Communities and Housing Scrutiny Committee — Meeting Monday 17th January 2022

Adults Health and Social Care Scrutiny Committee — Meeitng Thursday 20th January 2022

AGENDA ITEM

FAIR AND INCLUSIVE STOCKPORT

Report of the Director of Public Health and Corporate Director (Corporate and Support Services) and Deputy Chief Executive

1. INTRODUCTION AND PURPOSE OF REPORT

1.1 The purpose of this report is to provide an overview of the actions being taken by Stockport Council and partners to tackle inequality. The report gives an overview of the inequalities picture in Stockport and the impact of COVID-19 has had on these inequalities.

1.2 The report also summarises some of the main national and Greater Manchester (GM) reviews of inequality, the recommendations made by these reviews and how Stockport's approach to tackling inequalities responds to these recommendations.

1.3 Finally the report also sets out the outputs from work that is being taken forward to develop our Fair and Inclusive Framework and delivery plans.

2. BACKGROUND

2.1 Stockport is one of the most polarised boroughs in England based on the distribution of most and least deprived lower super output areas (LSOAs) in the borough.

2.2 Stockport has both the most and least deprived ward in Greater Manchester (Brinnington & Central and Bramhall South & Woodford) and the most and least deprived GP Practices in Greater Manchester. Within the borough, four small areas rank within the most deprived 1% nationally.

2.3 The drivers of inequality are multi-faceted, and inequalities also interact and intersect with one another, creating structural or systemic inequalities – in other words self-perpetuating cycles of inequality which systematically disadvantage people. Therefore a whole system and multi-faceted approach is needed to address inequality. There are different drivers of inequality and differing perspectives around addressing inequalities – there is no single "right answer."

2.4 Consequently, tackling inequalities is the cornerstone of the One Stockport Borough Plan – the ten-year plan that sets out partnership ambitions for the borough and was developed by the Council, key partners and through engagement with Stockport residents.

3. STOCKPORT INEQUALITIES PICTURE – DATA AND TRENDS

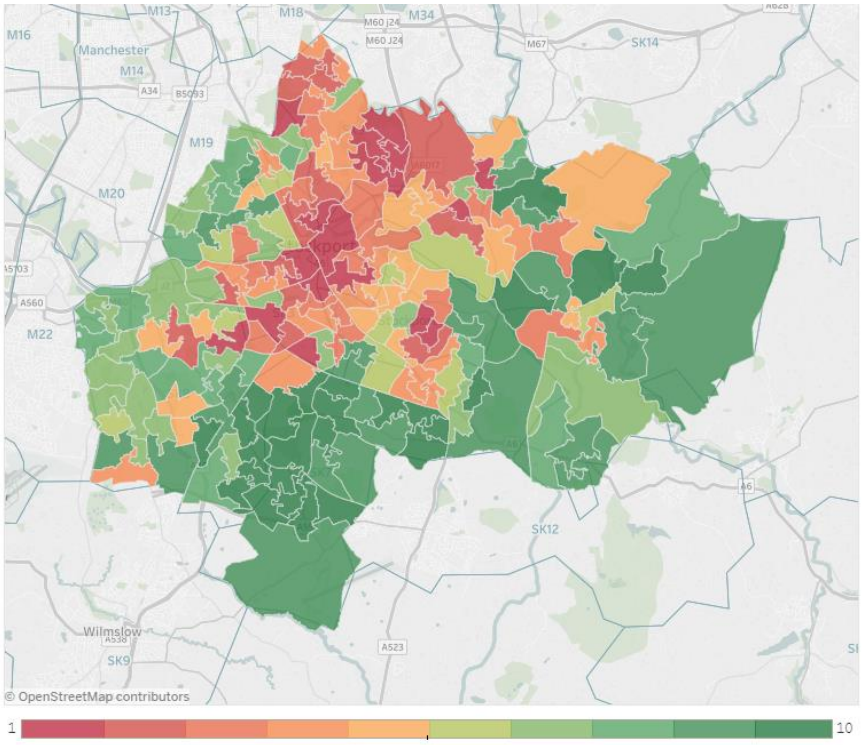
3.1 Stockport is the eighth most polarised Borough in England, with deprived areas having lower than average education, health and employment outcomes, leading to

