

**Invitation for Application
Expression of Interest**

Manchester City Council

Making Manchester Fairer

Race and Health Equity Education Programme

1. Introduction

As a city we are 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 undertaking and speaks volumes about the inclusivity that defines us as a world class city. However, we now need to go that one step further and push ourselves to not only consider fairness – but equity. 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 communities who need support to get to the same vantage point.

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 because of prejudice and discrimination. Communities that experience racial inequality and disabled people were disproportionately affected as a result.

Making Manchester Fairer is the city's 5-year strategy to Tackling Health Inequalities (see Appendix 1). This is an ambitious plan and will evolve, but it will take time to embed and develop. There are eight themes in the plan and six of these are themes, or facts, that are frequently highlighted as having an effect on health and wellbeing. The themes are as follows;

1. Focus on giving children the best start in life
2. Addressing poverty.
3. Good work is good for your health
4. Focus on preventing ill health and preventable deaths, so this will include the four big killer diseases/conditions in Manchester
5. Homes and Housing
6. Places, environment, and climate change

We have added to two more themes for Manchester;

7. Tackling systemic and structural racism and discrimination
8. Focus on communities and power

To give the plan some momentum, we are developing four schemes called the Kickstarters that can be implemented more quickly. One of the Kickstarters will focus on children, young people and their families most

impacted by the cost-of-living crisis and those from communities that experience racial inequality.

Manchester City Council invites expressions of interest to design and deliver a comprehensive education programme on tackling structural racism and discrimination (theme 7) which will enable our workforce to be better informed, equipped and confident to implement the right solutions that will improve outcomes for communities experiencing racial inequality and discrimination. The programme, in the first instance, will be delivered to staff working within the Kickstarter programme focused on children and young people as outlined above. (Further details are included in the MMF plan, appendix 1).

2. Purpose and aim of programme

The need for action on race and inequalities across our Manchester system is clear. We know that health and racism are inextricably linked. Racism and discrimination are deeply ingrained in the social, political and economic fabric of our society and for many racially minoritised communities, this results in unequal outcomes. Quality education, employment, liveable wages, healthy food, stable and affordable housing, and safe and sustainable communities are factors that shape health. When these factors are distributed in an unfair and unjust way, they contribute to racial and ethnic disparities in health.

Structural and institutional barriers are long standing problems that result in ethnic and wider inequalities in access, experiences and outcomes; such as lack of appropriate treatment for health problems by the NHS, poor quality and discriminatory treatment by staff in educational settings, lack of high-quality ethnicity data monitoring, inadequate interpreting services for those who cannot speak English confidently or are BSL users or avoidance of seeking help for health problems due to fear of discriminatory treatment.

Two large national studies found that ethnic minority children were more likely to be referred to CAMHS via social services, education, or criminal justice pathways. This was particularly stark for Black children who were 10 times more likely to be referred to CAMHS via social services (rather than through the GP) relative to White British children. 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. (NHS: Race and Health Observatory, Ethnic Inequalities in Healthcare: A Rapid Evidence Review)

Structural racism and institutional barriers are some of the most detrimental determinants of health, yet evidence linking racism to health disparities mostly focuses on the role of discrimination experienced by individuals—or interpersonal racism. While the focus on interpersonal racism is important and necessary, structural racism and its relationship to health inequities needs greater attention.

We intend for all our workforce across the eight themes to be fully engaged and support the delivery of the plan and this includes ensuring we can deliver a culturally proficient programme aware of the issues around racism and discrimination. In the first instance, this education programme will be delivered to staff working within the Kickstarter programme focused on children, young people and their families most impacted by the cost-of-living crisis and those from communities that experience racial inequality. The workforce will comprise approximately 75 staff who work with children and young people and their families.

