

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 12 October 2022

Subject: Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027

Report of: Director of Public Health

Summary

It will be exactly one year since the Committee heard from Sir Michael Marmot and this report provides the Committee with an update on the work of the Making Manchester Fairer Task Group. Making Manchester Fairer 2022-27 (Full report attached in appendix) 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 the 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. Continual 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. The Making Manchester Fairer Action Plan will be launched for staff within the wider population health system at The Making Manchester Fairer Conference on Monday 31 October, for which Professor Sir Michael Marmot has confirmed his attendance. This paper provides an overview (including a series of case studies) of the work that has been done and is ongoing, the committee will also hear from a service provider and users at the meeting.

Recommendations

The Committee is asked to:

1. note the contents of the report;
2. consider the multiple factors that impact health inequalities; and
3. support the further development and delivery of the plan with the involvement and engagement of local communities and workforces across the population health system.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

The plan contributes to achieving the zero-carbon target for the city. This issue is specifically in this paper at:

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| 4.5 Improving housing and creating safe, warm and affordable homes |
| 4.6 Improving our surroundings, the environment where we live, transport, and tackling climate change |

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

The overall purpose of this plan is to address inequalities across Manchester

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	There is a recognition that Covid-19 has had a disproportionate impact on certain communities in our city. In delivering Making Manchester Fairer we will address the health inequalities that have been exacerbated by the Pandemic. The plan, supported by the Health and Wellbeing Board July 2022, sets out how we will build on the strengths of Manchester as a city and the amount of work that is already taking place to improve lives for residents, reflecting the OMS outcomes; A highly skilled city: world class and home grown talent sustaining the city's economic success A progressive and equitable city: making a positive contribution by unlocking the potential of our communities A liveable and low carbon city: a destination of choice to live, visit, work
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Building Back Fairer in Manchester report to Health Scrutiny Committee on 13th October 2021

1.0 Overview

- 1.1 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 an overview of Manchester’s own action plan – Making Manchester Fairer – that describes the actions that the city will take to 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.
- 1.2 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 disadvantaged 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.
- 1.3 Making Manchester Fairer – Tackling Health Inequalities in Manchester 2022-27 (see Appendix 1) has been produced by Manchester’s Health Inequalities Task Group -now known as the Making Manchester Fairer Task Group and Network- 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.
- 1.4 The city has the added challenge of responding to the cost-of-living crisis, whilst developing a poverty strategy to address longer term levels of poverty in the city; both will have an impact on health inequalities. The relationship between these three pieces of work is detailed in figure 1.



Figure 1: Relationship between Making Manchester Fairer, Poverty Strategy and addressing the Cost of Living Crisis

This paper will summarise and complement the attached full plan, providing an update on progress along with a selection of illustrative examples.

2.0 Summary of themes and plans

- 2.1 Figure 2 shows the eight social determinant themes for action in the Making Manchester Fairer plan that were identified by the Task Group. At the core are the four common ways, identified in the plan’s consultation process, that Manchester Communities have said they can be involved in the plan.
- 2.2 Of the eight themes around the core, six are themes or facts that are well recognised as influencing health and wellbeing. In Manchester we added:
- Fighting systemic and structural discrimination and racism.
 - Strengthening community power and social connections
- 2.3 The framework reflects the interconnected and mutually reinforcing approaches that form the basis of the plan. The plan is ambitious and will take time to get underway, and it is recognised that 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.

