

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

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



Warning: Printed copies of this document are uncontrolled

Version Status:	Draft for Approval	Prepared by:	Manchester City Council
Reviewed by: Date:	20/06/21		

This report takes into account the particular instructions and requirements of Transport for Greater Manchester. It is not intended for and should not be relied upon by any third party and no responsibility is undertaken to any third party.

Contents

		Page
1	Local Authority EqIA Appendices	1
	1.1 Introduction	1
	1.2 Local Authority Assessment	1
2	Manchester City Council EqIA Appendix	2
	2.1 Baseline data review	2
	2.2 Equality impacts review	10
	2.3 'Hot-spots' in Manchester	14
	2.4 Further mitigation and monitoring actions to be taken by Manchester City Council	14

DRAFT FOR APPROVAL

1 Local Authority EqIA Appendices

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 Manchester City 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 <https://cleanairgm.com/technical-documents/>

2 Manchester City Council EqIA Appendix

2.1 Baseline data review

2.1.1 Introduction

This Manchester LA EqIA assesses data held by Manchester City Council and other relevant sources in relation to the groups in-scope within the GM EqIA. The data considered includes, but is not limited to:

- Manchester Intelligence Hub Data Management Tool
- Indices of Multiple Deprivation 2019
- Manchester City Council Open Data
- Census 2011 (and derived population estimates)
- Manchester population statistics 2019
- Manchester Mid-Year Estimates by Ward 2016
- Manchester Air Quality Joint Strategic Needs Assessment
- Manchester Disability Joint Strategic Needs Assessment
- Manchester Respiratory Disease Joint Strategic Needs Assessment
- Manchester LGBT Health Joint Strategic Needs Assessment
- GM CAP Consultation – Manchester Results
- Manchester Trans Research Study 2016
- Manchester Ageing Strategy 2017
- Air Pollution and Local Authorities: The Implications of the Inquest into the Death of Ella Adoo-Kissi-Debrah, *Moffett (QC) & Blake*
- Are Some Ethnic Groups More Vulnerable to COVID-19 Than Others? *Platt & Warwick, Institute for Fiscal Studies*

It is important to note that much of the data used is Census-derived. Manchester City Council recognises that the last Census undertaken from which there is available evidence to draw upon (including estimates and projections based upon it) was in 2011. The robustness and reliability of the derived data is therefore untested until the outcomes of the 2021 Census are available in detail.

It will be pertinent to review this analysis at that stage to test its robustness and fitness for purpose, including any emerging issues related to the implementation of the GM CAP at that time. This undertaking is captured at 2.4.

2.1.2 Baseline data

In- Scope Protected Characteristic	Overview Manchester including updated data.	'Outliers' within Manchester (LSOAs or neighbourhoods where there could be particular distributional impact / focus)
Age	<p>The age profile of Manchester is relatively young, owing to the proportion of working age adults contributing to the City's economy and the student population of the City. Manchester has the highest % of residents aged 16-64 in GM and is among the lowest in residents aged 65+.</p> <p>In addition, Manchester has the lowest life expectancy at age 65+ for men and women. The measures proposed by the GM CAP will help to reduce Manchester's older residents' susceptibility to ill health linked to air quality.</p> <p>The age data in the GM EqIA provides as up to date a snapshot as is available, pending the outcomes of the 2021 Census.</p> <p>The Manchester Joint Strategic Needs Assessment (JSNA) on Air Quality highlights that: <i>'Older people and adults with long-term conditions are also more vulnerable to the effects of air pollution because of their age or existing medical conditions. These vulnerabilities are heightened among those living in the most deprived communities due to poor housing and indoor air quality, the stress of living on a low income and limited access to healthy food and / or green spaces.'</i></p> <p>Notwithstanding the variance in population rates and distribution, Manchester evidence indicates that the nature of impact broadly aligns with that in the GM EqIA.</p> <p>In addition to the GM EqIA findings, the Manchester GM CAP consultation outcomes note that older individual owners of vehicles in scope are less likely to access information on the Plan and any funds / exemptions digitally, and this should be considered in how they are communicated. This is not a Manchester-specific finding.</p>	<p>The geographical distribution of older people in Manchester shows a higher % living in the outskirts of the City to the north and south, and a low % living centrally. This is, in part, linked to the provision of residential and nursing homes in those areas. The highest proportions of older residents are to be found, from north to south, in the Wards of Higher Blackley (14.2%), Moston ward (14.5%), Didsbury East (14.5%), Northenden (14.2%), Brooklands (15.4%), Sharston (13.7%) and Woodhouse Park (13.5%). (<i>Manchester Intelligence Hub Tool</i>)</p> <p>Conversely, the highest % of young people aged under 16 are clustered around the north and east of the City and are significantly higher in all cases: Crumpsall (27.3%), Harpurhey (26.8%), Miles Platting and Newton Heath (25.4%), Clayton and Openshaw (27.4%), Gorton and Abbey Hey (27.2%), Longsight (29.5%) and Levenshulme (26.1%). (<i>Manchester Intelligence Hub Tool</i>)</p>
Disability	Baseline data highlights that Manchester's IMD ranking of 4 for health and disability, placing it amongst the most health deprived authorities in	Data showing the distribution of people self-reporting disability or health issues that limit day to day

