

HEALTH EQUITY IN GREATER MANCHESTER: THE MARMOT REVIEW 2020

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1. INTRODUCTION

Greater Manchester is a city-region of 2.8 million people. Its life expectancy, for both women and men, is one of the lowest in England. For many years the ten district councils that make up Greater Manchester - Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan - have worked together voluntarily on issues that affect the region, such as transport, regeneration, and attracting investment. In 2011 this partnership was put on a legal basis, with the formation of the Greater Manchester Combined Authority (GMCA). And then in 2014 leaders across the ten councils signed a deal devolving a wide range of powers to GMCA and establishing the role of elected Mayor for the city-region. In 2016 Greater Manchester was the first region in England to be delegated control of the health and social care budget - to the Greater Manchester Health and Social Care Partnership. Further deals have since been agreed to devolve new powers around fire and rescue, transport, planning and criminal justice.

Greater Manchester Combined Authority (GMCA) is governed by the Mayor of Greater Manchester and his Cabinet, made up of the ten district council leaders from the city-region. GMCA leads the strategic direction of the region, working with other local services, including the devolved health and care system, to improve the city-region. This place-based, system wide approach is essential to effectively tackle the social determinants of health that influence health inequalities. The Marmot Review in 2010 and the 10 Years on Report in 2020, both showed these approaches are crucial to success at national, regional and local levels (1).

GREATER MANCHESTER: A MARMOT CITY REGION

In 2019 the UCL Institute of Health Equity was asked to support Greater Manchester to become the first Marmot City Region, building on the work in Coventry, which had become a Marmot City in 2013. The motivation for this was to assess what more Greater Manchester could do to address health inequalities in the city-region and to further develop system-wide approaches. Marmot principles had been used to inform Greater Manchester's new unified public services model, but the ambition in 2019 was to develop these further and incorporate new approaches outlined in the 2020 update of the Marmot Review – Health Equity in England: The Marmot Review 10 years on. This leadership on health inequality combined with the increased powers resulting from devolution provided significant opportunities for GM to deliver effective social determinants approaches to improve population health in GM and reduce inequalities.

SYSTEM-WIDE APPROACHES

We want to change the way our public services work to support people to achieve their full potential and ensure nobody is left behind. That means integrating services around people, places and their needs, focusing on prevention (2).

Devolution has empowered Greater Manchester to further develop systems-wide approaches integrating health and social care services together with a range of other public services including education, children's services, police, housing, employment, and other public services.

This place-based approach is intended to be designed around people and their needs. The goal is to align a range of different public services around common population footprints of 30,000-50,000 residents. This model of unified public services is underpinned by a shared set of principles which seek to underpin service delivery across Greater Manchester and help spread best practice.

Section 2 of this case study describes inequalities in life expectancy and health in Greater Manchester. Section 3 analyses the social determinants of health and reviews the five priority areas found in the Marmot Review 10 years on report. Section 4 describes the local and community actions on health inequalities and social determinants in Greater Manchester, many influenced by the Marmot principles.

2. LIFE EXPECTANCY AND HEALTH INEQUALITIES IN GREATER MANCHESTER

Summary:

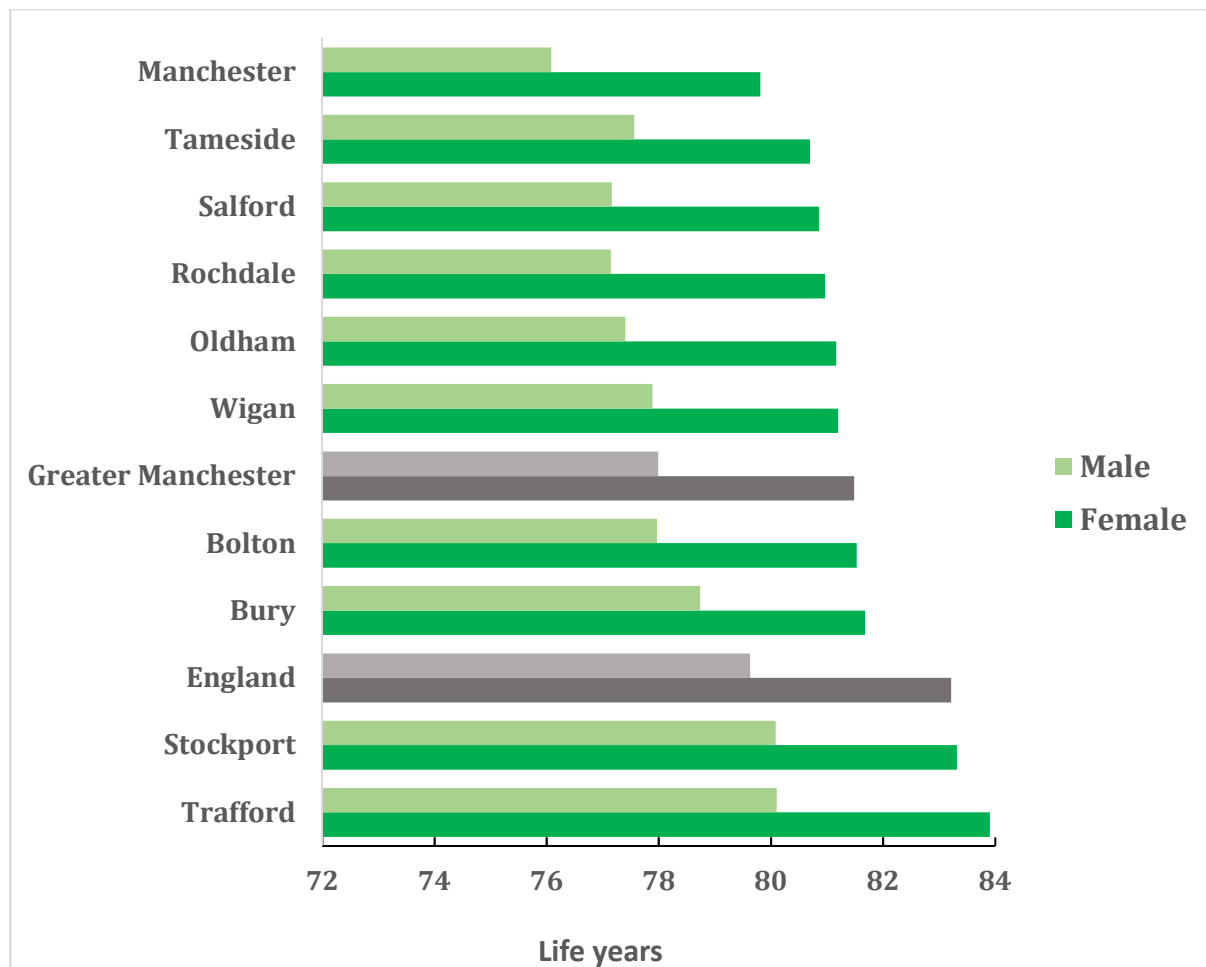
- Life expectancy in eight of the ten boroughs in Greater Manchester are lower than the England average for women and men.
- Life expectancy at birth is lower in Greater Manchester's more deprived areas.

The *Marmot 10 years on review* found that differences in life expectancy at birth between the least and most deprived deciles have persisted, the difference is 9.5 years for males and 7.7 years for females in 2016-18 (3) (4). Greater Manchester had lower life expectancies for men and women than England in 2016-18: the differences were 1.6 years less for males, and 1.7 years less for females (5).

As a region, those living in the North West also had lower life expectancy than England as a whole. Men and women could expect to live 1.3 years less than those in England. There has been an improvement in male life expectancy in the North West between 2013-15 and 2016-18 (4).

Figure 1 shows that life expectancy for both men and women is lower than the England average in eight out of ten of Greater Manchester's boroughs. Only Stockport and Trafford have life expectancies higher than the England average for women and men.

Figure 1. Life expectancy at birth, years, 2016-2018

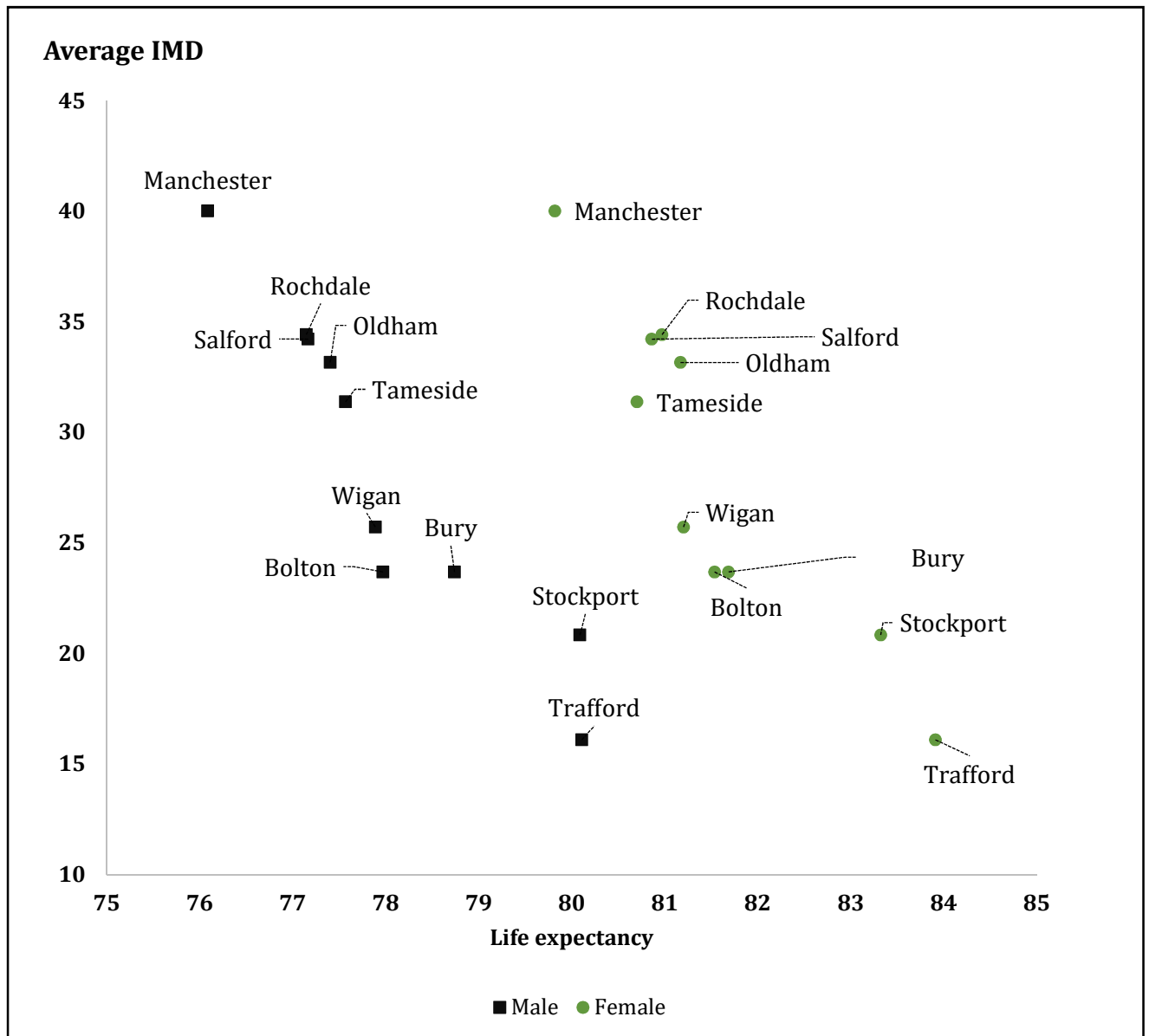


Source: ONS, 2018 (6).