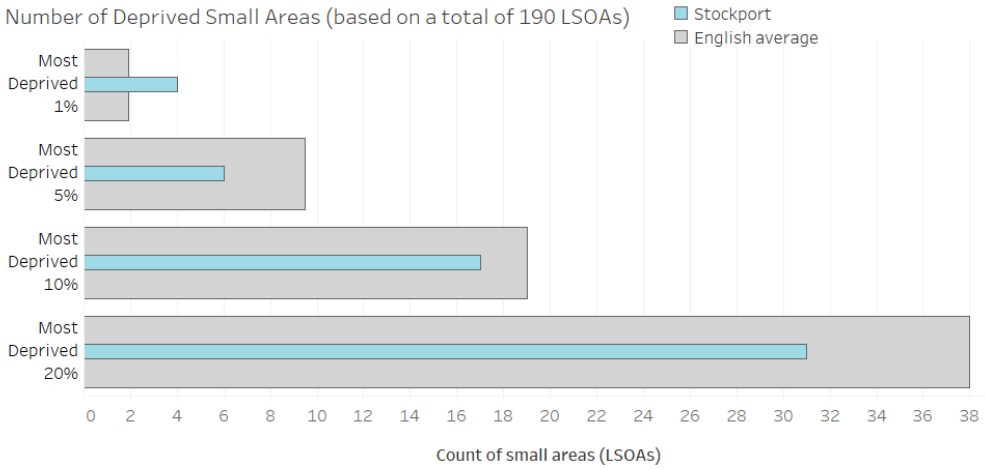
significant inequalities which continue to need addressing. Previous analysis, such as our Poverty Insight exercise in 2018, shared some important insight which is informing our current and future plans. Inequalities are also driven by economic trends and policy decisions that stretch beyond Stockport or even Greater Manchester.

3.2 **Socio-Economic Inequalities**

3.2.1 Taken as a whole, Stockport's relative deprivation is similar to national averages. There is, however, significant local variation within the borough. Stockport has pockets of very concentrated deprivation contrasted with large areas where deprivation is relatively low.

3.2.2 The Index of Multiple Deprivation (IMD) combines data about levels of income, employment, education attainment, health outcomes, crime, housing and environment. This information is used to rank small areas (LSOAs – lower super output areas) in England on a combined measure of deprivation. In the most recent IMD (2019) 17% of the Stockport's areas ranked in the most deprived national quintile. Areas of deprivation cluster to the centre and north of the borough.





3.2.3 Four small areas in Stockport rank within the most deprived 1% nationally, two in Brinnington and two in Lancashire Hill. 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 in 2019, from three in 2015. Less extreme deprivation is less widespread in Stockport.

3.2.4 If high deprivation were to be defined differently, for example by looking at the most deprived 5% nationally, then Stockport's count of 6 areas is actually below the national average. With still larger slices - the most deprived decile (10%) and more deprived quintile (20%), Stockport again has a lower count of deprived areas than the English average. **Stockport's ranks indicates that it is more polarised than in the vast majority of local authorities nationally, particularly when looking at the 1% most deprived.**

3.2.5 Stockport has both the most and least deprived ward in Greater Manchester (Brinnington & Central and Bramhall South & Woodford) and the most and least deprived GP Practices in Greater Manchester (Brinnington Surgery and The Village Surgery, Bramhall). Across Stockport:

- 4,800 people in Stockport are claiming out-of-work benefits.
- 19,500 working age people in Stockport are claiming disability related benefits.
- 83% of working age benefit claims are linked to ill health or disability.
- 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.