The aim of the Race and Health Equity Education programme is for the workforce to;

- Have an increased awareness and understanding to describe and examine racism and discrimination in its structural, institutional, and individual forms and its impact on health outcomes and inequalities
- Further develop their skills, knowledge, and expertise to implement anti-racist and anti-discriminatory practices both on a systemic and individual level
- Lead diverse colleagues and distributed teams through challenging and ambiguous times
- Have improved resources, networks, and mechanisms available for our workforce to implement the right solutions to address racism and discrimination
- Build confidence to challenge racism and discrimination in the workplace and engage inclusively with communities that experience racial inequality
- Share learning and best practice and create equity and inequalities champions across Manchester
- Take increased responsibility for their role(s) in contributing to these new ways of working to produce a wider impact and make more intentional choices about how they act

3. Overall focus and structure of the education programme

Manchester City Council are looking for the highest quality providers to design and deliver this education programme. We recognise that there are a wide range of different organisations and providers who could bring valuable expertise to the design and delivery of the programme. We do have a preference for a consortium or partnership of providers who can collectively design, develop and deliver the programme under one contract. We are open for any consortium/partnership to be led by a prime contractor. The intent is for the education programme to be delivered over a 12-month period.

We would ask the providers to consider the following;

- Innovative and practical approaches through different learning techniques
- Using a range of learning methodologies and processes that can be utilised flexibly to meet the specific needs of participants
- Employing an evidence-based learning model for the programme.
- Modelling the values and methods of asset-based approaches through the programme (e.g. through the use of coaching techniques).
- Using high quality materials and resources to support learning and the delivery of the programme
- Identify different ways in which the programme might be delivered in practice
- Design the programme to ensure there is a quality product that will embed and extend learning (e.g. through action learning)
- Use a range of learning methodologies and processes that can be utilised flexibly to meet the needs of a wide range of participants
- Employ an evidence-based learning model for the development programme as a whole

3.1 Structure of the Programme

We are looking to commission a comprehensive and immersive educational programme on tackling racism and discrimination that will include lived experience insights into equality issues with a focus on the most persistent and pervasive issues communities face. This includes but is not limited to the need to highlight how bias and stereotypes affect decision making, how leaders need to examine recruitment to achieve a

more diverse and inclusive workforce, how effective community engagement and involvement, particularly with communities and groups that are marginalised, can create a meaningful 'dialogue of equals' between professionals and communities/groups.

Please consider the areas outlined below in developing your proposal.

1. Racism & Discrimination – Foundations

- Historical contexts - having difficult conversations about race, this includes definitions, terms, and language
- Understanding structural, institutional, and individual racism and discrimination and its impact
- Whiteness and White identities, Anti-Blackness, Islamophobia and other forms of racism and discrimination
- Privileges and responsibilities

2. Racism, discrimination, and health inequalities

- Structural racism & discrimination and its impact on health outcomes
- Understanding Intersectionality and its impact
- Meaningful and enhanced use of community engagement and involvement with Manchester's diverse communities
- Effective use of data, evidence, case studies that enables meaningful action to address inequalities

3. Skills Development and Behaviour Change

- Resilience - Becoming more self-aware to better adapt to ever-changing situations and priorities
- Promoting psychological and cultural safety
- Delivering/commissioning culturally proficient services
- Cultural Intelligence (CQ) - Becoming more empathetic to better empower diverse teams and working inclusively with communities
- Advocacy and effective allyship - creating a network of capable responders to provide support, self-agency and becoming a 'Change Agent'

The proposed programme can be delivered via a combination of in-person and virtual sessions.

Anticipated learning outcomes:

- Knowledge and understanding of historical contexts of race and racism, concepts and theories of race and other forms of discrimination
- Understanding how racism and discrimination manifests at the structural level and the impact on health outcomes, health inequalities, and other outcomes.
- A clear understanding of the Manchester population, its demographics and how racism, prejudice and discrimination impact residents unequally
- Understanding the concept of intersectionality and how intersectional social identities impact on health outcomes, with a focus on Manchester
- An understanding of the importance of involving communities to address the impacts of racism and discrimination, codesigning solutions to inform actions.
- The development of knowledge, skills, and confidence to address and speak up about racism and discrimination, to create more inclusive work practices and trust with communities
- The development of anti-racist and anti-discriminatory approaches to service creation and delivery

4. Required Expertise

Potential providers should propose a delivery format for the development programme, taking account of the purpose and aims, and showing how they have understood the brief.

