

Greater Manchester's Clean Air Plan to Tackle Nitrogen Dioxide Exceedances at the Roadside

Appendix 2 - GM CAP EQIA following consultation - Evidence report - Stockport assessment



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1 Local Authority EqIA Appendix

1.1 Introduction

An Equality Impact Assessment (EqIA) has been developed at a Greater Manchester (GM) scale for the GM Clean Air Plan (GM CAP) in line with the public sector equality duty in section 149 of the Equality Act, 2010.

The GM wide assessment builds on EqIAs that were published at the Outline Business Case stage in 2019 and the EqIA developed to support the consultation in late 2020. It considers the impacts on protected characteristics related to the implementation of CAZ C charging zone in GM and how implementation of the proposed package of mitigation measures addresses any identified equality impacts. This EqIA is an update following changes to the GM CAP policy made in consideration of feedback received during the consultation.

The EqIA is supported by an Equality Impact Evidence Report, appended to the EqIA¹.

1.2 Local Authority Assessment

This appendix to the GM EqIA includes an assessment of equality carried out by Stockport Council. The reasons for individual LA assessments include:

- To fulfil legal requirements placed on LAs to meet their duty under the Equality Act;
- To ensure that each of the LAs has considered and understood the full GM EqIA report and the context for the LA itself;
- To identify any LA baseline profile nuances or differences to that presented in the GM EqIA (Appendix A in the Equality Impact Evidence Report).
- To review the assessment outcomes of the GM EqIA and identify whether impacts would be more or less significant within the LA areas;
- To highlight any geographical 'hot spots' with LA areas;
- To identify any actions LAs could take to mitigate and monitor equality impacts identified (specific to the LA area rather than applicable across GM as a whole).

1.3 Stockport approach to Equality Impact

Equality Impact Assessments (EqIAs) are used by the Council as an equality monitoring tool to ensure and demonstrate that our policy and service developments comply with the requirements of the Public Sector Equality Duty

¹ <https://cleanairgm.com/technical-documents/>

(PSED). The EqIA is intended as a working document which is developed alongside, and informs, policy development. There are nine 'protected characteristics' covered by the Equality Act:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Although it is not one of the published characteristics, in Stockport we also consider the impact of socio-economic inequalities.

2 Stockport EqIA

2.1 Baseline data review

2.1.1 Introduction

In order to establish baseline data for Stockport to compliment the data already identified in Appendix A of the Greater Manchester Equality Impact Evidence Report, the Council has considered other data sources (individually identified as used in the section below). We have also extended the baseline to include the socio-economic considerations of the Council.

2.1.2 Baseline data updates

Appendix A of the Equality Impact Evidence Report sets out a detailed demographic baseline of the GM area, reviewing each protected characteristic in turn. The EqIA scopes in only some of the protected characteristics covered by the Equality Act; Age, disability, pregnancy and maternity, race, gender re-assignment, sexual orientation and sex. Marriage and civil partnership is scoped out. In the table below information from other sources have been collated to give a fuller local picture of the issues in Stockport.

In-Scope Protected Characteristic	Overview for the local authority; including updated data.	'Outliers' within the Local Authority (LSOAs or communities with a particularly high proportion of a protected characteristic to highlight any distributional impacts)
Age	<p>Stockport remains one of the slower growing boroughs in the Greater Manchester area.</p> <p>The population of Stockport has more older people and fewer younger adults than the national or Greater Manchester average.</p> <p>The predicted rise in the older population has been a trend for the last two decades. This increase has occurred as expected, so that the 65+ population has grown by 18% since 2008.</p> <p>Different areas within Stockport have seen different trends in population over the last decade. The all age population of the most deprived areas has increased more rapidly than in the least deprived areas.²</p>	<p>Stockport has seen a trend of the population growth being more rapid in the deprived areas over the last decade and significant growth is still expected in the town centre. Birth rates have grown most rapidly in deprived areas, where there are potentially more children at risk. This is especially true of a cohort born 2009-2014, where almost half of all births were in the two most deprived quintiles. This cohort is currently in primary education and will move into secondary education over the next few years.</p> <p>Older populations are again more common in the less deprived neighbourhoods, with younger</p>

² The 2020 Joint Strategic Needs Assessment (JSNA) Stockport Demographics and Population December 2019 https://stockport-hav yoursay.citizenspace.com/public-health/jsna-2020-demographics-population/supporting_documents/2020%20JSNA%20Demographics%20Population%20update.pdf