2018/19 school readiness - % of children with free school meal status

Better 95% | Similar | Worse 95% | Not compared | Data quality concerns

Recent trends: – Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

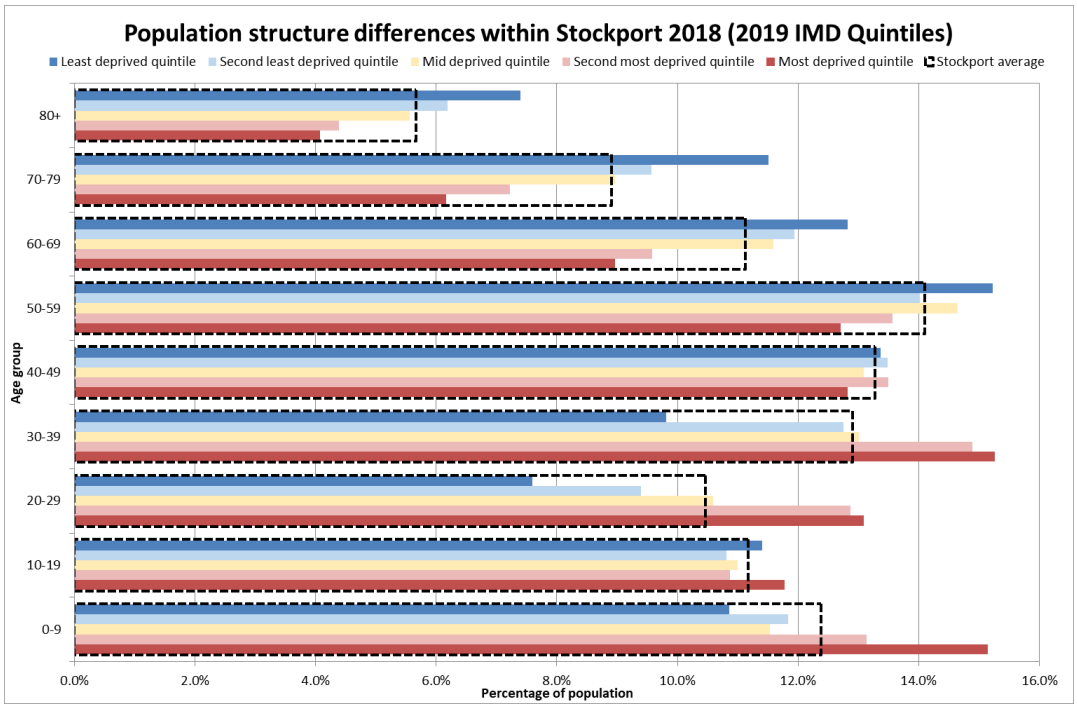
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	50,732	56.5	56.2	56.9
CA-Greater Manchester	–	-	-	-	-
Manchester	↑	1,127	61.2	58.9	63.4
Salford	→	404	60.0	56.3	63.7
Bury	→	156	59.8	53.7	65.5
Oldham	↑	314	57.0	52.8	61.1
Trafford	→	103	56.0	48.8	63.0
Tameside	↑	297	54.4	50.2	58.5
Rochdale	↑	277	53.4	49.1	57.6
Bolton	↑	339	52.4	48.5	56.2
Wigan	↑	293	50.6	46.5	54.7
Stockport	→	173	45.8	40.8	50.8

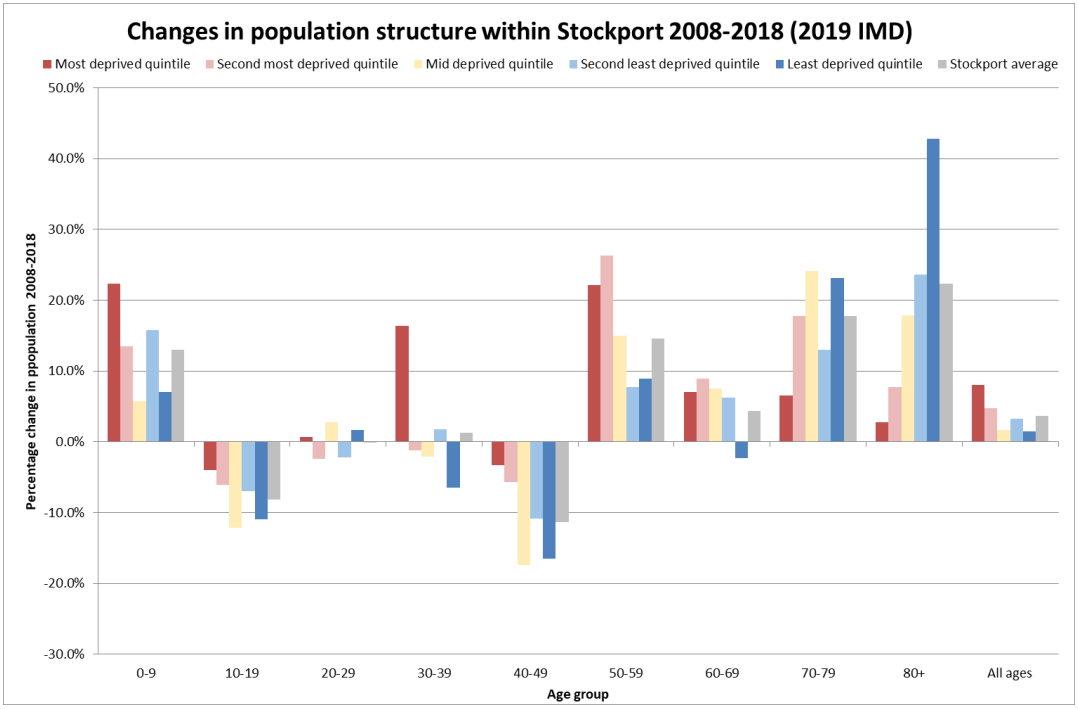
Source: Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series

