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MANCHESTER CITY COUNCIL

Health and Wellbeing Board

Date: Wednesday, 6 July 2022
Time: 10.00 am
Venue: Council Antechamber, Level 2, Town Hall Extension

This is a second **supplementary agenda** and contains information that was not available at the time that the original agenda was published.

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension
There is no public access from the Lloyd Street entrances of the Extension

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Membership of the Health and Wellbeing Board

Councillor Bev Craig, Leader of the Council (Chair)
Councillor T Robinson, Executive Member for Member for Healthy Manchester and Adult Social Care (MCC)
Councillor Bridges, Executive Member for Children and Schools Services (MCC)
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning
Katy Calvin-Thomas - Manchester Local Care Organisation
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Dr Tracey Vell, Primary Care representative - Local Medical Committee
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health
Bernadette Enright, Director of Adult Social Services
Dr Murugesan Raja Manchester GP Forum
Dr Geeta Wadhwa Manchester GP Forum
Dr Doug Jeffrey, Manchester GP Forum
Dr Shabbir Ahmad Manchester GP Forum (substitute member)
Dr Denis Colligan, Manchester GP Forum (substitute member)

Supplementary Agenda

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Monday, 4 July 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 6 July 2022

Subject: Building Back Fairer - Manchester's Marmot Tackling Health Inequalities Action Plan 2022-27

Report of: Director of Public Health

Summary

Building Back Fairer – Tackling Health Inequalities in Manchester 2022-27 describes the actions that the city will take to reduce inequalities, with a focus on the social determinants of health. It has been produced by Manchester's Marmot Health Inequalities Task Group along with insights from trusted organisations that represent or work with people with lived experience of health inequalities who tend to be marginalised or seldom heard. Engagement of the workforce and services across the social determinants of health, and ongoing community and resident involvement will be critical to developing the detail and successful delivery of the plan.

Recommendations

The Board is asked to: endorse Manchester's Tackling Health Inequalities Action Plan

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Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	This Action Plan impacts positively on all strategy priority areas
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Links to the Manchester Health and Social Care Locality Plan

The three pillars to deliver the Manchester Health and Social Care Locality Plan	Summary of Contribution or link to the Plan
A single commissioning system ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services	The approach to developing and delivering the plan involves taking a system-wide approach to tackling inequalities and delivering services
'One Team' delivering integrated and accessible out of hospital community based health, primary and social care services	The action plan emphasises the importance of listening to residents and communities to better understand their experiences and working with communities to co-design solutions. There is a focus on collaboration across organisations, as well as a commitment to enable the conditions that empower communities.
A 'Single Manchester Hospital Service' delivering consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the city	The primary focus of the plan is on the social determinants of health rather than acute health services; hospital trusts are represented on the Marmot Task Group due to their role as anchor institutions and the influence they can have on addressing health care inequalities.

Lead board member: Councillor Thomas F. Robinson

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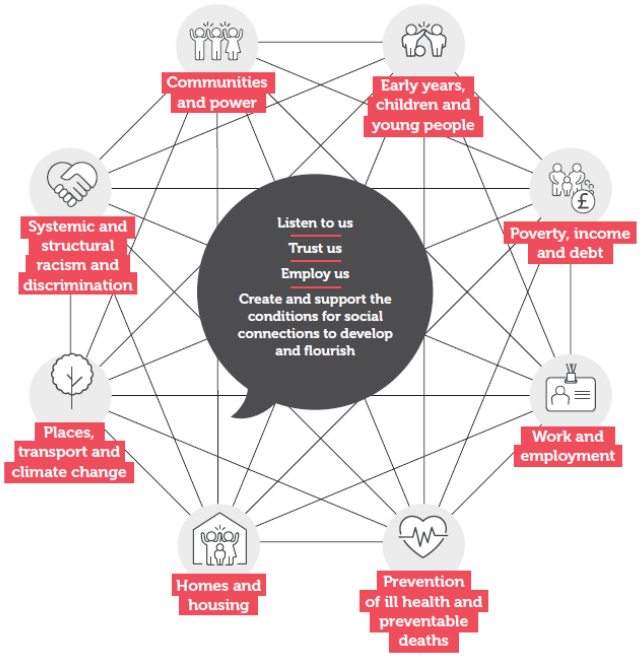
Background documents (available for public inspection): None

Overview

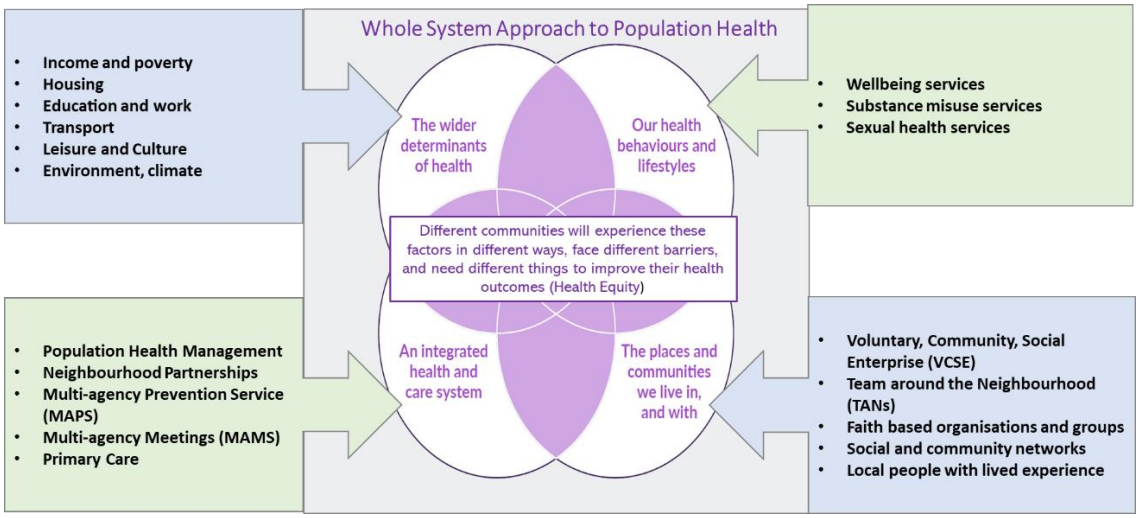
1. In June 2021 the UCL Institute of Health Equity (IHE) - the leading global institute on health inequalities led by Professor Sir Michael Marmot – published 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives'. This report, provides a framework for how Greater Manchester can permanently reduce health inequalities in the aftermath of the pandemic, with a focus on the social determinants of health: the conditions in which people are born, grow, live, work and age.
2. For many years the health of people in Manchester has generally been worse than the England average across a range of outcome measures, with noticeable differences between the more and the less disadvantages areas within the city. A worsening of health outcomes in Manchester was starting to become apparent in the years prior to the start of the Coronavirus (COVID-19) pandemic in 2020 - improvements in all-cause mortality had stalled and had returned to the levels seen 10 years previously. The Covid-19 pandemic has had the effect of accelerating and reinforcing pre-existing inequalities and trends. Interventions that support individuals can only mitigate to a certain extent – action to address the root causes of health inequalities within society and communities will have a greater effect overall.
3. Building Back Fairer – Tackling Health Inequalities in Manchester 2022-27 describes the actions that the city will take to reduce inequalities, with a focus on the social determinants of health. It has been produced by Manchester's Marmot Health Inequalities Task Group along with insights from trusted organisations that represent or work with people with lived experience of health inequalities, who tend to be marginalised or seldom heard. Engagement of the workforce and services across the social determinants of health, and ongoing community and resident involvement will be critical to developing the detail and successful delivery of the plan.

   Figure 1. Manchester's Framework for Building Back Fairer



4. Manchester's Framework for Building Back Fairer (Figure 1) reflects the inter-connected and mutually reinforcing approaches that form the basis of the plan. There are eight social determinant themes for action that were identified by the Task Group, and four ways in which community groups and trusted organisations told us we need to involve them and the people they support and represent. The detailed development and ongoing delivery of the plan will evolve as we continue to engage across the different sectors, communities and trusted organisations throughout the duration of the plan.
5. The plan recognises the strengths of Manchester as a city and the amount of work that has, and is already taking place to improve lives for residents. The long-term work around making Manchester an Age Friendly City, is good example of partnership working, to make Manchester a great place to grow older. Across most of the themes strategic work is already taking place with a focus on improving outcomes. But, we need to go further and work more closely together, particularly for the most disadvantaged people and families and those more likely to suffer poor health. Five principles have been identified that will underpin the action plan to ensure that it adds value to all the work that is already happening.
    - Focus on what we need to do to achieve equity
    - Responding to and learning from the impact of COVID-19
    - Tailored to reflect the needs of Manchester
    - Collaboration and creativity with a whole-system approach
    - Monitoring to assure that we are "building back fairer" within Manchester as well as narrowing the gap between Manchester and regional or national averages.
6. Regarding the current format of the plan, readers are asked to note that
    - The final version will be made available in alternative formats to ensure that it is fully accessible and inclusive
    - Some of the current images/photography are placeholders and will be replaced with images of people in Manchester
    - The final version will be accompanied by a communications campaign initially directed across the services and organisations and their staff, that make-up the population health system (Figure 2). This will allow the plan to build momentum; enable services and the workforce to understand the challenge and the vision for Manchester; and enable them to identify how they can contribute within the context of what communities have told us so far, and how continue to work with and for communities moving forwards.

Figure 2. Services and organisations that make up the population health system (adapted from the Kings Fund)



7. The plan has been written in three main sections

   i. Section 1 sets the scene with an overview of health inequalities in Manchester, across the social determinants of health, within the context of the COVID-19 pandemic. This section also highlights the key themes that were raised through engagement work and conversations with organisations that are trusted by some of Manchester's most marginalised and socially disadvantaged communities. This section aims to help readers understand why this plan is needed and is important.

   ii. Section 2 describes how the plan will be delivered with a strong focus on our approach to engaging and involving local communities and residents throughout the duration of the plan. It describes the need for a powerful communications campaign that will enable the workforce across all services and organisations that impact and influence the social determinants, to understand what changes are needed and why. This plan will only be succesful if staff across all the key services including leaders, managers and frontline workers have the knowledge, understanding and ability to play their part in addressing inequalities. It also describes the approach required to monitoring our outcomes if we are truly going to build back fairer.

   iii. Section 3 summaries the key actions that will be delivered collaboratively under to support each of the eight themes of the plan. Given the plan's breadth and ambition, and that it will take time to get underway and deliver well, five projects to kickstart delivery have been identified with a focus on improving health equity and exemplifying our principles and approach. These 'kickstarter' projects will focus engagement and build momentum for the plan's delivery. The "kickstarter" project themes are; young children from communities that experience racial inequality and their families, young people experiencing poor mental health: intervene earlier and improve wellbeing, early help for adults facing multiple disadvantage and barriers to health and wellbeing, people out of work or at risk of falling out of work due to physical or mental health or long-term conditions. Each of

the kickstarter themes will be supported by work to address digital inclusion for the target population groups for each project.

iv. The plan ends with a brief description of the approach to governance, accountability, and resourcing the plan.

8. The board is asked to endorse Manchester's Tackling Health Inequalities Action Plan, and the proposed approach for the ongoing development and delivery of the plan.

MANCHESTER CITY COUNCIL

Published by
Manchester City Council

BUILDING BACK FAIRER

Tackling Health Inequalities in Manchester 2022–2027

Foreword

As a city we're proud to say that we have had an ongoing commitment to equality and making services, facilities and opportunities as fair as possible. That in itself is an enormous and progressive undertaking, and it speaks volumes about the inclusivity that defines us as a world-class city.

However, we now need to go that step further and push ourselves to not only consider fairness – but equity. In other words, not only do we need to improve health outcomes across all of Manchester compared to other parts of the country, but we also need to do deeper work with certain groups or communities who may need further support to get to the same vantage point.