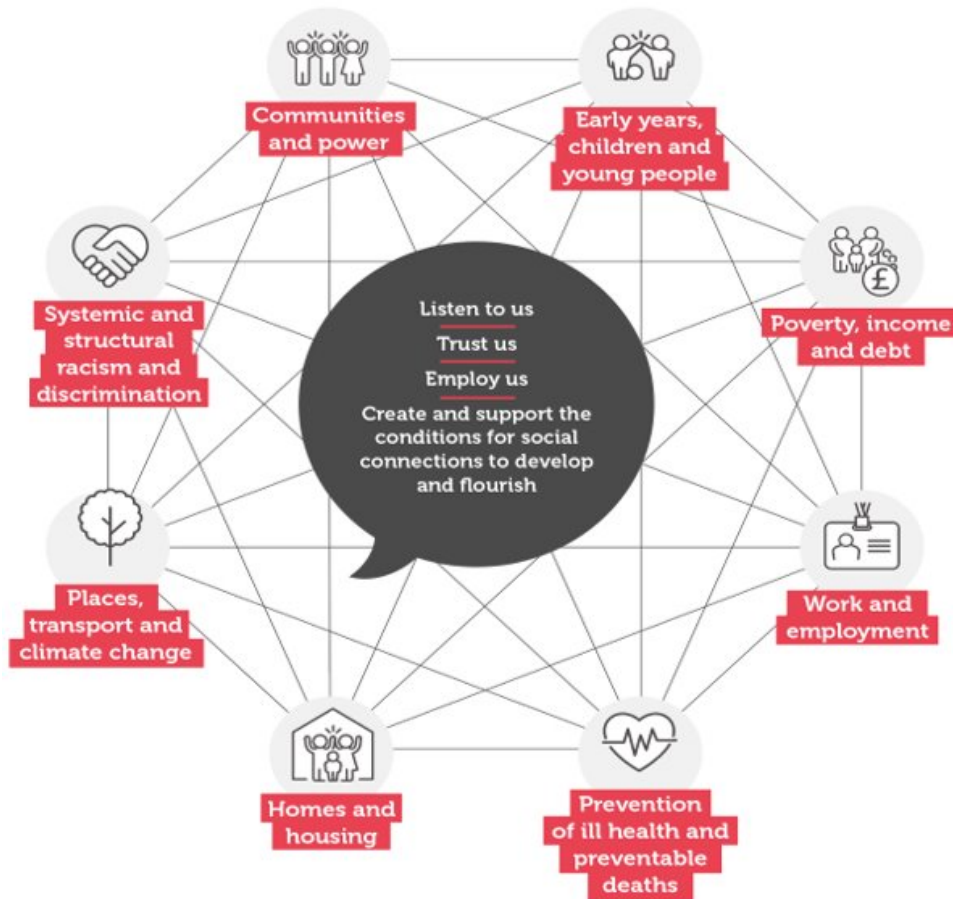


Figure 2: Framework for Making Manchester Fairer

3.0 Making Manchester Fairer 2022-2027

3.1 The plan recognises the strengths of Manchester as a city and the amount of work that is already taking place to improve lives for residents. The long-term work around making Manchester an Age Friendly City is a 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. 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.

1. Focus on what we need to do to achieve equity
2. Responding to and learning from the impact of COVID-19
3. Tailored to reflect the needs of Manchester
4. Collaboration and creativity with a whole-system approach (see figure 3 below)
5. Monitoring to ensure that we are “building back fairer” within Manchester as well as narrowing the gap between Manchester and regional or national averages.

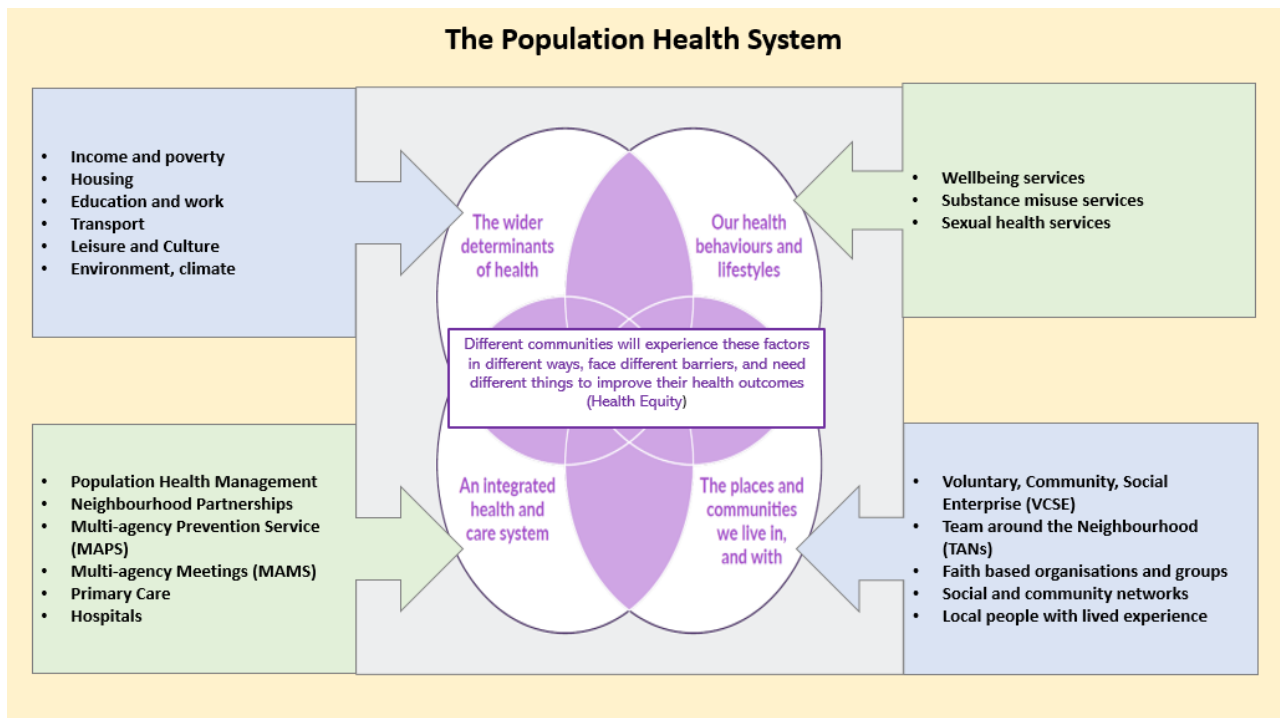


Figure 3: Services and organisations that make up the population health system (adapted from the Kings Fund).

3.3 The plan has been written in three main sections.

3.3.1 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.

3.3.2 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 successful 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 make Manchester fairer.

3.3.3 Section 3 summaries the key actions that will be delivered collaboratively to support each of the eight themes of the plan. A summary of these actions is listed below. Please refer to the full plan for additional information.