We anticipate that potential providers will use their content knowledge, their experience of professional learning, and their insights into the wider context to design and develop a programme that is flexible, creative, and evidence based.

To support delivery of this programme, in addition to credible health and local authority sector knowledge and experience, providers are also required to demonstrate knowledge and experience in the following areas;

- A thorough understanding of racism and discrimination in all its forms and its impact on health outcomes in Manchester
- The ability to describe racism and discrimination on a structural, institutional, and individual level with the ability to develop a

climate of trust so that participants feel safe in exploring their attitudes and behaviours and comfortable in disclosing them to the group. Support, caring and concern for participants in this experience are critical.

- A creative approach to gathering and understanding data, evidence and using it effectively to improve outcomes.
- The ability to utilise antiracism, intersectionality, and equity lenses and approaches throughout the development and delivery of programme.
- Demonstrable expertise in designing programmes to ensure a quality product is delivered that will embed and extend learning and sustainable behaviour changes within our workforce

5. Expression of Interest

In response to this invitation to apply, potential contractors should submit the following information (typed, including CVs, font size 12 point minimum):

General:

- Name of organisation, business address and lead consultant to be engaged in the work, together the name(s) of any associates/other staff also to be engaged. Please include a one-page CV of those individuals who would lead or be heavily involved in the delivery of the programme. CV's (individual or organisation) should make reference to work of a similar nature or related context that has previously been successfully completed.
- Please list in tabular format, the responsibilities of all members of the team to be deployed and the activity that they would facilitate.
- Explicit written evidence to demonstrate the required expertise of the members of the team in delivering the type of programme required.

Applicants should submit as part of their proposal the following information:

- The quality management arrangements and processes which would be put in place to support the assured delivery of the programme.

- Any assumptions for activity that is anticipated would be undertaken by Manchester City council and its nominated officers to ensure successful delivery of the programme.
- Any key risks envisaged to enabling the successful delivery of the programme and the contingency plans that will be in place to address/mitigate these
- Any additional internal project management procedures that will be in place to deliver the programme on schedule and in accordance with agreed costs;
- Clear measures/processes to ensure that consensus is reached between the contractor and commissioner as to expectations of the content and quality of the deliverables.
- Your interpretation of the brief and your outline methodology
- Your budget for undertaking the brief, including a cost profile of each key element of the study and any other costs that you consider should be included
- A proposed work programme with an indicative timetable of all the proposed tasks over the 12-month period
- Outline how the proposal will meet Manchester City Council’s Social Value priorities. Further information on this can be found [here](#).

5.1 Financial Considerations

Potential providers are requested to submit itemised costings for the completion of this work. It is expected that the design and delivery of this education programme will be up to a maximum budget allocation of **£50,000**.

5.2 Expected Timescales

Q&A session with prospective providers.	30 January 1 – 2pm 1 February 9 – 10am 2 February 4 – 5pm
Return of expression of interest closing date	Closing date Monday 20 th February 5pm
Shortlisting and panel review	w/c 20 th February
Confirmation of Award	6.3.23
Commence planning of programme delivery	Delivery June 23 onwards for a period of 12 months

6. Evaluation of EOI

All expressions of interest received will be reviewed by a panel comprising of representatives from Manchester City council and its partners.

Submissions will be evaluated on quality, price and social value. Social value is defined as ‘a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and economy, whilst minimising damage to the environment.’ The social value element of the submission should highlight contributions that are additional to the contracted work.