3.2.6 Levels of child poverty are especially high in deprived areas, which have younger populations than other areas of the borough. Deprivation correlated education attainment gaps are evident from the age of 5 years old and from age 11-15, children from low-income households in Stockport make slower than average educational progress than those elsewhere. **Children from areas of deprivation in Stockport, do less well by the end of reception classes than children with similar characteristics in other areas of Greater Manchester.**

3.2.7 The population of the more deprived areas is much younger than that of the least deprived areas, with 15% of the population in the most deprived quintile being aged under 10 years compared to 11% in the least deprived areas. Deprived areas have more people aged under 40 than the Stockport average, less deprived areas have more people aged 50+.

3.2.8 The loss of population in their early 20s affects the least deprived areas most, this trend doesn't appear in more deprived areas, probably due to the relative likelihood of attending higher education





3.2.9 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.

3.2.10 The increase in birth rates in the mid 2000's, affecting the 0-9 population, and the ageing population can be seen across all areas. However in the more deprived areas the older population has not risen as much as in less deprived areas, and instead these areas have seen a particular increase in the population in their 0-9s, 30s and 40s.

3.2.11 Birth rates are consistently higher in areas of higher deprivation. Birth rates in all areas have risen since 2004, and overall have remained stable since 2010. The rise however, occurred most significantly in the most deprived areas, peaking for the five years between 2009 and 2014 at around 80 per 1,000 (20-30% higher than the least deprived areas) before dropping back to 70 per 1000, 10% higher than those in the least deprived areas. Numbers of births in the more deprived areas have also risen, while those in other areas have been more stable. Currently around 45% of all births occur in the two most deprived quintiles (around 1,500 a year), during the period 2009-2014 this proportion rose to 48% (1,650 a year). Birth rates and numbers are predicted to remain stable over the next 10 years. **This means generally more babies are being born in areas that are more deprived, and that for a six year cohort (now aged 5 to 10 years) there was a particular peak in births in these areas.**

3.2.12 **The described trends have worked together to mean that by 2018 more people lived in areas of deprivation within Stockport than did 10 years ago.**

3.3 <u>Population Groups at risk of inequality – ethnicity and religion</u>:

3.3.1 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 describe themselves as Asian Pakistani are the largest ethnic minority group in Stockport, around 6,600 people in 2011.

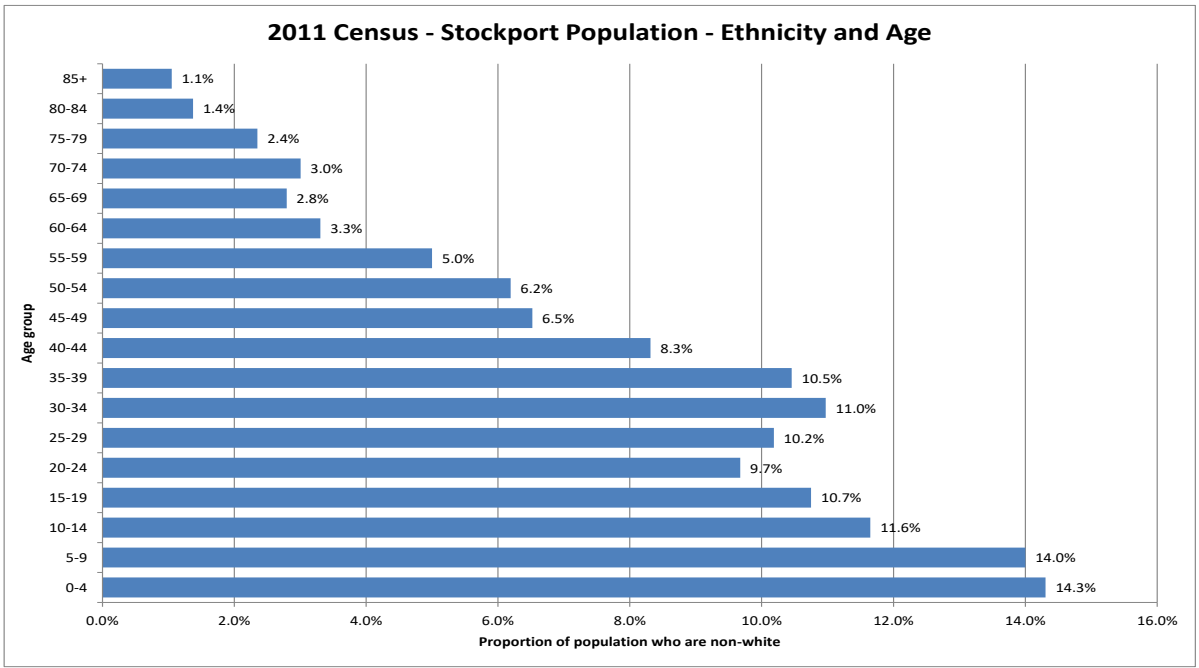
3.3.2 Over time the diversity of the population is increasing and the number identifying themselves as from a Black, Asian or other minority ethnic group almost doubled from 2001 to 2011, to 22,500 and is likely to have increased since.