4.0 Eight themes and their key actions

4.1 Giving children and young people the best start in life

More support for those that are hardest hit by poverty or race inequality, migrants, and those with special educational needs and disabilities. A 'Think Family' approach will be adopted, addressing issues through 'family hubs' connected to a network of services. A new measure of school-readiness will review children who miss earlier reviews at 18 months and target appropriate support for communication and language development. To improve school attendance and 16+ education, employment or training, low attendance will be targeted using proven good practice. There will be extra support for those who are at risk of dropping out, using anchor institutions and good employers. Parent/Carer champions will adopt a person-centred approach to families with children who have special educational needs and disabilities, and a stronger mental health offer for schools will include monitoring wellbeing in years 8 and 10.

4.2 Lifting low-income households out of poverty and debt

The ambition starts with becoming a Living Wage City, urging businesses to pay a 'Real Living Wage', led by anchor institutions. Anchor institutions are large organisations that are rooted in the city and are unlikely to move; they have the potential to support the long-term development of wealth and health in local communities. The lived experience of residents, community groups and organisations will shape how we develop and deliver a new plan to address poverty. The plan will look at how to reduce the chances of people experiencing poverty in the first place, as well as how to reduce the impact of poverty on people's lives and support people to get out of poverty. Better use of data will guide our understanding of how different communities can be affected in different ways, particularly if they face discrimination and/or have many identities that tend to experience prejudice. A network of food-support providers who can also connect people to other sources of support will be created. Additional financial management advice in schools, colleges and workplaces will embed 'skills for life'.

4.3 Cutting unemployment and creating good jobs

More local people will find good jobs, or training, and support to progress particularly with the help of anchor institutions, especially in areas with high levels of need. For example, in north Manchester, efforts will be made to ensure that local people can get jobs working on local NHS and housing developments. People out of work – or at risk of losing work – because of ill health will receive place based, person-centred support. This will be driven by stronger collaborations between health and work services. Services that provide adult education, including English for Speakers of Other Languages, will play a greater role in health and wellbeing. They will co-deliver courses on managing health conditions with local neighbourhood teams, helping these courses reach a wider audience. GPs will also be able to use 'social prescribing' to support people with health and wellbeing issues that impact on

their employment. Work with local communities will focus on ensuring that the Manchester City Council workforce better reflects the communities we serve at all levels.

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

GPs will take a 'population health management' approach by partnering with community health and adult social care, neighbourhood services, and community organisations, using data and local insight to improve specific communities' health. Good mental health and wellbeing will be promoted, focusing on the social and root causes of poor mental health, and collaboratively transforming community mental health services, investing for the long term. Vaccination programmes over the next two years will be influenced by evidence of what works to engage communities and local mobile vaccination services will be lobbied for. This will be accompanied by communications that are appropriate to diverse needs. Work with partners who know communities best will help to understand gaps in uptake of screening and health checks and what to do to improve uptake. Staff will be trained on 'what matters to me' approaches, increasing awareness of the impact social causes of health have on people's lives. Access to health information for all will be improved.

4.5 Improving housing and creating safe, warm and affordable homes

Ten thousand new affordable homes will be delivered this decade, increasing low and zero-carbon affordable homes to 50% by 2025, while retrofitting at least a third of socially rented homes. The focus will be on inner urban, overcrowded, expensive-to-heat terraces. Minimum energy-efficiency standards will be enforced, and this will be co-ordinated with creating good jobs so people can re-skill. Private renting standards at the lower end of the market will be improved and rough sleeping and homelessness will be reduced with a coordinated approach covering advice, tenancy support and temporary accommodation. Proactive support will be provided for those who are affected by multiple and complex barriers to good health and wellbeing to reduce the risk of homelessness. The potential for new place making, and regeneration developments to benefit local communities will be optimised, particularly for those who have been hardest hit by recent crises such as the pandemic and cost of living crisis.

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

Evidence of how good green space improves health, and research on how people from different races, cultures and religions use it, will be carried out to increase understanding of cultural, social and accessibility barriers. The areas of the city that are most at risk from both climate change and health inequalities will be identified and investigated to inform how best to support a just transition to becoming zero-carbon. Walking and cycling will be improved, targeting the less-connected areas that have high health inequalities. Both

climate change and health equity will be at the heart of planning. Monitoring and evaluation of public health outcomes will be clearly outlined, helping reduce the impact of flooding, fuel poverty, excess winter deaths and climate effects on residents, and improving health outcomes for those most at risk. Early warning of air-quality breaches to neighbourhoods will be provided, particularly targeting those most vulnerable to asthma and respiratory illness, and action will be taken on inequalities related to poor air quality through the Clean Air Plan.

4.7 Fighting systemic and structural discrimination and racism

Outcomes for communities experiencing racial inequality will be improved by enabling staff to implement the right solutions. A comprehensive and immersive educational programme tackling structural discrimination and racism will include lived experience insights into equality issues, with a focus on the most persistent and pervasive issues communities face. This programme will highlight how bias and stereotypes affect decision-making, and encourage leaders to examine recruitment to achieve a more diverse workforce. It will draw on sounding and engagement boards with community organisations to challenge and feedback. Strategic relationships with community influencers will be maintained and strong engagement with marginalised communities will enable joint working on culturally proficient services and activities. Data will be collected in an inclusive way, accurately identifying patterns and gaps in services, and improvement will be monitored. Workforces will be supported to improve their knowledge and confidence in asking about protected characteristics to improve data collection, but also to build trust so communities feel more comfortable sharing information and understand why it is important to do so.