In-Scope Protected Characteristic	Overview for the local authority; including updated data.	'Outliers' within the Local Authority (LSOAs or communities with a particularly high proportion of a protected characteristic to highlight any distributional impacts)
		<p>populations more common in deprived areas.</p> <p>The loss of population in the early 20s affects the least deprived areas most, this trend doesn't appear in more deprived areas, possibly due to the relative likelihood of attending higher education.³</p>
Disability	<p>Respiratory disease, the third biggest killer of Stockport residents, has fallen by a fifth since 2002. Because of earlier falls in respiratory disease in the under 75s, respiratory, digestive and external causes now have similar mortality rates for this age group.</p> <p>Selected mortality indicators from the Public Health Profiles presenting Stockport compared to England. Data extracted November 2019 show under 75 mortality rate from respiratory disease is similar to the England value but better than that of the overall regional value for 2016-18.⁴</p> <p><i>In 2018 there were 7,714 children and young people aged 0 to 25 years with Special Educational Need and Disability (SEND) in Stockport</i></p> <p>43.4% of children with SEND codes in Stockport are educated in mainstream schools. This is higher than the England and North West averages, although broadly comparable with our statistical neighbours.⁵</p>	<p>Rates of Special Educational Need are highest (16 to 19%) in the wards of Brinnington & Central (18.8%), Davenport & Cale Green (17.6%) and Edgeley & Cheadle Heath (17.2%) which are the wards with highest levels of poverty and deprivation.⁶</p>

³ 2020 JSNA Stockport Demographics and Population December 2019 https://stockport-haveoursay.citizenspace.com/public-health/jsna-2020-demographics-population/supporting_documents/2020%20JSNA%20%20Demographics%20%20Population%20update.pdf

⁴ 2020 JSNA Mortality & Healthy Life Expectancy trends December 2019 https://stockport-haveoursay.citizenspace.com/public-health/jsna-2020-mortality-and-healthy-life-expectancy/supporting_documents/2020%20JSNA%20%20Mortality%20%20Healthy%20Life%20Expectancy.pdf

⁵ Special Educational Needs and Disability Joint Strategic Needs Assessment 2019 https://search3.openobjects.com/mediamanager/stockport/fsd/files/stockport_send_jsna_2019.pdf

⁶ Special Educational Needs and Disability Joint Strategic Needs Assessment 2019 https://search3.openobjects.com/mediamanager/stockport/fsd/files/stockport_send_jsna_2019.pdf

In-Scope Protected Characteristic	Overview for the local authority; including updated data.	'Outliers' within the Local Authority (LSOAs or communities with a particularly high proportion of a protected characteristic to highlight any distributional impacts)
Pregnancy and Maternity	<p>- Fertility rates for all women have been stable over the last five years, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women.</p> <p>Infant mortality rates fell to 4.6 per 1,000 live births in 2004-06, and continued at a lower rate through to 2013-15.</p> <p>However, in recent years [2013-2017] rates have been higher, though not as high as in 2003-05 and not a statically significant change⁷</p>	<p>In the past, there was a clear deprivation profile in infant mortality, with rates in the 40% most deprived areas being significantly higher than all other areas and the least deprived areas were significantly lower than all others</p> <p>Currently, rates in all areas are similar to the Stockport average. The most deprived areas have improved greatly; however over the same time period the rates in the least deprived and second least deprived areas have worsened slightly.</p> <p>The crude rate of infant death per 1000 live births all sit between 4 and 5 for all levels of deprivation in the 10 year pooled figures of 2008 to 2017.⁸</p> <p>Stockport has seen a trend of population growth being more rapid in the deprived areas over the last decade, this trend may change as there are some planned large scale housing developments in the less deprived areas, but significant growth is still expected in the town centre. Birth rates have grown most rapidly in deprived areas, where there are potentially more children at risk. This is especially true of a cohort born 2009-2014, where almost half of all births were in the two most deprived quintiles. This cohort is currently in primary education and will move into secondary education over the next few years.⁹</p>
Race	<p>Stockport was less ethnically diverse than the national average with 92% of the population identifying themselves as white in the 2011 Census compared to 86% nationally. People who</p>	<p>The distribution of the BAME population across Stockport is not even; the areas of Heald Green, Cheadle & Gatley and Heatons South are particularly diverse. In</p>

⁷ 2020 JSNA Healthy Lifestyles September 2019 https://stockport-havetoursay.citizenspace.com/public-health/jsna-2020-healthy_lifestyles/supporting_documents/2020%20JSNA%20%20Healthy%20Lifestyles.pdf

⁸ 2020 JSNA Mortality & Healthy Life Expectancy trends December 2019

⁹ 2020 JSNA Demographics and Population December 2019 https://stockport-havetoursay.citizenspace.com/public-health/jsna-2020-demographics-population/supporting_documents/2020%20JSNA%20%20Demographics%20%20Population%20update.pdf

