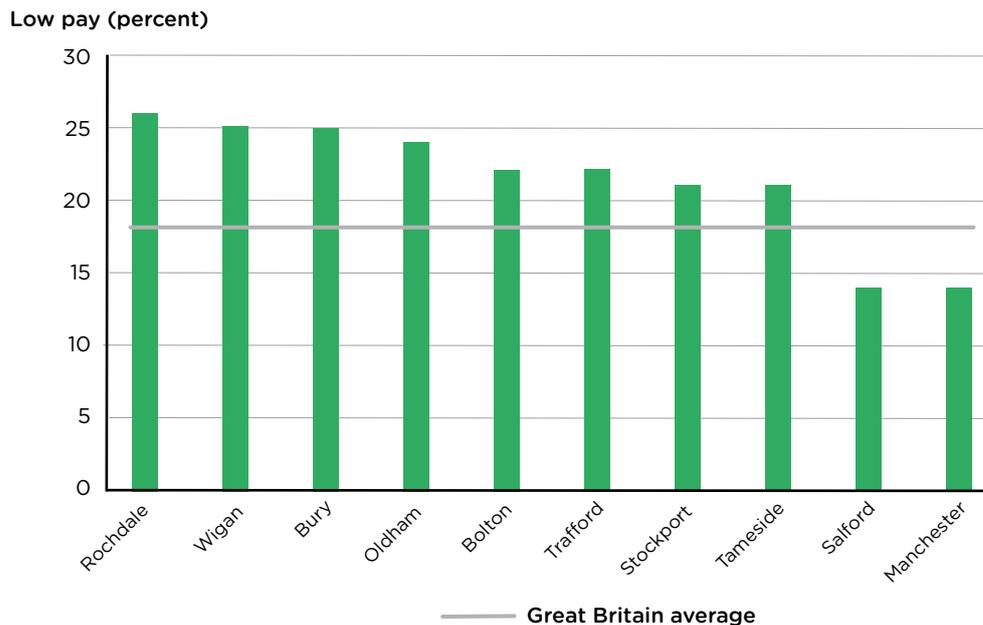
INCOME, POVERTY, DEBT AND HEALTH

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

INCOME, POVERTY AND DEBT IN GREATER MANCHESTER BEFORE THE PANDEMIC

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

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



Note: Low pay is the definition used in the Greater Manchester Prosperity Review Low Pay report, and is hourly pay either: below two-thirds of median earning; below the voluntary living wage; or at or very close to the minimum wage.
Source: Resolution Foundation analysis of ONS (77).

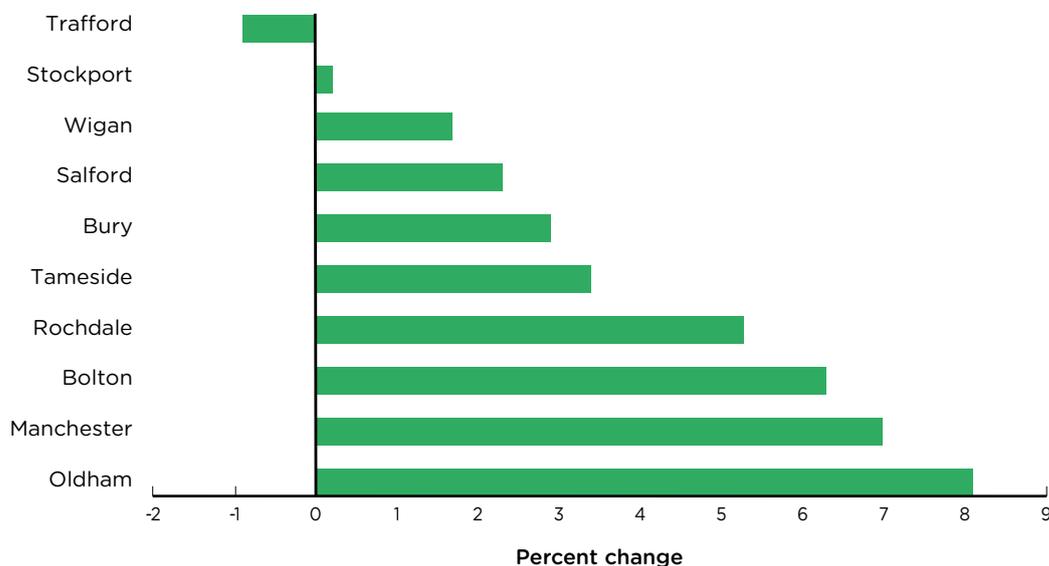
There are inequalities related to pay and ethnicity in Greater Manchester. One-third of Black or Black British workers are low paid, compared with 27 percent of Asian workers and 21 percent of White workers (77).