Tackling health inequalities is not new in Manchester, but the scale of the divide is growing through many external factors. We know how big that inequality challenge was before the pandemic, and now COVID-19 has not only increased those gaps, but also added to them. We recognise that for some members of our community, life is hard because of issues such as long-term unemployment, poverty, discrimination and serious health conditions – just some examples that can start years and cycles of negative effects. Quite simply, as a city we have to dig deep, be courageous and address those equity gaps.

We're also very fortunate to have strong links with Professor Sir Michael Marmot, who is renowned for his expert analysis of how the conditions in which people are born, grow, live, work and age can lead to health inequalities. Professor Sir Michael recently carried out a comprehensive review of the whole of Greater Manchester, and what you read about in the following report is Manchester's response to building back fairer in our city after the pandemic.

That targeted approach then brings results not just for those specific groups, but has a knock-on effect in developing the city, its neighbourhoods and everything it has to offer. By helping those who need it most, we continue to raise the standards, aspirations and appeal of the whole of Manchester, with all the rich opportunities that come with it.

Reflection and constant development are not only key parts of that journey, but they are also at the core of the Manchester mindset and the spirit of this city.

Joanne Roney, Chief Executive of Manchester City Council

Councillor Bev Craig, Leader of Manchester City Council.

Introduction

There can be no doubt about the talent, ambition, spirit and sheer potential that defines Manchester. Always bold, always brave and never afraid to do things differently.

And now, the city prepares to take another unique step in its history as it scales up its commitment to helping people to live well, alongside the ongoing recovery from the COVID-19 pandemic.

Health inequalities are the avoidable gaps between the healthiest and least healthy people and communities in our city. So many Mancunians fared worse during the pandemic because of existing inequalities. The pandemic also exposed the added barriers to good health that some communities face as a result of prejudice and discrimination. Black, Asian and Minority Ethnic communities, as well as Disabled People, were disproportionately affected by COVID-19.

The pandemic also highlighted the strength and resilience of our city. Manchester has a rich history of co-operation. The cooperative movement came into being in this city in the century before last, founded on the ideas of mutuality and co-operation. Many communities across the city responded to the COVID-19 pandemic by creating, or further developing, mutual aid groups in their local neighbourhoods. The City Council, NHS and other anchor institutions, organisations and businesses were compelled to accelerate their cross-sector collaboration and engaged with communities in new and dynamic ways.

Our city has a wealth of locally grown community groups and organisations. Over three thousand eight hundred organisations within the voluntary, community and social enterprise (VCSE) sector are working to support local people in a variety of ways. During the pandemic the voluntary 'frontline' workforce expanded as thousands stepped up to ensure people had access to food, support and someone to talk to, as well as contributing to the effort to get people vaccinated.

We know tough times are ahead. The cost of living is increasing, pressures and demands on all our services are increasing and many Mancunians are facing hardship.

Health is a measure of society's success. So in spite of the hard times ahead, we must do all we can to prevent the pandemic's damage worsening health inequalities further. Improving the lives of all, by reducing that health inequality, is not only the right and moral thing to do, but it's also key to the long-term future and prosperity of the whole city, its people, and its place on an international stage.

The diversity of Manchester's people is one of our city's greatest assets. To address these challenges in a way that realises the potential of our diversity, requires us to keep alive the spirit and practice of collaboration seen in the early days of the pandemic. Together – whether you're a frontline worker, community activist, service manager or running an organisation; whether you work in the public, voluntary and community, academic or private sector; whether you live in Manchester or come here to work – together we can improve the health and life chances of all Mancunians.

It won't be an easy process, but as part of it we will:

Tell the truth;

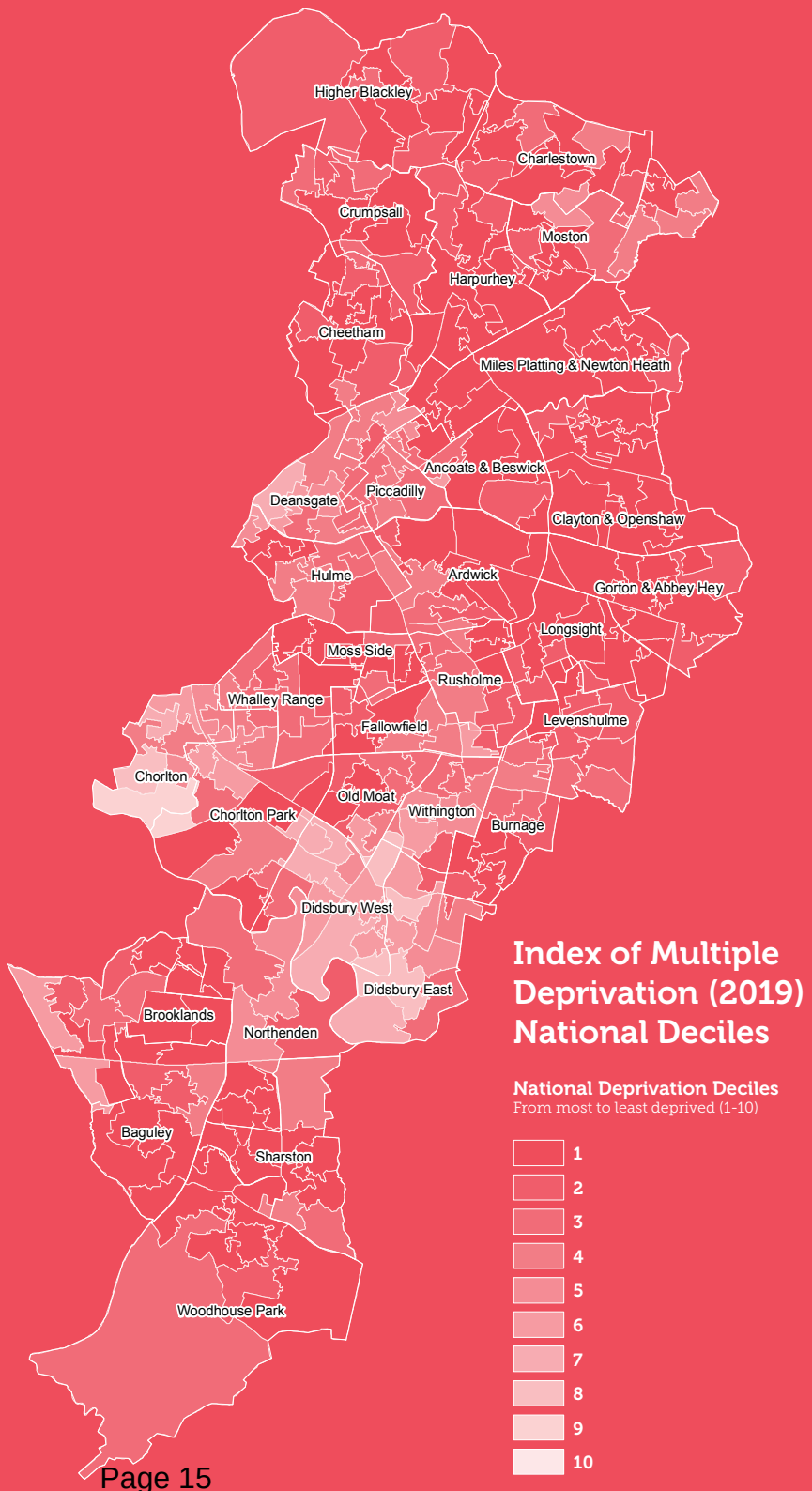
Work from evidence;

And keep the spirit of social justice.

THIS IS MANCHESTER.
WE KNOW THE FACTS.
IT'S TIME TO ACT.

1/ SETTING THE SCENE

What health inequalities look like in Manchester



What Health Inequalities Look Like in Manchester

For many years the health of people in Manchester has generally been worse than the England average.

Life expectancy tells you how long people born in a certain area can expect to live based on the current death rates. It doesn't predict the actual average age of death, but can be used to compare the overall health of different population groups. The life expectancy for men in Manchester is 74, and for women it is 79. Men can expect to die nearly 5 years younger than the average for England and women can expect to die nearly 4 years younger.

Life expectancy at birth for Manchester residents **fell** by an estimated 3.1 years for men and 1.9 years for women in 2020, compared to England's fall of 1.3 years for men and 0.9 years for women. Life expectancy fell more in the most disadvantaged areas of England.

FACT.

People often know that life chances are generally worse in the north of the country than the south. However these inequalities are seen within our city as well. Men who live in the most disadvantaged fifth of areas of our city die nearly 8 years younger than men who live in the least disadvantaged fifth of areas. Women who live in the most disadvantaged fifth of areas of our city die around 6 years younger than women in the least disadvantaged fifth of areas.

Life expectancy in most and least disadvantaged areas of Manchester compared to England

	Male (years)	Female (years)
Life expectancy (Most disadvantaged fifth of areas in Manchester)	70.9	76.4
Life expectancy (Least disadvantaged fifth of areas in Manchester)	78.6	82.5
Life expectancy (England Average)	78.7	82.7

The main causes of the differences in life expectancy are the biggest killers – heart disease, stroke, cancer and lung disease. In 2020 and 2021 deaths from Covid-19 also contributed significantly to the difference in life expectancy between the most disadvantaged and most affluent areas of the city.

So we know that if we want to reduce health inequalities we need to prevent ill health and deaths from heart disease, cancer and lung disease.

Smoking, unhealthy eating and lack of exercise are known to increase the risk of most preventable deaths from heart disease, lung disease, cancer and diabetes. These four conditions are responsible for the large majority of preventable deaths in Manchester. People with challenging social circumstances will find it more difficult to adopt and maintain healthy habits or behaviours.

Health and care services play a really important part in keeping us well and looking after us when we need support or have illnesses that need treatment. However our social circumstances – the conditions in which we are born, grow, live, work and age – have a much bigger impact on how healthy we are. How much money we have, the quality of our education, jobs and homes; our families, friends and communities around us; our surroundings and environment and the transport we use to get around. These conditions, known as the social determinants of health, are not evenly distributed across the city. They influence our opportunities for good health and mean that some people are more likely to be healthy than others because of factors that are preventable, but often outside their control.

Poverty, income and debt

Poverty is associated with worse long-term physical and mental health, and lower than average life expectancy. If you don't have enough money to meet your basic needs – sufficient and healthy food, a warm and safe house and a sense of control over your life – your health will be impacted over time. Poverty is stressful, it also reduces access to employment and can harm educational attainment. High levels of personal debt (aside from mortgages) are also harmful to health.

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Manchester is the **sixth-most deprived** local authority in England, so many neighbourhoods and communities were less resilient to the economic shock of the pandemic.

FACT.

40% of children under-16 in Manchester are living in poverty. Approximately two thirds of those children are in a family where at least one parent is working.

FACT.

Increasing numbers of people who have jobs are still facing poverty due to **low pay**.

FACT.

People from communities that experience **racial inequality** often have higher levels of unemployment than others. This got worse during the pandemic.

FACT.

The cost of living is on the rise – this will impact the city's poorest residents worst and cause both **fuel and food poverty to worsen**.

FACT.

Early years, children and young people

A solid foundation in childhood is essential for the best life chances. Many health challenges and inequalities in later life have their foundations in early childhood, with the poorest families experiencing the worst health outcomes. The first 1,001 days from pregnancy up to the age of two are particularly critical for a child's development. A good education, and support for social and emotional development, are also important for future health and wellbeing. Poverty is the leading cause of inequalities for children and young people.

One in three Manchester children are not school-ready when they start reception. Children who are eligible for free school meals are even less likely to have achieved a good level of development than other children – almost 40% of children eligible for free school meals have not achieved a good level of development at the point of starting school.

FACT.

Manchester has an early years service offer that focuses on giving children the best start in life in line with national recommendations and research-based best practice. However, many local families face **additional or multiple barriers** that make engaging with the service difficult. Examples include parents and carers with mental illnesses, parents who have English as a second language, disabled parents and families who experience racial inequality. The attainment gap between socially disadvantaged children and their peers has widened during the pandemic. Following the disruption to school attendance during the pandemic, some children remain persistently absent from school.

FACT.