In-Scope Protected Characteristic	Overview for the local authority; including updated data.	'Outliers' within the Local Authority (LSOAs or communities with a particularly high proportion of a protected characteristic to highlight any distributional impacts)
	<p>describe themselves as Asian Pakistani are the largest Black or Minority Ethnic (BME)¹⁰ group in Stockport, around 6,600 in 2011.</p> <p>Over time however the diversity of the population is increasing and the number of people identifying themselves as from a BME group almost doubled from 2001 to 2011, to 22,500 and is likely to have increased since.¹¹</p>	<p>each of these areas there are particularly high rates of the population who identify themselves as from an Asian Pakistani or Indian background, the total BME population in these wards approached 20% in 2011.¹²</p>
Religion	<p>The distribution of the BAME population across Stockport is not even; the areas of Heald Green, Cheadle & Gatley and Heatons South are particularly diverse. These areas are also those with higher than average rates of people whose religion is Muslim; 50% of Muslims in Stockport live in one of these three wards.</p> <p>Gatley also has a community of residents whose religion is Jewish.</p> <p>Stockport has seen an increase in both the Muslim population and people of no religion between 2001 and 2011. On the whole these populations are younger than average.</p> <p>¹³</p>	
Sex	<p>Males in Stockport are now expected to live to 79.9 years and females to 83.3 years, rates similar to the national average. The gap in life expectancy between the genders has narrowed as male life expectancy has grown more quickly than female life expectancy.</p>	<p>There are clear deprivation profiles in life expectancy with males in the least deprived areas expected to live 8.8 years longer, and females 8.5 years longer, than their counterparts in the most deprived</p>

¹⁰ BME is the term used in the document used as the data source. The term now used is BAME (Black, Asian and Minority Ethnic)

¹¹ 2020 JSNA Demographics and Population December 2019 https://stockport-haveoursay.citizenspace.com/public-health/jsna-2020-demographics-population/supporting_documents/2020%20JSNA%20%20Demographics%20%20Population%20update.pdf

¹² 2020 JSNA Demographics and Population December 2019 https://stockport-haveoursay.citizenspace.com/public-health/jsna-2020-demographics-population/supporting_documents/2020%20JSNA%20%20Demographics%20%20Population%20update.pdf

¹³ 2020 JSNA Demographics and Population December 2019 https://stockport-haveoursay.citizenspace.com/public-health/jsna-2020-demographics-population/supporting_documents/2020%20JSNA%20%20Demographics%20%20Population%20update.pdf

In-Scope Protected Characteristic	Overview for the local authority; including updated data.	'Outliers' within the Local Authority (LSOAs or communities with a particularly high proportion of a protected characteristic to highlight any distributional impacts)
	Males typically live 18.2 years past healthy life expectancy, and females 18.6 years past healthy life expectancy. ¹⁴	areas. At a ward level these gaps widen to 11 and 10 years respectively. ¹⁵
Gender Reassignment	<p>There exists a lack of local and national research into trans communities, with a lack of comprehensive and system wide trans status monitoring meaning that the specific needs of this community, on a national and local level, are often not well evidenced.</p> <p>At present, there is no official estimate of the UK trans population and the Office for National Statistics did not include a question about trans status in the 2011 census.</p> <p>In 2000, after informal consultations with the Passport Section of the Home Office, Press for Change estimated there were around 5,000 people in the UK who had changed their passports due to transitioning (<i>Al-Alami, M., Turner, L. & Whittle, S. Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination, Press for Change, 2007</i>). In 2011, the Gender Identity Research and Education Society (GIRES) estimated around 1% of the UK population to be gender variant based on referrals to and diagnoses of people at gender identity clinics (GICs), and noted that there was increasing evidence to suggest that there were equitable numbers of trans people assigned male and assigned female at birth. (<i>The Number of Gender Variant People in the UK – Update 2011, GIRES, 2011, available from</i></p>	

¹⁴ 2020 JSNA Mortality & Healthy Life Expectancy trends December 2019 https://stockport-haveoursay.citizenspace.com/public-health/jsna-2020-mortality-and-healthy-life-expectancy/supporting_documents/2020%20JSNA%20%20Mortality%20%20Healthy%20Life%20Expectancy.pdf

¹⁵ 2020 JSNA Mortality & Healthy Life Expectancy trends December 2019 https://stockport-haveoursay.citizenspace.com/public-health/jsna-2020-mortality-and-healthy-life-expectancy/supporting_documents/2020%20JSNA%20%20Mortality%20%20Healthy%20Life%20Expectancy.pdf