In- Scope Protected Characteristic	Overview Manchester including updated data.	'Outliers' within Manchester (LSOAs or neighbourhoods where there could be particular distributional impact / focus)
	<p>the country. However, self-reported data on the % of residents whose day to day activities are limited a little (8.3%) or a lot (9.4%) is roughly average for GM.</p> <p>Regarding taxi use, whilst there is not firm data at Manchester level on % impact, it is acknowledged that many disabled people nationally rely on taxis for transportation. For example, Access to Work support includes taxi provision due to other forms of transport (trains, metro) being inaccessible for some users. The Manchester GM CAP consultation highlights that respondents whose day to day activities are limited a lot are very concerned about the extent to which costs of replacing / retrofitting vehicles within scope of the GM CAP will be passed onto the customer. The Clean Taxi Fund aims to mitigate this risk and this is outlined in the GM EqIA.</p> <p>The individual affordability considerations in the GM EqIA are likely to be particularly relevant to disabled people: the New Policy Institute on Disability and Poverty reports that disabled people have higher poverty rates than the rest of the population and that almost half of people in poverty in the UK are in a household with a disabled person or are disabled themselves; in Manchester, Census 2011 data suggested that only 5% of the working age population identified as long-term sick or disabled. (<i>Manchester Disability JSNA</i>)</p> <p>Whilst the impacts highlighted in the GM EqIA will affect a greater number (but not necessarily proportion) of disabled residents in Manchester compared to other local authority areas (due to the City's comparatively larger population), the <i>nature</i> of impacts for Manchester's disabled population is largely in line with the findings of the GM EqIA.</p>	<p>activities a lot is very dated and subject to significant change once the Census 2021 analyses are released. However, the available data indicate that the highest proportions are around wards in the north of the City: Higher Blackley (32.1%), Gorton North (31.4%), Miles Platting and Newton Heath (31%), Higher Blackley (30.9%) and Harpurhey (30.4%).</p> <p>Analysing distribution against the 2019 IMD data though, and cross referencing this with the Health Deprivation and Disability score shows a more geographically distributed picture: population density in this data set is highest in the Wards of Harpurhey, Miles Platting and Newton Heath, Ancoats & Beswick, Clayton & Openshaw in the north and east of the city, along with Baguley, Sharston and Woodhouse Parkin the south. (<i>Manchester Intelligence Hub</i>)</p>
Pregnancy and Maternity	Limited data is available for rates of pregnancy and maternity locally, but the baseline data used in the GM EqIA provides a suitable evidence-based to show likely instances.	As noted at A1.9 of the GM EqIA, data on pregnancy and maternity is imprecise and not wholly reliable. 'Live births' is used as an indicative measure, but does not fully address