4.8 Community power and social connections

All work to reduce inequalities will be informed by understanding community and neighbourhood strengths and needs. Close working with trusted voluntary and community organisations and community leaders will identify and support less heard voices. Crucial to this work are the capacity and resources in the voluntary and community sector. This sector's contribution to improving wellbeing and reducing entrenched inequalities is recognised, and the approach to grant funding and support will be reviewed to ensure its reach is fair. We will support leadership development in organisations representing communities experiencing racial inequality. Empowered communities are the foundation for creating solutions to inequality and fighting structural racism and discrimination. A forum with diverse representation to drive both will be established. It is recognised that approaches used in the pandemic tackled health inequalities in completely different ways. This valuable learning has demonstrated the need for understanding what makes communities healthy, listening to what's important to them, and working alongside people on changes that affect their communities – with more intense work taking place where it is needed most.

5.0 Delivering the plan – Kickstarters

5.1 Making Manchester Fairer is an ambitious plan and it will evolve but will take time to embed and develop. In the meantime, four schemes called the Kickstarters are being developed. These Kickstarters can be implemented quickly to give the plan momentum. They will kickstart delivery of the plan by exemplifying its principles in terms of health equity, proportionate universalism, and involving and engaging Manchester's diverse local communities. The focus will be on some of the longer-term challenges to help start narrowing the gap, particularly the need to tackle poverty and the additional barriers of racism and discrimination for some communities. The schemes will also respond to some of the more immediate challenges local people are facing.

5.2 The Kickstarters will focus on:

- Children, young people, and their families, particularly those most impacted by the cost-of-living crisis and those from communities that experience racial inequality. This will include a focus on the mental health and wellbeing of young people and work to address health, income and education inequalities among the target groups.
- Early help and support for adults experiencing multiple and complex disadvantages, and barriers to their health and wellbeing. These adults often have a combination of substance misuse problems, mental ill-health and homelessness, but often don't meet the threshold for statutory services and fall through the gaps in the system.
- Integrating employment, health and wellbeing services for people who are out of work or at risk of being out of work due to physical or mental ill-health. This will focus on strengthening the support NHS patients can get around employment, skills and training in a person-centred and place-based way.
- Supporting residents to become active in their neighbourhoods and communities - this means exercise that works for people that they can enjoy and build into their day to day lives. A campaign built on grass-roots activities will celebrate the diversity of Manchester and the broad range of activities that can help people stay fit and active.

5.3 The first two schemes have been prioritised for investment from the Making Manchester Fairer Fund. This is Manchester City Council funding that is expected to deliver savings within the next three to five years. The schemes are expected to deliver outcomes within the context of budget pressures and the cost-of-living crisis. The funding model has been revised to focus on these two schemes so that the impact of the funding can be maximised in terms of health outcomes and improving health equity as well financial benefits. The NHS-focussed work and health scheme will be delivered through arrangements under the new integrated health and care system, and Deputy Place-based Lead. The physical activity scheme will be developed and

delivered in partnership with Manchester Active with funding to be confirmed in 2023/24.

6.0 Making Manchester Fairer Task Group and Network

6.1 Key to the delivery of the plan is a strong and inclusive leadership group. The purpose of the Making Manchester Fairer Task Group and Network will have oversight of the collective development and delivery of the plan.

6.2 The responsibilities of the group are:

- To bring partners and stakeholders across the population health system (see Figure 2) together to oversee and enable the collaborative delivery of Making Manchester Fairer.
- To build on the city's many investments, policies and strategies that are pro-equity in relation to economic inclusion, employment, housing, transport, the environment, education, early years, community support and public health.
- To strengthen and scale up the interventions already in place that aim to reduce health inequalities and make the most of the wealth of resources within communities by focusing on eight agreed themes.
- To provide a structure for greater collaboration between multi-agency and cross-sectoral partnerships, to mobilise organisations to place health equity at the heart of governance, policy development, resource allocation, workforce planning and commissioning arrangements.
- To oversee the development of a communication plan which engages the workforce within the Population Health system and gives transparency to the ongoing development and delivery of the plan.
- To utilise existing networks, boards, and forums to share and promote the Making Manchester Fairer approach with Manchester's strategic stakeholders.