In-Scope Protected Characteristic	Overview for the local authority; including updated data.	'Outliers' within the Local Authority (LSOAs or communities with a particularly high proportion of a protected characteristic to highlight any distributional impacts)
	https://www.gires.org.uk/assets/Research-Assets/Prevalence2011.pdf [Accessed 24/4/17]) ¹⁶	

2.1.3 Socio-Economic Characteristics

Under Equality Law, socio-economic characteristic is not a Protected Characteristic. As a result, the GM EqIA for CAP does not consider the impacts on the scheme on difference socio-economic groups. A Distributional Impact Assessment (DIA) has been undertaken for the programme which does consider these impacts. However, Stockport does consider this issue and so the following baseline is provided.

While we recognise that English local authority Indices of Multiple Deprivation (IMD) scores (ONS, 2019) does not rank Stockport as a whole as being highly deprived, whilst ranking other areas of the Greater Manchester conurbation as being deprived, Stockport does consider it important to insure that it considered the impact of decisions on the more deprived areas of its borough and to address these affects where possible.

Stockport has pockets of very concentrated deprivation contrasted with large areas where deprivation is relatively low. Brinnington and Lancashire Hill (Central) are the most deprived areas in the borough. These areas are also amongst some of the most deprived areas in England. More areas in Stockport rank in the 1% most deprived nationally than average, and 7,250 people in Stockport live in these areas of highest deprivation. 17% of the Stockport's areas are ranked in the most deprived national quintile.

Areas of deprivation cluster to the centre and north of the borough. Stockport now has the most deprived electoral ward in Greater Manchester, as well as continuing to have the least deprived ward.

Levels of child poverty are especially high in these areas. An estimated 34,560 in Stockport are affected by income deprivation: 9,400 older people live in relative poverty 8,050 children live in low-income households. 83% of working age benefit claims are linked to ill health or disability.

Housing, despite being significantly cheaper in areas of deprivation, is relatively less affordable in these areas than in other less deprived areas.

¹⁶ Lesbian, Gay, Bisexual and Trans People in Stockport Needs Assessment May 2017
<http://www.stockportsna.org.uk/wp-content/uploads/2017/06/Stockport-LGBT-Needs-Assessment.pdf>

Stockport's number of areas in England's most deprived 1% is just over double the national average. The count of these most exceptionally deprived areas has increased to four, from three in 2015.

The 2019 IMD Employment domain shows that the percentages of working age people affected by employment deprivation are highest in: Lancashire Hill (42%), Brinnington - Northumberland Road (37%), Brinnington - Blackberry Lane (35%), The town centre (33%), The south part of Offerton Estate (31%), Adswood - Bridge Hall (30%)

In 2019, 12.9% of people aged over 60 were affected by income deprivation, around 9,400 people across Stockport.

On average 83% of working age people claiming benefits do so because of a disability. 52% of Employment and Support Allowance claims are for people with mental and behavioural disorders.

A significant majority of homes in Stockport are owner occupied. According to the 2019 housing survey, the majority of these are now owned outright. In Brinnington, Town Centre and Hillgate however, the percentage of owner occupation is significantly lower than elsewhere in the borough. Town Centre and Hillgate has significantly more flats than other areas in the borough, over 90% of all dwellings.¹⁷

There is a known correlation between car ownership and income. Despite having the highest ratio of cars to population in GM according to the data collected in the Office for National Statistics Census 2011, there are still areas of low car ownership per population and these, when mapped, align with Stockport's more deprived areas. It is therefore not surprising the walking and public transport are also the main modes of transport for those lower income households.¹⁸

2.2 Equality impacts review

Age

Overall, there is no expectation that there will be a significant differential or disproportionate impact for Stockport's residents in comparison to the impact felt by GM as a whole with regards to the benefits received by the improvement in the air quality. As in the rest of the GM area the younger and older people of Stockport would be expected to receive as similar positive impact from improved air quality.

As in the rest of the GM area the younger and older people of Stockport would be disproportionately affected by any changes in provision of public transport, taxi, PHVs, minibuses and community transport. This is due to the fact that these age

¹⁷ 2020 JSNA Socio Economic Context December 2019 https://stockport-haveyoursay.citizenspace.com/public-health/jsna-2020-socio-economic-context/supporting_documents/2020%20JSNA%20%20Socio%20Economic%20Context.pdf

¹⁸ Greater Manchester Transport Strategy 2040 Evidence Base Feb 2017 https://downloads.ctfassets.net/nv7y93idf4jq/3ryONeNzmuSAsPDzgtB3jt/489fbfef35227ba4bad46c89f0e210a/2040_Evidence_Base_Update_Collated.pdf

groups as identified in the main GM report are more reliant on these forms of transport.