Mental health for young people was a particular concern before the pandemic and has deteriorated during it: 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**. Hospital admissions for mental health conditions in those aged under-18 have increased and have been significantly worse than the England average since 2019/20.

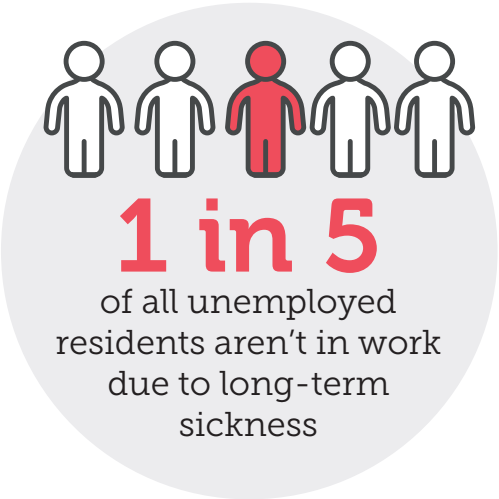
FACT.

1 in 3

Manchester children are not school-ready when they start reception

Work and employment

Being in a good job is usually protective of health. Good quality work is sustainable, pays a living wage and gives opportunities for development and protection against adverse conditions. Poor quality work, unstable or intermittent employment and unemployment can have effects on physical and mental health. Long-term unemployment in particular can contribute significantly to poor health, low wellbeing and increase the risk of early deaths.



There are **19,900** residents in Manchester who aren't in work due to long-term sickness. That is 21% (one in five) of all unemployed residents and 5% of the entire working age population.

FACT.

Residents from more disadvantaged communities have been impacted by **lack of skills and access to technology** and support to start and sustain learning.

FACT.

Of the working-age population, 50 to 67-year-olds are the most acutely affected by low level skills, making it harder for them to be part of the city's economic growth. There is a much higher proportion of residents aged 50–64 in the city with no or low qualifications (32.2%) compared to the England average (21.6%).

FACT.

People from racially minoritised communities are less likely to be in employment. In Greater Manchester, **66%** of people who identify as 'mixed' and **52%** of people who identify as Pakistani or Bangladeshi are in work, compared to 74% of White people.

FACT.

Homes and housing

Poor quality housing is harmful to physical and mental health and widens health inequalities. Unaffordable housing contributes to poverty and can lead to homelessness. Homelessness often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and ill health.

The last two decades have seen a huge increase in the city's population – driving an exceptionally high demand for housing and increases in costs. Many Manchester residents continue to **earn well below average incomes** and too many remain on the housing register for too long. The supply of new affordable housing is a challenge because of the availability of land supply and cost challenges.

FACT.

We are seeing rising levels of homelessness and rough sleeping. The number of households in temporary accommodation in Manchester has increased significantly over the past five years, from 406 households (end of March 2015), to **3,543** (end of May 2022).

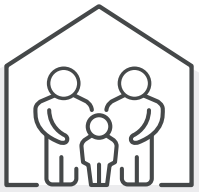
FACT.

Lower-end housing in the private rental sector is often of **poor quality, overcrowded, insecure and expensive**. Young people and people from communities that experience racial inequality are more likely to rent in this sector.

FACT.

Working across all tenures, and in particular the private rented sector, we must make significant progress towards achieving a net zero carbon housing offer in order to reach our target to become a **zero-carbon city by 2038**.

FACT.



3,543
Manchester households are in temporary accommodation

Systemic and structural racism and discrimination

Systemic discrimination and racism lead to poor health in a number of different ways. Communities that experience racial inequality, and other marginalised groups, are more likely to experience socioeconomic disadvantage. Some communities are also less likely to have access to a range of services and opportunities as a result of structural and systemic discrimination. This in turn can create the conditions that worsen social stressors such as unemployment, poorly paid work, poor housing etc. Experiences of racism and discrimination (individual, institutional and systemic) can also be a psychosocial stressor which builds over time with long-term impacts on health and wellbeing – for example, everyday discrimination has been linked to heart disease, infant mortality, mental illness, substance misuse and life expectancy.

The ethnic diversity of Manchester's population is increasing. We are the only city outside London to have residents in each of the 90 listed ethnic groups in the census. **Over 200 languages are spoken here**.

FACT.

Results from the 20/21 census are expected to show an increase (possibly as much as 40%) in Manchester's population from a Black, Asian and Minority Ethnic background. In addition, Manchester has a much younger population than other major towns and cities – just under 50% of the population are under-25 and around 40% of these are likely to be multilingual.

FACT.

The BeeWell survey of young people aged 12 to 15 years, found **significant inequalities** in wellbeing in relation to **gender identity, sexual orientation and transgender status**. Life satisfaction and psychological wellbeing were significantly lower, and emotional difficulties were significantly higher for young people identifying as gay, lesbian, bisexual or pansexual, and those young people who identify as transgender.

FACT.

In their 2021 Achieving Race Equality Report, Greater Manchester Police found that residents of Black and mixed-Black ethnicity in Manchester are **2.5 times more likely to be stopped and searched** by police than White residents, while Asian and mixed-Asian ethnicity residents are 1.4 times more likely to be stopped and searched.

FACT.

Across the workforce in healthcare (Greater Manchester) and Manchester City Council, Black Asian and Minority Ethnic groups are **over-represented in lower paid**, more junior grade roles and are **under-represented in higher paid**, more senior grade roles. They are less likely to be represented on decision making boards than White staff.

FACT.

Places,transport and climate change

Places that provide the conditions for good health have good air quality, transport links and easy access to green space. Climate change is one of the biggest public health threats and challenges we face. The people whose health is being harmed first and worst by the climate crisis are the people who contribute least to its causes.

Living in a greener environment can promote and protect good health, aid recovery from illness and help with managing poor mental and physical health conditions. Disadvantaged groups of people gain a larger health benefit and have reduced socioeconomic-related inequalities in health when living in greener communities.

FACT.

Climate change will mean that Manchester will face warmer summers with an increased likelihood of very intensive heatwaves. This will negatively impact health with increased levels of **dehydration, heat stroke and death**. Older people, those with chronic and severe illness and children are more likely to suffer health impacts during heatwaves.

FACT.

Low levels of physical activity are associated with poor health outcomes including cardiovascular disease, diabetes, musculoskeletal health, cancer, poor mental health and wellbeing. Neighbourhoods and **communities in Manchester with the worst transport links and access to green spaces** have some of the **poorest health outcomes**.

FACT.

Poor air quality stems from vehicles or industry emissions, and high temperatures are also linked to an increase in poor air quality. Evidence shows that air pollution is a significant public health problem having a multitude of effects that are both wide ranging and long lasting. People living in disadvantaged areas of the city are more likely to have other health conditions due to their socioeconomic position which are then **further impacted by poor air quality**.

FACT.

Evidence shows that air pollution is a significant public health problem

Communities and power

Whatever place we happen to live in, the communities we belong to support and nurture our health. Connected communities, where people feel valued and involved in decisions that affect them and have a greater sense of control over their daily lives, are good for health and wellbeing and improving health equity.

Communities may be groups of people living in the same place or people that share a common identity or experience. Creating the conditions for individuals and communities to be empowered is essential for a long-term approach to addressing inequalities.

FACT.

Manchester is split into **32 wards, 13 neighbourhoods and 3 localities** for administrative purposes and service provision. These geographies provide a practical way for public services to **work in partnership** and provide joined up services for a particular area, and tailor approaches accordingly. 'Teams Around the Neighbourhood' (TANs) and 'Bringing Services Together for People in Places' approaches are based on this. Engagement and neighbourhood working is taking place across Manchester, with increased joined up approaches to engagement activity.

FACT.

Community development approaches also need to recognise the local neighbourhoods that make sense to – and are recognised by – local people based on history, culture, shared amenities, transport routes etc. In addition, some communities are not 'place-based' but connect through a shared culture, faith or identity that brings them together in forums that are not always connected to where they live. There are strong examples of co-design and participation but we must recognise that we must do more to bridge the inequality gap and thread that through all that we do. There is also a need to strengthen how the voice of young people influences what we do.

FACT.

A range of strong networks exist, such as the COVID-19 Health Equity Manchester (CHEM), Older People's network and Our Manchester Disability Forum.

FACT.

There are around **3,800 voluntary and community VCSE organisations in the city**, supporting people of all ages and backgrounds. Almost 60% of these organisations focus on physical activity, and sports and leisure; around a half of them focus on community development and a quarter of them on health and wellbeing.

FACT.

Many organisations are struggling to meet demand for support as the needs within communities increase, particularly around food poverty, homelessness and support for refugees and asylum seekers.

FACT.

Cultural organisations also contribute to health and wellbeing – at neighbourhood level as well via venue-based activity. 47 organisations responded to Manchester's 20/21 Cultural Impact Survey, with 66% indicating delivery of **health focused work to the value of £1.57m**.

FACT.

Why Does This Matter?

In developing this plan, we went back to remind ourselves of what residents, communities and trusted organisations have told us in consultations and engagement. We also listened to informal feedback through guided conversations with representatives of people with lived experience of health inequalities and with neighbourhood-based staff both in the voluntary and community sectors, social enterprises, and other trusted organisations.

In addition to the cost-of-living crisis, many people told us of their fear of the perceived impact on their lives of the UK's immigration policy, Brexit and the war in Ukraine, in particular.

Addressing these issues may be beyond the scope of this plan. However, participants said that steps can be taken to demonstrate awareness of these issues, and to incorporate this knowledge into our plans. This is because these and other wider issues intersect with local challenges and unmet needs, creating a difficult and worrying context for people, particularly those facing discrimination or those who live in, or are at risk of, poverty.

We were advised that too many people in this city who work nevertheless live in poverty. There is concern about growing inequalities within the city – not just in comparison with other parts of the country. Participants highlighted the huge challenges to services, which were described as underfunded as well as over-stretched. The difficulty of accessing health services, especially appointments with GPs and dentists, are well documented. Other wider issues were raised too.

We were told that a contributing factor to poorer health outcomes and life chances is that people often have to fit into what are often experienced as pre-defined, inflexible, health, education and social care systems that sometimes do not connect with each other. These systems often did not support people's differential needs and characteristics. Too often, 'access' is considered in terms of fixed referral pathways, and these pathways may not be suitable for people with different or additional needs.

Participants told us that services are not often culturally appropriate or sensitive to different circumstances. This had a range of implications that make it hard for people to get their needs met. For example, accessing some 'free' services has financial implications such as travel costs and use of technology. Digital exclusion is a significant barrier to accessing services, not only because of the costs but also because an increasing number of services can only be accessed online – additionally prohibitive for people who cannot read or write English. Many participants said that there could sometimes be a lack of accessible information about existing services resulting in some people not knowing services exist.

These systems could be experienced as creating inequity, rather than addressing it. One of the implications of this is that some people and communities that have faced – and continue to face – discrimination in other areas of their lives, lose confidence and begin to believe that services are not for them, and choose not to access them. Lack of trust in some statutory services, as well as lack of confidence in approaching services, were all mentioned as contributors to poorer health outcomes and life chances for some people.

In addition, some systems leave some people more at risk of exploitation. People from racialised communities, women, sex workers, and people with uncertain immigration status who have no recourse to public funds, were mentioned as particularly vulnerable. Lack of trust may prevent some people from sharing information about their needs.

All these present-day issues intersect and are compounded by historical injustices resulting in lack of trust and feeling unsafe. These in turn have the capacity to lead to or compound social isolation and mental health issues, especially in those facing discrimination.

Actions to narrow the gap between the healthiest and the least healthy need to focus on the social barriers and challenges that can ultimately impact health. We also need to ensure we focus on equity – this means giving people what they need to achieve their best health rather than treating everyone in the same way. Some people will have different needs and face greater or different barriers to improving their health – people who are marginalised or face discrimination often face additional barriers to improving their health in addition to the impact that socioeconomic disadvantages can have.