6.3 The Network and Task Group includes representatives of the following:

Manchester City Council	<ul style="list-style-type: none">• Children's Services• Education• Inclusive Economy• Work and Skills• Neighbourhood Management• Growth and Development• Housing Strategy• Adult Social Care• Policy, Performance and Reform• Parks, Leisure, Events and Youth
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	<ul style="list-style-type: none"> • Environment, Planning & Infrastructure • Libraries, Galleries and Culture
NHS Manchester Integrated Care	
Greater Manchester Equality and Inclusion (Race and Health)	
Manchester Local Care Organisation	
Manchester Climate Change Agency	
Manchester Health and Wellbeing VCSE Leadership Group	
University of Manchester and Manchester Metropolitan University	
Manchester University NHS Foundation Trust	
Greater Manchester Mental Health NHS Foundation Trust	
Manchester Housing Providers Partnership	
Big Life Group (Be Well services)	
Greater Manchester Police	
Manchester GP Board	

7.0 Anchor institutions

7.1 Manchester's 'anchor institutions' – such as councils, universities, and hospitals, and housing associations – have a key role in addressing the social determinants of health. They have long-established social, cultural, or economic roots in Manchester. They have significant assets and spending power and can use these resources to benefit communities. The Making Manchester Fairer Task Group membership reflects a number of these institutions but work on this key area of the plan will develop further over the next few months.

8.0 Evaluation and monitoring

8.1 This key area will focus on providing evidence, through robust evaluation, of the impact of the Making Manchester Fairer Action Plan. A dedicated programme-wide evaluation resource will be established within Project Delivery Team to support this work.

8.2 A Manchester Inequalities Data Development Group has been established to provide a vehicle for information analysts and intelligence specialists across the Manchester Partnership to ensure that work in respect of measuring and monitoring various forms of inequality is more joined up. The group aims to embed an 'inequalities' view into performance reporting that enables

monitoring over time to drive a reduction in inequality through influencing more equitable delivery of services. In doing this it will ensure that reporting tools and processes have inequalities built into them in ways that help individual organisations and the wider system to understand better and track changes in a range of inequalities over time and between areas and groups within Manchester in a regular and robust manner.

9.0 Workforce engagement

9.1 Engagement of the workforce of services within the wider population health system that work across the social determinants of health will be critical to developing the detail and successful delivery of the Making Manchester Fairer Action Plan. It is important 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 eight themes of the plan will require the workforce to engage with and understand the nature and impacts of wider determinants of health, as well as being open to new ways of working that embody the principles of the Making Manchester Fairer framework. Work on this key area of the plan is underway, for example within the preventing illness and early death theme, the need for staff to be trained on 'what matters to me' approaches has been recognised as fundamental to increasing awareness of the impact social causes of health have on people's lives. Workforce engagement with the plan is also timely regarding current increases in the cost of living. The impact of the current cost-of-living crisis on individuals and communities will be far-reaching and require a workforce that recognises the social determinants of health, as this will be critical to supporting residents in addressing poverty, low income and debt, as well as informing the Poverty Strategy. Engagement with the wider workforce is set to develop considerably over the next few months. Key to this will be the Making Manchester Fairer Conference on Monday 31 October when the Making Manchester Fairer Action Plan will be launched for staff within the wider population health system. Professor Sir Michael Marmot has confirmed his attendance for the Conference.

10.0 Resident and community involvement

10.1 The Making Manchester Fairer action plan can only make a real difference by supporting local people to find solutions - and then helping to make them happen.

10.2 Reports and consultations focussing on groups with lived experience of health inequalities (produced by Manchester City Council, voluntary, community and faith groups, and partner organisations) were analysed to see what people have previously told us about their challenges.

10.3 In addition, a listening exercise was carried out as part of the development of the action plan. Voluntary, community, and social enterprise organisations that supported residents with lived experience of health inequalities or first-hand experience of discrimination (amplified by the pandemic) were targeted, particularly organisations that supported Black, Asian and Minority Ethnic (BAME) groups, disabled people, Lesbian, gay, bisexual and transgender

people, older people, children and young people, women, and those on low incomes. Including the opinions of people who have few opportunities to have their views heard, especially in decision-making circles, was prioritised. Frontline staff within public sector organisations (Manchester City Council, Greater Manchester Police, and the local care organisation) were also engaged as part of the listening exercise.

10.4 People were asked, “since the start of the pandemic, and in addition to housing and income challenges, what other challenges are faced by people and communities with lived experience of health inequalities? And what would make a difference?” In summary they thought the following were important:

- Seeing people holistically,
- Adapting or creating culturally appropriate services,
- Connecting services and organisations,
- Freeing up services to be more creative.

10.5 The involvement of Manchester’s communities will be vital to the success of the action plan. Participants in the listening exercise were asked how they would like to be involved in the plan and four common themes came through:

- Listen to us,
- Trust us,
- Employ us, and
- Create and support the conditions for social connections to develop and flourish

10.6 Those involved in the listening exercise all felt communication and engagement was important, but often services would ‘consult’, but rarely return to provide feedback or involve them further. It is important this is considered as the Making Manchester Fairer action plan, and other connected work such as the refresh of the Poverty Strategy, is delivered. These themes have become key to the framework for Making Manchester Fairer.

10.7 Community and resident engagement is already being delivered in neighbourhoods and this will continue to be developed and co-ordinated. This includes the Winning Hearts & Minds programme, work by the voluntary, community, social enterprise and faith sectors, and Neighbourhood Teams (including Health Development Coordinators). This will be strengthened through a redesigned approach to community development across the city with additional focus in the areas that need it most.