As with the rest of GM younger and older people are more reliant on public transport, so any ticket price increases would be disproportionately experienced by these groups.

Disability

People in Stockport as with those in the rest of GM with disabilities (particularly if these relate to respiratory problems) are likely to be more sensitive to changes in air quality and will benefit more quickly from improvements in air quality.

However, it should be noted that the Stockport borough has had a reduced number of under 75 dying from respiratory disease in recent years and so this may result in further improvements in this area. We do not consider that this leads to a significant difference in impact from the CAP due to the number of variables involved in such illnesses. The overall impact would still be expected to be a positive differential impact.

Disabled people in Stockport are more reliant on public transport, taxi and PHVs because they are more likely to not drive. They are also more likely to use community transport and be reliant on parking provision. Any changes in provision would have a disproportionate impact on this group but we do not believe that is would be beyond that considered for GM as a whole.

Disabled people in Stockport as with the rest of the GM are more reliant on public transport, taxis and PHVs. Increased cost of travel to places of work, education, social/leisure activities if costs related to non-compliance/upgrading to a compliant vehicle are passed onto passengers would therefore be an issue. The high levels of Special Educational Needs in the more deprived wards of the borough also indicates that this may disproportionately affect the lower earning residents of Stockport. However, as Greater Manchester as a whole also has areas of significant deprivation we do not feel that this is likely to lead to a significantly different outcome for those groups in comparison to GM as a whole.

Pregnancy and maternity

Extremely low-dose exposures to pollutants during windows of vulnerability in utero and in early infancy may result in health effects throughout their lifespan; this is as true of Stockport as it is of other areas of GM. Therefore, as with GM there is expected to be a positive differential impact for those in this group in Stockport.

It should be noted that in Stockport there has been an increase in birth-rates in the more economically deprived areas of the borough and while this would not be expected to result in a significant difference to the rest of GM there would be the potential that in Stockport there would be a minor impact from the change in affordability of travel. This would be important when considering pre and post-natal services access which may have a slight negative disproportionate impact. We have elected to consider this in our consideration of socio-economic issues.

Race

In the absence of other information people from BAME backgrounds in Stockport as in the rest of GM would be expected to be more reliant on public transport therefore changes in service would affect them disproportionately. In Stockport

due to the overall spread of BAME populations this would be expected to be most concerning in the west of the borough.

In the absence of other information people from BAME backgrounds in Stockport as in the rest of GM would be expected to be more reliant on public transport therefore increased costs would affect them disproportionately. However, the numbers of people within these groups while rising in the borough are lower than other areas of GM and the geographic focus of the impact is likely to be seen primarily in the west of the borough.

A high proportion of taxi drivers in GM are from BAME backgrounds. Any increases in business costs are therefore likely to be experienced disproportionately by this group. There is no more detailed data on the subject at a Stockport level and so we are not proposing that there is to be a greater or lesser impact.

We do not have any reasons to expect that Stockport's exposure to the impact of the CAP post mitigation would differ from that the rest of GM.

Sex

Taxi drivers, PHV drivers and bus drivers are over 90% more likely to be male than female. Any business costs are therefore likely to be disproportionately experienced by men. There is no information available that indicates this is different in Stockport compared to other areas of GM.

Religion and belief

The percentage of those of the Muslim or Jewish faith are higher in the areas of the borough with higher levels of BAME groups. The impact on these groups may mirror those in the Race section above, however, we do not have any clear data on the issue.

We do not have any reasons to expect that Stockport's exposure to the impact of the CAP post mitigation would differ from that the rest of GM.

Gender reassignment and Gender Identity.

We do not have any reasons to expect that Stockport's exposure to the impact of the CAP post mitigation would differ from that the rest of GM.

Other Protected Characteristics

With regards to the other elements of the protected characteristics which were not considered to have the potential for equalities impacts for this work Stockport has not identified any reasons that they do need to be included. Therefore, we do not propose the need to include Sexual orientation or Marriage & civil partnership

Socio-Economic Characteristics

Although not a protected characteristic Stockport considers that there is likely to be the potential for negative and positive disproportionate effects on those in the areas of higher deprivation. This may be because people with protected characteristics are also more likely to be living in areas of higher deprivation.

The more deprived areas are also areas with growth in birth rates and with a greater percentage of residents with disabilities or poor health leading to lower life

expectancy. Therefore, the potential positive impact for improved air quality is likely to be higher in these areas than other locations in the borough.

