

MAKING MANCHESTER FAIRER

Tackling Health Inequalities in Manchester 2022–2027

 MANCHESTER
CITY COUNCIL
Published by
Manchester City Council

Manchester is a great city, but not all residents have the same opportunities to be healthy and well, or to reach their full potential. This results in health inequalities – the preventable gaps between people with the worse health and people with the best health. Making Manchester Fairer is the city’s new action plan to tackle that gap over the next five years, and with a view to the long-term. The plan is based on what Manchester’s residents and staff from a range of organisations and agencies have told us in recent years, as well as the evidence of what works from research and experts on health inequalities. It doesn’t stop here though. We will continue to work collaboratively with residents and organisations alike, so that the people who know Manchester best are at the heart of developing and delivering this plan.

Background

Manchester is undoubtedly an amazing and great city filled with opportunity and possibility. It also has a brave outlook and is strong enough to look at where more can be done to help those who need it.

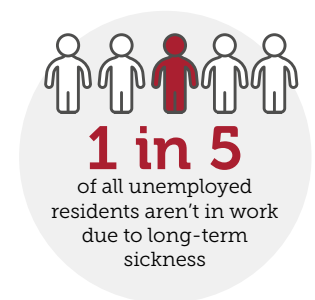
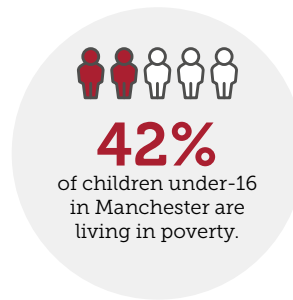
Not everyone gets the opportunity to make the most of what the city has to offer. A key reason for this is the large amount of socioeconomic disadvantage we have in parts of Manchester, which causes inequalities in health outcomes.

For example, a man born in Manchester’s least disadvantaged areas can expect to live eight years longer than a man born in Manchester’s most disadvantaged areas. For women, the gap is six years.

This life-expectancy gap reflects the gap in overall health between people in the most and least disadvantaged areas of the city, and it is one of the key indicators we really need to see change over the coming years.

In addition, even though life expectancy had been improving in both England and Manchester before the pandemic, it had started to stall.

- In 2020, life expectancy at birth in England fell by just over one year for men and just under one year for women. It also fell more in the most disadvantaged areas of England.
- However, in Manchester, life expectancy fell by around three years for men and two years for women. At the very least we need to stop that decrease, but ultimately, we want to improve those numbers and narrow the gap.



What the data tells us:

Data tells us that the gap between the least and most healthy in Manchester is driven in a large way by four big killers: **heart disease, stroke, cancer, and lung disease.**

Those four killers are driven predominantly by three lifestyle factors:

- Tobacco use
- Poor diet
- Sedentary lifestyle.

These habits contribute to and are responsible for **50% of our city's deaths.**

Some people may think it would be an easy thing to simply ask everyone to stop smoking, eat better and move more, and then 50% of deaths would be prevented.

However, depending on your social circumstances, doing the things that help you to live healthily is not always that easy.

So the conditions in which we are born, grow, live, work and age are responsible for the inequalities you see in health.

Yet we also know that it's not just socioeconomic circumstances that have a profound effect on people's lives. COVID-19 shone a light on how race and racism affect health, wellbeing and inequality. People from some ethnic groups are and were more adversely impacted than others in terms of COVID-19 cases, hospital admissions, physical effects and deaths.

This shows us that we can't tackle health inequalities without looking at what we need to do around racism and discrimination too.

The principles behind the plan:

We need an approach for the whole city, but at a different scale and intensity depending on the need in each particular part of the city or community. This principle is known as proportionate universalism.

So rather than giving everyone the same thing, it's about how you make sure people have what they need to achieve their best health. That may be something different, or it may be something more, depending on what they need specifically for their health. This is called health equity.

We will also need to take a life course approach, taking action on health inequalities that start before birth and right through to a focus on ageing and the specific needs older people.

Framework for the plan:

We have eight themes in our plan. Six of these are the themes – or facts – that are frequently highlighted as having an effect on health and wellbeing:

- 1| Focus on giving children the best start in life
- 2| Addressing poverty. This affects everything, especially set against the cost-of-living crisis
- 3| Good work is good for your health
- 4| Focus on preventing ill health and preventable deaths, so this will also include the four big killer diseases/conditions in Manchester
- 5| Homes and housing
- 6| Places, environment and climate change.

We also added two more themes for Manchester:

- 7| Tackling systemic and structural racism and discrimination
- 8| Focus on communities and power, so that we concentrate on what really matters to our local communities and residents, and so that they are heard and influence what we do. This includes acting on the voices of those who are often less heard.

This is our framework, and each theme has five or six actions committed to it. In addition, at the heart of our framework are four core principles, also based on community feedback, so that we genuinely involve residents and neighbourhoods in all aspects of the work:

- 1| Proactively listen to people – and respond to show the difference the work has made, and why
- 2| Trust people – trust local residents and groups to act on and deliver the plan
- 3| Employ people – bring local people into local jobs linked to the plan; this improves prosperity and means that our workforce will be more reflective of the communities we serve
- 4| Create space and place – create and support the conditions for social connections to develop and flourish to help health and wellbeing.

How the plan will be delivered:

Resident and community involvement:

We have gathered all the information that residents have already told us, so we can start the plan, but it will be a constantly evolving and developing process with constant feedback and community involvement.

Workforce: All our workforces across the eight themes need to be fully engaged and support the programme and the differences it will make. This includes ensuring that we can deliver a culturally competent programme, aware of issues around racism and discrimination.

Anchor institutions: Organisations that are well connected and rooted in the area have a role to play in helping with health and wellbeing in the broadest sense, particularly as large and influential employers.

Ambition

This is a really 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 overall plan by exemplifying our principles in terms of health equity, proportionate universalism, and involving and engaging local communities.

The focus will be on some of the longer-term challenges to help us start narrowing the gap, as well as responding to some of the more immediate challenges local people are facing.

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.

And finally...

We know the facts; it's now time to act. Nelson Mandela famously said: **"It always seems impossible, until its done."**