11.0 Communication

11.1 Communication of the Making Manchester Fairer Action Plan is important for staff and residents alike. 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. Staff will be provided with all the communications materials they need to understand and be able to engage with the plan and see their role in its delivery. This will

allow the plan to build momentum, enable services and the workforce to understand the challenge and the vision for Manchester; and enable staff to identify how they can contribute within the context of what communities have told us so far, and how to continue to work with and for communities moving forwards.

11.2 The Manchester City Council Communications team are currently working on products and materials that summarise the project in a concise way that everyone can use. This will include:

- A filmed presentation giving an overview of the Making Manchester Fairer programme,
- A three-page summary document with graphics and visuals that give the key statistics for why we are doing the work, set against the themes and where we need to get to in 5 years' time.
- The Making Manchester Fairer Conference (as detailed above)

12.0 Making Manchester Fairer – A selection of case studies

12.1 Delivery of the plan requires a collaborative effort. Examples of how various partners are working collaboratively to address health inequalities in Manchester are described below. Whilst some case studies have been aligned with specific themes, it is recognised that the interconnected and mutually reinforcing approaches (as shown in figure 1) that form the basis of the Making Manchester Fairer plan mean that all the case studies are likely to link in with and influence outcomes around several themes.

13.0 Preventing illness and early death - Winning Hearts and Minds

13.1 Manchester has some of the poorest heart health outcomes across England, and these statistics are even more stark in the north of the city. Winning Hearts and Minds (WHM) is an approach that strives to understand the wider social determinants of health impacting on people living in north Manchester and create conditions for health.

13.2 The Community Led Initiatives workstream of WHM looks to enable local people and organisations to lead the way on improving heart and mental health in their communities. A team of Community Development Fieldworkers has supported individuals and groups in a whole range of activities, from setting up knitting groups, to connecting people who want to go on walks, bringing streets together to encourage vegetable growing in gardens, all the way to mobilising individuals who wanted to tackle inequalities and celebrate the diversity of north Manchester communities. Recently, a group of Muslim women from Cheetham Hill showed a desire to try out cycling, and even though some of them had not been on bikes since they were children, when WHM worked with MCRactive to get them cycling, they jumped straight in and thrived, inviting more of their friends and figuring out how they could keep encouraging cycling across their community. The experience of one participant can now be heard on the following podcast: [Your Local Wellbeing | Podcast on Spotify](#)

13.3 The Healthy Hearts workstream of WHM seeks to take the learning from communities and apply it to new initiatives aimed at targeting heart health within communities who face health inequalities. The work supports a 'population health management' approach and aims to reduce levels of high blood pressure, help people to manage health conditions, and proactively find people at risk of cardiovascular disease and connect them into preventative care and community support. The approach also relies on the messaging of these campaigns to be community and culturally relevant, ensuring that the information that is shared is reaching the people most in need who are often left out of traditional methods of communication.

14.0 Population Health Management (PHM) in Action - Diabetes in Black Caribbean, Black African and Black British people, West Central Primary Care Network (PCN)

14.1 All neighbourhoods and PCNs across the city are using PHM to address a local health inequality they have prioritised. This case study focusses on the West Central PCN and Chorlton, Whalley Range and Fallowfield neighbourhood. They have prioritised diabetes in Black Caribbean, Black African and Black British people.

14.2 PCNs bring together General Practices (GPs) across populations of 30-50,000. There are fourteen in Manchester. They have contracts to deliver against various outcome measures designed to improve the health of their communities. One part of the contract is known as Tackling Neighbourhood Health Inequalities. This requires PCNs to use data and local insight to identify a group within their population to focus on to improve care against a specified area of focus - diabetes or cardiovascular disease.

14.3 The West Central PCN covers the Chorlton, Whalley Range and Fallowfield neighbourhood and includes six General Practices: Chorlton Family Practice, Ashville Surgery, The Alexandra Practice, The Range Medical Centre, and Wilbraham Surgery. Using various data sources (Emergency Department attendances, and General Practice demographic and clinical data) it was found that people with diabetes from the Black, African and Black British communities were more likely to attend A&E with disease-related complications.

14.4 A working group has been set up including the PCN, Manchester Local Care Organisation's Integrated Neighbourhood Team, and local community organisations. The purpose is to engage with patients to understand what they feel are barriers to their care and put together and deliver a plan for how local practices might better engage and improve their care.

14.5 The Caribbean and African Health Network (CAHN) has led a series of focus groups that demonstrate a need for better communication about the regular diabetic care people should expect from their practice and more emphasis on what people can do to help themselves, specifically culturally appropriate information on diet and lifestyle measures.

14.6 In the first phase, formal feedback has been provided to two General Practices for them to improve their own internal processes. The scheme is being extended to include a further two practices from October, with the final two to join in the coming months. It is expected that outputs from further focus group work will continue to develop the project, with final outputs and measurements to be collected before 31 March 2023.

14.7 This work will begin to embed a 'population health management' approach within the West Central Network, improving relationships with the communities we serve. We will evaluate our work and anticipated outputs include a co-produced patient information pack, and GP practice plans to embed the changes that improve uptake of diabetic care.