The differences in life expectancy in Greater Manchester have been described in relation to the regions tram network, showing differences at ward level. In Rochdale, one of the most deprived areas in Greater Manchester, men live 12.6 years less than men in Timperley, one of the most economically prosperous areas, for women the difference is 7 years (7).

When the life expectancy data is mapped against the most recent Index of Multiple Deprivation (IMD) scores for each district in Greater Manchester the correlation between IMD score and male and female life expectancy is evident (Figure 2). Life expectancy at birth is lower in more deprived areas (that is, those with a with higher IMD score). The association is close and there is a social gradient in life expectancy for men and women in GM, as there is across England (1).

Figure 2. Male and female life expectancy at birth (2016-2018) and average IMD score (2019)



Source: ONS, 2018 (8).

3. SOCIAL DETERMINANTS OF HEALTH

The Marmot Review 10 years on report describes selected outcomes for five of the six Marmot priority areas for health inequalities, as set out in the original 2010 Review. These five areas are *the causes of the causes* of health inequalities related to early child development, education, good working conditions, people having enough money to live healthily on, and creating safe and healthy environments. The 10 years on report outlines policy changes, trends in outcomes in each of these five areas since 2010 and makes recommendations for changes. This section briefly overviews each of the five areas in relation to Greater Manchester, the changes in outcomes since 2010 and examples of local actions to influence health inequalities.

3A GIVING EVERY CHILD THE BEST START IN LIFE

Summary

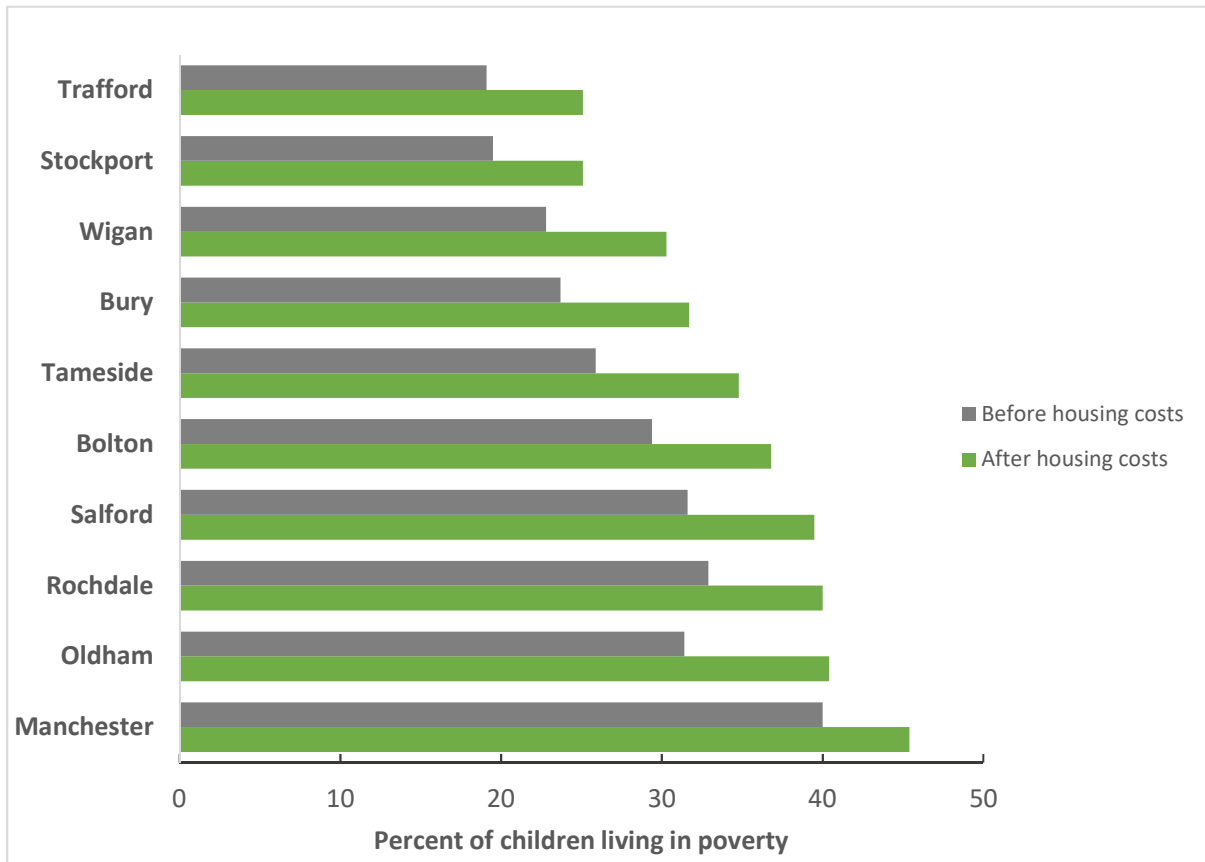
- Child poverty rates in Greater Manchester are higher than the national average.
- Levels of good development in early years have improved significantly in Greater Manchester

Giving Every Child the Best Start in Life was a priority for the 2010 Marmot Review (9). The 10 years on review highlights continuing high levels of child poverty across England and decreases in support services for families as a result of a shift in funding from Sure Start and Children's Centres towards provision of free places in early years settings (1).

CHILD POVERTY

Child poverty is a major concern across Greater Manchester, as it is across the whole of England. Nationally, since 2010/11 rates of child poverty have increased and an average of one in five children, 22 percent, were living in poverty before housing costs in England in 2017-18 (1). The child poverty level for Greater Manchester in 2017/18 was estimated at 29 percent before housing costs (BHC) and 36 percent after housing costs (AHC). This translates into approximately 200,000 children living in poverty BHC in Greater Manchester and 250,000 AHC. Stockport and Trafford were the only boroughs in Greater Manchester with child poverty rates below the national average in 2017/2018.

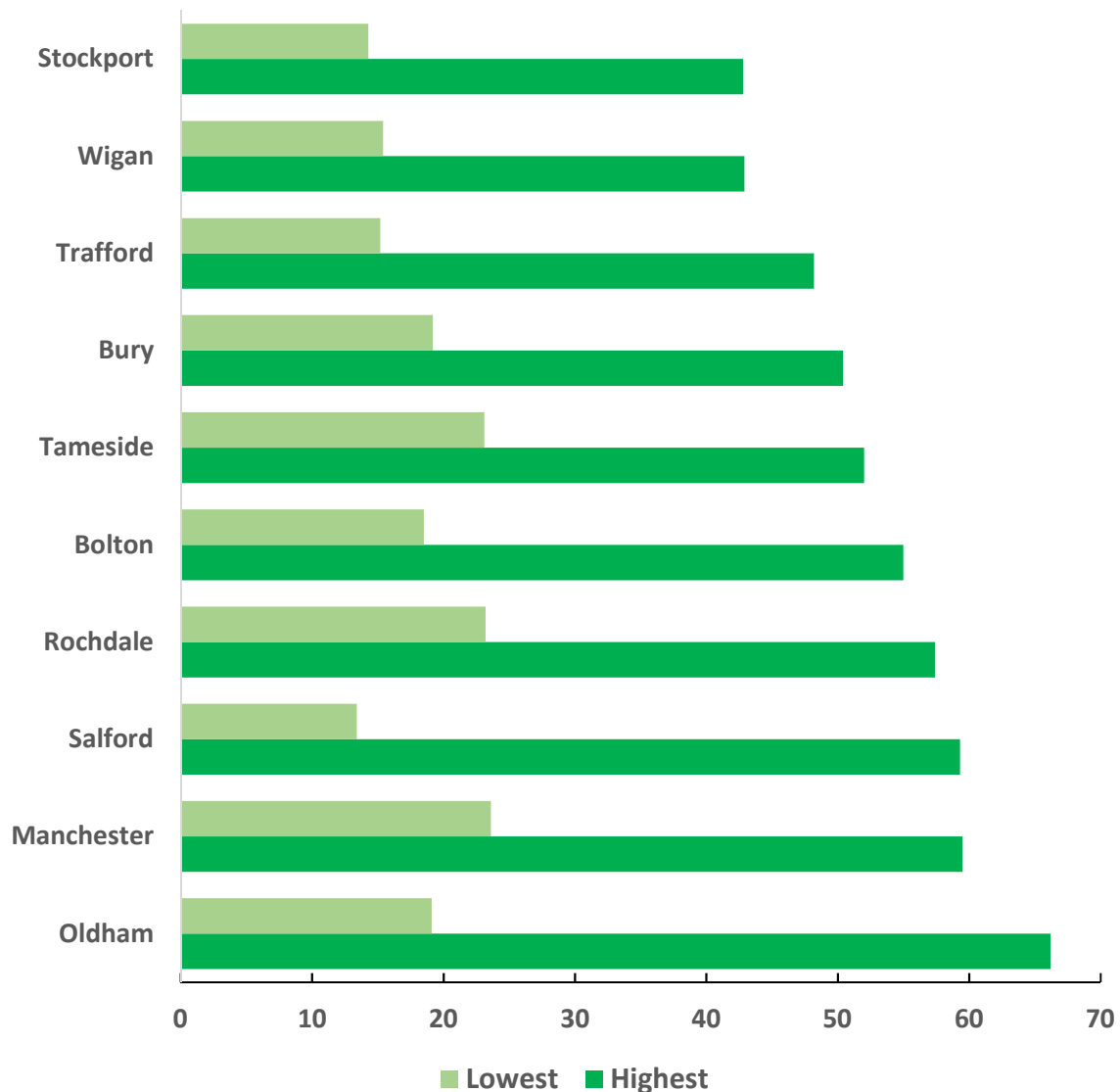
Figure 3. Percent of children living in poverty (defined as below 60 percent of median income), 2017/1818



Source: Greater Manchester Poverty Action (10)

Within each of Greater Manchester’s boroughs, child poverty rates vary significantly. Figure 4 shows the poverty gap within boroughs by comparing the highest and lowest levels of child poverty by electoral ward in each borough. Oldham has the widest poverty gap in Greater Manchester, a 47.1 percentage point difference in child poverty between its highest and lowest wards (AHC).