Expressions of interest will be evaluated and short listed against the following criteria:

- Understanding of the programme aims and outcomes
- Evidence of prior experience
- Capability, capacity, and flexibility to deliver the programme
- Social Value
- Overall price

	Overall Weighting	Category	Category Weighting	Element	Element Weighting
QUALITY	70%			Capability	50%
		Technical	10%	Resources	50%
		Service Delivery	20%	Previous experience of delivering similar programme	50%
				Co-design and delivery with partners	50%
		Quality	20%	Creation of bespoke education programme that meets expected learning outcomes	50%
				Innovation in programme design and delivery	50%
		Social Value	20%	Opportunities for local people	50%
				Supporting local initiatives	50%

PRICE	Overall Weighting 30%
Categories	Costing
Material	
Labour / Hourly Rate	
Overheads	
Profit	
Programme Design	
Delivery	
Travel	
TOTAL:	

The successful provider will be notified in writing.

Evaluation (for information)

Rapid evaluation will be conducted during the course and after the completion of the programme to ensure we are able to monitor the impact of the education programme. The evaluation will be undertaken separately and does not form part this commission. Further information will be provided at a later date.

6.1 Contact

- Further information about this Expression of Interest should be directed to [Saimah Anwar - saimah.anwar@manchester.gov.uk](mailto:saimah.anwar@manchester.gov.uk) or Sharmila Kar -sharmila.kar@nhs.net
- All applications to be submitted via email to Sade Phillip - sade.phillip@manchester.gov.uk.

APPENDIX 1

MAKING MANCHESTER FAIRER

Published by



MAKING MANCHESTER FAIRER

Tackling Health
Inequalities in
Manchester
2022–2027

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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've listened to what our communities have told us in the past, along with their help and feedback from the pandemic, and this must lead the response that's needed now. That response is also aligned with our 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 also carried out a review of the whole of Greater Manchester and what you read about in this report is our city's response to making Manchester fairer.

Our targeted approach brings results not just for 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 that.

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,
Manchester City Council

Councillor Bev Craig, Leader,
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 region 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 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 3,800 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.