"It always seems impossible, until it's done"

Nelson Mandela

2/ BUILDING BACK FAIRER IN MANCHESTER

How we will
deliver the plan

Manchester's Marmot Health Inequalities Task Group

Professor Sir Michael Marmot, an international expert in health inequalities, produced recommendations on how to address them in his 2021 review for Greater Manchester. In the City of Manchester we are committed to responding to this, narrowing the gap between the healthiest and the least healthy, and improving health and life chances across the whole city.

Earlier this year a group of leaders from across the public sector, academia, voluntary and community sectors came together. Together they represent Manchester's 'population health system' – all the key sectors and services that can make a difference to population health – coming together with the common goal of improving health equity. The group was tasked with developing an action plan for the city that:

- Responds to the Marmot Review for Greater Manchester with a focus on the city of Manchester.
- Identifies specific issues for Manchester to address in the context of the COVID-19 pandemic and recovery.
- Values an ongoing dialogue with local residents, communities and the organisations they trust to develop and deliver a plan that works for them.
- Makes sure particular attention is paid to people and communities that are marginalised, face discrimination or whose voices are seldom heard.

The plan will be ambitious and challenging. It will need us to work together with Manchester's residents to both develop and deliver what's needed to make a difference. Lots of good work is already going on – take the specific work around making Manchester an Age Friendly City, for example. But, we need to go further and work more closely together, particularly for the most disadvantaged people and families and those more likely to suffer poor health.

Five principles will underpin our action plan to make sure it adds value to all the work already going on:

1| Focus on what we need to do to achieve equity

2| Respond to and learn from the impact of COVID-19

3| Tailor to reflect the needs of Manchester

4| Collaborate creatively with a whole-system approach

5| Monitor to make sure we're 'building back fairer' within Manchester as well as narrowing the gap between Manchester and regional or national averages.

Resident and Community Involvement and Engagement

This action plan can only make a real difference if local people help to find solutions – and then help to make them happen. We especially want to involve those with first-hand experience of discrimination, or who have struggled to live in conditions that create good health and wellbeing. We want to hear the views of people affected by poverty; people who do not have good quality, affordable housing; good jobs with decent pay; use of inexpensive public transport; a good education; leisure opportunities; or the chance to contribute to the collective wellbeing of our city.

To do this, we will work with partners in the voluntary, community and social enterprise (VCSE) sectors and with other trusted organisations to include the opinions of people who have few opportunities to have their views heard, especially in decision-making circles. We will also ensure that local people have opportunities to be involved in the development and delivery of the plan over the next five years. We will work in neighbourhoods and with communities of identity and experience, so that those solutions can be developed by the right people in the right way.

To do this well, we have reviewed what people previously told us about their challenges – in consultations and engagement for previous strategies connected to the social determinants of health. We also had conversations with people and organisations who work with, represent and are trusted by the most marginalised and socially disadvantaged in the city.

Participants in these conversations told us that we can connect with people who are seldom heard – but it's not going to be easy.

Stigma and discrimination are powerful mechanisms within systems and cultures that create and compound fear and mistrust. This affects many groups including Disabled People and those from Black, Asian and Minority Ethnic groups. It affects people without recourse to public funds, people in hidden poverty and social isolation, with mental health issues, especially older men of all ethnicities, among many others. It also affects groups of people who need encouragement to speak up and speak out about the discrimination and injustices they may experience within the systems and structures they inhabit, be they family, community, school, workplace or neighbourhood.

Unpicking this is hard. Building trust is crucial to this process and takes time, is ethically complex, emotionally demanding, fragile and subject to multiple compounding contextual factors. There are no silver bullets, even with adequate resources.

The experience of most of the participants was that services and organisations often 'consult' with them, but rarely, if ever, return to provide feedback or involve them further. This can make people reluctant to get involved in more consultations or engagement. Current engagement activities are fragmented and resulting changes are often poorly communicated. We need to develop ways to improve that.

Unique Manchester housing community

The Russell Road Extra Care scheme is a flagship, first-of-its-kind in the UK development that will create a safe and welcoming housing community for older LGBTQ+ people in Manchester.

The project will create and maintain a long-term relationship between the Council, LGBT Foundation and the housing association developer – and eventual managing company – with MCC commissioning both care and support services in the new Extra Care scheme for future residents and LGBT Foundation providing services and support within the scheme.

The Council in partnership with LGBT Foundation has recently begun a process to bring a development and managing partner on board to the project later this year.

Communications and Workforce Engagement

Communications and engagement must be intrinsically linked, so that there is a continuous cycle of conversation. This was shown throughout the pandemic where those deeper relationships helped shape messages that were right, trustworthy and culturally appropriate for many diverse neighbourhoods.

Change is not easy or fast. That's why it's vital that we start with facts and momentum: ensuring, too, that all the different organisations and their staff who will be part of this change share the vision and understand why this work is needed.

The role that Education, Health and Social Care services play, and how they can adapt to improve health equity, was a recurrent theme in the engagement conversations. People told us that, to make a difference, services must:

1| **See people holistically** – inequity affects many areas of a person's life, especially when that person is experiencing multiple issues owing to their personal characteristics, individual circumstances and historical injustices. These issues affect them, the communities they live in and those they live with.

2| **Adapt or create culturally appropriate services** – services need to be tailored to suit the needs of communities. All levels of the workforce need to be encouraged and supported to 'work with' and not 'do to' people and communities. This relational way of working needs to become the norm.

3| **Connect services and organisations** – organisations need to work together by recognising people's holistic needs and circumstances and ensuring that people are supported as these needs and circumstances change.

4| **Free up services to be more creative** – there's already a huge amount of creative and innovative work within and across communities and neighbourhoods. Here's a snapshot of the ingenuity, determination and enterprise of Manchester residents:

A new community centre in Longsight set up by a faith organisation with a cafe run by a community interest company – Pure Innovations – and staffed by people with learning disabilities. The cafe gives staff a sense of purpose and pride, enabling them to learn new skills and contribute to their wider community.

A peer mentoring programme at George House Trust called the Positive Speaker Project where most of the volunteers are living with HIV.

The Manchester Settlement's work in east Manchester with diverse groups of people of all ages. They offer English as a second language classes at a 'conversation cafe' where people practise their English over a nutritious meal. Participants make connections, and receive and offer social support – all necessary for good health. An African Caribbean carers' group with a day centre in Hulme offers support to older people and their families, and provides a lunch club three times a week with culturally appropriate food.

Hate crime training for women hosted by the Muslim Heritage Centre in Cheetham that creates a space for dialogue, connection and collective action.

Rainbow Surprise in Crumpsall, a small voluntary charity founded by three local mothers when they'd just had their first babies and who were, and continue to be, determined to create safe spaces and activities in their community. They attribute their success to their organisation being based on the values of friendship, believing in people and their ability to make connections with other organisations.

5| Participants told us that there could be so much more creative activity if the conditions were created and supported to enable front-line staff to work with and alongside groups and communities.

We will use this feedback and the results of ongoing engagement to shape communications as we build back fairer, so that they represent what local people and communities are telling us – and give a voice to those yet to be heard.

Crucially, we will maintain that partnership and connection by reporting back on progress, on how information has been used, and why, so a thorough understanding of the issues can then be fed into policy, decisions and mindsets that change lives. This will be the ultimate expression and sign of listening to what communities have told us.

We'll have a full communications strategy and delivery plans both within each work stream and overall, complete with evaluation linked to strategic objectives so that we can track progress over the next five years.

As the pandemic taught us, partnership is key – there has to be an open and continuous conversation. That conversation may not always be easy, and asking challenging questions is in itself a sign of progress. This is a time to be brave and bold:

WE KNOW THE FACTS.
IT'S TIME TO ACT.

The Role of Anchor Institutions

Manchester institutions have a key role in addressing the social determinants of health. 'Anchor institutions' are major local organisations with long-established social, cultural or economic roots here.

Large institutions such as councils, universities and hospitals have significant assets and spending power and can use these resources to benefit communities. Manchester's Marmot Health Inequalities Task Group has had representation from key anchor institutions in developing this action plan:

- **Manchester City Council**
- **Manchester Health and Care Commissioning**
- **The University of Manchester**
- **Manchester Metropolitan University**
- **Manchester University NHS Foundation Trust**
- **Greater Manchester Mental Health NHS Foundation Trust.**

Anchor institutions aren't limited to the public sector and recently there's been recognition of the contribution business can make to action on health inequalities and the social determinants of health by changing their business operations, investments and services.

A powerful example is the Manchester Anchors Living Wage Pilot. This collaborative project, led by Manchester City Council, involves some of the city's largest organisations developing the principles for Manchester to become a 'living wage city', an important step in ensuring that residents get paid an amount that reflects the true cost of living. Partners include:

- The University of Manchester
- Bruntwood
- KPMG
- Manchester International Festival
- Laing O'Rourke
- Barclays Bank
- Jacobs
- Greater Manchester Chamber of Commerce
- Medacs Healthcare
- The voluntary, community and social enterprise charity MACC
- Manchester University NHS Foundation Trust.

As we deliver this plan, we will strengthen our local approach to working with anchor institutions, building on all the good work that's already taken place. The Health Foundation defines several ways this can be achieved, including:

- Employment practices and recruitment approaches, such as hiring from local populations in lower income areas and offering the living wage.
- Procurement and commissioning arrangements, such as directing supply chains to support local economies.
- Opening up and sharing use of land and property.
- Promoting environmental sustainability.
- Partnerships in areas where you work.

Monitoring and Evaluation

This action plan is an opportunity for new ways to monitor the scale and nature of inequality in Manchester and to understand what has, and hasn't, worked.

Historically, we've focused on measuring changes over time in a range of health outcomes and related indicators across the whole city, to assess whether gaps between Manchester and 'similar' councils have narrowed. We'll continue to measure this progress using updated, expanded indicators that put greater emphasis on the social and economic determinants of health (referred to as the 'Marmot-plus' indicators).

- We will also place greater emphasis on changes in the inequality gaps between geographic areas and communities within the city. There is strong evidence that whilst health outcomes may have improved overall relative to the England average and other benchmarks, gaps within the city have remained wide – suggesting that the benefits of a decade's economic growth have not been equally distributed.
- We will only judge this plan a success if we succeed in both narrowing the gap between Manchester and the national average and reducing inequalities in health outcomes and the wider determinants of health between areas and communities within the city.
- We'll take a whole-system approach to measuring progress with more emphasis on evidence from local residents and communities to complement intelligence from big quantitative data sets. Mobilising knowledge from all parts of the system will allow us to understand and respond to concerns and lived experiences of all residents, including children and young people.
- We will also be more transparent by routinely publishing the information we're using to develop and monitor this action plan in ways that local people can understand and take back to their local communities. This will allow people to make their own judgement on our success and call us to account if we're failing to deliver.
- We will have robust evaluation of the activities, processes and systems underpinning the development and implementation of the action plan so that we are not only measuring what has changed but also understand why things have changed in the way they have.

- We will make sure that we can evidence, through robust evaluation, the impact of the action plan with a dedicated programme-wide evaluation resource within the Marmot Project Delivery Team. In this way, each of the thematic areas within the action plan will have access to expert advice and support to help them develop their approach to evaluation and to identify funding and research partnership opportunities through national funding bodies such as the National Institute for Health Research (NIHR). This approach will enable us to build up research skills and capacity within the system. This will form a key part of the long-term legacy of the Marmot Action Plan.

Our approach to evaluation will be based on continually reviewing and assessing the processes and activities undertaken, so that the learning gained at each stage of the process informs the work as it progresses – known as 'rapid cycle evaluation'.

Manchester's Building Back Fairer (Marmot) Framework

We have identified eight themes we need to take action on to tackle health inequalities:

Giving children and young people the best start in life.

Lifting low-income households out of poverty and debt.

Cutting unemployment and creating good jobs.

Preventing illness and early death from big killers – heart disease, lung disease, diabetes and cancer.

Improving housing and creating safe, warm and affordable homes.

Improving our environment and surroundings in the areas where we live, transport, and tackling climate change.