Figure 4. Percentage of child poverty by highest and lowest ward level, after housing costs, Greater Manchester 2018



Source: End Child Poverty (11).

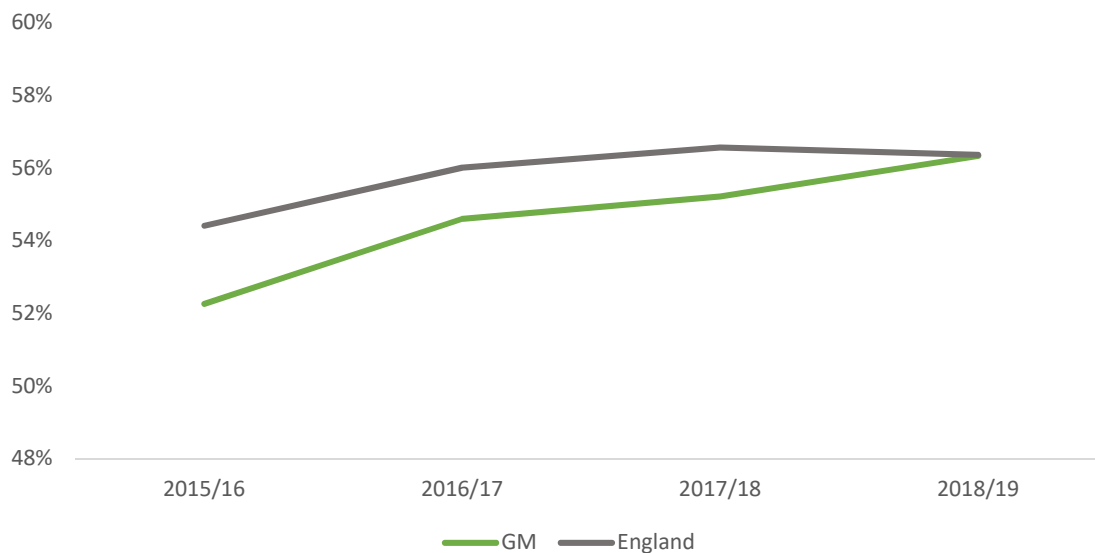
EARLY YEARS

Despite high levels of deprivation in parts of Greater Manchester and high rates of child poverty, Greater Manchester has improved attainment in the early years. In the school year 2018/19, 68.2 percent of all children achieved a good level of development (GLD) in Greater Manchester compared to 47.3 percent in 2013, nationally this number is 71.8 percent.

Particular improvements are being secured for Greater Manchester children from more disadvantaged backgrounds. The number of children eligible for free school Meals who achieve a good level of development at the end of reception has improved by 4% since 2015/16, a rate of improvement faster than for England as a whole. From 3.4% in 2014/15, the gap between Greater Manchester and national rates has now closed almost completely shown in figure 5. These marked improvements are the result of a significant focus by a wide range of partners, including maternity services, health visitors, schools, children's services, local authorities, the NHS, police and politicians working together at a neighbourhood level. Improving school readiness, is a priority outcome for Greater Manchester. Tough targets have been

set, including for all early years settings to be rated 'good' or 'outstanding' in 2020, and to close the gap in school readiness rates between Greater Manchester and the national average.

Figure 5. Percentage of children achieving a good level of development at the end of Reception, by eligibility for free school meals, Greater Manchester and England, 2015/16-2108/19



Source: Department for Education (12).

There have been improvements in the quality of early years provision in Greater Manchester which may have contributed to overall increases in the numbers of children starting school with a good level of development at age 5 (Figure 6).

Figure 6. Proportion of children aged 3-4 in funded early years education rated 'good' or 'outstanding'



Source: Department for Education (12).

The Ten Years On report found funding for Sure Start and Children's Centres has been cut significantly across England, particularly in more deprived areas. Greater Manchester has also experienced these large cuts to the local government grant. After cuts in 2010/11 City of Manchester evaluated its Sure Start provision. After consultation with families, the Council decided in 2012 to keep all 39 Sure Start centres open. However provision continued with substantial funding cuts, between 2010/11 and 2017/18 (13).

Another reason for Greater Manchester's improvement could be its Early Years Delivery Model (EYDM). Developed in 2012, the EYDM is an integrated early year's service based on the principles of proportionate universalism. Described in the 2010 Marmot Review, a proportionate universal approach is one that deliver services at a scale and intensity proportionate to the degree of need and does not focus on a single group of disadvantaged individuals or one geographical area (9).

GMs EYDM is an assessment model that is underpinned with specialised and preventative services. It recognises the first 1001 days, starting at conception, are critical to GLD. The EYDM harnesses the universal reach of maternity and health visiting services as a way of early identification of vulnerability in both parents and infants. When EYDM is implemented across GM the aim is that families will receive proportionate, multi-agency tailored services relevant to their level of need.

Additional success may also be due to the fact that early years has been a system priority for the last 10 years. Greater Manchester have made school readiness a priority outcome in the Greater Manchester Strategy and tough targets have been set, such as all early years settings to be rated 'good' or 'outstanding' in 2020, and, to close the gap in school readiness between Greater Manchester and the national average (14). Linked programmes include:

- At scale implementation of early years pathways across GM to support; speech, language and communication; parent and infant mental health; physical development; and social, emotional and behavioural needs
- A focus on delivering both universal and targeted parenting and child development programmes which are evidence-based, such as the Solihull approach (an approach to preschool child and family health that aims to increase their emotional health and wellbeing (15)) and Incredible Years (aimed at strengthening parent/ teacher / child relationship (16)).
- Developing an Early Years Workforce Academy to support workforce development amongst all early years practitioners (in public and private settings) and encourage more integrated working
- I-THRIVE, an integrated and person-centred approach to deliver mental health services for children, young people and their families (17).

These examples of actions are a brief overview of of early years provision in Greater Manchester and highlight likely reasons for success in the early years attainment in a region where, in 2017/2018, eight out of ten local authorities had a higher proportion of children living in poverty than the national average.

3B. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

Summary

- Formal education outcomes are mixed in Greater Manchester. Disadvantaged students in Greater Manchester achieve better results compared to national averages.
- There have been improvements in Key Stage 2 and 4 and Attainment 8 scores have all improved but they still fall behind national averages.

Since 2010 national education policy has reduced the role of local authorities in education provision through Academies. Moreover, education is not one of the devolved services in Greater Manchester, however, the city-region has brought school leaders together and connected them in to wider work to reform public services in Greater Manchester. Greater Manchester school leaders have prioritising student wellbeing, encouraged schools leaders to collaborate and emphasised the importance of skills and vocational training to ensure school leavers are equipped for the world of work.

Examples of programmes

- The Greater Manchester Learning Partnership is made up of representatives of each of the key groups charged with school improvement across Greater Manchester: Teaching Schools, Local Authority Education Leads, System Leaders and Dioceses working in close partnership with government agencies in particular Department for Education, Ofsted and the North West Teaching School Council (18).
- Bridge Greater Manchester - a programme that connects schools, students and employer (19)
- Greater Manchester Mentally Healthy Schools programme which includes training, one-to-one support and mentors for both staff and students to build resilience and improve mental health (20).