The potential loss of accessibility due to reductions in public transport, taxi and PHVs as well as community transport are also likely to have a greater impact on the areas with higher levels of deprivation as it is known that lower income households are less likely to have a private car and are more likely to use public transport as a main mode of travel.

The potential increase in the cost of travel is also likely to have a disproportionate effect on the lower income groups as they have less disposable income.

Protected characteristic	Assessment topic	Impact (+/-)	GM Magnitude of impact post mitigation (extent of population exposure to impact)	Stockport Magnitude of impact post mitigation (extent of population exposure to impact)	Differential/ Disproportionate	Reason for difference in impact from GM assessment
Age	Air quality	+	High	High	Differential	No known specific issues beyond the GM overall assessment
	Accessibility	-	Low	Low	Disproportionate	No known specific issues beyond the GM overall assessment
	Affordability	-	Low	Low	Disproportionate	No known specific issues beyond the GM overall assessment
Disability ¹⁹	Air quality	+	High	High	Differential	No known specific issues beyond the GM overall assessment
	Accessibility	-	Low	Low	Disproportionate	No known specific issues beyond the GM overall assessment
	Affordability	-	Low	Low	Disproportionate	No known specific issues beyond the GM overall assessment
Pregnancy and maternity	Air quality	+	High	High	Differential	No known specific issues beyond the GM overall assessment
	Accessibility	No equality impact				No known specific issues beyond the GM overall assessment
	Affordability	No equality impact				No known specific issues beyond the GM overall assessment

¹⁹ Disability covers a wide range of physical and mental impairment. Where the impact would differ dependent on disability this is flagged in the narrative.

Protected characteristic	Assessment topic	Impact (+/-)	GM Magnitude of impact post mitigation (extent of population exposure to impact)	Stockport Magnitude of impact post mitigation (extent of population exposure to impact)	Differential/ Disproportionate	Reason for difference in impact from GM assessment
Race ²⁰	Air quality	+	High		Disproportionate	No known specific issues beyond the GM overall assessment
	Accessibility	-	Low		Disproportionate	No known specific issues beyond the GM overall assessment
	Affordability	-	Low	Low	Disproportionate	No known specific issues beyond the GM overall assessment
Religion ²¹	Air quality	No equality impact			No known specific issues beyond the GM overall assessment	
	Accessibility	No equality impact			No known specific issues beyond the GM overall assessment	
	Affordability	-	Low	Low	Disproportionate	No known specific issues beyond the GM overall assessment
Sex	Air quality	No equality impact			No known specific issues beyond the GM overall assessment	
	Accessibility	No equality impact			No known specific issues beyond the GM overall assessment	
	Affordability	-	Medium	Medium	Disproportionate	No known specific issues beyond the GM overall assessment

²⁰ Race covers all races identified within the ONS dataset. Where the impact would differ for different races, this is identified in the narrative.

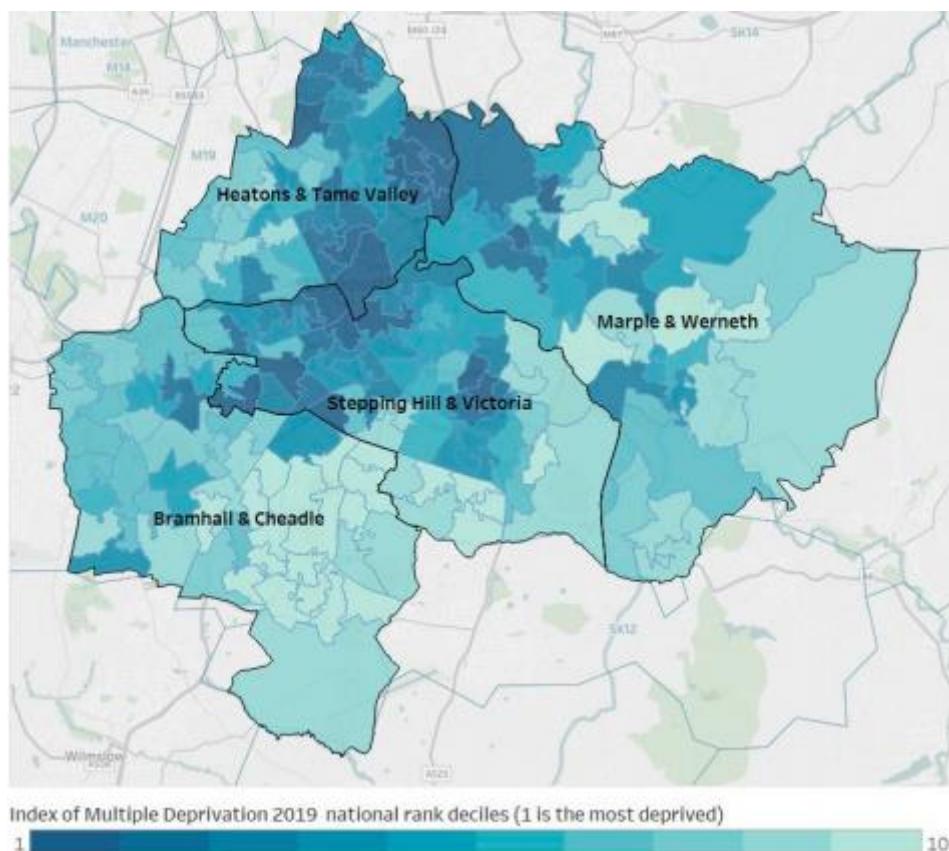
²¹ religion covers all religions identified within the ONS dataset. Where the impact would differ for different religions, this is identified in the narrative.