Fighting systemic and structural discrimination and racism.

Strengthening community power and social connections.

This ambitious and challenging plan will require us to work together with Manchester's residents to both develop and deliver things we need to do to make a difference. When we asked local community organisations and representatives of people with lived experience of difficult social circumstances how best to involve people in the ongoing development of the plan, they told us:

Four ways to involve

Listen to us

People want to help to ensure the wellbeing of individuals, families and communities in this city. This means more than simply ensuring that services' promotional materials are representative (and accessible) but also that services need to be flexible, culturally aware and appropriate. This can only happen when we listen to, work with and include people with lived experience of health inequalities and other forms of discrimination, in the development of services, corporate plans and strategies. To do this, people who are experts-by-experience need to be treated with kindness and respect and not stereotyped. Listening must become a relational process that takes time to build trust, not a one-off tick-box exercise.

Trust us

We were told that communities will get involved if they are asked, listened to and given opportunities and responsibilities, not only to be part of the solutions, but to create and provide the solutions too. Training and resources to support this would be helpful. Participants said that there is a perception that commissioners and senior managers are divorced from what is happening on the ground. One way to address this would be to further devolve decision-making powers to communities and neighbourhoods.

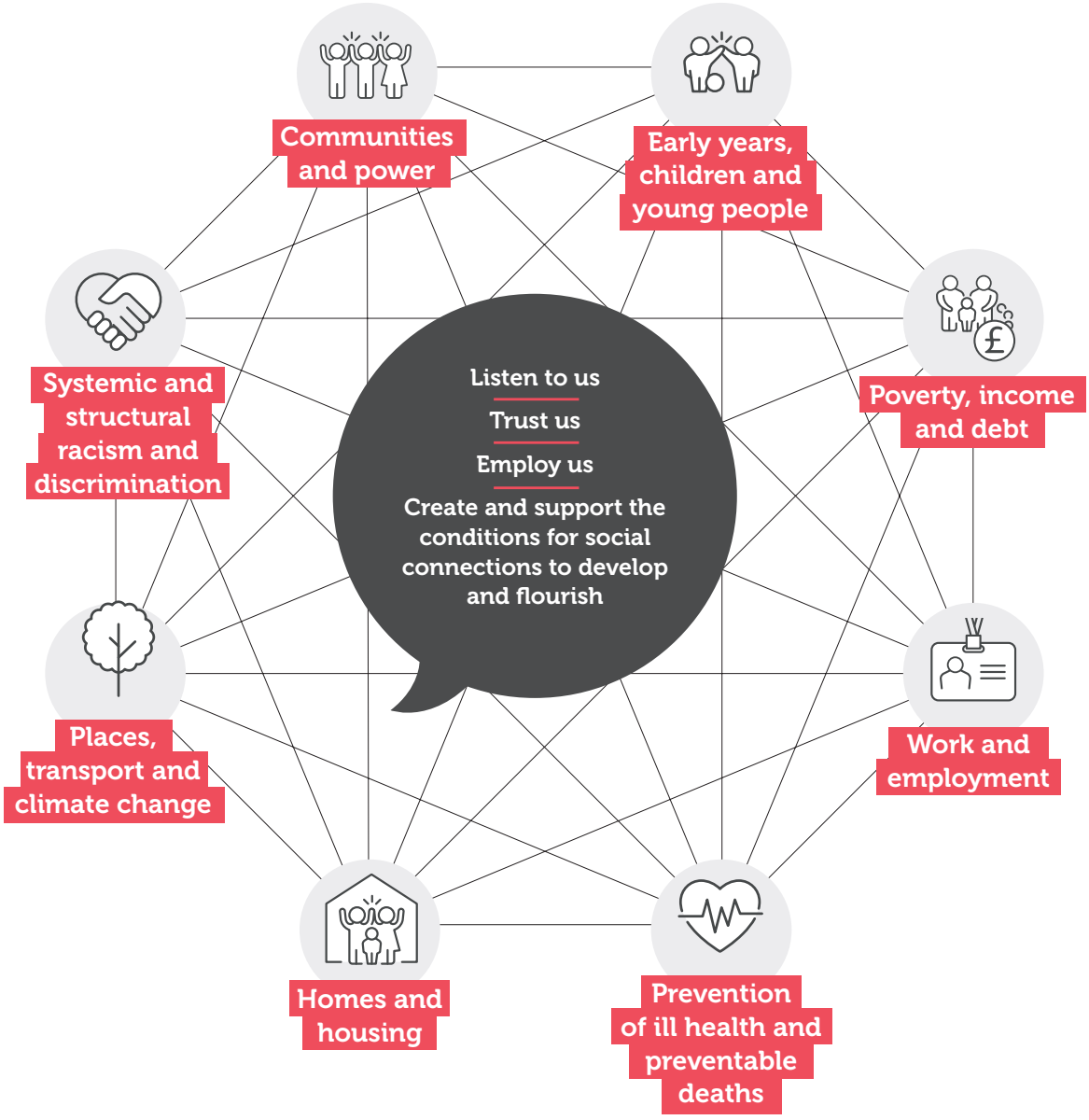
Employ us

Participants told us that the workforce of Manchester City Council and other big local organisations should reflect resident communities to best represent local needs. We were urged to adopt values-based recruitment and employ local people who look and sound like Manchester's diverse residents, at all levels of the organisation, not least so that money earned stays and is spent in Manchester. People with lived experience of health inequalities and other forms of discrimination bring different skills, values and experiences that are incalculable and support better cultural understanding.

Create and support the conditions for social connections to develop and flourish

Participants told us that social connections are essential to good health. A sense of belonging enables people to feel safe, both physically and emotionally. These connections are developed and maintained in a variety of different spaces but religious buildings, specialist retail spaces, green and outdoor spaces and Minority Ethnic-led community and voluntary organisations were considered to be especially important spaces of social infrastructure. These must be safeguarded and supported. Local assets need to be accessible to local people.

Manchester's Building Back Fairer Framework is a combination of the eight themes we've identified and the four ways that community groups and trusted organisations told us we need to involve them and the people they support and represent.



Manchester's Framework for Building Back Fairer

3/ BUILDING BACK FAIRER IN MANCHESTER

The action plan

For each of our eight themes, we've identified half a dozen key actions to deliver using this plan's collaborative approach. Though based on the Marmot review for Greater Manchester, these actions are specific to the city.

These opportunities to act now, and to collect ongoing feedback from engagement across the different sectors, communities and trusted organisations involved, are – as described in Section 2 – part of how the detail that sits beneath this plan will evolve.

Given the plan's breadth and ambition, and that it will take time to get underway and deliver well, we have identified five projects to kickstart delivery with a focus on improving health equity and exemplifying our principles and approach.

These 'kickstarter' projects – detailed later in this report – will focus engagement and build momentum for the plan's delivery whilst the detail of the broader approach takes shape.

Giving children and young people the best start in life

1| We will strengthen and develop our Early Years offer to improve health and wellbeing outcomes for children of families:

- living in poverty
- from communities that experience racial inequality
- who are new migrants to the city including refugees and asylum seekers
- with special educational needs and disabilities.

Partnership working, particularly with housing and health services, and the trusted voluntary or community organisations will be crucial to make sure all services take a 'Think Family' approach, build relationships and connect services around families, and take responsibility for addressing issues for families they come into contact with. To help with this, three 'family hubs' across the city will bring key support services together in one place, connected to a network of existing services and outreach approaches in neighbourhoods.

2| We will develop a new measure of school readiness for Manchester by implementing an additional child development review at 18 months, targeting children who don't attend their 9-month review and monitoring uptake of the 18-month assessment. We will analyse take up by communities that are experiencing racial inequalities and use this to target further support and intervention, with a particular focus on communication and language development.

3| We will bring in measures to improve attendance at schools and post-16 education, employment or training settings, targeting support and advice where attendance is low using a 'team around a school' and strengths-based approach.

We will listen and respond to the voices of children, young people and their families to help us develop and promote inclusion – making sure schools, settings and other professionals are aware of and embed good practice and our inclusion toolkit. We'll commission proven interventions and alternative provision for schools to use to support better attendance. We will share information with relevant partners about children who are persistently absent or not in education, employment or training, and we'll monitor the impact on school attendance of the 'SAFE' (Support, Attend, Fulfil, Exceed) task force which provides support targeted at young people vulnerable to 'county lines' and other criminal activity.

4| We will continue targeting additional support at young people we think are at risk of disengaging from education, employment and training by tailoring appropriate jobs and training opportunities through our anchor institution approach and our work with employers to promote good employment and social value.

5| We will further develop and promote services for families with children who have special educational needs and disabilities (SEND) and help families understand what services and support local agencies can give. This includes working with parent/carer champions to promote and continually develop the offer, and working with service providers and the range of assets in communities – such as parks, libraries, leisure facilities, community centres, youth centres and nurseries – to ensure a strong community offer for families with disabled children. We will champion person-centred approaches such as the 'All About Me' approach across all services working with families with a child with special educational needs or disabilities.

6| We will strengthen the mental health offer schools need to promote children's wellbeing. This includes clear guidance on what is available and when, mental health first aid, mental health in school teams and access to 'M thrive' hubs. We will encourage secondary schools to do the Greater Manchester BEE Well survey so we can monitor the impact on the wellbeing of young people in years 8 and 10, and enable schools to provide a targeted response to issues raised by their pupils.

Lifting low-income households out of poverty and debt

1| Manchester's goal is for residents in full-time work to receive a wage that prevents household poverty. We become an accredited Living Wage City in 2022, and are setting ambitious targets to increase the number of businesses paying a 'real living wage', including doubling the number of accredited living wage employers by 2025. Our anchor institutions will be the leaders in this work, using their experience and influence to promote the living wage in their sectors.

2| We will continue to mitigate against and reduce poverty with extensive support for residents, not just tackling the causes and symptoms of poverty, but also making sure families can join in culture and leisure that improve quality of life. We are refreshing Manchester's Family Poverty Strategy to make sure it has the greatest possible impact and targets more residents. This will place significant emphasis on listening to and learning from the lived experience of residents in poverty. We will ensure that the impact of decisions on residents affected by poverty is always considered using Manchester's 'poverty impact assessment'.

3| Our new poverty strategy prioritises better use of data to understand inequalities and intersectionality amongst people experiencing poverty. We will work across public and voluntary sectors to share the information that helps us better understand residents' needs and target interventions accordingly, creating new data products to share with partners to help them understand and respond to inequalities in income and debt.

4| Social food providers can offer more than just food: by connecting people in need with offers of help from a variety of support organisations, we can help with long-term routes out of poverty, food insecurity and social isolation. Through the Our Manchester Food Partnership we will ensure a strong ecosystem of food organisations giving access to healthy, affordable and culturally appropriate food for residents who are food-insecure. We will create a standalone network of food support providers to coordinate delivery, create economies of scale, and find space to collaborate, share best practice and advocate for increased national funding.

5| We will increase financial management advice in schools and workplaces by mapping and better understanding the type, suitability and availability of financial management advice in Manchester. We will embed 'skills for life' into adult education as well as colleges and schools and work with Greater Manchester Combined Authority to maximise take up of support from the national 'Multiply' numeracy programme.

6| We will support community and voluntary sector debt advice to make sure it's combined with help to maximise income and benefits. We will promote good quality advice and services that interact with people experiencing poverty and debt. We will explore ways to ensure greater certainty of funding, so organisations can plan ahead. We will continue supporting residents in council tax debt by not passing account holders getting maximum council tax support for enforcement. We will connect residents in council tax arrears with support, including debt and income maximisation.

Cutting unemployment and creating good jobs

1| Our work with employers to promote the 'anchor institutions' approach will increase employment of local people and our ambition to become a Living Wage City will help make sure that payment for these jobs reflects the true cost of living. We will continue to work with Greater Manchester Combined Authority to promote the Good Employment Charter and increase sign-ups of both members and supporters from employers across the city. We will increase the number of trained advocates for the Charter to extend its reach by having more conversations with businesses online and in person.