3.3.3 Stockport has seen an increase in both the Muslim population and people of no religion between 2001 and 2011.

3.3.4 The distribution of the Black, Asian and minority ethnic population across Stockport is not even; the areas of Heald Green, Cheadle & Gatley and Heatons South are particularly diverse. In 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 ethnic minority population in these wards approached 20% in 2011.

3.3.5 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. Gatley also has a community of residents whose religion is Jewish.

3.3.6 The age structure of Stockport's Black, Asian or minority ethnic populations is a younger profile than average. 17% of babies born in Stockport in 2018/19 were Black, Asian or minority ethnic, and rates were almost 40% in Heald Green and Cheadle & Gatley. **The population of Stockport is therefore likely to continue to become more diverse. About** 93.2% of Stockport's population were born in the UK, and a further 4.6% have been living in the UK for at least 10 years



Ethnic Group		Persons		Proportion	
		2001	2011	2001	2011
White	British	264,279	252,044	92.9%	89.0%
	Irish	4,155	3938	1.5%	1.4%
	Other white	3,796	4837	1.3%	1.7%
	TOTAL WHITE	**272,230**	**260,819**	**95.7%**	**92.1%**
Mixed	White & Black Caribbean	953	1,734	0.3%	0.6%
	White & Black African	413	775	0.1%	0.3%
	White & Asian	915	1,460	0.3%	0.5%
	Other mixed	745	1,135	0.3%	0.4%
	TOTAL MIXED	**3,026**	**5,104**	**1.1%**	**1.8%**
Asian or Asian British	Indian	1,867	2,786	0.7%	1.0%
	Pakistani	2,949	6,673	1.0%	2.4%
	Bangladeshi	353	705	0.1%	0.2%
	Chinese	1,315	1,722	0.5%	0.6%
	Other Asian	798	1,876	0.3%	0.7%
	TOTAL ASIAN	**7,282**	**13,762**	**2.6%**	**4.9%**
Black or Black British	Black Caribbean	660	745	0.2%	0.3%
	Black African	352	976	0.1%	0.3%
	Other Black	167	237	0.1%	0.1%
	TOTAL BLACK	**1,179**	**1,958**	**0.4%**	**0.7%**
Other Ethnic Groups	Arab	-	727	-	0.3%
	Any other ethnic group	-	905	-	0.3%
	TOTAL OTHER	809	1,632	0.3%	0.6%

3.4 Population Groups at risk of inequality – other populations

3.4.1 There are other wider social categories which may make people more vulnerable to experiencing inequalities or at risk. The 2020 JSNA (Joint Strategic Needs Assessment) provided estimates of the number of people in Stockport with each characteristic. The information comes from a range of sources, and in many cases is a best estimate based on either national prevalence or small local samples. **All numbers should therefore be treated as indicative**.