Protected characteristic	Assessment topic	Impact (+/-)	GM Magnitude of impact post mitigation (extent of population exposure to impact)	Stockport Magnitude of impact post mitigation (extent of population exposure to impact)	Differential/ Disproportionate	Reason for difference in impact from GM assessment
Gender Reassignment	Air quality	No equality impact				No known specific issues beyond the GM overall assessment
	Accessibility	-	Low	Low	Differential	No known specific issues beyond the GM overall assessment
	Affordability	-	Low	Low	Differential	No known specific issues beyond the GM overall assessment
Sexual orientation	Air quality	No equality impact				
	Accessibility	-	Low		Differential	
	Affordability	No equality impact				

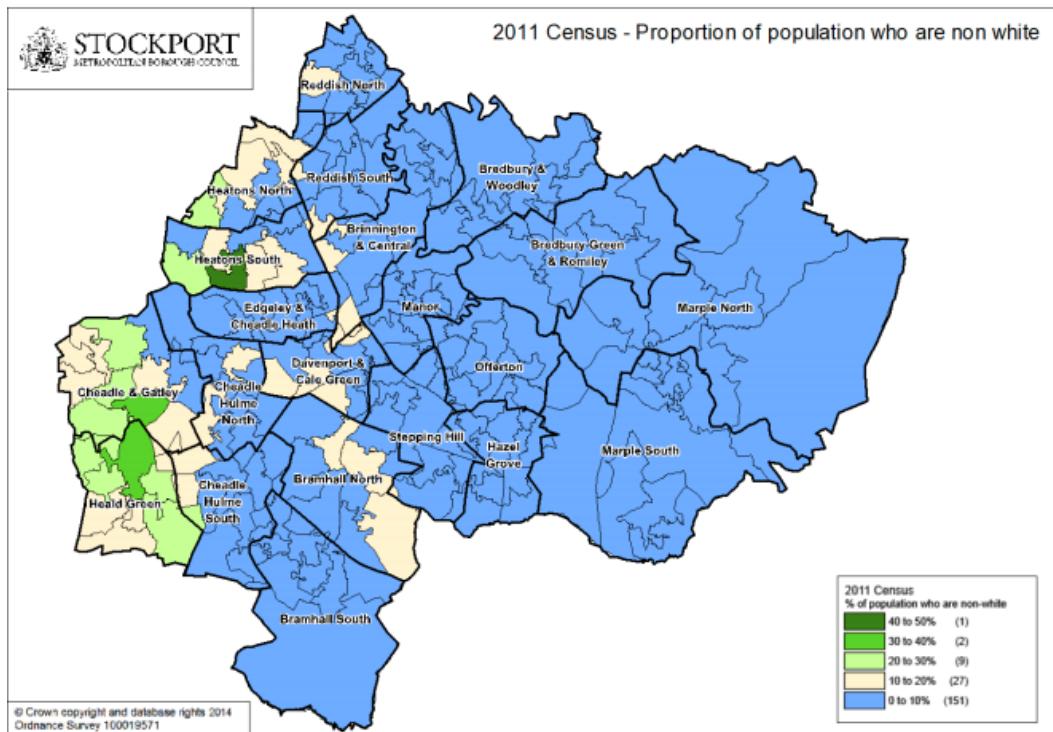
2.3 ‘Hot-spots’ in your Stockport

2.3.1 Geographical ‘hot-spots’ in Stockport

The Stockport Area will have two geographic areas where particular focus will need to be given to the needs of residents to address impacts from the clean air plan. These are the locations in the borough which fall into the wards with highest levels of poverty and deprivation and also the areas of the borough with the higher levels of BAME groups. These areas do not overlap.