2| Developments in North Manchester including North Manchester General Hospital, Victoria North (housing) and New Park House (mental health hospital) will drive and deliver local recruitment, with Manchester Foundation Trust to deliver a recruitment campaign in its role as an anchor institution. High levels of need in Wythenshawe and opportunity at nearby Manchester Airport will also drive activity around local recruitment.

3| We will deliver a project in North Manchester to engage some people who have health conditions and are on hospital waiting lists and provide them with person-centred support, including help to either find work or training, or to increase their income and stay in work. The project will support people aged 35-55 with conditions such as diabetes, mental health and injuries or problems which prevent movement. As part of this, we'll support routine collection of data on employment status by the NHS that we need to understand inequalities and support patients.

4| The Manchester Adult Education Plan, implemented by a multi-agency partnership, provides an offer linked heavily to skills for employment and the entry level skills needed to progress to higher education to support social mobility. Manchester Adult Education Service (MAES) will link up further with GPs and Manchester's social prescribing approach to increase access to skills courses. MAES will help neighbourhood teams co-deliver courses to support the management of long-term conditions such as diabetes, and English for Speakers of Other Languages Health Courses and will work with community organisations to increase their reach into communities with low skill levels. We will champion tools – such as Greater Manchester's Age Friendly and Hidden Talent Employer Toolkits – with employers and organisations providing employment and recruitment services to support recruitment and retention of older and younger employees.

5| Our work to champion and embed social value includes changing how staff are recruited and supported to progress within and across the city's employers – particularly our anchor institutions – focusing on local residents and groups disproportionately impacted by COVID to ensure that our combined workforce reflects the communities that we serve at all levels. The Manchester Adult Education and Skills Plan will drive employers' influence on adult education and skills provision, co-invest in upskilling their workers and finding and developing the skills they need for their organisations to thrive. This includes increasing apprenticeship numbers and promoting provision and take-up of vocational qualifications, such as T-Levels, to help residents move into skilled employment.

6| We want to maximise integration of health and work services in a place-based and person-centred way and will continue to advocate for large-scale work and skills programmes to be locally designed and commissioned to achieve this. We will also continue to advocate for increased Adult Education funding, where the budget has remained static for many years.

Preventing illness and early death through killers like heart disease, lung disease, diabetes and cancer

1| Manchester Local Care Organisation (MLCO) – the provider of community health services and adult social care services in the city – will work with partners, including the city's local networks of primary care providers, to embed a 'population health management' approach. This approach enables networks of GPs and other neighbourhood services such as mental health, housing and the local VCSE organisations to work together, using data and local insight, to improve health outcomes for specific communities. The focus will be on people living with or at risk of heart disease, diabetes, lung disease or cancer. We will learn from and build on the success of recent place-based approaches, designed to help people to live well, where they live.

Manchester's 'Prevention' and 'Winning Hearts and Minds' programmes have established new ways of working alongside communities, making connections between services, community leaders and residents, and improving population health by using local assets (groups, organisations and facilities) to address local needs. Manchester's COVID Test and Trace and Vaccination programmes used neighbourhood-level data, insight and relationships to tailor interventions and activities for specific groups of people accordingly. Plans will take account of themes emerging from our resident and community engagement and work taking place around the empowerment of communities and tackling racism and discrimination.

2| We will prioritise the promotion of good mental health and wellbeing, prevention of the onset of mental ill health, and ensuring that services meet the needs of people requiring treatment for mental ill health in future. This will include the development and delivery of our mental wellbeing strategy which will focus on strengthening the social determinants of mental health and wellbeing, and supporting residents whose mental health has been disproportionately impacted by the COVID-19 pandemic. We will also take a collaborative approach to the transformation of the city's community mental health services to improve the quality of life, physical health, and mental health of residents who have severe mental illnesses.

3| We will invest for the long-term, providing longer-term funding and contracts for interventions that focus on early prevention of ill health and have robust evidence. We will measure success over five and ten years and improve sharing best practice between Greater Manchester councils.

4| We will work as an 'integrated locality system' alongside NHS Greater Manchester Integrated Care to influence a future model of vaccination delivery over the next two years, piloting and embedding approaches to improve outcomes. Building on the evidence of what works to address health equity and vaccine hesitancy we will lobby for sustained investment in a locally delivered mobile vaccination

outreach service, flexible vaccination and immunisation and resources for local community engagement and tailored communications for a vaccination service which is proportionate and appropriate to the diverse needs of our population groups.

5| We will continue work to understand the gaps in the uptake of screening and health checks that can prevent ill health. We will also use data to understand inequalities in access and outcomes for the diagnosis, treatment and management of long-term conditions in order to address healthcare inequalities. We will use this understanding to focus on groups at highest risk of dying from heart and lung disease and cancer. Central to this approach will be work with partners who know their communities best: voluntary and community organisations and social enterprises, primary care and neighbourhood teams, adapting the approach to achieve the best outcomes.

6| We know that Manchester residents with long-term conditions need support with self-care. We will train and support staff to take a person-centred 'what matters to me approach' while increasing awareness of the impact social determinates of health have on people's lives. We will improve access to information about better health and wellbeing for all communities through the digital platform Help and Support Manchester.

Improving housing and creating safe, warm and affordable homes

1| We will ensure delivery of 10,000 new affordable homes over the next ten years. Affordable secure housing provides the best start in life and provides a foundation to help reduce inequalities. This ambitious target will be challenging; housing market conditions, appropriate land supply and planning considerations, the capacity of building contractors and their supply chains, the cost of materials and the availability of public and private funding will all affect this.

2| We will increase the proportion of low- and zero-carbon homes in the 'affordable pipeline' to 50% by 2025, alongside zero-carbon retrofitting at least a third of the 68,000 socially rented homes managed by Manchester Housing Providers' Partnership by 2032. We will develop a clear retrofit programme for all tenures in line with the 'Pathways to Healthy Net Zero Housing for Greater Manchester' report, focussing on the inner urban, poorer quality, often overcrowded and expensive-to-heat terraced housing. Energy efficient homes are better for the environment, improve health and wellbeing and are more affordable to run. Where properties have poor energy efficiency (with an Energy Performance Certificate below band E) or where properties are advertised without an Energy Performance Certificate, we will enforce minimum energy efficiency standards. We will coordinate with work around reducing unemployment and creating good jobs by sharing the pipeline of schemes with colleges and training providers so that people can train and reskill to install new technologies and maintain them.

3| We will improve property and management standards in private rented housing, focusing on the lower end of the market, scaling up selective licensing from four pilot areas to twelve. We will complement this interventionist approach with actions identified in the Greater Manchester Good Landlord Scheme and work across the Manchester Housing Providers' Partnership. The approach will also be supplemented as part of the 'Bringing Services Together for People in Places' approach to help ensure that we maximise the benefits and impacts of Selective Licensing for residents and landlords in a sustainable way.

4| We will reduce rough sleeping and homelessness by maximising opportunities to acquire and refurbish older properties alongside the supply of new affordable homes. We will adopt a whole-system approach to the Homelessness Transformation Programme covering provision of advice, tenancy support and temporary accommodation. There will be focus on tenancy sustainment, and we will ensure the Kickstarter project – adults facing multiple disadvantage and barriers to wellbeing – is seen as part of a wider ecosystem which also includes Council-commissioned tenancy support, Greater Manchester initiatives delivered in Manchester (such as Housing First and the Rough Sleepers Accommodation Programme) and tenancy support from the Manchester Housing Providers' Partnership. We will continue proactively supporting those struggling to cope in their own homes through our Multi Agency Prevention and Support (MAPS) forums, where health and social care services and other statutory and community services in neighbourhoods work jointly on cases where households or individuals are affected by multiple disadvantage and barriers to health and wellbeing.

5| We will capture the significant opportunities of place making and wider regeneration initiatives including Victoria North, Eastern Gateway and redevelopment of NHS property. Alongside supporting the delivery of new affordable homes, these are opportunities to create attractive, accessible public spaces and provide employment, training and skills which can be targeted at communities adversely impacted by the pandemic and subsequent crises. Integral to this place-based approach will be opportunities to capture local identity and community heritage such as the proposed development on the site of the former Reno nightclub in Moss Side.

6| Good quality supported housing provides value for money, improving health and wellbeing and delivering public savings. We will maximise provision of supported housing – combining high quality housing with care and support – to ensure a housing offer which meets the needs of young people, those leaving care and people requiring specialist housing to enable them to live in the community, alongside meeting the needs of older people who need supported housing. This will be achieved through joint working between the Council and trusted delivery partners and by maximising the benefits of strategic partnerships such as the three-party agreement between Greater Manchester Housing Providers, Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership, making the most of the capacity and resources of regional partners for the benefit of Manchester.

Improving our surroundings, the environment where we live, transport, and tackling climate change

1| We will work with partners to build evidence of the impact good green space has on Manchester residents' health, so we can prioritise provision of new or improved green space based on vulnerability to climate change and health inequalities. We will also research how people from different races, cultures and religions access and use green space and how this impacts their health. This will increase our understanding of the cultural, social and accessibility barriers which prevent people using green spaces in different parts of the city and strengthen our Green Infrastructure and Parks strategies by enabling high-risk wards to be targeted for interventions.

2| With partners, we will map risk and vulnerability to climate change and health inequalities to better understand their distribution and demonstrate the impact of climate change on health in Manchester, monitoring progress over time so we can target those most at risk and support a just and equitable transition to becoming zero carbon.

3| Effective early action can reduce the health impacts of excessive heat. We will produce a Heatwave Plan for Manchester including a hot weather warning system to help communicate the effects of heatwaves and what residents can do to reduce them.

4| Improving the quality and connectivity of walking and cycling routes across the city will encourage people to exercise outdoors, improving health and reducing carbon emissions. We will continue to work with Transport for Greater Manchester to improve walking and cycling infrastructure, targeting less connected areas with high health inequalities. We will listen local people to support decarbonisation of transport through innovation, new solutions and policies. This work will be supported and promoted through the Citywide Active Travel Strategy for Manchester, which will clearly outline the benefits for health and climate change. We will work with businesses and residents on incentives to encourage public transport use, building on the increase in walking and cycling across the city seen during COVID lockdown.

5| We will make sure all city strategies put both climate change and health equity at the heart of planning and ensure a just and equitable transition to a zero-carbon city. We will ensure that strategies clearly outline, monitor and evaluate public health outcomes, helping reduce the impact of flooding, fuel poverty, excess winter deaths and the 'urban heat island' effect on residents and improve health outcomes for those most at risk. We will adopt the principles of the 'Fifteen Minute City' – whereby everyone living in a city should have access to essential urban services within a fifteen minute walk or bike ride – and reduce speed limits in residential areas to help to build inclusive, sustainable, healthy and resilient neighbourhoods of the future.

6| We will monitor and evaluate actions to improve air quality and the resulting health outcomes. We will give early warning of air quality breaches to neighbourhoods, particularly targeted at those most vulnerable to asthma and respiratory illness. We will monitor inequality resulting from exposure to poor air quality and deliver action through our implementation of the Clean Air Plan.

Fighting systemic and structural discrimination and racism

1| We aim to improve the experience and outcomes of communities experiencing racial inequality – and other communities marginalised or facing discrimination from services relating to all the 'Marmot social determinants' – by enabling our workforces to act and implement the right solutions.

We will do this by developing and delivering a comprehensive educational programme for tackling structural and systemic discrimination and racism that can be shared across our system in Manchester. Leadership and accountability will be key to successful and sustainable outcomes in addressing inequalities and advancing equality.

2| Our educational programme will include lived experience insights to enhance our understanding of equality issues, with a focus on the most persistent and pervasive issues that hamper our efforts to address the disparities that communities face. It will be immersive and participatory in the pursuit of racial justice and equity, highlighting how bias and stereotypes affect decision making and how to mitigate that. The programme will encourage leaders to critically examine their recruitment processes to move positively towards a more diverse workforce. This will be supported by a robust evaluation allowing us to measure impact, share learning and develop a sustained and long-term approach.