15.0 Improving our surroundings, the environment where we live - Clean Air General Practices pilot.

15.1 This pilot project aims to develop "Clean Air Practices" in primary care in Manchester and involves providing educational materials to staff and residents regarding the health impacts of air pollution and how residents can manage their condition during high air pollution episodes.

15.2 The pilot will use evidence-based National Institute for Clinical Excellence guidelines on outdoor air quality. The guideline includes a recommendation for primary care to be aware of and engage with groups who are particularly affected by poor outdoor air quality (children, older people, and those with chronic conditions). Recommendations are also made on providing information and education on air quality issues, practical advice on how to minimise exposure, and how to safely manage symptoms during periods of high air pollution.

15.3 The pilot is in development, but the early actions include:

- The Integrated Neighbourhood Team (Central) working with GP practices
- A webpage (providing information on how people can manage their condition in poor air quality, how to sign up to the alert system, etc.) being established, to which practices can direct appropriate patients via their text messaging service.
- Local practices/clinics being supplied with printed leaflets in easy read format to be handed to their patients during appointments, with supplementary information provided by the clinician as practical. Easy read pictorial leaflets have been identified as being the most useful as they help overcome language barriers for a wide range of residents (e.g., poor literacy or English as a second language).

16.0 Giving children and young people the best start in life - Mental wellbeing and social prescribing for young people

16.1 Most children and young people grow up without experiencing mental ill-health, but surveys suggest that children and young people's mental and emotional health and wellbeing is generally worse than it was 30 years ago.

Good mental and emotional wellbeing helps young people develop the resilience they need to cope with adult life, and is influenced by their physical health, opportunities for a healthy diet and exercise, having time and freedom to play, supportive school environments, their family situation, and being connected to their community.

- 16.2 For many children and young people, the COVID-19 pandemic, and the necessary measures to control this, did impact on their mental and emotional health and wellbeing. Local engagement work with children and young people during the pandemic reflected many of their concerns – reduced motivation and opportunity for social contact and physical activity, worries about the impact of school interruptions on their future and aspirations, distress because of home situations and the removal of everyday routine and coping mechanisms, as well as uncertainty about the future. Busy and, in some cases, already overstretched services reported increased acuity and rate of mental health needs among young people during the pandemic: waiting lists for young people’s mental health support services such as 42nd Street have increased throughout 2020 and 2021.
- 16.3 Manchester also has high rates of child poverty with 46% of children in the city living below the poverty line (2017/18): the link between poverty and mental health is well-established, and the current cost of living crisis is likely to exacerbate this.
- 16.4 In 2021, Manchester City Council Population Health team secured funding from Public Health England’s (PHE’s) Prevention and Promotion Fund for Better Mental Health (2021-22) (note PHE is now the Office for Health Improvement and Disparities or OHID). The Fund was part of the government’s efforts to ensure the mental health impacts of COVID-19 were rapidly addressed. It was designed to incentivise investment in prevention and promoting interventions for better mental health in the most deprived local authorities. PHE was keen to see funding used for initiatives with a strong evidence base, such as mental health promotion outside of educational settings, as well as suicide and self-harm prevention, and those where the evidence base was developing, including social prescribing. It also wanted projects to target the most vulnerable populations, including children and young people from socially disadvantaged and minority ethnic backgrounds.
- 16.5 Manchester’s 16UP project was designed within very restrictive timescales for bidding and implementation, to utilise the strengths of three services already delivering mental health and/or wellbeing support for young people in the city, to provide a strengths-based, personalised approach to young people at risk of mental ill-health, with particular focus on communities and groups at higher risk.
- 16.6 The project had three key elements, each offered by a different provider:
 - 42nd Street offered suicide screening and de-escalation, plus therapeutic online support to young people experiencing mental health distress
 - Be Well (Big Life Group) offered person-centred health and wellbeing coaching (social prescribing) for young people
 - Greater Manchester Youth Network (GMYN) offered support to young people to engage in enrichment activities.

- 16.7 The combination of these elements meant that practical issues affecting the mental health of young people, for example debt or housing, could be addressed and their social capital could be extended by linking them into community support (social prescribing) and developing positive relationships with other young people to increase their resilience, and mental health issues could be dealt with by professionals. It was a key feature of the project that young people could access any or all the services at any point, depending on need.
- 16.8 In the first 6 months of the project, the project had engaged 1,193 young people, exceeding its overall target, and had delivered:
- 672 suicide prevention and de-escalation and referral interventions
 - 201 young people received health coaching and social prescribing support
 - 256 young people accessed positive engagement activities with wellbeing support
- 16.9 Qualitative feedback and case studies from young people and staff working on the project has indicated:
- Improved confidence for young people – e.g., a Be Well coach supported a young person with an autism diagnosis to attend a gym. By the third coaching session the young person was attending the gym regularly, resulting in increased motivation & confidence.
 - Improved mental health & reduced anxiety were also noted in several case studies e.g., Be Well coaches supported young people to manage stress in different ways including goal setting, establishing a routine, time management skills, gratitude journaling, increasing physical activity, and improved diet. These were reported to have had positive effects on their mental health.
 - Evidence from other project staff identified similar outcomes for young people, including improved confidence, physical health and mental wellbeing, and reduced social isolation, as well as other outcomes such as new life skills and greater awareness of support options. One staff member described an autistic young person with depression who found confidence through attending a weekly music group. Another staff member reported that seven young people had gained employment.
 - Staff reported increased job satisfaction through their participation in the project and described valuing the opportunity to better support young people e.g., through being able to refer them to an immediate source of support whilst they were awaiting therapeutic interventions for their mental health, and improved communication between services e.g., better sharing of information about young people reduced duplication of support and increased service efficiency.