In- Scope Protected Characteristic	Overview Manchester including updated data.	'Outliers' within Manchester (LSOAs or neighbourhoods where there could be particular distributional impact / focus)
	<p>Considering the nature of impact rather than the scale of it though, the Manchester JSNA on air quality notes that: <i>'Gestation, infancy and early childhood are particularly vulnerable times because the young body is growing and developing rapidly. The heart, brain, hormone systems and immunity can all be harmed by air pollution. Research is also beginning to point towards effects on growth, intelligence, and development of the brain and coordination. Harm to babies and children will have an impact that lasts far into the future. For the same reason, any air quality improvements we make now will have long-lasting benefits.'</i></p> <p>The measures set out in the GM CAP to reduce emissions and improve air quality are therefore likely to have a positive impact on this characteristic. As with the GM EqIA, there is no data at the local level to demonstrate adverse impacts relating to accessibility or affordability on the grounds of pregnancy or maternity.</p>	<p>'Outliers' within Manchester (LSOAs or neighbourhoods where there could be particular distributional impact / focus)</p> <p>the number or nature of potential impacts. Whilst ONS data highlights the numbers of live births in Manchester (as referenced in the GM EqIA), data has not been available for this assessment to demonstrate the distribution of these across the City, nor those pregnancies that did not result in a live birth.</p>
Race	<p>Manchester is the most ethnically diverse local authority area in GM. As demonstrated by the Census 2011 data used for the GM EqIA, the City has the lowest proportion of White residents (66.5% in 2011, which is likely to be lower in the results of the 2021 Census) in GM. Conversely, Manchester has the highest proportion of mixed / multiple ethnic groups (4.6%), Asian / Asian British: Chinese (2.7%), Asian / Asian British / Other Asian (2.3%), Black / African / Caribbean / Black British (8.6%) and Other Ethnic (3.1%) residents in GM; again, these proportions are subject to variance in the Census 2021 results) which will be known later in 2021.</p> <p>In addition, Census 2011 data shows that over half (58.6%) of the City's over 65 population identifies with a non-White ethnicity (subject to change in 2021 outcomes). The notes on older age above will therefore be particularly relevant to older non-White residents. For example, compared with white British individuals over 60 years of age, Bangladeshis are more than 60% more likely to have a long-term health condition</p>	<p>Data from the 2011 Census shows that Manchester's mixed / multiple ethnic groups are most represented centrally, namely in the Wards Hulme, Ardwick, Moss Side, Whalley Range, Chorlton Park, Longsight and Levenshulme.</p> <p>Asian / Asian British: Chinese residents are most represented in central and northern Wards i.e. Hulme, Ardwick, Deansgate, Piccadilly, Ancoats & Beswick, Cheetham and Harpurhey.</p> <p>Asian / Asian British / Other Asian residents are distributed mainly in central and northern Wards: Longsight, Rusholme, Moss Side, Hulme, Ardwick, Cheetham and Crumpsall.</p> <p>Black / African / Caribbean / Black British residents are mainly situated in central, northern and eastern Wards:</p>

In- Scope Protected Characteristic	Overview Manchester including updated data.	'Outliers' within Manchester (LSOAs or neighbourhoods where there could be particular distributional impact / focus)
	<p>including respiratory conditions. (<i>Institute for Fiscal Studies, 2020</i>)</p> <p>Public Health England (2020) noted that nationally, Black, Asian and Minority Ethnic people are more likely to live in urban areas, in overcrowded households and in deprived areas, making them more likely to encounter (and be more susceptible to) air pollutants. It is important to note that this is not a uniform profile across all ethnicities: the varied profiles of different ethnic groups mean some are more likely to be economically vulnerable and therefore at greater air quality risk. The proposed GM CAP measures seek to reduce these health impacts that disproportionately affect some minority ethnic groups.</p> <p>In common with the GM EqIA findings, in Manchester Black, Asian and Minority Ethnic men are approximately three times as likely as their White counterparts to work in the taxi trade. Precise % data for Manchester was not available at the time of this assessment, owing to changes in employment status of some individuals as a result of the coronavirus pandemic and economic downturn (research indicates that 32% of Black, Asian and Minority communities report loss of income as a result of the pandemic compared to 24% of White respondents) (<i>Runnymede Trust, 2020</i>). The pattern of employment in this sector though, is a national one and is reflected in Manchester and the impacts identified for this group in the GM EqIA are relevant to a particularly high number of Manchester residents.</p> <p>People from some Black, Asian and Minority Ethnic groups may have an increased risk of respiratory diseases (and therefore an increased susceptibility to poor air quality) due to a higher prevalence of smoking. For example, evidence suggests that smoking prevalence is significantly higher in Bangladeshi men compared with the general population. This may be linked to consistently reported high prevalence of pan (or pan and betel) use and shisha smoking. There is also evidence of high rates of smoking among</p>	<p>Hulme, Ardwick, Moss Side, Longsight, Gorton & Abbey Hey, Clayton & Openshaw and Harpurhey.</p> <p>'Other Ethnic' groups are similarly centrally or northern located: Whalley Range, Moss Side, Rusholme, Hulme, Ardwick, Crumpsall and Cheetham.</p> <p>Whilst the percentage representation in these areas is subject to change as a result of the 2021 Census, these are well established and increasingly diverse communities in the City and their geographic representation is likely to remain consistent with the 2011 data.</p>