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

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

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

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



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

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

INCOME, POVERTY AND DEBT IN GREATER MANCHESTER DURING THE PANDEMIC

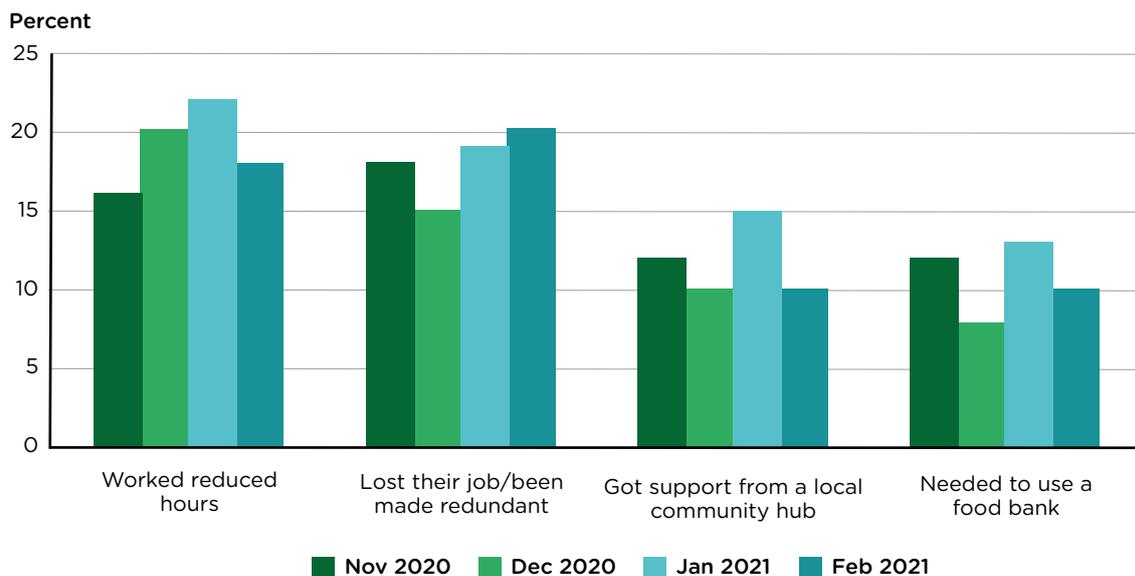
Pay has decreased across England during the pandemic and there were over 2 million jobs where employees were paid below the legal minimum in April 2020, more than four times the 409,000 jobs in that category a year earlier. Projections from the Resolution Foundation estimate relative poverty in the UK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

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

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

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

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

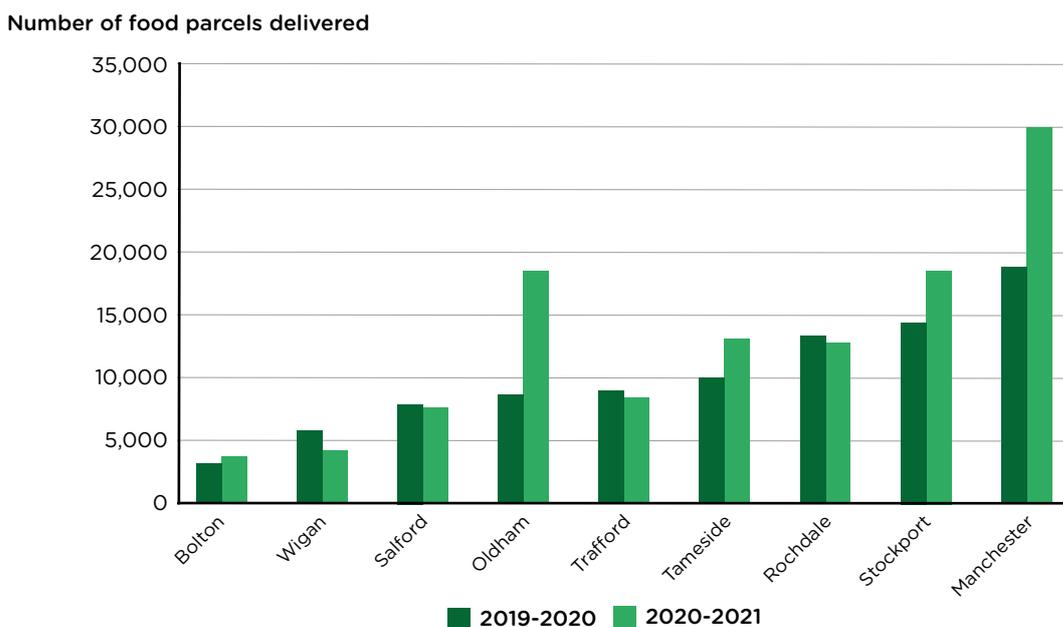


Source: Safely Managing COVID-19: Greater Manchester Population Survey. Survey 3 Report. February 2021 (86).