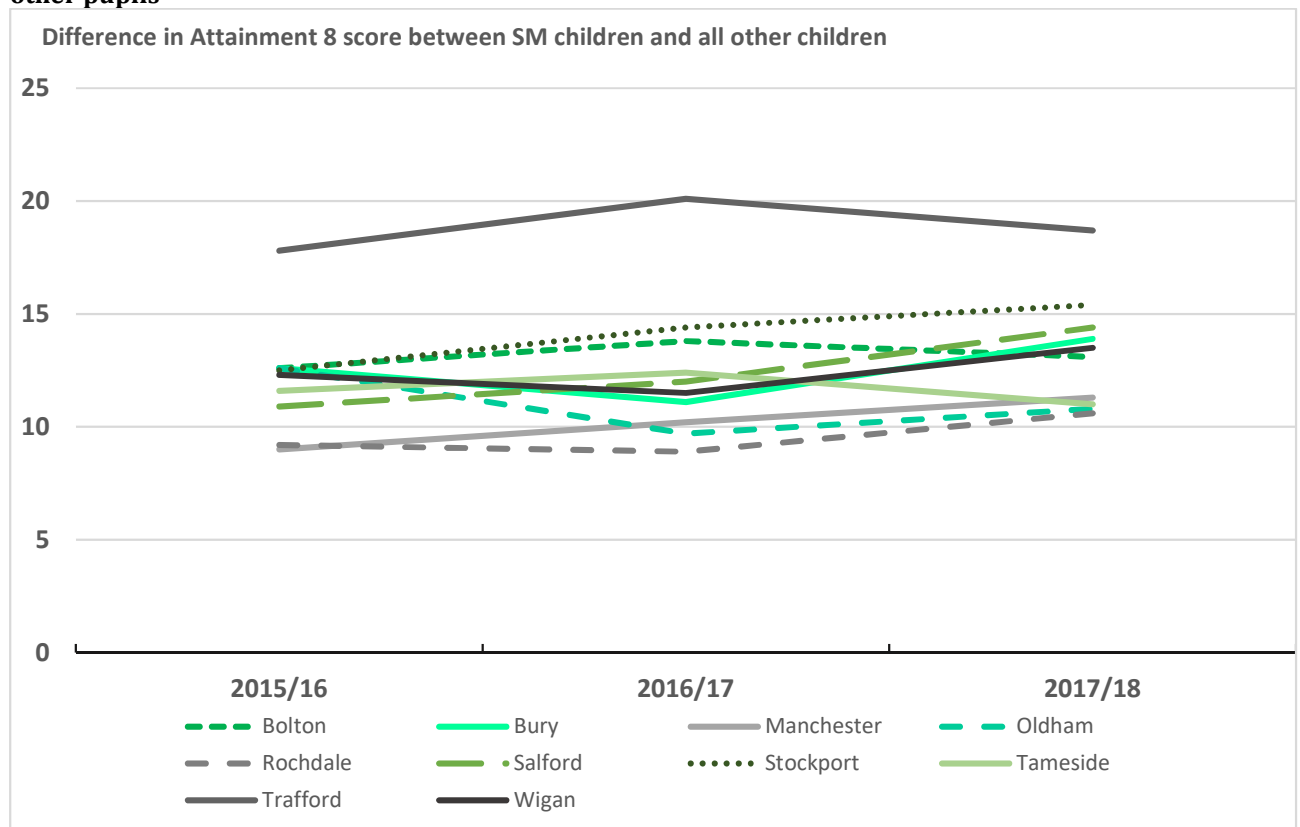
INEQUALITIES IN EDUCATIONAL ATTAINMENT

In Greater Manchester outcomes in formal education have been mixed. In 2018 62.2 percent of pupils in Greater Manchester at Key Stage 2 (Years 3-6, age 7-11 years) achieve expected levels in reading writing and maths, an increase of three percent on the previous year. However, Greater Manchester is still 1.8 percent below the national average, given the increased levels of deprivation, demonstrates a good outcome. In Key Stage 4 there have been similar increases in outcomes – with Greater Manchester’s outcomes improving compared to the previous year, however, they continue to be behind the national average, though this gap narrowed in 2018 (21).

Attainment 8 scores measures pupils’ performance in eight GCSE-level qualifications (22). In Greater Manchester Attainment 8 outcomes at the end of secondary school showed Greater Manchester behind the national average (43.2 compared 44.5 nationally) (21).

As there are across England, there are gaps between those eligible for free school meals and the rest of pupils in attainment 8 scores in Greater Manchester, as Figure 7 shows. However, Greater Manchester’s outcomes for disadvantaged students continue to improve and disadvantaged pupils in Greater Manchester achieve better results than the national averages of disadvantaged children at every key stage (21). Figure 7 shows Trafford has the largest gap although this decreased slightly in 2017/18, Tameside and Bolton also saw gaps decrease; it also shows the gap in average attainment 8 scores have risen in other local authorities in Greater Manchester.

Figure 7. Gap in average attainment 8 scores between pupils on free school meals pupils and all other pupils



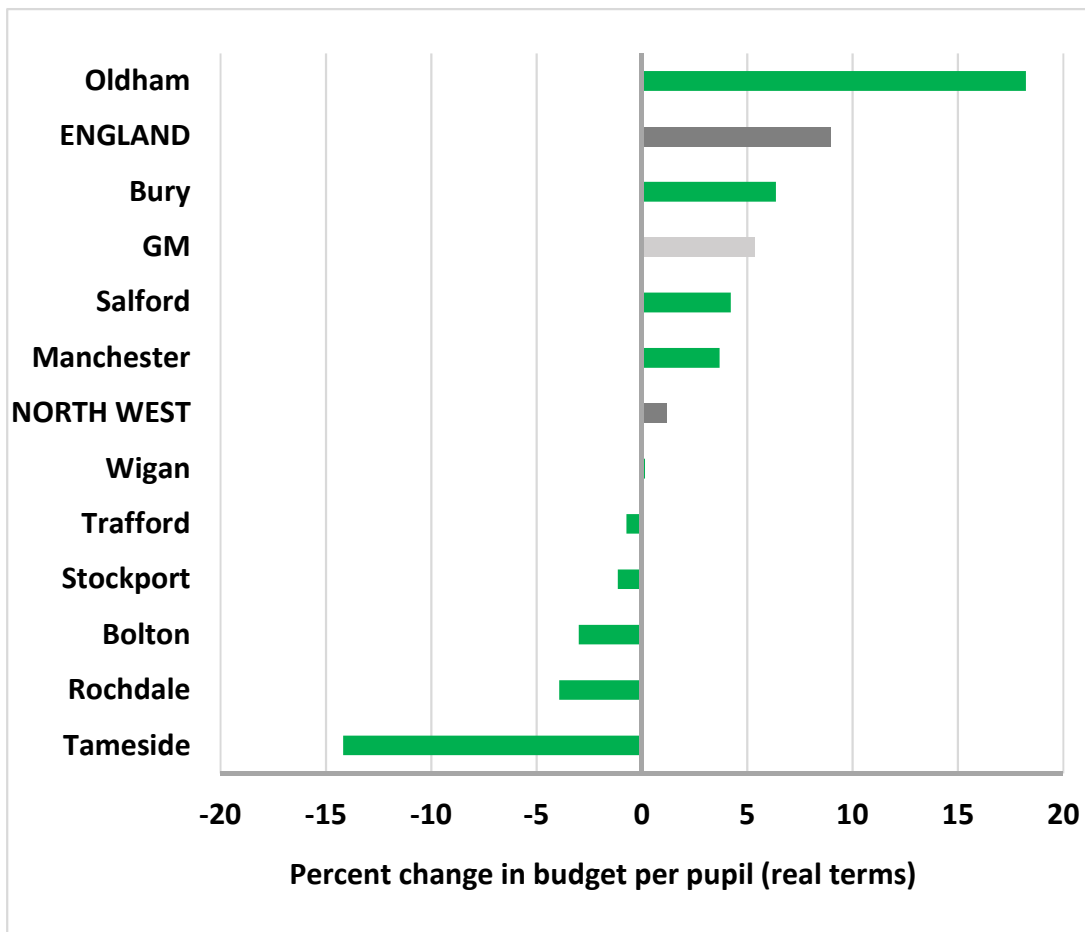
Source: Department for Education (12).

FUNDING FOR SCHOOLS

Nationally there was a decline of 1.5 percent of GDP in education spending since 2010, and the Institute for Fiscal Studies have estimated that overall education spending fell 8 percent per pupil 2009/10-2018/19 (23).

Within Greater Manchester net school expenditure has been less than England as a whole and several local authorities have experienced declines in per pupil expenditure by schools, including Tameside, with the largest reductions, Rochdale, Bolton, Stockport, Trafford. Only Oldham has had increases larger than the average for England.

Figure 8. Net expenditure of individual schools: percent change in real terms spend per pupil by local authority, 2014/15 to 2018/19



Source: Dfe (2020)

Note: Inflation based on GDP deflators at market prices

3C CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

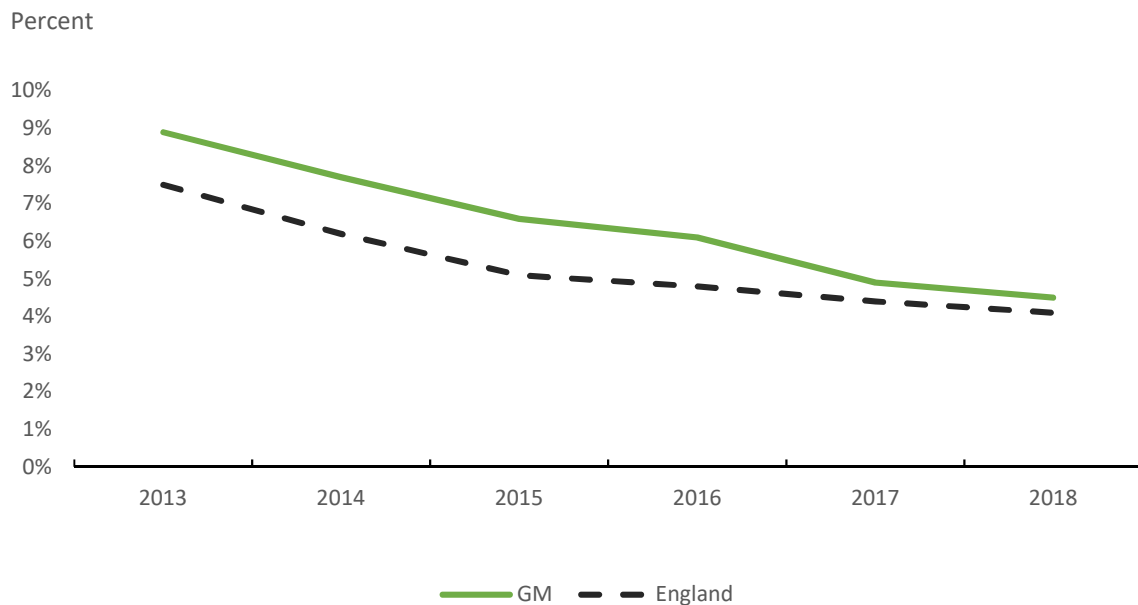
Summary

- Employment rates in Greater Manchester have increased.
- The main rise in jobs has been in self-employment, reflecting national trends.
- The North West region has the lowest weekly self-employment earnings and average earnings for this group have not changed since 2000.

EMPLOYMENT RATES SINCE 2010

Unemployment fell in Greater Manchester between 2013 and 2018, following the national trend, although unemployment has fallen more than the national average, closing the unemployment gap between GM and England (Figure 9).

Figure 9. Unemployment 16+, modelled estimates, Greater Manchester and England, 2013 - 2018



Source: ONS (24)

60 percent of Greater Manchester’s adult population (aged over 16 years) were in employment (September 2018) compared to 47 percent who have health conditions or illnesses lasting more than 12 months. It is estimated that this gap equates to a potential loss to Greater Manchester’s economy of £4.1bn per annum (25). People in work with short-term ill health in the North of England are 39 percent more likely to lose their job compared to their counterparts in the rest of England (26).