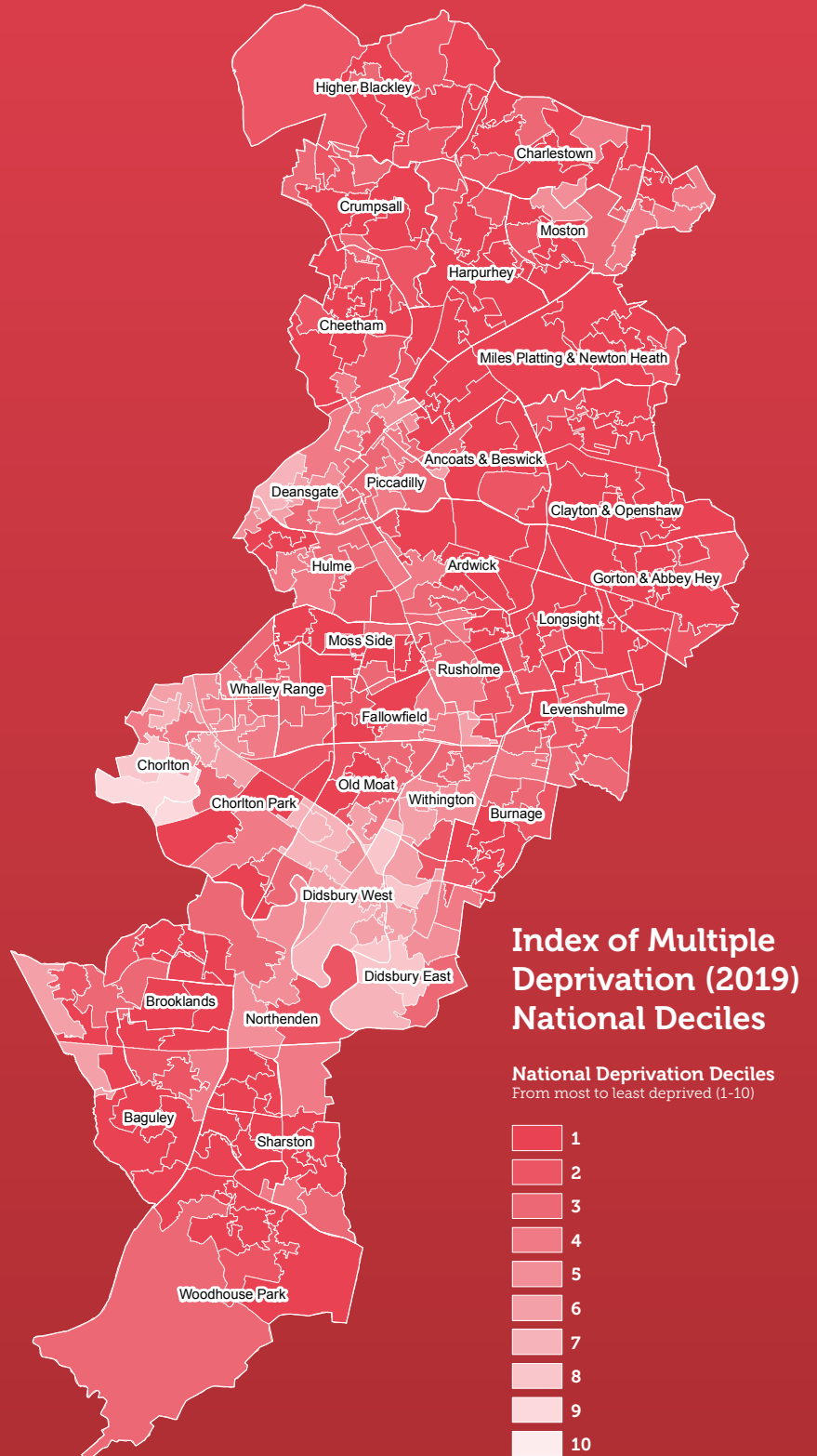
**THIS IS MANCHESTER.
WE KNOW THE FACTS.
IT'S TIME TO ACT.**



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 all count. 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 suffer 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.



42%
of children under-16
in Manchester are
living in poverty.

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.

Over 40% of children under-16 in Manchester are living in poverty.

FACT.

Increasing numbers of people who have jobs are still facing poverty due to **low pay**. One in five people living in Manchester that are working earn less than the living wage.

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 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 good for 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.



1 in 5

of all unemployed residents aren't in work due to long-term sickness

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 hindered 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 worst 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 have work. 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 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 net zero carbon housing to reach our target to become a **zero-carbon city by 2038**.

FACT.



Systemic and structural racism and discrimination

Systemic discrimination and racism lead to poor health in a number of 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 – nearly 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 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 and 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 exists, 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% 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 – in neighbourhoods as well as venues. 47 organisations responded to Manchester's 20/21 Cultural Impact Survey, with 66% providing **health focused work to the value of £1.57m.**

FACT.

* see glossary on page 58

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 told that too many people who work still 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 using services, not only because of the costs but also because many can only be accessed online – an extra barrier for people who cannot read or write English. Many participants said that there could sometimes be a lack of accessible information meaning that some people don't know that services exist.

These systems could create inequity, rather than address it. One of the implications 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 use 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

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MAKING MANCHESTER FAIRER

How we deliver
the plan

Manchester's Tackling 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, and voluntary and community organisations 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 'making Manchester fairer' within Manchester as well as narrowing the gap between Manchester and regional or national averages.
- 6** | Take a life course approach, with action on health inequalities starting before birth and right through to a focus on ageing and the specific needs of older people.

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 or good jobs with decent pay; those who don't have 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, and those 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 care and support services and LGBT Foundation providing services and support within the scheme.