3| In our response to COVID, we developed an infrastructure for engaging communities that experience racial inequalities and other communities that are marginalised or face discrimination. A main feature was 'sounding and engagement boards' as a mechanism for trusted, representative community organisations to provide challenge and critical feedback. Our CHATS (Community Health Advice, Talk & Support) programme trains volunteers from target communities to have conversations with residents about what matters to them. We will continue to support and develop this infrastructure as well as maintaining other strategic relationships with community influencers: faith leaders, faith-based organisations and community-based organisations.

4| As part of the 'community power and social connections' theme we will strengthen our approach to engagement to ensure that people from marginalised communities and communities that face discrimination are adequately represented and are given a voice, including young adults. Using our engagement infrastructure and place-based approaches we will work in partnership with communities to develop and deliver services and activities that are culturally proficient, using their feedback to evaluate and improve them.

5| We will improve the quality of equalities data by ensuring it is collected in an inclusive way, enabling us to accurately identify patterns and gaps in services as well as monitor improvements and outcomes across all the themes of this plan. Effective data-driven accountability which scrutinises patterns of decision-making and is embedded in key performance indicators, will be critical to improving outcomes.

6| We will support and educate our workforce to improve their knowledge and confidence when asking our communities questions about their protected characteristics. This will in turn not just improve data collection but build trust and enable communities to understand why it is important for them to share information about their protected characteristics.

Community power and social connections

1| We will make what we do to reduce inequalities across all our themes appropriate and right for the city by increasing our understanding of the strengths and needs of communities and neighbourhoods. We will build on best practice and look at greater innovation and creativity, particularly working with voluntary and community groups and social enterprise partners, providing support and guidance to ensure less-heard voices are captured. We will evaluate how effective our ways of working in neighbourhoods are at achieving this, analyse for gaps and strengthen the approach to achieve our overall objectives.

2| The pandemic reinforced our understanding that to effectively engage with communities we need to work closely with trusted leaders and neighbourhood-based voluntary and community organisations which are rooted in their local communities and addressing significant inequalities day to day. Learning from this we will support leadership skills development in organisations representing communities experiencing racial inequality.

3| We recognise that the voluntary, community and social enterprise (VCSE) sector makes a significant contribution to our ambitions to improve health and wellbeing and reduce entrenched inequalities. We know that in responding to the pandemic many organisations have had to use reserves whilst the long-term future of contracts and grants has been uncertain. We will revise infrastructure support, taking feedback on board and recognising different needs. We will review the Council's approach to VCSE grants, to ensure that its reach is fair, learning from how grants were used in the pandemic.

4| We see strong interdependencies between our ambition to empower communities to create and provide solutions to inequalities and our determination to fight institutional and structural racism. We will establish a forum to drive both forward, and to have oversight of both themes, recognising and strengthening opportunities for change. This will include representation from Manchester's diverse communities to ensure their voices influence development and delivery of all the actions in this plan. The group will have oversight of the wide range of engagement across the city, ensuring that best practice is shared and providing insight and challenge from the perspective of communities as part of the ongoing development and monitoring of the plan.

5| In recent years we've invested in approaches that tackle health inequalities in a completely different way, using new methods grounded in an understanding of what makes communities healthy and well. The approach of our Winning Hearts and Minds programme in North Manchester involves getting to know people in communities, understanding their lifestyles, listening to what's important to them and working alongside them to make changes that impact their communities in a positive way. Our COVID Health Equity Manchester programme gives a voice to targeted communities and helps deliver health and wellbeing messages in a culturally competent way. We will build on this and integrate community development work that supports improved health outcomes into our neighbourhoods across the city, focusing on the areas and communities that need it the most.

THE KICKSTARTERS

Each of these Kickstarter projects will have a strong focus on evaluation and sustainability so we can learn and take successful approaches forward. They will also be supported by work to improve digital inclusion for the target groups.

Kickstarter 1

Young children from communities that experience racial inequality and their families

Why is it needed?

Ethnicity impacts on health inequalities for young children and their families in many ways, from pregnancy through to birth and early years.

For example, whilst there's been success lowering the overall maternal mortality rate, progress has stalled and women from Black ethnic groups are four times more likely to die in pregnancy than women from White groups, whilst the ratio for women from Asian ethnic backgrounds is two-to-one.

Poor oral health disproportionally affects vulnerable and socially disadvantaged individuals and groups.

At reception age in 2018/19, Black children had the lowest percentage of healthy weight, and were the highest percentage overweight, whilst children with a mixed ethnic background had the highest percentage who were obese.

Children from some of these communities gradually fall behind their peers with poorer educational attainment by the time they leave school, and relatively lower incomes and quality of employment in adult life.

We know that the period from conception to age two is critical for building strong societies and that good, joined-up services, co-designed with parents and carers, will transform the way we work together to support all families.

Manchester's children's centres play a vital role co-ordinating support for families. They exemplify our 'think family' approach, emphasising the impact that parents' – and the wider family's – circumstances have on the whole family. They identify families at risk of poor outcomes and provide the right support at the earliest opportunity, building on family strengths to promote resilience.

Their co-ordinated interventions, at the right times, make sure services can proactively engage all family members and deliver at the time when an individual has a good relationship with practitioners. Early learning in a childcare setting helps children's development and confidence for when they start school.

Children's centres offer 15 hours' free early learning a week for two-year-olds. Uptake of this free early education by Bangladeshi and Pakistani communities is low, reducing their opportunity to engage in the range of other 'core purpose' activities and pathways, including 'bump to baby' programmes, physical activity in pregnancy, parenting and speech and language development, Raising Early Attainment in Literacy (REAL) and English for Speakers of Other Languages (ESOL) offers as well as employment, training and volunteering support and opportunities.

What will this project do?

It will increase Bangladeshi and Pakistani communities' take-up of free early education for two-year-olds and children's centre 'core purpose' services. This will improve the health and wellbeing of these parents and children, and narrow the health inequalities gap between some children and families from communities that experience racial inequality and other children in the city.

It will use data and intelligence to identify and target communities where there are barriers to participation and engagement in services and activities. It will take an inter-generational approach to building trust with families and communities, ensuring services are developed in culturally appropriate ways and enabling the workforce to meet the needs of a diverse service-user group.

It will identify and understand the barriers – institutional, systemic, cultural, motivational, financial and health-related – that may be affecting families' engagement and participation in services and activities. It will support children's centre staff to understand factors influencing engagement and participation, including race, culture and social economic circumstances.

The project will develop peer-led approaches to more trusting relationships with parents, carers and communities who experience racial inequality so they are more open to using services and activities, and may become, for example, better prepared physically and emotionally for their baby's birth and making informed, positive choices on their family's health and wellbeing.

Resident engagement will involve working with a wide range of partners, including parents and carers, to co-design culturally sensitive and appropriate flexible approaches to services and activity delivery – making early education more culturally sensitive to Bangladeshi and Pakistani families' needs. This might include 'parent and grandparent' sessions; adapting the existing model by involving parents and grandparents, so children are not left without their primary carers; or perhaps involving fathers and partners in 'bump to baby' and 'access to physical activity in pregnancy'.

Kickstarter 2

Young people experiencing poor mental health: intervene earlier and improve wellbeing

Why is it needed?

Young people's mental health is influenced by a range of factors including childhood experiences, their wider environment, and the complexity of their lives.

Some groups of young people are more likely to struggle with their mental health because of structural inequities related to race, gender and sexuality, and social determinants. A recent survey of pupils' wellbeing in Greater Manchester secondary schools found consistent evidence of pronounced wellbeing inequalities large enough to warrant significant concern in relation to gender identity, sexual orientation, and transgender status.

Many young people and young adults experiencing mental health and wellbeing issues cannot get the support that they need; some services are difficult for many young people to identify with and to use, and their personal difficulties can be made worse by the health, social, cultural and economic inequalities that they might experience. There is a rise in demand but not enough support; choice is limited and not available early enough.

What will the project do?

We will develop this project together with young people in Manchester to ensure it focuses on what matters to them and is accessible to the groups of young people identified in the survey as being at higher risk.

We will address the wider social determinants and inequalities that lead to poor mental health and wellbeing among young people, particularly in the context of the COVID pandemic. The project will take a prevention and early-intervention approach to support young people and include a particular focus on those who experience social disadvantage, and young people at higher risk of poor mental health such as LGBTQ young people and disabled or neurodivergent young people.

The project will build on learning from the recent Better Mental Health pilot, a mental health and wellbeing and social prescribing project for young people, which has included therapeutic support to reduce mental distress and improve mental health and wellbeing, health and wellbeing coaching and 'social prescribing' support, as well as social, cultural, creative and skills development activities to support young people build and maintain wellbeing and resilience.

Evaluation is underway to understand young people's experience and outcomes from the pilot project and reflect on learning from initial delivery. This project will build on the current model, targeting more young people from communities experiencing racial inequality and extending delivery to additional target groups, for example more young women, LGBTQ young people, disabled and neurodivergent young people and young people experiencing social disadvantage.

Kickstarter 3

Early help for adults facing multiple disadvantage and barriers to health and wellbeing

Why is it needed?

Manchester's definition of people experiencing multiple disadvantages is:

Adults who have a combination of factors such as mental ill health, social isolation, poor housing or homelessness, being out of work, involvement with the criminal justice system, and drug or alcohol problems.

Individuals facing these multiple barriers have often experienced a lifetime of cumulative disadvantage, driven by the socioeconomic conditions in which they have been born, grown up, and become adults. The case for addressing this spans the subsequent impact that these multiple barriers have on outcomes for individuals, communities, health and care systems and the wider system. People facing multiple disadvantage and barriers:

- are more likely to develop long-term health conditions and have a poorer overall quality of life. They can be involved with multiple services, and successful outcomes for specific service interventions may be compromised by the other barriers.
- can find it difficult to integrate in communities, and their symptoms can be challenging for communities to manage.
- may use health and care services reactively, which can increase costs and demands on capacity and reduce effectiveness of interventions. Poor experience of services can also reduce likelihood of engaging proactively and effective outcomes.
- are less likely to be economically active, and more likely to be vulnerable to the negative impacts of socioeconomic challenges (such as poverty and cost of living crisis) and resulting health inequalities.

There is a gap in support for adults facing multiple disadvantage who need multiple sources of support but who do not meet statutory thresholds for support for any one service. They tend to be single adults or adults who do not have children and so do not get support from children and family services. The gap means that they often present at acute settings – as reactive demand in a crisis– rather than being supported through effective early help and prevention.

Approaches to supporting people facing multiple disadvantage have been tested out through the Inspiring Change Manchester (ICM) programme, delivered by a collaboration of VCSEs (voluntary and community organisations and social enterprises) and aimed at improving outcomes and promoting long-lasting system changes. Learning from this programme has already been used to inform a successful bid for Changing Futures funding from central government;

this pilot project, delivered by Shelter, has employed three key workers to provide person-centred support, advocacy and coordination to individuals identified though each of the three existing neighbourhood Multi Agency Prevention and Support (MAPS) case management forums. MAPS forums facilitate joint working by health and social care services and other statutory and community services operating in neighbourhoods on cases where households or individuals are affected by multiple disadvantage.

What will the project do?

Manchester's ambition is to expand MAPS to all 13 neighbourhoods in the city. This project proposes additional key workers (aiming for at least one per neighbourhood) to embed in the new MAPS as they are established, to provide additional capacity citywide for early help for adults facing multiple disadvantages or barriers in each neighbourhood.

This approach will provide the skilled, intensive, person-centred support required for the complexity of challenges each person faces, developing, testing and refining approaches to working effectively and compassionately with adults facing multiple barriers and improving their outcomes. It will identify and develop approaches to involving other support services (such as voluntary and community sector providers) within MAPS/Early Help for Adults that reflect their capacity challenges and make effective use of resources. It will build evidence to support longer-term mainstreaming of prevention, early intervention and proactive support for adults who have, or are at risk of needing multiple sources of support.