People with mental health problems	2,845 (serious mental illness) / 16,500 (depression) / 30,000 (low wellbeing)
People with learning disability	1,225 (adults with moderate or severe) / 5,250 (adults total) (modelled)
People with autism	2,500 (modelled)
People with physical disability / sensory impairment	11,600 (based on benefit uptake)
People with long term health conditions	124,000 with at least one condition (GP Registers)
Older people	55,600 aged 65+ (ONS)
People at risk of loneliness or social isolation	38,500 people living alone (Census)
Carers, including young carers	32,000 (Census)
Asylum seekers / refugees	100 asylum seeker households (UKBI) /
Gypsies & travellers	1,720 (modelled)

LGBTQI+	17,000 (modelled)
Domestic abuse victims	5,000 incidents in year (report to CLT) / 3,000 children domestic abuse referral
Child sexual exploitation	50 referrals to MASE per year
Looked after children – both resident and responsible	484 living in Stockport (Vulnerable Children's Team)
Care leavers	50 per year (EIS)
Teenage conceptions	150 average per year (TPU)
Children eligible for free school meals / children with SEN	5,179 eligible for free school meals / 6,874 with SEN (1,666 with statement)
Children in need	2,903 children assessed as being in need (2014/15)
Drugs / Substance misuse	900 adults in drug treatment (NDTMS)/ estimated 7,000-9,000 drug users
Alcohol misuse	60,000 adults unhealthy drinking (ALS)
Offenders	75 new young offenders, 800 probation clients
Homeless	500 households (Stockport Homes)
Workless	2,700 (benefit uptake), 410 NEET
Veterans	22,500 (modelled)

3.5 **Long term mortality trends**

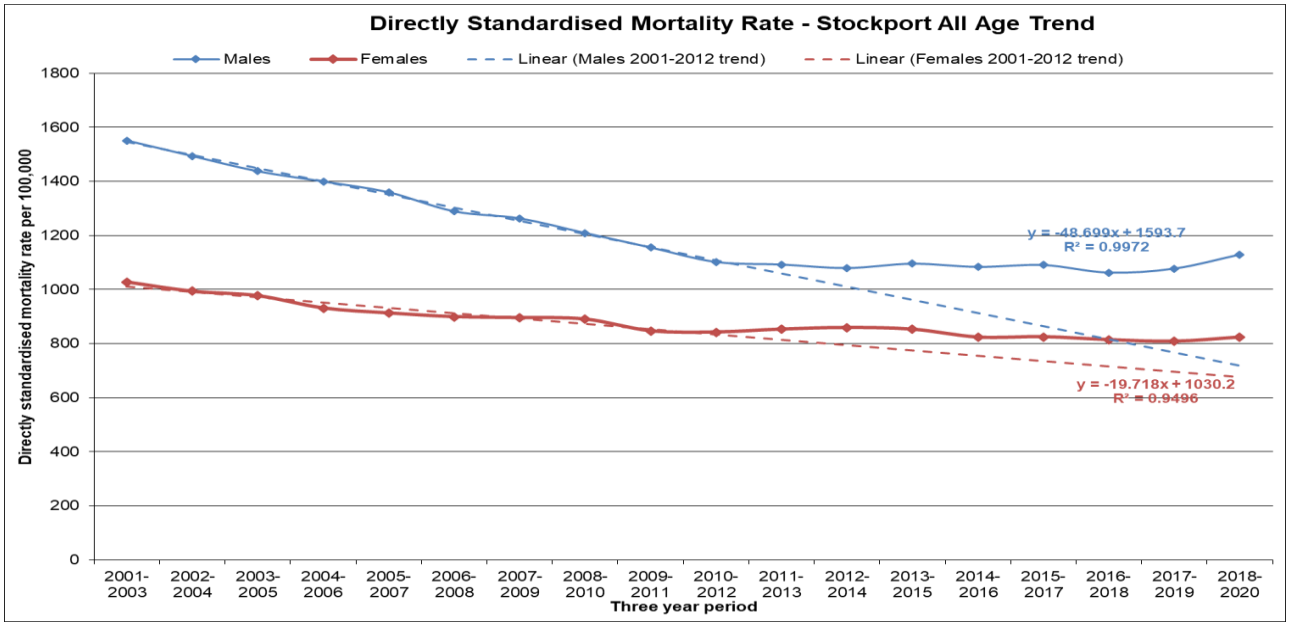
3.5.1 The long term trend for mortality rates in England and Stockport has been a steady fall over time; however since 2011 the rate of decline (the improvement) has significantly slowed and life expectancy improvements have therefore stalled. The Office for National Statistics (ONS) concluded in 2019 that a "statistically significant slowdown in the long-term improvement in age-standardised mortality rates for England and Wales took place around early 2010s[1]". These changes were observed even before the COVID-19 Pandemic developed.