In- Scope Protected Characteristic	Overview Manchester including updated data.	'Outliers' within Manchester (LSOAs or neighbourhoods where there could be particular distributional impact / focus)
	the East European community and other minority ethnic groups. (<i>Manchester JSNA, Adults and Older People, Long Term Conditions - Respiratory Conditions</i>)	
Religion	<p>Census 2011 data indicated that the religious profile of the City was 48.7% Christian, 24.7% no religion and 15.8% Muslim, with other religions at or under 1%. With the rate of population change in the period since, these statistics are likely to have changed and will be revised based on the outcomes of the 2021 Census. However, it remains statistically highly likely that Manchester has a much higher proportion of Muslim residents than most other religious groups.</p> <p>Manchester City Council recognises that the GM EqIA consultation shows a strong correlation between ethnicity and religion, and further notes the GM EqIA assessment that: 1) some ethnic groups are overrepresented in relevant types of employment (i.e. taxi hire); 2) some people from Black, Asian and Minority Ethnic backgrounds are more reliant on public transport and; 3) some ethnic groups are at increased risk of poor air quality exposure.</p> <p>However, it cannot be assumed that an individual's ethnicity determines their faith to any absolute degree, so whilst there is a correlation between race and faith within the consultation results, this should be assessed with some caution and not be taken as a rule.</p> <p>Objectively assessing the health and affordability impacts strictly on the basis of an individual's faith (and separating it from their ethnicity), this assessment does not find any disproportionate impact.</p>	<p>The high proportion distribution of the main religion or belief / no religion or belief Census 2011 results in Manchester is as follows:</p> <p>Christian (48.7% overall, mainly north and south Manchester distribution): Moston (69.03%); Charlestown (68.07%); Higher Blackley (67.07%); Miles Platting and Newton Heath (65.81%); Woodhouse Park (65.06%); Baguley (64.14%); Clayton and Openshaw (62.84%)</p> <p>No religion (24.7% overall, mainly central): Piccadilly (45.47%); Deansgate (41.58%); Chorlton (38.74%); Didsbury West (37.58%); Withington (37.47%); Hulme (36.77%); Ancoats and Beswick (34.34%);</p> <p>Muslim (15.8% overall, mainly north and central distribution): Cheetham (45.07%); Longsight (43.55%); Crumpsall (40.54%); Moss Side (35.98%); Rusholme (34.34%); Levenshulme (34.27%); Whalley Range (31.35%)</p>
Sex	The City's population is very evenly balanced in terms of sex (50.7% male, 49.3% female according to 2019 data ² .	Although the City's population is balanced in terms of sex, population distribution by sex is not even across the City (but variances are within a

² Manchester intelligence Hub, 2019

In- Scope Protected Characteristic	Overview Manchester including updated data.	'Outliers' within Manchester (LSOAs or neighbourhoods where there could be particular distributional impact / focus)
	<p>The GM EqIA notes that female life expectancy in GM is consistently better than male life expectancy across age groups which is consistent with the Manchester data, although there is no substantial variance geographically.</p> <p>The available data on respiratory and other health conditions affecting Manchester residents (and therefore their potential risk from poor air quality) does not provide a breakdown by sex, making relative comparisons between sexes difficult. The wider determinants of risk arising from poor air quality outlined above however (i.e. prevalence in some professions, pregnancy and maternity) do show some sex-specific variations.</p> <p>The impacts related to pregnancy and maternity outlined above clearly have a disproportionate impact on women.</p> <p>As noted, the impacts related to Black, Asian and Minority Ethnic groups highlights a disproportionate impact on men (male taxi drivers).</p> <p>These findings are consistent with those of the GM EqIA and the associated mitigations within it are equally applicable to the Manchester population.</p>	<p>few % points of each other at their most polarised).</p> <p>2019 data shows that the areas of highest density male population are in the centre and surround area of the City: Cheetham (53.5% male), Piccadilly (56.2%), Deansgate (55%), Ancoats & Beswick (55.2%), Hulme (53.1%), Rusholme (52.3%) and Withington (52.1%).</p> <p>Conversely, the areas of greatest density for female population are to the points furthest north, east and south of the City: Higher Blackley (52.3% female), Clayton & Openshaw (51.4%), Chorlton Park (51.6%), Burnage (51.9%), Brooklands (51.4%), Sharston (51.6%) and Woodhouse Park (52.5%).</p>
Transgender	<p>Trans status was not included in the 2011 Census and there is a lack of robust data locally and nationally. However, the <i>Manchester Trans Research Report</i>, commissioned by Manchester City Council and undertaken by the LGBT Foundation in 2016, highlighted that Manchester's estimated trans population was (for the purposes of the report) based on an ONS mid-2014 population estimates for Manchester and research from GIRES (2011), indicating that 1% of the population does not identify with the gender they were assigned at birth. The outcome is that there are an estimated 5,000 trans people living in Manchester. It is anecdotally acknowledged that in the ensuing 5 years, with continuing population growth, this number is likely to have increased.</p>	<p>As noted, there is a lack of robust evidence about trans people in Manchester including data about their distribution across the City. Data from the Manchester Trans Research Project noted that of those participating in the research, more than half (46%) were unemployed (although this did include members of the City's student population and the sample size is too limited to be statistically robust). The report goes on to assess that trans people are more likely to be unemployed or underemployed.</p> <p>Whilst it cannot be materially measured then, it suggests that trans</p>