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

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

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



Source: Trussell Trust (87).



INCOME, POVERTY AND DEBT IN GREATER MANCHESTER AFTER THE PANDEMIC

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

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

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

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

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

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

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

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

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

INCOME, POVERTY AND DEBT - RECOMMENDATIONS

1. Reduce poverty

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

2. Reduce levels of harmful debt in Greater Manchester

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

3. Monitoring for poverty and inequity

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



4E. WORK AND UNEMPLOYMENT

WORK, UNEMPLOYMENT AND HEALTH

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

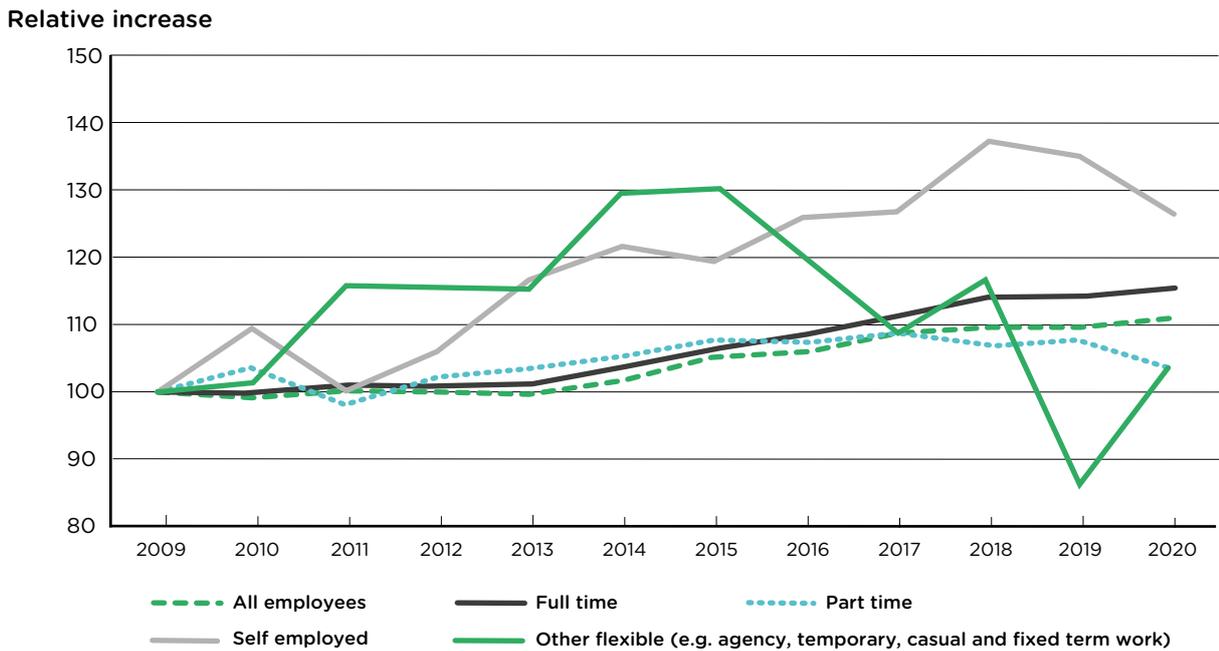
Manchester have been lower than the North West and Great Britain since 2010 and in March 2020 the employment rate in the City Region was 3.3 percent lower than the average for Great Britain (94). The Greater Manchester Independent Inequalities Commission found that the working-age employment rate of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