The Council, in partnership with LGBT Foundation, has recently begun to bring a development and managing partner on board.



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:
- 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.

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.

We will use this feedback and the results of ongoing engagement to shape communications as we make Manchester 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, hospitals and housing associations have significant assets and spending power and can use these resources to benefit communities. Manchester's Tackling Health Inequalities Task Group has had representation from key anchor institutions in developing this action plan:

- » **Greater Manchester Mental Health NHS Foundation Trust.**
- » **Manchester City Council**
- » **Manchester Health and Care Commissioning**
- » **Manchester Housing Providers' Partnership**
- » **Manchester Metropolitan University**
- » **Manchester University NHS Foundation Trust**
- » **The University of Manchester**

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 programme 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 Making Manchester Fairer 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’.

Making Manchester Fairer 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.

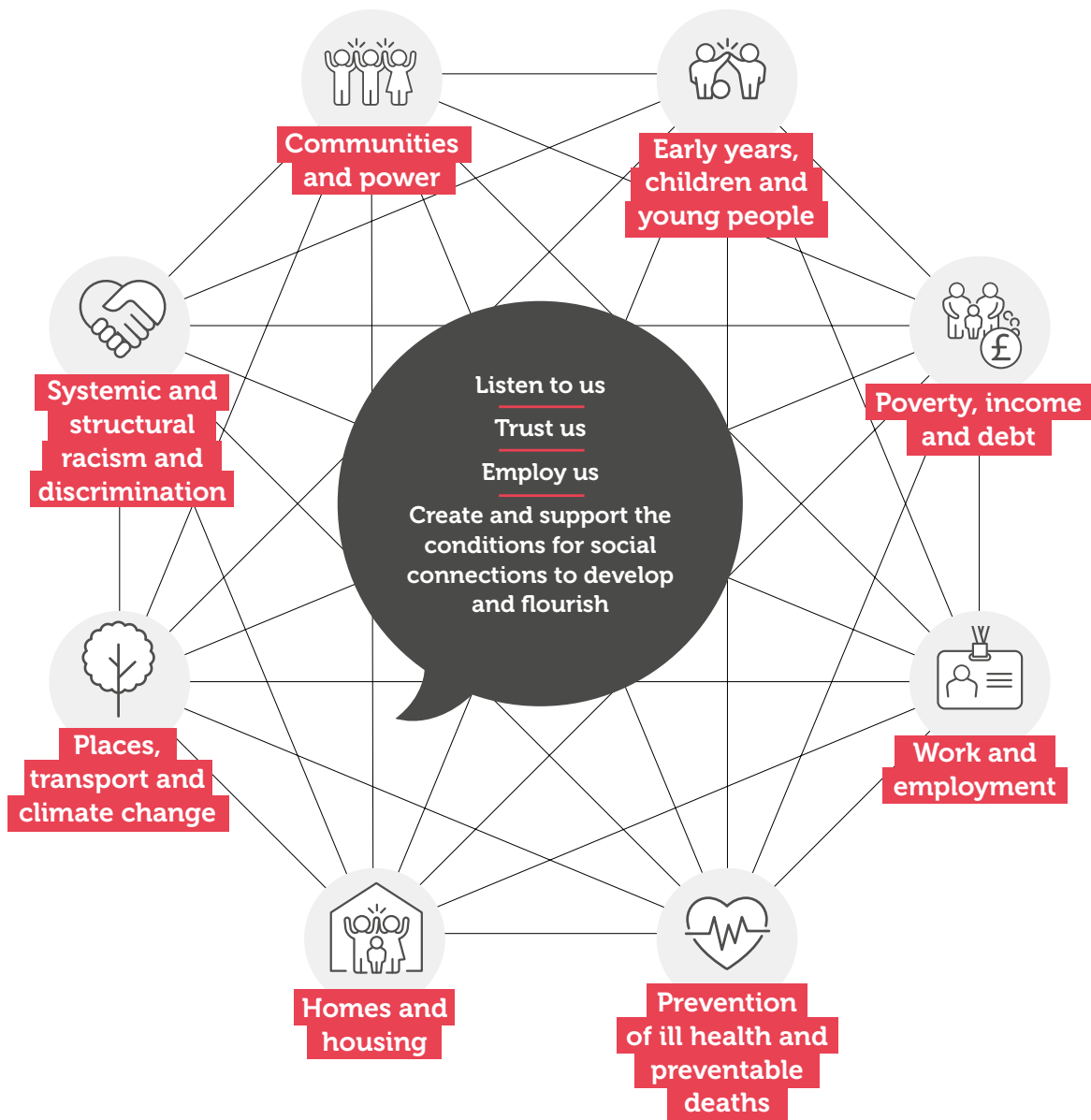
Employ us

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.

The Making Manchester 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.



Making Manchester Fairer Framework

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MAKING MANCHESTER FAIRER

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.

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 four schemes to kickstart delivery with a focus on improving health equity and exemplifying our principles and approach.

These 'kickstarter' schemes – 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.
- 2** | Ensuring that all our services are trauma responsive, in recognition of the impact that Adverse Childhood Experiences (ACEs*) can have will be critical to this. 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.
- 3** | 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.
- 4** | 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.
- 5** | 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.

6 | 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.

7 | 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.

8 | 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 determinants 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 scheme for 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 to 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 ‘social determinant themes’ – 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

Making Manchester Fairer is an ambitious plan and it will evolve, but will take time to embed and develop. In the meantime, we are developing four schemes called the Kickstarters that can be implemented more quickly to give the plan momentum. These schemes will kickstart delivery of the plan by exemplifying our 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 us 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.