In- Scope Protected Characteristic	Overview Manchester including updated data.	'Outliers' within Manchester (LSOAs or neighbourhoods where there could be particular distributional impact / focus)
	<p>In addition, Manchester is recognised as an 'LGBT Hub' and the facilities and services available to trans people in the City are accessed not only by Manchester's trans residents but also by trans people across the region and further beyond. There is likely to be a comparatively high number of trans people visiting, working in and receiving services in Manchester then, compared to other GM LA areas.</p> <p>Manchester acknowledges the concerns raised by GM colleagues about trans people's reliance on taxis for personal safety reasons. There is no material data to demonstrate the extent of this reliance, but given the profile above, any impact on that basis is likely to affect a greater <i>number</i> of trans people in Manchester, either as residents or visitors, than elsewhere in GM. The <i>nature</i> of the impact though, would be more uniform across the region.</p>	<p>people may be overrepresented in the same Wards showing high levels of deprivation as outlined above for disability and race. If this were to be the case, then the same points about increased exposure to poor quality air and heightened risk of associated health issues would be applicable here.</p>

In addition to the characteristics that have been scoped-in to the GM wider CAP EqIA, Manchester assess poverty and deprivation within its Equality Policy and has scoped it into this local assessment.

Protected Characteristic	Overview for the local authority; including updated data and / or significant variation or similarity compared to the GM picture.	'Outliers' within the Local Authority (LSOAs or communities with a particularly high proportion of a protected characteristic to highlight any distributional impacts)
<p>Poverty / deprivation (MCC indicator)</p>	<p>Whilst not an additional characteristic per se, it is vital that specific consideration is given to residents living in poverty and deprivation. As noted in the GM EqIA, Manchester is one of the most deprived authority areas in the UK. (<i>IMD 2019</i>)</p> <p>In response to this, Manchester City Council includes poverty as a monitored characteristic in its EqIA framework and regards deprivation as a cross-cutting theme that runs throughout the GM CAP approach. As Manchester's Air Quality JSNA 2018 notes:</p>	<p>Taking the IMD ranking system as an indicator for poverty distribution, the Wards with the highest levels of poverty (denoted by a low ranking number) are in the north, east and south of the City:</p> <ul style="list-style-type: none"> Miles Platting & Newton Heath (rank 1) Harpurhey (rank 2) Clayton & Openshaw (rank 3) Gorton & Abbey Hey (rank 4) Woodhouse Park (rank 5)

Protected Characteristic	Overview for the local authority; including updated data and / or significant variation or similarity compared to the GM picture.	'Outliers' within the Local Authority (LSOAs or communities with a particularly high proportion of a protected characteristic to highlight any distributional impacts)
	<p><i>The greatest burden of air pollution often falls on the most deprived communities and the most vulnerable individuals. It is often (though not always) the most deprived communities that live closest to the busiest roads, therefore increasing their exposure to air pollution. The Marmot Review highlighted the role that action to tackle air pollution can play in addressing health inequalities and noted that individuals in deprived areas experience more adverse health effects at the same level of exposure compared to those from less deprived areas.</i></p> <p>As the assessment above shows, poverty as a key factor for ill health linked to poor air quality is applicable to most of the in-scope groups (especially disabled and Black, Asian and Minority Ethnic residents; note the distributions of these groups in the table above alongside the IMD rankings for those Wards in this table).</p> <p>The various mitigation in the GM CAP recognise these groups as being at risk and seek to reduce any adverse impacts. These mitigations will be applicable to a particularly large number of residents, if not necessarily a greater proportion compared to other GM areas.</p>	<p>Higher Blackley (rank 6) Charlestown (rank 7)</p>

2.2 Equality impacts review

The following table summarises the equality impact assessment for the scoped-in characteristics for Manchester in relation to the GM assessment described in the full GM CAP EqIA.