WORK AND UNEMPLOYMENT IN GREATER MANCHESTER BEFORE THE PANDEMIC

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

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

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



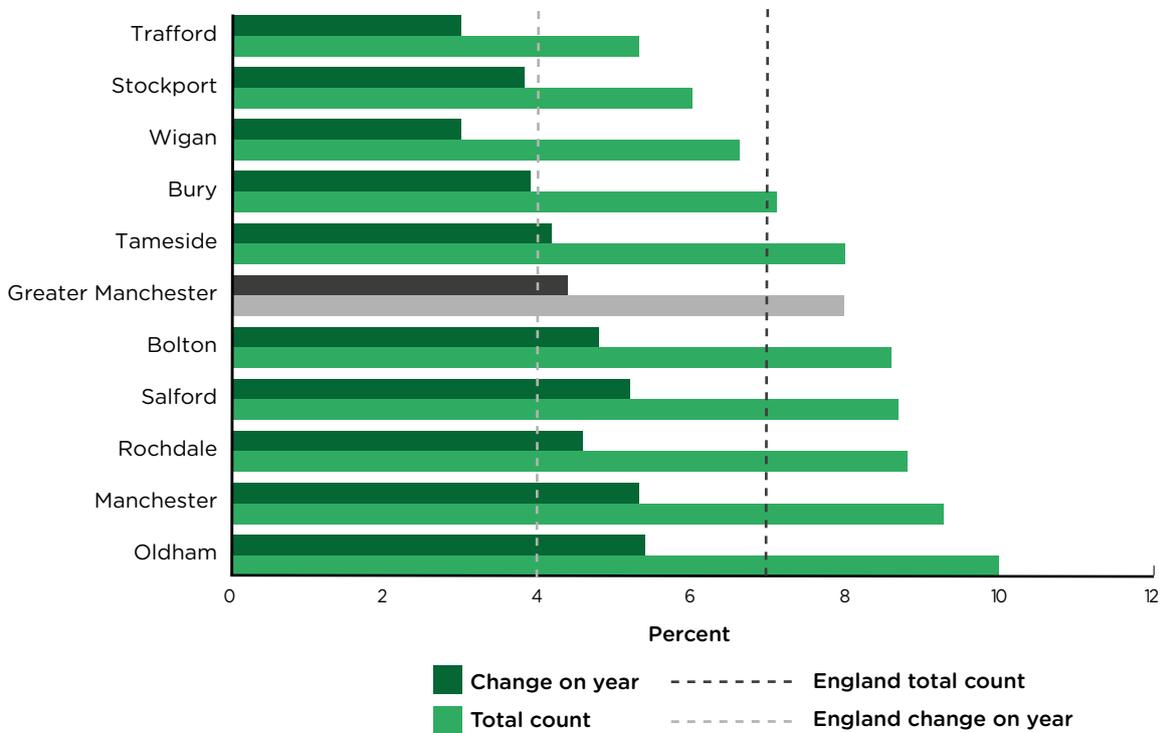
Source: NOMIS ONS APS (95).

WORK AND UNEMPLOYMENT IN GREATER MANCHESTER DURING THE PANDEMIC

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

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

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



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

Source: ONS (97).

WORK AND UNEMPLOYMENT IN GREATER MANCHESTER AFTER THE PANDEMIC

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

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

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

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

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

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

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

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

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

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

WORK AND UNEMPLOYMENT - RECOMMENDATIONS

1. Improve the quality of work in Greater Manchester

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

2. Reduce unemployment and build skills

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



4F. PUBLIC HEALTH AND THE PANDEMIC

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

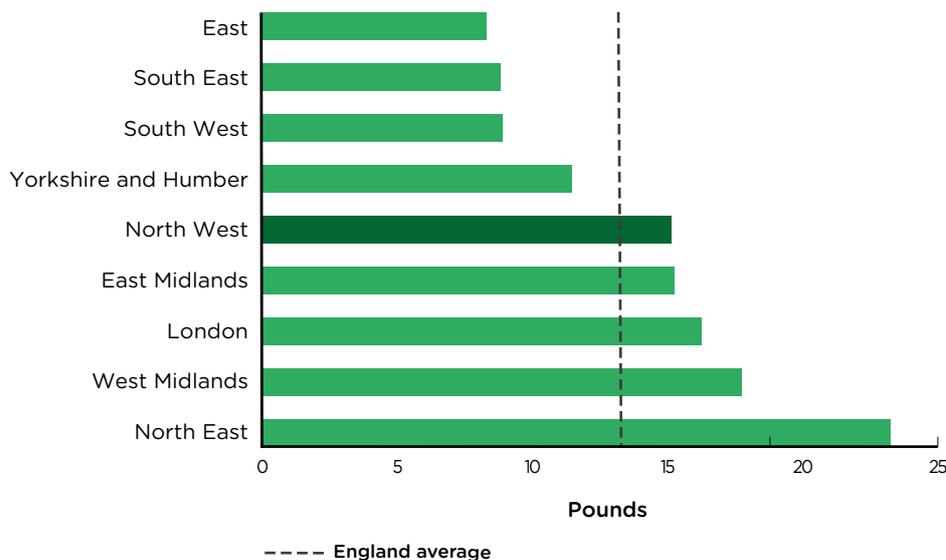
The heightened profile of public health and health inequalities through the pandemic provides an important opportunity to greatly extend action on the social determinants of health. The Association of Directors of Public Health, led by the Director of Public Health in Tameside, has stated that public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