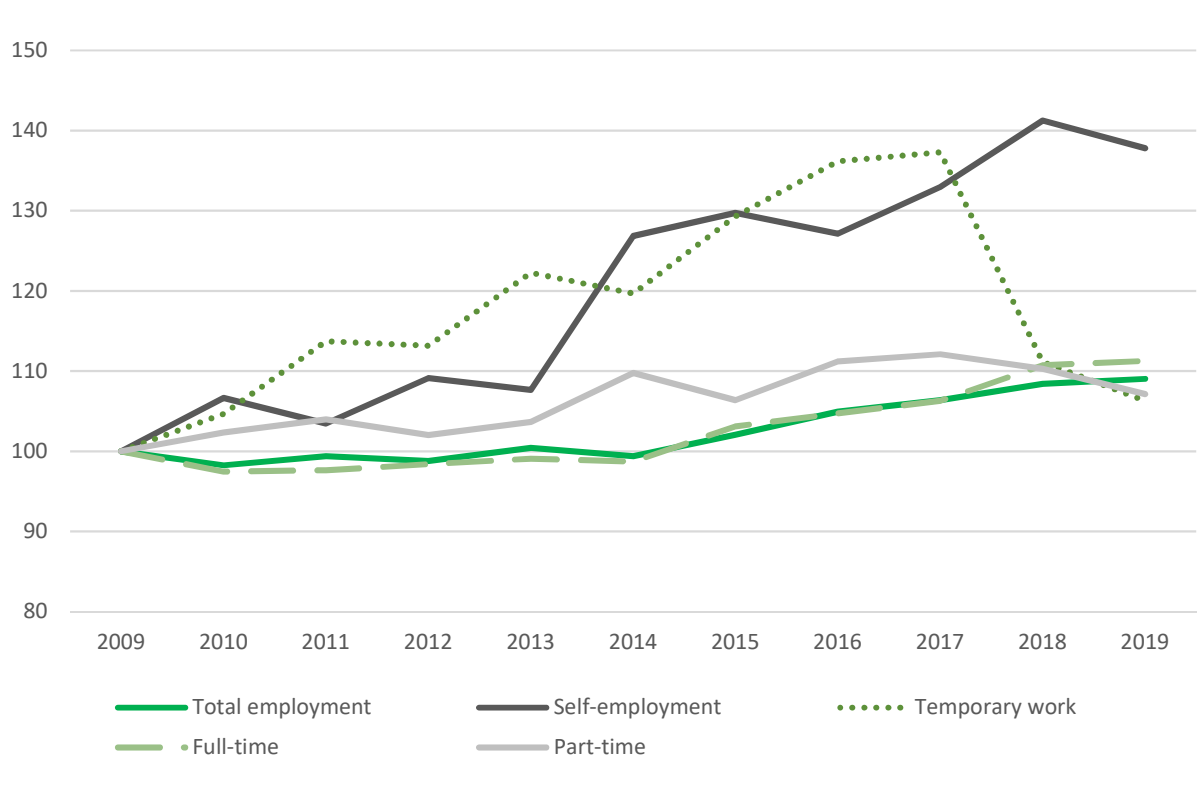
Worklessness is concentrated in some local authorities, particularly in City of Manchester Bolton, Oldham and Rochdale. These areas with higher levels of worklessness are significantly more likely to include residents that:

- have a long-term illness and disability;
- have poor skill levels and lower prior educational attainment;
- have lower levels of fluency in English;
- are lone parents;
- are from certain ethnic minority communities; and
- are young (aged 16 to 24 years old) or older residents (over 50 years old) (25).

People with no qualifications are more likely to not be in work. The employment rate for those with no qualifications in Greater Manchester is 43 percent compared to 61 percent for people with a Level 1 qualification rising to 69 percent with a Level 2 qualification (25).

Figure 10 shows rises in employment since 2010 have, to a large extent, been due to increases in self-employment and temporary contracts. Since 2017 temporary contracts have fallen although self-employment continues to rise.

Figure 10. Types of employment, Greater Manchester, 2009-2019 (indexed; 2007 level = 100)



Source: ONS, NOMIS, 2019 (27)

Self-employed income varies by region in England and the North West has the lowest weekly self-employment earnings. All other regions in England have seen an increase in weekly self-employment earnings however in the North West, the median earnings for the self-employed stayed the same, £200/week. In contrast, self-employment earnings in London in 2016 were £352 per week (most recently available data) (28).

QUALITY OF WORK

Data from the ONS Annual Population Survey (Figure 16) shows that a higher proportion of employees in Greater Manchester are in 'quality work' (meaning reasonable hours, pay above the low pay threshold and with reasonable job security) than in Greater London. The proportion of those in 'quality work' is similar to those in Liverpool City Region where an additional 1.6 percent are in 'quality work'.

Figure 11. Percentage of employees in 'quality work', Greater Manchester, Greater London, Liverpool City, 2018



Source: ONS (29)

Greater Manchester is running a number of programmes to help people into work and to maintain a healthy workforce in good quality, secure employment. An Employment and Skills Advisory Panel brings together local and national government, and employers to identify local skills needs. These programmes involve both the rollout of national schemes as well as local programmes, primarily three Working Well programmes:

- **Working Well: Early Help programme** - supports people at risk of falling out of employment due to ill health. With £4m local NHS investment in early intervention employment service, Early Help connects with people primarily via their GP and engagement with Small and Medium Enterprises (SMEs) with an additional focus on those newly unemployed.
- **Working Well: Work and Health programme** - building on the success of the Working Well programme, this is a devolved project of the national Work and Health programme. Working Well provides locally tailored support to help long-term unemployed residents with health conditions or disabilities get back into the labour market and sustain work.
- **Working Well: Supported Employment Service** – a new programme due to launch in April 2020 will focus on those with complex and enduring health conditions or disabilities to offer support for employability, skills, volunteering and wellbeing.

In addition, Greater Manchester is seeking to raise employment standards in the region. **The Greater Manchester Good Employment Charter** aims to improve skills utilisation and management standards and to raise productivity across all sectors (16).

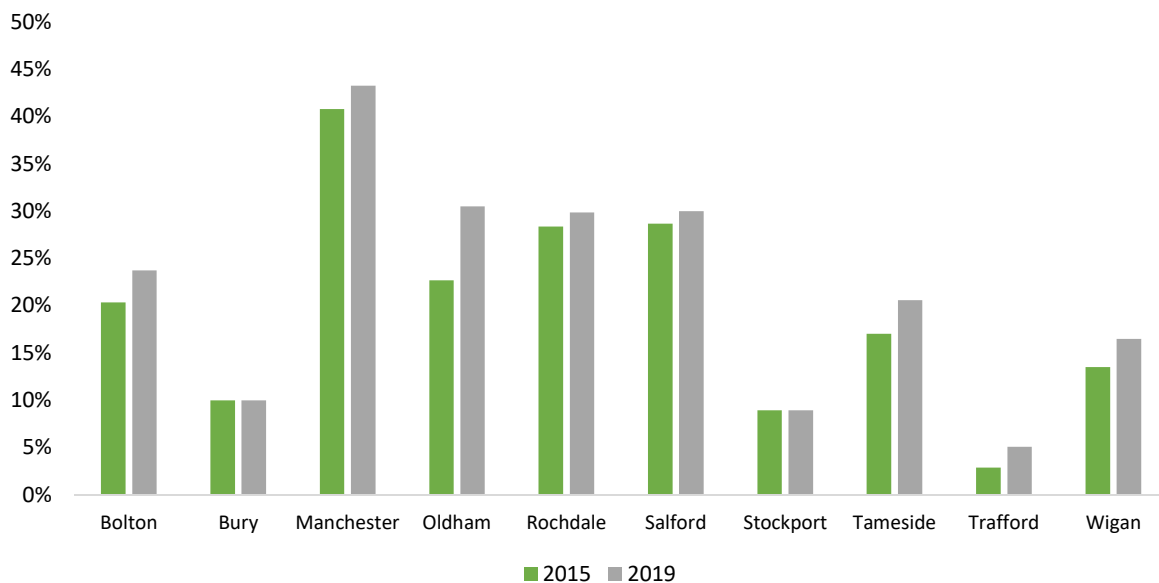
3D ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

Summary

- Low pay is slightly above the England average and men and Black employees are more likely to be low paid compared to national averages.
- Fuel poverty is slightly higher than the national average.

Data from IMD suggests that in eight out of ten boroughs in Greater Manchester the proportion of Lower Super Output Areas which are in the most deprived 10% of LSOAs nationally has increased between 2015 and 2019, described in figure 12. This suggests relative deprivation has increased in some parts of Greater Manchester.

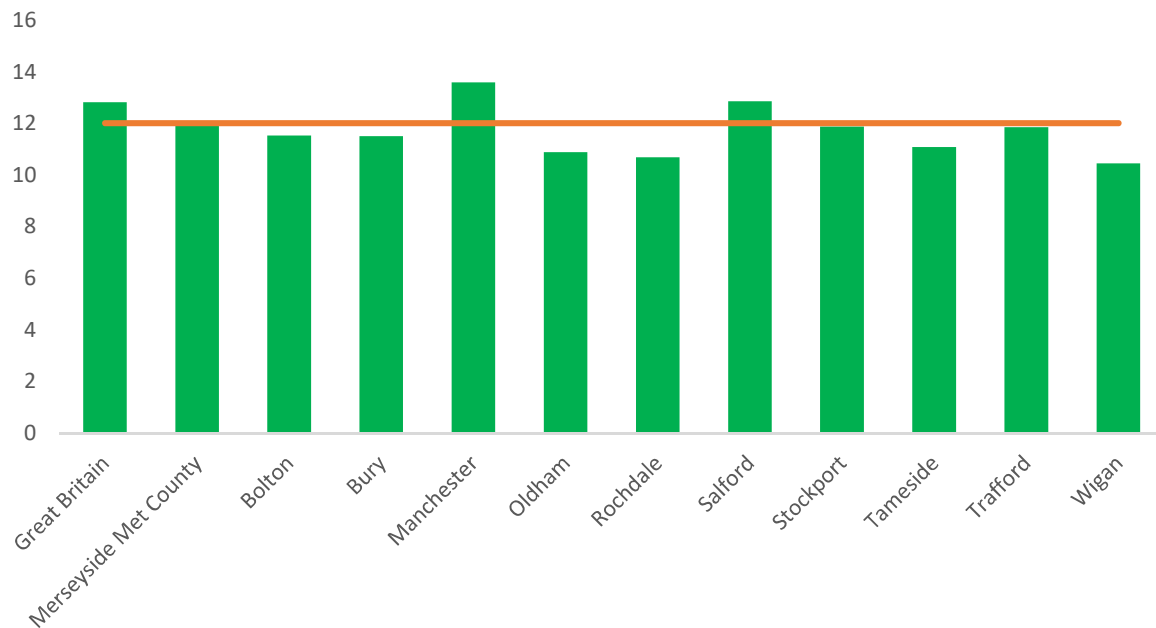
Figure 12. Proportion of LSOAs in 10% most deprived nationally, IMD 2015 and 2019



Source: MHCLG

All local authorities, except City of Manchester and Salford have, on average, lower hourly pay rates than GB average, described in figure 13. Within local authorities, there are wide differences in rates of pay.