3.5.2 Local mortality rates in Stockport have followed this pattern, until 2010/12 the rate of decline for both males and females was consistent and followed a linear trend, since then rates have stopped falling and have instead held steady.

3.5.3 The figure below shows the overall mortality rates for Stockport since 2001. Until 2010/12 the rate of decline for both males and females was consistent and followed a linear trend, with the rate for males falling more rapidly than for females, narrowing the gender inequality; this trend is long standing and goes back to the beginning of the last century.

3.5.4 Since 2010/12 the pattern has changed. For males mortality rates have stopped falling and have instead held steady, for females rates have fluctuated around a plateau point. In 2018/2020 mortality rates have risen as a result of the excess mortality due to COVID-19.

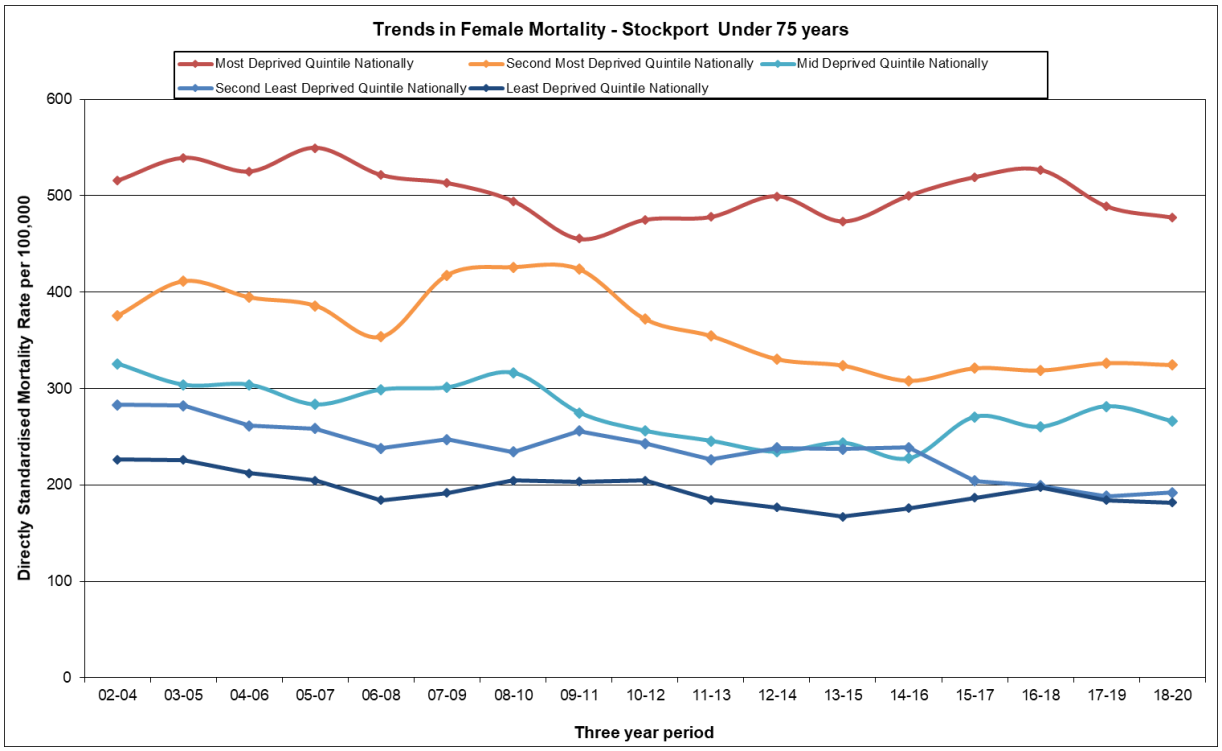
[1] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/changingtrendsinmortalityinenglandandwales1990to2017/experimentalstatistics



3.5.5 In terms of total volumes of deaths, 2011 saw the lowest number of deaths in Stockport at 2,524 registrations in year. By 2019 this volume had risen to 2,877 (a 14% increase in 9 years), and to 3,226 in 2020, a further 12% rise in one year

3.5.6 Life expectancy trends show similar patterns, with a consistent increase for both males and females up until 2010/12 and then a flatter trend.