The project will address additional resource and system issues identified, as well as key worker support, including:

- administrative support for MAPS
- evaluation
- IT infrastructure that facilitates cross-sector and multi-agency working
- 'step-down' peer support as a safety net for people moving towards recovery and reintegration
- 'lived experience' challenge, advocacy and support to ensure person-centred approaches to working with people with multiple barriers
- Ensure MAPS meetings are clearly connected and interface with other multi-agency case forums across the city
- workforce support and development for key workers
- education, training and employment support for people who have been supported by the project.

There is also a need to address the integration of existing prevention and early intervention delivery mechanisms for adults at risk of developing multiple needs (for example, the social prescribing approach provided by Be Well) within the city's co-ordinated care pathway.

Focusing on residents most adversely affected by health and socioeconomic inequities, and founded in the collaborative 'Bringing Services Together for People in Places' approach – ensuring that the intervention meets the specific needs of Manchester residents – this project exemplifies the principles underpinning our Marmot Action Plan.

Kickstarter 4

People out of work or at risk of falling out of work due to physical or mental health or long-term conditions

Why is it needed?

Manchester is the sixth-most disadvantaged council area in England, so many neighbourhoods and communities are less resilient to economic shock. 19,900 residents are economically inactive because of long-term sickness: 5% of the working age population and 21.3% of the 'inactive cohort'.

The claimant count in Manchester (claiming Jobseekers Allowance and unemployed people claiming Universal Credit) increased 104% from March 2020 to March 2021 (from 17,740 to 36,100) and stood at 26,005 in January 2022. Unemployment increased in wards corresponding to areas with higher communities experiencing racial inequality populations and areas of the city with high levels of employment and income deprivation (IMD 2019).

Of the 20 'lower super output areas' (LSOAs) that saw the largest rises in the claimant count between March and May 2020 as a result of COVID, 18 are home to communities experiencing racial inequality (CERI)– populations that are proportionately larger than the city average (33%). Of the five such areas with the very largest rise in claimant count, all bar one has a CERI share of the population that is more than double the city average (66%).

Manchester ranks in the highest 15% of English counties with residents who are unemployed with a health condition and claiming Employment Support Allowance (5.4% of working age population) or Universal Credit with limited Capability for work (2.6% of working age population). We know that poor mental and physical health is interlinked with unemployment and puts those in employment at risk of losing their job.

Digital exclusion is a driver for worklessness and low skilled employment. The Manchester Digital Exclusion Index provides an evidence base which sets out how wards in the North of the City face high levels of digital exclusion.

What will the project do?

We will build on learning from the Working Well and Be Well (social prescribing) programmes, testing the idea that some people experiencing poor health and who are either out of work or at risk of falling out of employment may be waiting for an out-patient appointment linked to their health condition.

Waiting lists have grown hugely because of COVID, so there may be people who would welcome employment-related support while they are waiting. The project will target Cheetham and Crumpsall, which saw some of the highest increases in unemployment in the pandemic, and enable preventative services to support residents by engaging them through a voluntary route that would otherwise not be available.

This project will positively engage north Manchester patients with a health condition with person-centred support, including help to get work or training or increase their income and stay in work. The project support patients aged 35-55 years with conditions such as diabetes, mental health and injuries or problems which prevent movement who are awaiting an appointment with a Manchester hospital. It aims to build closer working relationships and mutual understanding between health and social care and work and skills services, and influence the design and delivery of national, regional and local work and health programmes.

Our positive engagement approach will encourage patients affected by inequalities to get holistic health and wellbeing support through the city's primary care network teams. We recognise the important contribution good jobs can have on wellbeing and health condition management, and will provide additional tailored employability and skills support to help patients get or keep employment.

A longer-term objective of the project will be to better integrate health and employment systems and services by routinely recording employment status in health care records.

Kickstarter 5

Physical Activity

Why is it needed?

Low levels of physical activity are associated with poor health outcomes including cardiovascular disease, diabetes, musculoskeletal health, cancer, poor mental health and wellbeing. And, for older people less physical activity can lead to increased frailty and more falls. We know that neighbourhoods and communities that are least connected – with, for example less walking and fewer cycling routes, have some of the poorest health outcomes. From our neighbourhood health and wellbeing approach – working alongside communities to understand what's important to them – we know that we can create conditions to remove the barriers that inhibit health-promoting behaviour. In addition, creating space for the community to lead on initiatives to improve physical activity – through methods that are culturally relevant – increases and sustains the participation of local people.

57% of voluntary and community organisations and social enterprises (VCSEs) – those grounded in their communities and well-trusted – have a physical activity focus at community level. Many of these organisations are small, and with additional support could do much more.

What will the project do?

The project will build on existing community development infrastructure provided by MCRactive and Winning Hearts and Minds to develop proposals with a focus on supporting residents to become active in their neighbourhoods and communities. The emphasis will be on free and low-cost activities, co-designed with VCSE partners, community groups and residents themselves.

Initiatives will be culturally relevant, and not always framed as 'physical activity', but will tap into the many ways that encourage people to move more in a multitude of ways, for example, gardening projects that improve the local community; or offering fun cycling sessions to women's groups whose members might not have got on a bike in over thirty years; and arts projects that are displayed through a walking trail around a community. Both the Winning Hearts and Minds programme and the Manchester Active Local Pilot have over three years of established trust and relationships within a number of communities across Manchester. Their wider understanding of the barriers to increasing physical activity will inform this project.

The project will align with existing citywide strategies and work in conjunction with initiatives at Greater Manchester level, including Active Travel and GM Moving, to complement our local neighbourhood approach. It will learn from the Park Run model and principles to

dispel some of the myths around physical activities: co-designed, self-sustaining, with options to dip in and out of activities and opportunities to build social networks. The project will take a 'proportionate universalism' approach that puts more resources into target neighbourhoods.

Opportunities also exist through the Sport England Capital Investment Strategy that have a greater focus on community infrastructure such as access to toilets, changing facilities and the provision of safe and clean environments. The project will look to secure support from local businesses and anchor institutions to provide a scaled-up approach.

Digital Inclusion

Digital inclusion is about making the benefits and opportunities of the internet and digital technology available to everyone. Addressing the digital divide is one of the many great social – and health equity – challenges. Manchester City Council's Digital Inclusion Team have developed a strong and collaborative approach to helping more residents to be confident to go online and will offer advice on the relationship between digital inclusion and all the Kickstarter projects that recognises the importance digital accessibility across all the social determinants.

Governance and Accountability

Some solutions will be developed and owned by local communities. The new forum being established to drive forward 'Communities and Power' will ensure that the action plan is held to account on its commitment to listen and respond to the voice of people and communities with lived experience of social disadvantage and poorer health outcomes.

We will also need to ensure that, as the organisations responsible for developing and delivering services to Manchester's residents, we are doing all we can to collectively remove barriers to good health and wellbeing and address health inequalities.

The Marmot Task Group is made up of leaders from across public and voluntary sector organisations responsible for ensuring the plan is developed and delivered in line with the objectives described here.

The group will actively involve the Our Manchester Investment Board in oversight of the plan to ensure alignment with the Our Manchester Strategy and Inclusive Economy work, and it will formally report to the Manchester Partnership Board. Each of the thematic area leads will also report to an appropriate board or forum that will drive development of actions and hold it to account. We will also ensure public and political scrutiny through the Council's scrutiny committee process.

Resources and Investment

The Council's budget approach will align to this action plan to ensure existing funding supports the required interventions. Work is also underway to identify non-recurrent resources targeted at Kickstarter projects for 2022/23. In addition, the priorities for the NHS will have a greater focus on prevention, population health and tackling health inequalities. Partners such as registered housing providers will be asked to consider their investment approaches to maximise collaborative work on Marmot. We will also ensure that the principle of 'Proportionate Universalism' is applied to the distribution of resources and any funding to deliver the plan.

Glossary

Anchor institutions
Organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Originally these were large, typically non-profit, public sector organisations, but the definition is widening.

Bringing Services Together for People in Places
Placed-based partnership working to address challenges of navigating our complex systems and processes, duplication across the system and wasted resources. Includes partners from across housing, VCSE, health and social care, fire and rescue services, police, employment, neighbourhood services and public service reform.

County lines
Where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively).

Everyday discrimination
A measure of chronic and routine unfair treatment in everyday life. Adopted from the Detroit Area Study, respondents were asked to report how often they experience unfair treatment in their day-to-day life on a 6-point scale.

Individual racism
Holding racist values (example: 'I would be upset if my child married someone who was Muslim'), racist beliefs (example: 'Black people don't work as hard as White people') or racist behaviours (example: using derogatory language to describe someone's ethnic minority background).

Institutional racism
The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racial stereotyping. *Macpherson report: Stephen Lawrence Inquiry.*

Food insecure
Lacking reliable access to sufficient, affordable, nutritious food.

Intersectionality (among people experiencing poverty)
The interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

M THRIVE hubs
Manchester THRIVE is a single point of entry, a front door approach to Manchester's Emotional Wellbeing and Mental Health offer.

Principle of proportionate universalism
Health interventions and policies need to be universal, not targeted, but with intensity and scale proportionate to the level of social need or disadvantage.

Systemic/structural racism
People and communities that experience racial inequality are alienated from positions of power and resources by legislation and face day-to-day discrimination by institutions. Structural racism (also known as systemic racism) is the condition where these laws, institutional practices, customs and guiding ideas combine to harm racially minoritised populations in ways not experienced by White counterparts. For example in the workplace, this registers as modes of discrimination, which can determine who gets hired, trained, promoted, retained, demoted and dismissed. Thus, racism contributes to the maintenance of an economic system that creates and reproduces racial and ethnic inequality.

Teams Around the Neighbourhood (TANs)
Integrated teams of health, social care and neigbourhoods staff.

Think Family approach
Helps practitioners consider the parent, child and family as a whole when assessing needs or planning care packages.

VCSE sector
Voluntary, Community and Social Enterprise organisations include small local community and voluntary groups, registered charities both large and small, foundations, trusts and the growing number of social enterprises and co-operatives.

Acknowledgements

We know that tackling inequalities in our city will require a coordinated and sustained effort from a wide range of individuals and organisations working in partnership – and that approach has been reflected in the development of this Action Plan for Manchester.

We are indebted to the members of our Manchester Marmot Task Group (listed below), who have contributed their time, insight and expertise to identifying key issues we can tackle together in Manchester and developing our response. We are also grateful to those involved in developing our Kickstarter projects, both the project teams (listed below) and other stakeholders who provided helpful challenge and ideas.

We are very grateful to the people with lived experience of health inequalities, frontline neighbourhood-based staff and representatives of trusted VCSE organisations who gave generously of their time to help us understand first-hand how inequalities impact on our residents, and what the solutions might begin to look like. The organisations, groups and teams that gave their time and insight for this report are listed below, but there are many other groups, organisations and individuals that would have contributed to previous consultations and engagement exercises we reviewed for this report.

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We look forward to continuing with this partnership, which is for the benefit of the entire city and all its communities. Thank you for being part of it.

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Trusted organisations, groups, and other networks that informed the report

Yaran, North West

ts4se

Community Explorers – North

Community Explorers – Central

Community Explorers – South

Community Explorers - cross Manchester special meeting

Stroke Association

VCSE Early Years Group meeting

George House Trust (GHT)

Manchester Local Care Organisation (MLCO) VCSE meeting

Groundwork

Rainbow Surprise Charity, Crumpsall

SAHA

Covid Health Equity Manchester (CHEM) Sounding Board Leads

Middle Eastern Arab Communities Forum

Disabled People's Engagement Group Sounding Board

British Muslim Heritage Centre

Disability, Equality, Diversity and Inclusion Forum

Health Development Coordinators Strategic Meeting

Early Years Locality Leads

Longsight and Gorton Children's Centre Outreach Workers

Neighbourhood Team Meeting, South

Neighbourhood Team Meeting, Central

Neighbourhood Team Meeting, North

Khizra Mosque,

Food Security Group

Lead Nurse for people with learning disabilities and autism

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