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

PUBLIC HEALTH IN GREATER MANCHESTER BEFORE THE PANDEMIC

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

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



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

SMOKING

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

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

OBESITY

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

ALCOHOL

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

MENTAL HEALTH

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

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



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

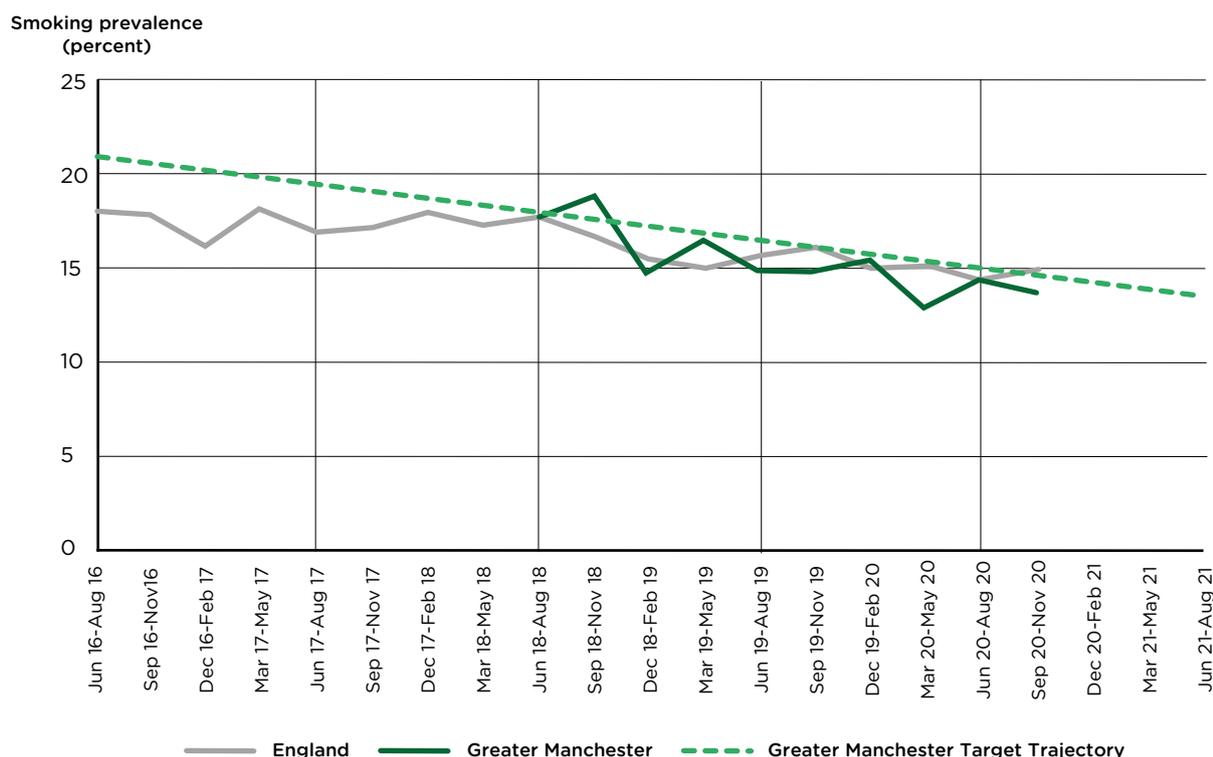
PUBLIC HEALTH IN GREATER MANCHESTER DURING THE PANDEMIC

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

SMOKING

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

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



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

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

OBESITY

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

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

ALCOHOL

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

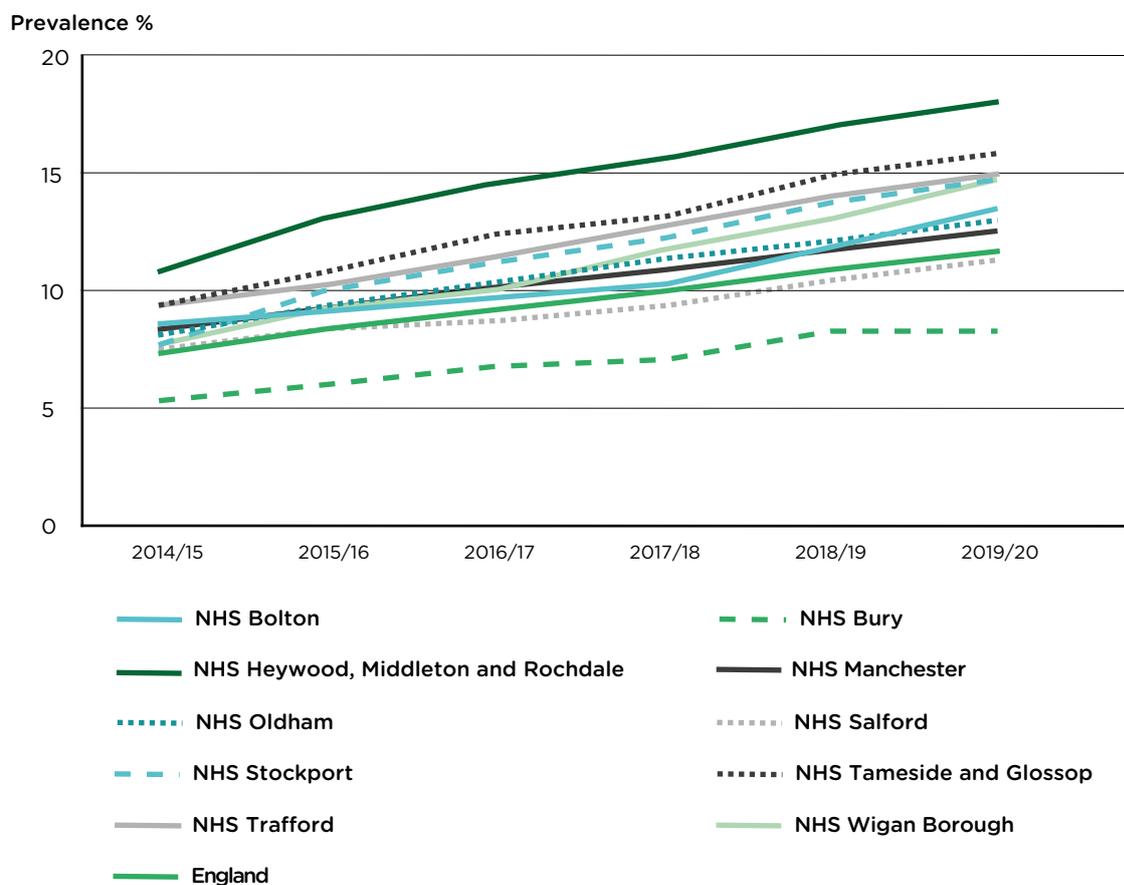
Healthcare workers responsible for taking care of individuals with COVID-19 increased their weekly drinking on average by between 0.45 and 1.26 units (112).