Figure 13. Hourly pay - Gross (£) - For all employees 2018



Source: Nomis 2018 (30)

In 2017, 19.2 percent of jobs in Greater Manchester were classified as low paid just above the GB national average of 18 percent. Low pay is much higher in some local authorities within Greater Manchester, in Rochdale 26 percent are low paid, Wigan 25 percent but in Manchester and Salford only 14 percent are low paid.

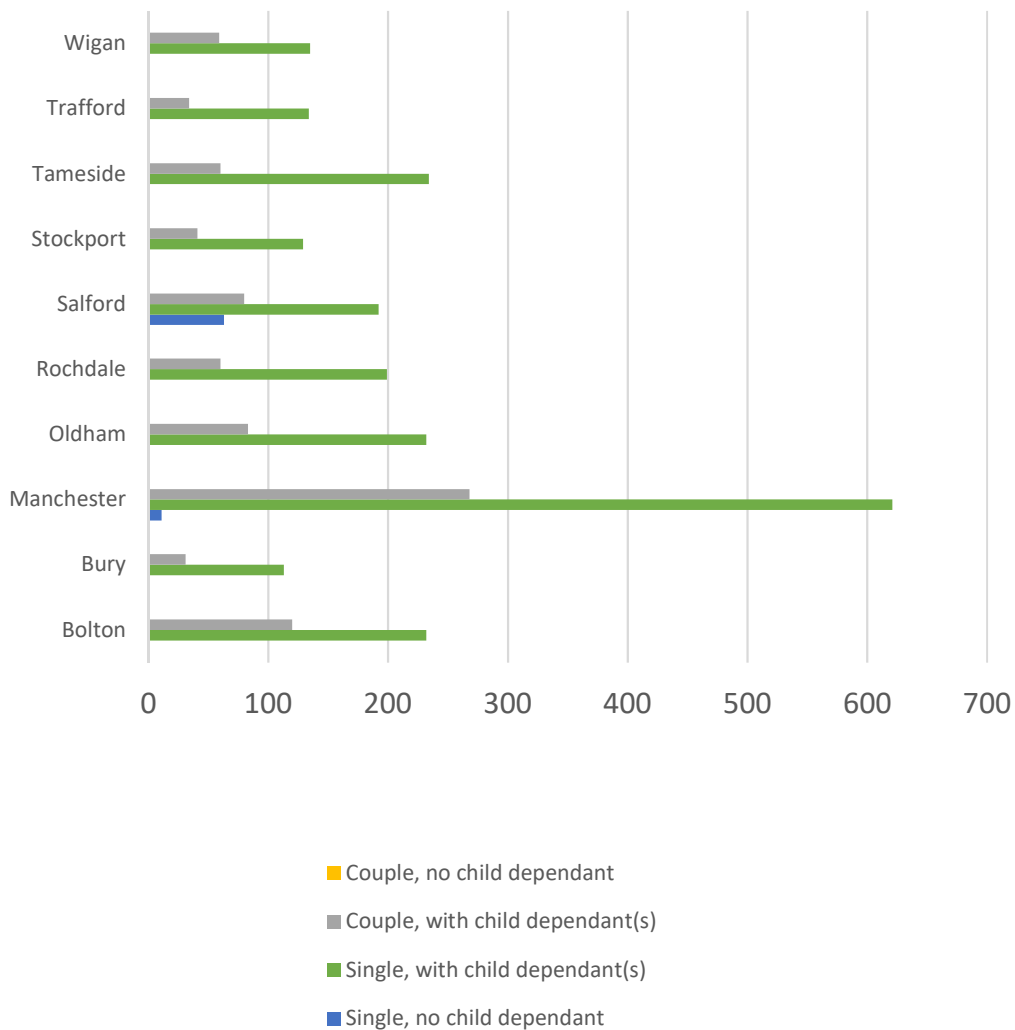
FUEL POVERTY

It is estimated between 12 and 15 percent of households in Greater Manchester cannot afford to heat and power their homes to the level necessary for good health and wellbeing, slightly above the England average of 11 percent of households classed as fuel poor (31) (32). There are large variations in incidence of fuel poverty across Greater Manchester in Moss Side, Gorton South, Harpurhey, Longsight, Rusholme and Withington some wards have over 41 percent of households living in fuel poverty (in 2014) (31).

TAX AND BENEFITS

The benefits system in England has changed significantly in the last decade with introduction of the benefits cap and universal credit. A number of welfare reforms introduced by the Coalition government sought to make the welfare system 'fairer and more affordable' (33). One of the reforms introduced included the 'benefits cap' which restricted the total housing benefits paid to most people of working age, limiting the amount of money a household received to the average earned income of a working household's take-home pay (33). At February 2019 52,000 households had their housing benefit capped (34). In Greater Manchester, 3,160 households were subject to the benefit cap in 2019, Figure 13.

Figure 14. Number of households subject to the benefits cap, Greater Manchester, 2019



Source: Department for Work and Pensions, 2020 (35)

3E. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

The natural and built environment have highly significant impacts on people’s health, and form a core part of GMs population health strategy. In the short term, this means ensuring the environment is healthy and clean.

COMMUNITY CONTROL AND EMPOWERMENT

Greater Manchester has a long history of supporting and enabling the Voluntary and Community and Social Enterprise (VCSE) sector as key pillars of neighbourhood resilience and community support. For example, in the borough of Tameside, the unified public services model compliments the work already undertaken by the local Clinical Commissioning Group and local authority to redesign the way public services are delivered.

A range of NHS, community and voluntary services have been working in partnership, resulting in increased referrals for social prescribing, new digital health initiatives to provide skype consultations in care homes and the award-winning Shared Lives campaign, which supports adults with care needs. Early Years care has been transformed thanks to the 'Early Help' service. To deliver this work Tameside has created four locality teams to provide targeted support for families on a range of issues, such as; parenting, debt, school attendance, and housing. The teams include a range of expertise from community development, and health visiting, to welfare and school behaviour support. Similar to the asset-based approach in the Greater Manchester Model, 'Early Help' seeks to complement existing services and institutional relationships and adopts a 'Think Family' approach which also provides support to parents and older family members.

Greater Manchester has a range of strategies to improve health and wellbeing for its older population, to become an Age-Friendly city region. As part of this effort, Greater Manchester is seeking to tackle social exclusion, isolation and loneliness among older people. Social connectedness is being strengthened through a community asset building approach, utilising the strengths of the local VCSE sector such as the Ambition for Ageing programme. Ambition for Ageing encompasses a range of programmes for older people, such as lunch clubs, arts and exercise classes and programmes to improve community participation such as Collective Effect which promotes citizenship and representation of older people. Programmes include:

- **Ageing in Place**, a programme seeking to establish age friendly neighbourhoods (in line with the unified public service model) in places across the city region"
- **Safe and Well** visits by Greater Manchester Fire and Rescue Service.
- **Promotion of new housing models** such as co-housing, city and town centre living and LGBT-friendly later-life housing.

Similarly Greater Manchester sees key anchor institutions: hospitals, schools, community and religious centres and universities as vital to the asset based approach which underpins the Greater Manchester Model of Unified Public Services. For example, the Salford Third Sector Grant Fund, involves Salford City Council, Salford Clinical Commissioning Group and Salford Community and Voluntary Services providing investments for social enterprises and voluntary and community services groups promoting health and wellbeing. The fund is monitored and assessed against outcomes such as:

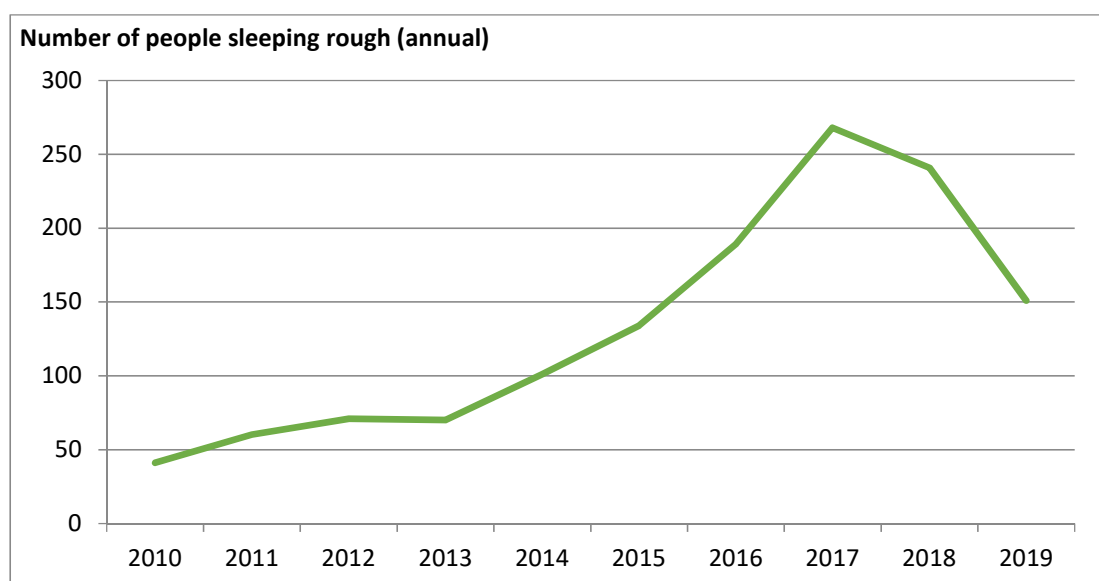
- Understanding and valuing friendship.
- Getting active and getting off the streets.
- Improved confidence.
- Reduced social isolation.
- improvements in mental health.