Protected characteristic	Assessment topic	Impact (+/-)	Magnitude of impact post mitigation (extent of population exposure to impact)		Differential/ Disproportionate	Reason for difference in impact from GM assessment
			GM	Manchester		
Age	Air quality	+	High	High	Differential	N/A – in agreement with GM assessment
	Accessibility	-	Low	Low	Disproportionate	Agreement with the GM assessment that older and younger people rely on public transport and that mitigations should safeguard this. Additional consideration should be given to digital access (to information and funding options) in recognition that digital access is sometimes limited for older people and young people living in poverty.
	Affordability	-	Low	Low	Disproportionate	N/A – agreement with GM assessment
Disability³	Air quality	+	High	High	Differential	N/A – agreement with GM assessment
	Accessibility	-	Low	Low	Disproportionate	N/A – agreement with GM assessment
	Affordability	-	Low	Low	Disproportionate	N/A – agreement with GM assessment
Pregnancy and maternity	Air quality	+	High	High	Differential	N/A – agreement with GM assessment
	Accessibility	No equality impact				
	Affordability	No equality impact				
Race⁴	Air quality	+	High	High	Disproportionate	N/A – agreement with GM assessment

³ Disability covers a wide range of physical and mental impairment. Where the impact would differ dependent on disability this is flagged in the narrative.

⁴ Race covers all races identified within the ONS dataset. Where the impact would differ for different races, this is identified in the narrative.

Protected characteristic	Assessment topic	Impact (+/-)	Magnitude of impact post mitigation (extent of population exposure to impact)		Differential/ Disproportionate	Reason for difference in impact from GM assessment
			GM	Manchester		
	Accessibility	-	Low	Low	Disproportionate	N/A – agreement with GM assessment
	Affordability	-	Low	Low	Disproportionate	N/A – agreement with GM assessment
Religion⁵	Air quality	No equality impact				
	Accessibility	No equality impact				
	Affordability	-	Low	Low	Disproportionate	N/A – agreement with GM assessment
Sex	Air quality	No equality impact				
	Accessibility	No equality impact				
	Affordability	-	Medium	Medium	Disproportionate	N/A – agreement with GM assessment
Gender Reassignment	Air quality	No equality impact				Requires further investigation: if trans people are overrepresented in more deprived parts of the region, then they are likely to be more exposed to poor quality air leading to higher risk of health issues. They would therefore disproportionately benefit from CAP. Data is not currently available to assess this.

⁵ 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 (+/-)	Magnitude of impact post mitigation (extent of population exposure to impact)		Differential/ Disproportionate	Reason for difference in impact from GM assessment
			GM	Manchester		
	Accessibility	-	Low	Low	Differential	N/A – agreement with GM assessment
Sexual orientation	Accessibility	-	Low		Differential	

DRAFT FOR APPROVAL

2.3 'Hot-spots' in Manchester

Please see table 2 at section 2.1.2: poverty and deprivation are cross-cutting themes for Manchester City Council to monitor and take account of with the introduction of the GM CAP. The mitigations built into the Plan seek to reduce adverse impact for the groups identified as being particularly at risk (in this instance, those already most affected by deprivation), but access to those funds and mitigations will need to be closely monitored. This assessment clearly demonstrates that geographically, the north and east of the City are particular hot-spots with some protected characteristic groups in the south of the City also at risk.

Issues of personal and business affordability and access to the GM CAP support funds cannot be divorced from the environment of economic uncertainty caused by the Covid-19 pandemic. As the City continues to map its recovery from the economic impact of 2020, deepening levels of deprivation and social inequality can and should be predicated without suitable mitigation and adjustment. Whilst the GM EqIA anticipates the levels and availability of funding being put in place to be suitable mitigation (which in principle is sound), it would be sensible to note the uncertainty of the coming financial landscape and to make a commitment to review and respond to economic shift accordingly.

2.4 Further mitigation and monitoring actions to be taken by Manchester City Council

Discussions on how Manchester City Council will use the outcomes of this assessment, and the GM EqIA more broadly, have not concluded and arrangements to mitigate, monitor and review have not been agreed at the time of writing. The Council will continue these discussions and establish measures during the summer of 2021.

The EqIA will be reviewed at that time to update on planned approaches. As noted in the assessment, it will be further reviewed upon the release of updated Census 2021 data, expected to be in 2022.