MENTAL HEALTH

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



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



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

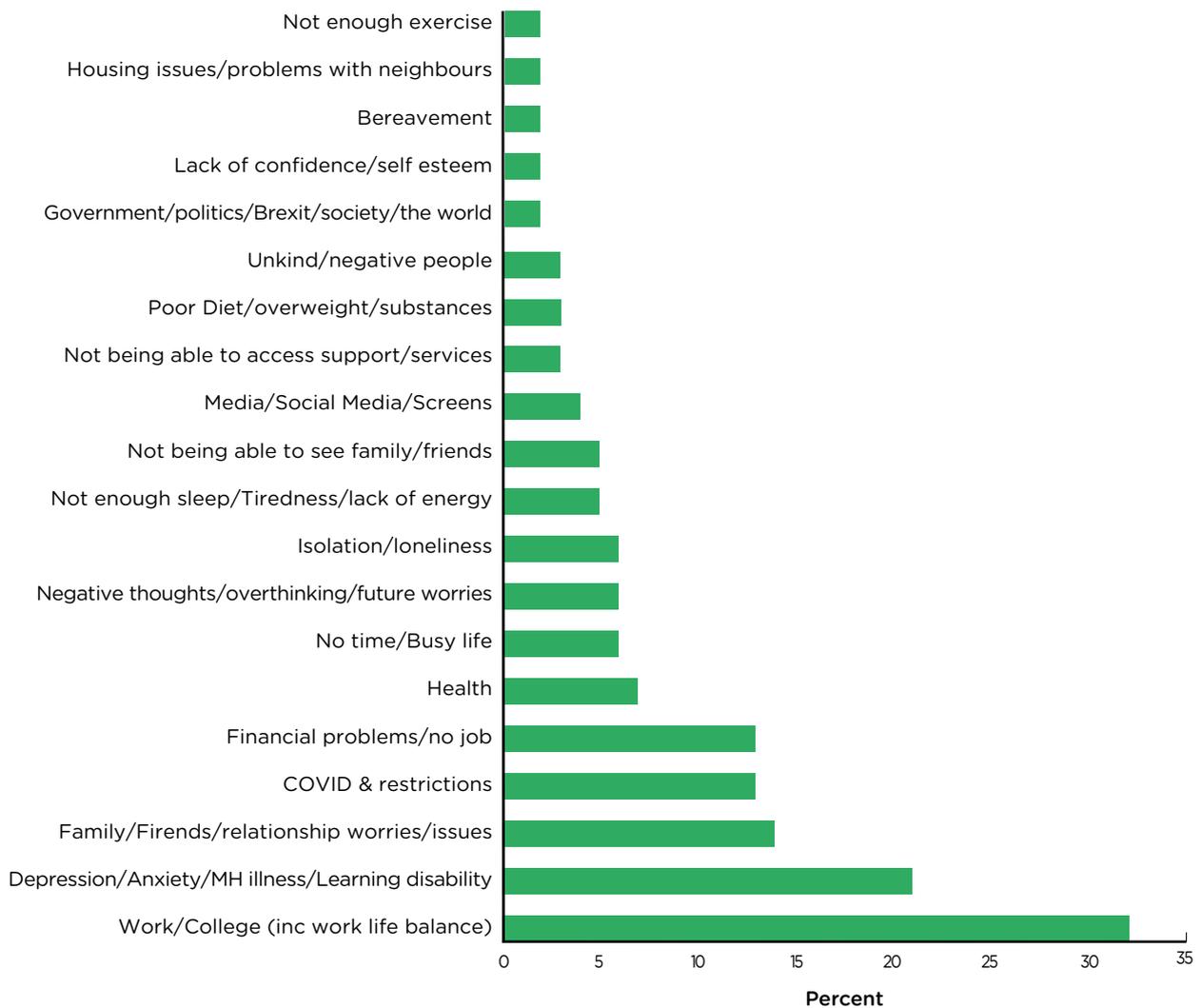
Source: QOF (115).