HOUSING

In the latest available data, between April and June of 2019, there were 2,628 households in Greater Manchester accepted as homeless and a further 1,828 at risk of homelessness. The Ministry of Housing Communities and Local Government provide an annual assessment of the extent of rough sleeping each Autumn. GM saw the first year-on-year drop in rough sleeper numbers since the start of the decade in their November 2018 count, with a drop of 10% from the numbers in November 2017, Figure 14. This figure however still represents a 488 percent increase since 2010 in comparison to a 165 percent increase across England.

GM have since published their rough sleeper count for November 2019 (though this hasn't been officially released by MHCLG yet) which shows another year-on-year drop of 37%, described in figure 15.

Figure 15. Annual rough sleeping count Manchester 2010-19



Source: MHCLG 2019 (36)

The reductions in rough sleeping may be due to the impact of The Mayor's 'A Bed Every Night' initiative, introduced in November 2018, which ensures a bed for Greater Manchester's rough sleepers regardless of their circumstances or level of need. Elsewhere in England, not everyone sleeping rough is entitled to a bed inside (e.g. if they have no recourse to public funds). The entitlement only extends to everyone during Severe Weather and cold snaps. In GM, local public services and the general public have raised around £6m to fund A Bed Every Night. Initially introduced for winter 2018 the project has now been extended through to July 2020. In the first phase (Winter 2018/19) over 1500 people were supported including 500 who were supported to move into more suitable accommodation.

A widely accepted measure of housing affordability is spending no more than 30 percent of household income on housing. Figure 15 shows how 30% of the mean, median and lower-quartile household income compares to mean, median and lower quartile rents in each area of Greater Manchester. At the Greater Manchester level rents appear to be broadly affordable, (the black line, which represents 30% of mean, median and lower quartile income is at or above the corresponding bar for mean, median and lower quartile rents). However at the local authority level the data suggests that affordability at 30% of lower quartile incomes (often seen as the most accurate indication of actual household spending power) is of concern across Greater Manchester. Only Wigan and Rochdale have lower quartile incomes significantly higher than lower quartile monthly rents. In City of Manchester, Salford, Stockport and Trafford lower quartile rents are considerably higher than lower quartile earnings suggesting that rent costs in these areas are creating a disproportionately high burden on household incomes.

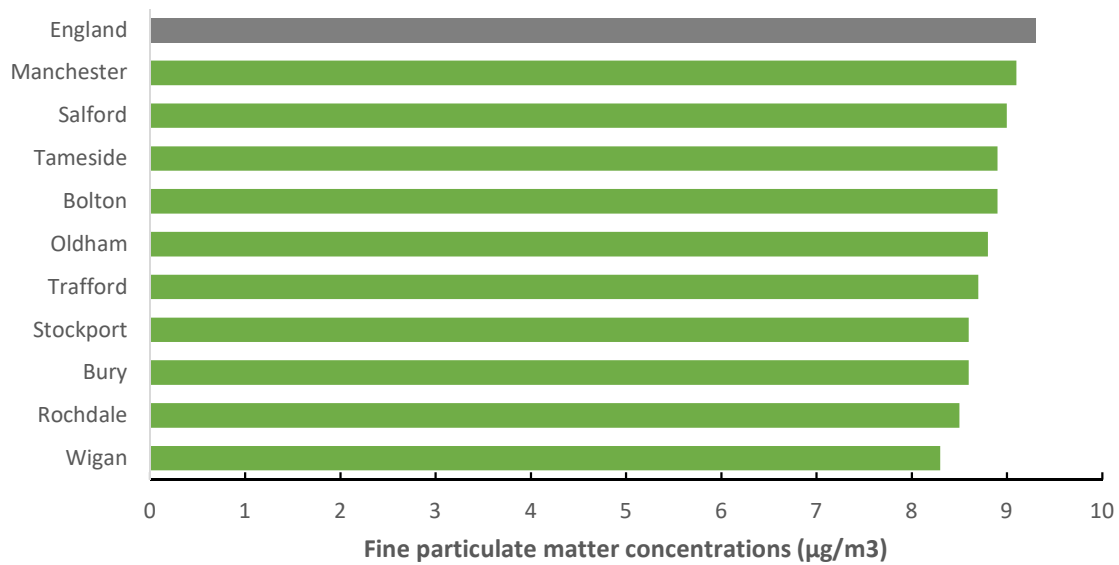
The 'Let Us' programme is Greater Manchester's ethical letting's agency. It brings five housing providers together to provide better access for those who are currently excluded from the private rented sector. They are providing an additional 800 houses over two years to be made available to those in need. They are also helping vulnerable tenants, reducing homelessness and improving the security of tenure in the private rented sector.

CLIMATE CHANGE AND HEALTH INEQUALITIES

Greater Manchester has made efforts to encourage collaboration across the ten boroughs to better respond to environmental emergencies. Greater Manchester has identified that more deprived areas are more susceptible to environmental shocks and has worked together to identify the likely impacts of

climate change for residents. Figure 16 shows Greater Manchester's air quality is slightly better than the England average.

Figure 16. Annual concentration of human-made fine particulate matter (micrograms per cubic metre), Greater Manchester, 2016

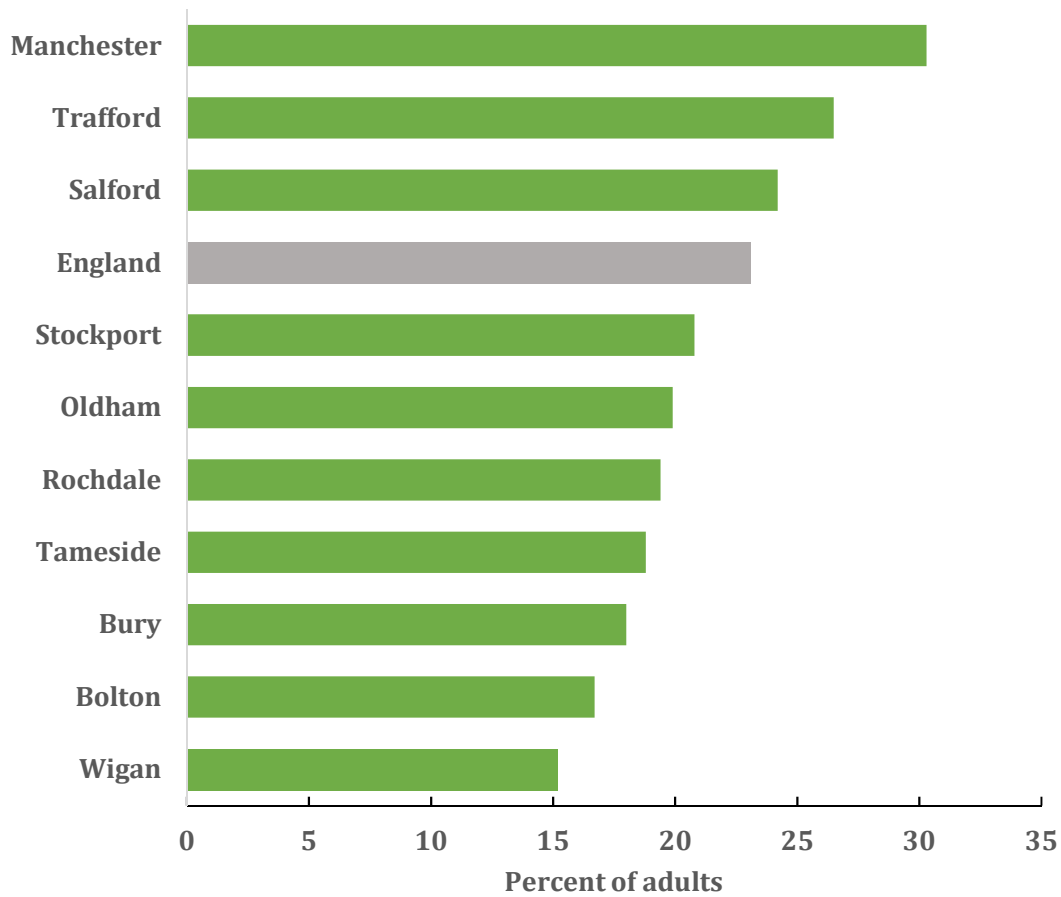


Source: PHE, 2020 (5).

Efforts to mitigate impacts of climate change and reduce greenhouse gas emission are positive for health and health inequalities – supporting active travel is also beneficial to population health and health inequalities – if is designed to support active travel for more deprived areas.

At the moment less than a third of GM residents walk for travel (see Figure 17). The city-region is making a significant investment of £1.2bn on an extensive cycling and walking network to improve active travel

Figure 17. Percentage of adults walking for travel at least three days per week, Greater Manchester, 2017/2018



Source: PHE (5).

To address climate change at the local authority level, Greater Manchester is launching the UK's first city-region Clean Growth Mission to enable Greater Manchester to become carbon neutral by 2038. Greater Manchester has put forward proposals to enact a Clean Air Zone for vehicles which spend a lot of time on the road including buses, lorries, PHVs and taxis. The Made to Move strategy plans to spend £1.5 billion over ten years building cycle networks and redesigning streets to incentivise walking and decrease car usage.

4. GOVERNANCE FOR HEALTH EQUITY

The Greater Manchester devolution process have ushered in a new range of governance arrangements, such as an elected Mayor and new powers over health and social care spending. Democratic accountability is at the heart of these new arrangements building on Greater Manchester's history of collaboration and shared accountability.

Most of the powers that have been devolved from central Government, including almost all powers related to public services, are held by GMCA, the ten council leaders and the Mayor, who act in collaboration. The Mayor's spending plans can be rejected or amended if two-thirds of members of the Greater Manchester Combined Authority approve such action. These measures ensure accountability and a say for each part of Greater Manchester in how decisions are made.

As outlined in the 2010 Marmot Review and The Marmot Review 10 years on, in addition to a place-based strategy, a life course approach is needed to tackle health inequalities in the social determinants of health. Public service delivery in Greater Manchester is structured around the life course. IHE has been working with stakeholders across GM to explore how the unified model can further tackle health inequalities.