English indices of deprivation 2019 (Ministry of Housing Communities & Local Government, 2019) taken from 2020 JSNA Socio Economic Context December 2019



Taken from 2020 JSNA Demographics and Population December 2019

When looked at as a whole the areas of deprivation within Stockport may not be obvious.

When looked at as a whole the way Stockport's BAME groups are clustered in the West of the conurbation is also not readily apparent.

2.3.2 Protected characteristic 'hot-spots' in Stockport

In Stockport the younger population is mostly in the less affluent areas.

Therefore, the younger population may suffer a slightly negative disproportionate impact as they have both the impact due to age and the impact due to socio-economic issues. While this may also be the case in other boroughs in GM the masking effect of the more prosperous areas of the borough makes it worth specifically identifying this issue.

In Stockport the areas with the highest levels of Special Educational Needs for those aged 0 to 25 are also in the wards with the highest levels of poverty and deprivation. Therefore, the younger population may suffer a slightly negative disproportionate impact as they have the impact due to age disability and the impact due to socio-economic issues. The reasons for this variation may be partly explained by the known association between deprivation, as measured by IMD (index of multiple deprivation), and rates of SEN diagnosis. Therefore, this would be expected in other boroughs in GM.

Due to Stockport's birth-rates in the more deprived areas of the borough being higher than the borough average, it is potentially possible that the characteristic of pregnancy and maternity may suffer a slightly negative disproportionate impact. This is as they also are less likely to have cars and so be reliant on public

transport, Taxis and PHV and any cost increase in these modes is likely to be proportionately greater to them as a percentage of overall income. While this may also be the case in other boroughs in GM the masking effect of the more prosperous areas of the borough makes it worth specifically identifying this issue.

2.4 Actions to be taken by Stockport

Actions will be taken to review and assess the potential negative impacts that are specific to our borough. These can be described as follows: -

2.4.1 Mitigate any potential equality impacts identified.

The overall CAP plan has implemented a range of mitigation actions to reduce the potential impact of the introduction of the charge on protected characteristics by providing support to those individuals and businesses that will need to replace their vehicles and exempting permanently or temporarily some vehicle types from the charge. These can be found in Table 4 of the GM wide EqIA.

However, Stockport needs to make sure that where permanent or temporary exemptions, discounts and funding options are to be put in place then the groups that will benefit from those exemptions are aware with a focus on the issues in the EqIA.

Therefore, while across the borough information needs to be provided to the characteristics affected as identified, there is a need to make special focus on the hotspots. This would capture any of our most at risk businesses but also insure that the more vulnerable members of our community were not subjected to unnecessary price hikes under the guise of the cost of the CAP charge when these businesses were not being subjected to them. The information to charities and other support groups in these areas where they can take advantage of temporary and permanent exemptions to support these groups is also key.

The recommended focus for this would be:

- Areas of the borough that are recognised as areas of deprivation with specific efforts towards the characteristic of age (young people), disability and pregnancy and maternity.
- The areas with the highest population of people belonging to BAME groups.

2.4.2 Monitor any potential equality impacts identified.

On top of the GM monitoring, ideally Stockport would have a specific interest in the monitoring of the following variables:

- Uptake in funding schemes by businesses or individuals in different lower super output areas to enable comparison by IMD.
- Uptake of funding schemes by businesses managed by BAME groups or BAME individuals in Stockport.

- Changes in affordability and accessibility of travel for the characteristic of age, disability, BAME and pregnancy and maternity in different lower super output areas to enable comparison by IMD.

2.4.3 Review any potential equality impacts identified.

The Council will monitor the impacts of the Clean Air Plan reported by the public and review the proposed EqIA as necessary with amendments to how the plan is promoted and managed in Stockport and if necessary highlighting issues at a GM level for potential amendments needed to the scheme.

2.4.4 Outline local monitoring and review plan.

Indicator -Changes in affordability and accessibility of travel for the characteristic of age, disability, BAME and pregnancy and maternity in different lower super output areas to enable comparison by IMD.

Frequency – Annual

Source – Survey

Indicator – Uptake in funding schemes by businesses or individuals in different lower super output areas in Stockport to enable comparison by IMD.

- Proportions of those taking up incentives of those enquiring.
- Proportions of reasons cited for taking up/not.

Frequency – 1, 2 and 3 years postintervention

Source – On-line survey of people who register an interest. (Via TfGM)

Indicator – Uptake of funding schemes by businesses managed by BAME groups or BAME individuals in Stockport.

- Proportions of those taking up incentives of those enquiring.
- Proportions of reasons cited for taking up/not.

Frequency – 1, 2 and 3 years post-intervention

Source – On-line survey of people who register an interest. (Via TfGM)