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

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

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

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



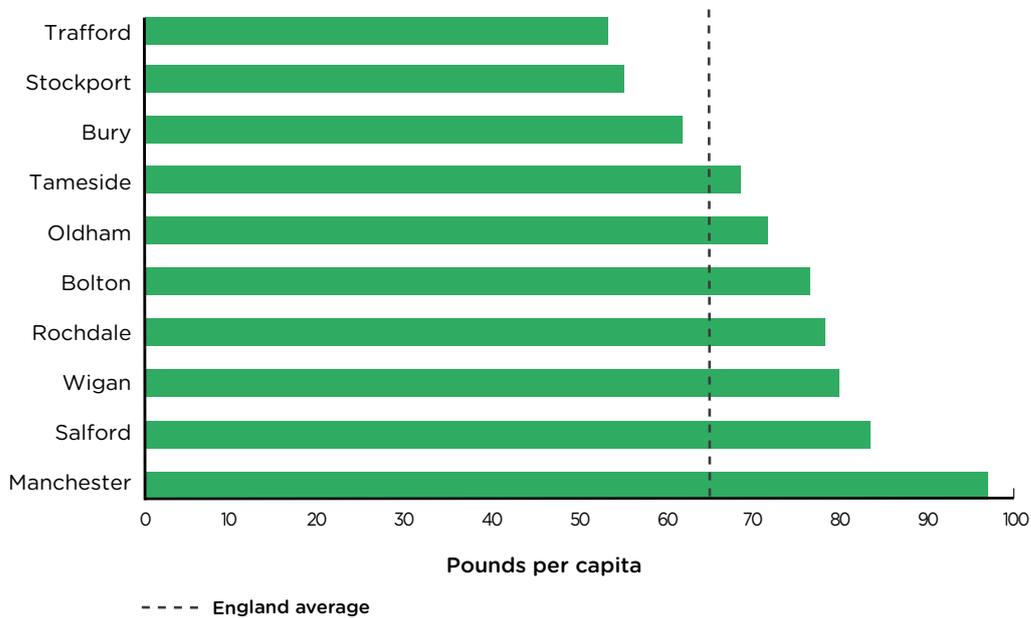
Source: Greater Manchester Mental Wellbeing Conversation Survey Aug–Nov 2020, of 3,986 people who live and/or work in Greater Manchester (30)

PUBLIC HEALTH IN GREATER MANCHESTER AFTER THE PANDEMIC

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

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

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



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

BOX 10. ACTIONS GREATER MANCHESTER IS TAKING ON PUBLIC HEALTH

As part of the devolution agreement to take control of reforming health and social care, Greater Manchester developed its first Population Health Plan for 2017 and delivered a range of programmes to improve health outcomes across the City Region. The programmes supporting the Population Health Plan focussed on four areas: starting life well, living well, ageing well and reforming Greater Manchester's health and social care systems. Starting and developing well prioritises the early years and partners with schools, further education and higher education establishments and the community and voluntary sector to address the health and wellbeing of children and young people. Living well is an evidence-based model that includes specific models of primary care for deprived communities, adopting a proportionate universalist approach to improve population health. Ageing well aims to create and sustain age-friendly neighbourhoods in Greater Manchester, to reduce social isolation and loneliness and increase the number of 50-64 years olds in employment (32).

The Population Health Plan has introduced ill health prevention place-based services and sees health inequalities as an issue across a wide range of organisations, including the police, social care, local authorities, health, housing, fire services and the voluntary sector.

In January 2020, prior to the COVID-19 pandemic, the population health ambitions were refreshed and a model for a unified approach was created with four priorities to address in the next phase: wider determinants of health; behaviour and lifestyles; public service reform and place-based and person-centred approaches.