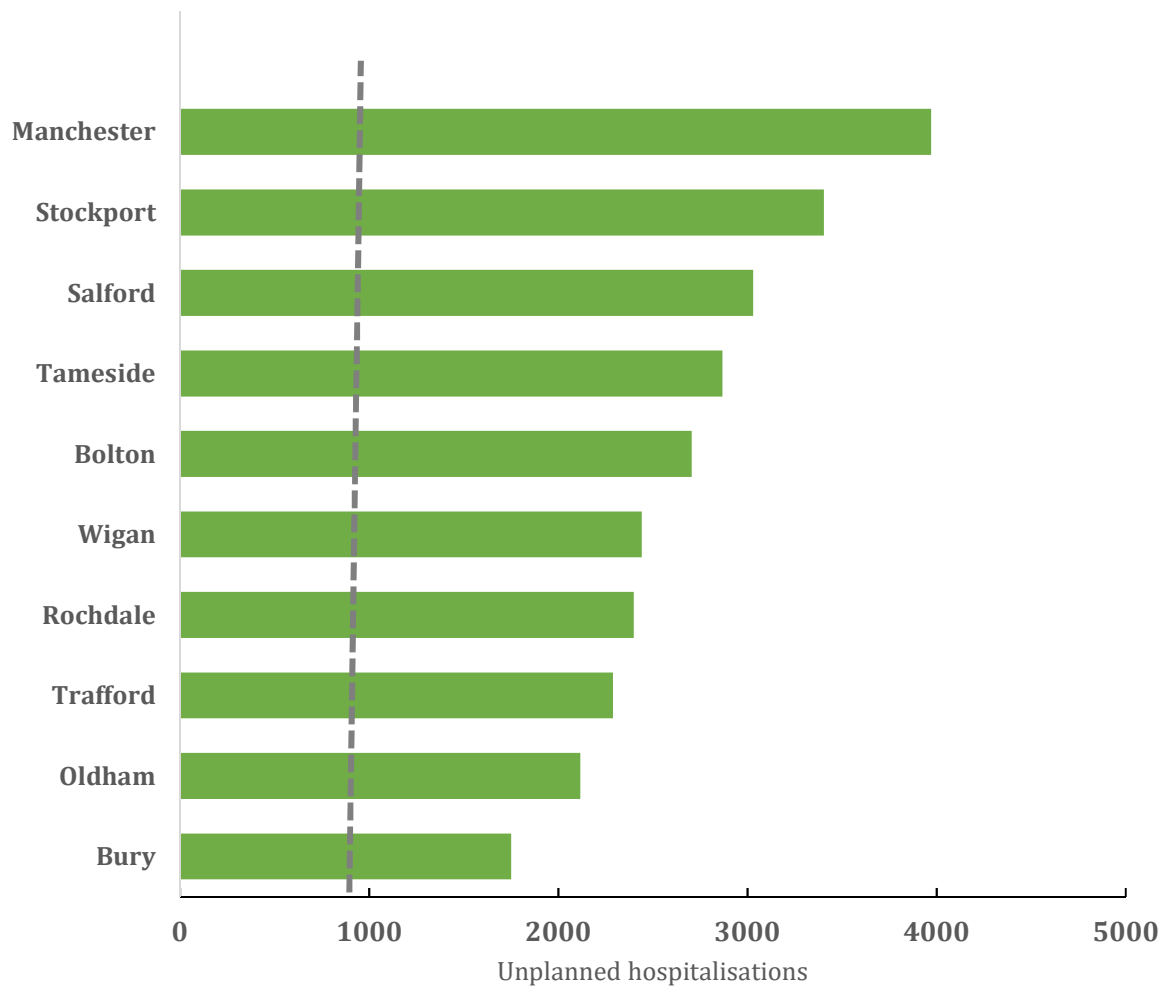
The delegated powers over health and care are exercised by the Health and Social Care Partnership, which brings together local NHS organisations, Local Authorities, the Mayor of Greater Manchester and the VCSE. Across Greater Manchester, public servants at every level work collaboratively where there are areas of common interest, through a mix of formal governance boards, informal meetings to share information and best practice.

Greater Manchester continues to develop a range of governance arrangements in order to deliver its unified model of public services, these include:


- Single commissioning functions in each of the ten local areas that eventually will cover all relevant public services.
- Greater Manchester wide joint commissioning for health and care based on a shared geography rather than an individual service basis.
- Working towards pooled budgets with clear and binding risk sharing agreements across public service organisations.

Figure 18 ranks local authorities in GM based on inequalities in levels of unplanned hospitalisations. The columns represent the absolute gap in number of admissions between those in the most and least deprived deciles. The higher the gap the higher the level of inequality between the most and the least deprived. City of Manchester has the highest gap in admissions and Bury the lowest. Stockport is second highest and also one of the more affluent boroughs in Greater Manchester, demonstrating the importance of monitoring inequalities both between and within local authorities. All ten local authorities had inequalities in unplanned hospitalisations that were higher than the England average.

Figure 18. Unplanned Hospitalisations for Chronic Ambulatory and Urgent Care Sensitive Conditions per 100,000 of the population - Absolute Gradient of Inequality, 2016/17



Source: NHS Right Care (37)

Note: England 2015: 

REFERENCES

1. *Institute of Health Equity website.* <http://www.instituteofhealthequity.org/home>.
2. Greater Manchester. The Greater Manchester model. Doing things differently. Our white paper on unified public services for the people of Greater Manchester. July 2019. Available from: https://www.greatermanchester-ca.gov.uk/media/2302/gtr_mcr_model1_web.p.
3. Marmot M, Allen J, Boyce T, et al. *The Marmot Review 10 Years On.* London: IHE; 2020. Available from: <http://www.instituteofhealthequity.org/the-marmot-review-10-years-on>.
4. ONS. *Health state life expectancies by national deprivation deciles, England and Wales: 2016 to 2018.* ONS; 2019.

5. PHE. Fingertips tool, 2020. <https://fingertips.phe.org.uk/>.
6. ONS. *Expectation of life, principal projection, England, 2018-based*. ONS; 2018. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/expectationoflifepincipalprojectionengland>.
7. Purdam K. *The devolution of health funding in Greater Manchester in the UK: A travel map of life expectancy*. *Environment and Planning A*. 2017; 49(7) 1453–1457.
8. ONS. Life expectancy at birth and at age 65 years by local areas, UK. Released december 2019. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyatbirthandage65bylocala>.
9. Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M, Fair Society, *Healthy Lives: The Marmot Review*. London; 2010.
10. Greater Manchester Poverty Action. GM Mini Poverty Monitor. Available from: <https://www.gmpovertyaction.org/mini-poverty-monitor/#1>.
11. End Child Poverty, child poverty in each constituency, May 2019. Available from: <http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/>.
12. Department for Education, Early Years Foundation Stage Profile (EYFS Profile), 2019.
13. Ottewell D, Dobson C. *Sure Start centres were set up to give children 'the best possible start in life' - funding to keep them going has been slashed*. *Manchester Evening News*. [online] 2019. [Accessed 15 October 2019]. Available from: <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/funding-sure-start-centres-greater-15522758>.
14. Greater Manchester Summary, available from: https://www.greatermanchester-ca.gov.uk/media/1083/greater_manchester_summary.pdf.
15. Whitehead RE, Douglas H. *Health Visitors' experiences of using the Solihull approach*. *Community Practitioner*. 2005;78(1):20-23.
16. Leijten P, Gardner F, Landau S et al. *Research Review: Harnessing the power of individual participant data in a meta-analysis of the benefits and harms of the Incredible Years parenting program*. *Journal of Child Psychology and Psychiatry*. 2018;59(2):99-10.
17. i-THRIVE. *THRIVE Framework for system change*. [online]. [Accessed 15 October 2019]. Available from: <http://implementingthrive.org/about-us/the-thrive-framework/>.
18. Greater Manchester Learning Partnership. Available at: <https://www.gmlp.org.uk/>.
19. Bridge GM. Available at: <https://bridgegm.co.uk/>.
20. Greater Manchester Health and Social Care Partnership. *Successful Mental Health Programme for Greater Manchester Schools and colleges double in size*. Available at: <https://www.gmhsc.org.uk/news/successful-mental-health-programme-for-greater-manchester-schools-and-colleges-doubles-in-size/>.
21. Director of Education. *Report for Information. Attainment and Progress 2018*. Manchester City Council; 2019.

22. *Department for Education. Progress 8: how progress 8 and Attainment 8 are calculated. DfE;2016. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/561021/Progress_8_and_Attainment_8_how_measures_are_calculated.pdf.*
23. *Farquharson C, Sibieta L. 2019 annual report on education. Institute for Fiscal Studies, London: 2019.*
24. *ONS. NOMIS Labour Market Profile, 2020.*
25. *Greater Manchester Combined Authority. Audit of Productivity; 2019.*
26. *Bambra C, Munford L, Brown H et al. Health for Wealth: Building a Healthier Northern Powerhouse for UK Productivity; 2018.*
27. *ONS NOMIS. <https://www.nomisweb.co.uk/datasets/apsnew>.*
28. *Office for National Statistics. Trends in self-employment in the UK. ONS; 2018.*
29. *ONS. Job quality indicators in the UK – hours, pay and contracts: 2018.*
30. *Annual Survey of Hours and Earnings 2018. Available from: <https://www.nomisweb.co.uk/articles/1136.aspx>.*
31. *Manchester City Council. Manchester Family Poverty Strategy 2017-2022. Available from: https://www.manchester.gov.uk/directory_record/91130/family_poverty_strategy_2017-22/category/1479/childrens_services.*
32. *Hinson S, Bolton P. Fuel Poverty. House of Commons; 2019.*
33. *HM Treasury, Summer Budget 2015, HC 264; 2015. .*
34. *Department for Work and Pensions. Benefit Cap Data to February 2019. DWP; 2019.*
35. *Department for Work and Pensions. Benefit cap statistics. Last updated February 2020. Available from:<https://www.gov.uk/government/collections/benefit-cap-statistics>.*
36. *Rough sleeping in England: autumn 2018. Available from: <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2018>.*
37. *NHS. Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions (IAP00068). Available from: <https://digital.nhs.uk/data-and-information/national-indicator-library/unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>.*