17.0 The digital inclusion team - Community Engagement

- 17.1 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. Digital exclusion is a driver for worklessness and low skilled employment.

17.2 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. The digital inclusion team in Manchester City Council enables voluntary, community and social enterprise organisations to build their capacity, develop projects, work in partnership, and use relevant data to be further informed and supported to deliver appropriate digital skills interventions to the right geographies and demographics while meeting the different needs of Manchester residents. Additionally, it has delivered devices, data, digital support, and engagement activity directly to residents. This included a series of pop-up events to pilot Digital Inclusion engagement activities in a thematic, targeted approach based on data from the City Council's Digital Exclusion Index. It is funded through Social Value via Arcadis & Hive Projects' work on the North Manchester General Hospital, and focuses on 6 surrounding wards: Cheetham, Crumpsall, Charlestown, Higher Blackley, Harpurhey, and Moston. Arcadis proposed the Roadshows as part of their social value agreements for working on the North Manchester Healthcare Master Plan. Though the initial plan to implement a 'Co-Op Bus' was scrapped, a series of roadshows took place in March this year in the form of pop-up stalls in key wards across North Manchester, engaging with over 300 residents. These events have provided significant insight for the team to engage and deliver interventions with local communities going forward.

18.0 Preventing illness and early death - Developing a bespoke weight management offer for south Asian women

18.1 Manchester City Council commissions a successful adult weight management service. It is delivered by Slimming World on Referral and targeted to people with a Body Mass Index of over 28, offering the opportunity to attend a 12-week programme. The group-based approach covers healthy lifestyles and nutrition, including issues such as portion control, changing habits and stress management.

18.2 The Manchester Healthy Weight Strategy identifies Black and Asian residents as being a cohort particularly at risk of obesity. Monitoring of the service began to show that uptake rates among South Asian women was particularly low (just 12.5 per cent of people attending the programmes were from this community)

"We started to ask why there were such low levels of uptake. We spoke to our neighbourhood health development coordinators and members of the community...It became clear there were cultural reasons why South Asian women did not feel comfortable attending particular venues where group sessions took place. There were very few coordinators from the South Asian community too." (Public Health Team)

18.3 Further exploration identified Bollyfit Active, a locally run scheme where groups of South Asian women come together to exercise, form friendships, and improve their mental wellbeing. The scheme was initially established to support women who had experienced isolation during the pandemic and was

proving very popular. It recognised that mixed-gender gyms or community weight management group venues were sometimes not accessible to this group. With the help of funding from the government's enhanced tier two adult weight management grant, the population health team was able to commission Bollyfit to deliver a 12-week healthy lifestyle course for South Asian women in two areas of the city.

18.4 The courses ran earlier this year, and each attracted 20 women who came together to learn more about how to improve their health, for example by improving hydration and smart food swaps. This was followed by a Bollyfit exercise class. The courses were supported by nutrition students at the Manchester Metropolitan University who have delivered educational talks on various aspects of diet and nutrition and engage with the women to dispel diet myths, providing the students with invaluable real-life practical experience in the process.

18.5 Bollyfit organiser Shamime Jan said: "Tailoring the classes to this group of women is so important and we are seeing the results. Just little things like knowing what music to play whether the women are Punjabi, Sikh or Indian makes a difference. You need understanding of the cultural differences to engage people."

18.6 Evaluation shows the programme has proven successful, supporting the women with improving food choices and becoming more physically active as well as continuing friendship groups outside of the classes.

"Coming to Bollyfit has changed my approach to making the right choices of food and having a room full of positive energy has also helped me build my confidence and find myself again." (Course participant)

"Being healthy is now registered in my brain. This influenced a good change in my husband's lifestyle also." (Course participant)

18.7 The Public Health team has also supported Bollyfit in developing outcome and performance monitoring to enable further funding to be pursued. And despite the government's adult weight management grant ending in March 2022, Manchester City Council has identified additional funding to support this neighbourhood approach and create opportunities for targeted groups. MCRAActive has since commissioned Bollyfit to deliver the programme in other areas of the city supported by local charities.

19.0 Recommendation

19.1 This report has given an overview of Making Manchester Fairer -the city's action plan for addressing health inequalities over the next five years. It is an ambitious plan that will require collective action, creativity and commitment to a long-term approach, particularly with the additional challenges of the cost-of living crisis in addition to the longer-term barriers that local people have faced.

19.2 The Committee are asked to:

1. note the contents of the report;
2. consider the multiple factors that impact health inequalities; and
3. support the further development and delivery of the plan with the involvement and engagement of local communities and workforces across the population health system