Mental health

Greater Manchester offers: the Mentally Healthy Schools programme; university mental health service; parent-infant/perinatal services; early intervention in psychosis; children and young people eating disorder services; Thrive and i-thrive models; crisis care redesign (ongoing) and rapid mobilisation of crisis care helplines during the COVID-19 pandemic; digital delivery of mental health services during the pandemic; mental health support aimed at minority ethnic communities through VCSE organisations during the pandemic; and specialist children and mental health services, with access improved by over 35 percent and above national targets.

In May 2020 the Greater Manchester Health and Social Care Partnership initiated the Mental Wellbeing Grants Programme for micro/small and medium-sized grants to local voluntary community groups and social enterprises in the City Region. Between May and December more than £149,000 was awarded to 85 projects. A preventive mental wellbeing training programme called Connect 5 training continued to be offered during the lockdowns to NHS and social care staff and was offered to other frontline workers. In September and October 2020 the Greater Manchester Health and Social Care Partnership and the Independent Mental Health Network held a Big Mental Wellbeing conversation to better understand the population's experiences of the pandemic and their needs going forward, surveying over 4,000 people (119) (120) (121).

Social prescribing schemes have expanded during the pandemic and 75 percent of referrals are for mental health support (122).

Partners in Greater Manchester have also published the Greater Manchester Mental Health Toolkit for Employers to help business, public sector and VCSE organisations to support the mental health and wellbeing of their employees (123).

PUBLIC HEALTH – RECOMMENDATIONS

1. Allocate public health resources proportionately, with a focus on the social determinants

- Advocate for real terms percentage increase in the regional budget for public health.
- Strengthen the public health focus on the social determinants of health.
- Public health to provide a key leadership role post-COVID-19 in plans to Build Back Fairer.
- Continue to support Greater Manchester’s integrated health and care system to be a true population health system, working in partnership with the 10 local authorities and the GMCA.
- Develop equity targets for local authorities and the City Region, with clear lines of accountability to reflect priorities for reducing health inequalities and inequalities in the social determinants in the longer term.

2. Prioritise inequalities in mental health

- Increase mental health provision in workplaces.
- Continue and expand existing programmes which focus on preventing mental health problems, and strengthen monitoring and evaluation for equity.
- Work with planners to develop mentally health high street and access to good quality green space within 15–20 minute walk for all in Greater Manchester, including specific actions to: reduce noise and air pollution, improve community safety and reduce anti-social behaviour.

3. Give prevention interventions time to succeed

- Invest for the long term, measure success over five and 10 years, and improve sharing of best practice between local authorities in Greater Manchester.
- Identify and embed learning from the COVID-19 pandemic, including the value of place-based services and other ‘bottom-up’ approaches.
- Place prevention and taking action on the social determinants at the centre of integrated care system in Greater Manchester.

CHAPTER 5

MARMOT BEACON INDICATORS

We propose that, for the five areas in the framework (Figure 1) for which indicators are needed, the availability of suitably frequent, disaggregated data is explored for the potential indicators listed below, so that these can be used to inform a biannual assessment of health equity in Greater Manchester. It will be for Greater Manchester to develop an information strategy to progressively populate a set of Marmot Beacon Indicators that are sufficiently timely and granular and are of a quality that is fit for biannual monitoring.

The proposed indicators underpin the Build Back Fairer framework and cover the areas and recommendations outlined in the report and are considered critical in driving down health inequalities and in delivering on the potential to Build Back Fairer.

Greater Manchester system partners will take forward the following candidate Marmot Beacon Indicators. The main report sets out the reasoning behind the selection of these indicators and the datasets to support each indicator.

MARMOT BEACON INDICATORS

Early years, children and young people

- Indicator 1: School readiness
- Indicator 2: Low wellbeing in secondary school children (#Beewell)
- Indicator 3: Pupil absences
- Indicator 4: Educational attainment by FSM eligibility

Work and employment

- Indicator 5: NEETs at ages 18 to 24
- Indicator 6: Unemployment rate
- Indicator 7: Low earning key workers
- Indicator 8: Proportion of employed in non-permanent employment

Income poverty and debt

- Indicator 9: Children in low income households
- Indicator 10: Proportion of households with low income
- Indicator 11: Debt data from Citizens Advice

Housing, transport and the environment

- Indicator 12: Ratio of house price to earnings
- Indicator 13: Households/persons/children in temporary accommodation
- Indicator 14: Average public transport payments per mile travelled
- Indicator 15: Air quality breaches

Communities and place

- Indicator 16: Feelings of safety in local area
- Indicator 17: People with different backgrounds get on well together
- Indicator 18: Antisocial behaviour

Public health

- Indicator 19: Low self-reported health
- Indicator 20: Low wellbeing in adults
- Indicator 21: Numbers on NHS waiting list for 18 weeks
- Indicator 22: Emergency readmissions for ambulatory sensitive conditions
- Indicator 23: Adults/children obese
- Indicator 24: Smoking prevalence

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