Each of the schemes will have a strong focus on evaluation and sustainability so we can learn and take successful approaches forward. They will be supported by work to improve digital inclusion for the target groups and workforce development for health equity

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, 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



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 of 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 Making Manchester Fairer Network and Task Group will be made up of leaders from across the 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 Making Manchester Fairer. We will also ensure that the principle of 'Proportionate Universalism*' is applied to the distribution of resources and any funding to deliver the plan.

* see glossary on page 58

Glossary

Definitions for words marked

"*" in the text

Adverse Childhood Experiences (ACEs)

Describes a wide range of stressful or traumatic experiences that may occur up to the age of 18 including:

- Abuse – emotional/physical/sexual
- Neglect – emotional/physical
- Household dysfunction e.g. substance abuse, mental illness, domestic abuse.

ACEs matter because of their impact on physical, mental and behavioural health both in childhood and later on in life. Experiencing four or more ACEs significantly increases the risk of leading adult causes of death such as heart disease, stroke, cancer, diabetes and COPD.

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 neighbourhoods 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’s Tackling Health Inequalities 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.

The development of this Action Plan would not have been possible without the work of our Population Health team to co-ordinate this resident and community engagement work, including Liz Madge, Beth Brady, Saydah Baz-Itani, Steph Archer, Kasia Noone and Lauren Gledhill.

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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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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

Published by



HOW CAN WE MAKE MANCHESTER FAIRER?

Tackling Health Inequalities in Manchester 2022–2027

 MANCHESTER CITY COUNCIL
Published by Manchester City Council

There are eight themes in the Making Manchester Fairer plan, and a summary of what they aim to achieve over the next five years can be found below:



Early years, children and young people

Giving children and young people the best start in life

More support for those hardest hit by poverty or race inequality, migrants, and those with special educational needs and disabilities; adopting a 'Think Family' approach, 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, we'll target low attendance using proven good practice. There'll 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.



Poverty, income and debt

Lifting low-income households out of poverty and debt

Our 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. We will listen to the lived experience of local residents, community groups and organisations to develop and deliver a new plan to address poverty. The plan will look at how we reduce the chances of people experience poverty in the first place, as well as how we reduce the impact of poverty on people's lives and support people to get out of poverty. We will make better use of data to understand how different communities can

be affected in different ways, particularly if they face discrimination and/or have many identities that tend to experience prejudice. We'll create a network of food-support providers who can also connect people to other sources of support; and more financial management advice in schools, colleges and workplaces will embed 'skills for life'.



Work and employment

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 help people onto skills courses. We will also focus our efforts with local communities to ensure that our workforce better reflects the communities we serve at all levels.



Prevention of ill health and preventable deaths

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. We'll promote good mental health and wellbeing, focusing on the social and

root causes of poor mental health, and collaboratively transforming community mental health services, investing for the long term. We'll influence vaccination programmes over the next two years, using evidence of what works, and lobby for local mobile vaccination services and communications that are appropriate to diverse needs. We'll use data and work with partners who know communities best, to understand gaps in uptake of screening and health checks and what to do to improve uptake. We'll train staff on 'what matters to me' approaches, increasing awareness of the impact social causes of health have on people's lives. We'll improve access to health information for all.



Homes and housing

Improving housing and creating safe, warm and affordable homes

We'll deliver 10,000 new affordable homes this decade, increasing low and zero-carbon affordable homes to 50% by 2025, while retrofitting at least a third of socially rented homes. We'll focus on inner urban, overcrowded expensive-to-heat terraces. We'll enforce minimum energy-efficiency standards and co-ordinate this with creating good jobs so people can reskill. We'll improve private renting standards at the lower end of the market. We'll also reduce rough sleeping and homelessness with a whole-system approach covering advice, tenancy support and temporary accommodation. There'll be proactive support for those struggling to cope in their own homes who are affected by barriers to health and wellbeing. We will

maximise the opportunities created by making attractive public spaces to provide employment targeted at communities hardest hit by the pandemic and subsequent crises.



Places, transport and climate change

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

We will build evidence of how good green space improves health, and research how people from different races, cultures and religions use it, increasing understanding of cultural, social and accessibility barriers. We'll investigate which areas of the city are most at risk from both climate change and health inequalities, so we can understand how best to support a just transition to becoming zero-carbon. We'll improve walking and cycling, targeting the less-connected areas that have high health inequalities. Both climate change and health equity will be at the heart of planning. We'll clearly outline, monitor and evaluate public health outcomes, helping reduce the impact of flooding, fuel poverty, excess winter deaths and climate effects on residents, and improve health outcomes for those most at risk. We will give early warning of air-quality breaches to neighbourhoods, particularly targeting those most vulnerable to asthma and respiratory illness, and take action on inequalities related to poor air quality through our Clean Air Plan.



Systemic and structural racism and discrimination

Fighting systemic and structural discrimination and racism

We will improve outcomes for communities experiencing racial inequality 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 feed back. We'll maintain strategic relationships with community influencers. Strong engagement with marginalised communities will help us work with them on culturally proficient services and activities. Data – collected in an inclusive way – will accurately identify patterns and gaps in services, and will monitor improvements. We will support workforces 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's important to do so.



Communities and power

Community power and social connections

All our work to reduce inequalities will be informed by understanding community and neighbourhood strengths and needs. We will work closely with trusted voluntary and community organisations and community leaders to support less heard voices. We acknowledge that capacity and resources in the voluntary and community sector is crucial to this work. We will recognise the VCSE sector's contribution to improving wellbeing and reducing entrenched inequalities, reviewing the approach to grant funding and support, to ensure its reach is fair. We will support leadership development in organisations representing communities experiencing racial inequality. We see strong links between empowering communities to create solutions to inequality and our fight against structural racism and discrimination. We'll establish a forum to drive both, with diverse representation. We will learn from the approaches used in the pandemic that tackled health inequalities in completely different ways, 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 where it is needed most.