3.5.7 Analysis by quintile of deprivation within Stockport shows that this slowdown in the in the long term decline in mortality rates is being experienced in all areas, but most acutely in areas of highest derivation. For males between 2001/03 and 2010/12 mortality rates had fallen most rapidly in areas of deprivation, since this point the levelling out has been experienced reasonably evenly across the quintiles. For females since 2010/12 mortality rates in the most and second most deprived quintiles have actually increased (by 5%), and for females under 75 years mortality in the most deprived quintile rose by 8% over the period. It is likely that mortality patterns in the most deprived areas are driving the overall Stockport trends.



3.5.8 These trends are being driven particularly by deaths for older people, and especially for those over 90, although mortality improvements are slowing down for younger age groups too.

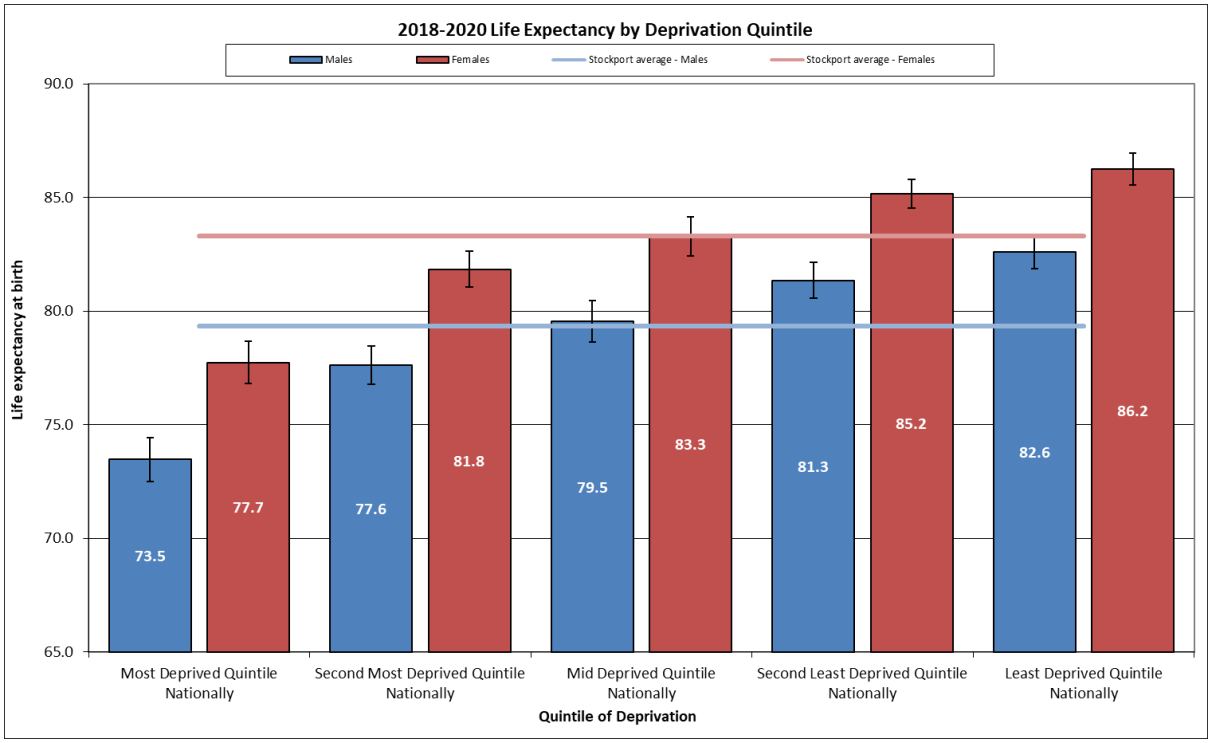
3.5.9 There are many suggestions about the possible causes of this change, including flu infections, cold weather, the impact of austerity and cohort effects; and it is possible that a number of these factors are contributing to the trend.

3.5.10 **In summary the slow-down in improvement in mortality has been felt most significantly in the deprived areas for both genders for older people, and also for female under 75 years.**

3.6 Health Inequalities

3.6.1 Despite the trends identified above average life expectancy in Stockport is high, with women living on average 83.2 years and men 78.6 years. However, there is significant difference within our neighbourhoods, with men in the most affluent areas living 9.1 years longer than those in the most deprived areas and 8.5 years for females. This variation widens at a ward level to 11.5 years for males and 10.2 years for females between Brinnington & Central and Bramhall South & Woodford.

3.6.2 **Life expectancy estimates show that between the most deprived and least deprived quintiles areas of Stockport there is an almost 10 year difference in life expectancy for both males and females.**



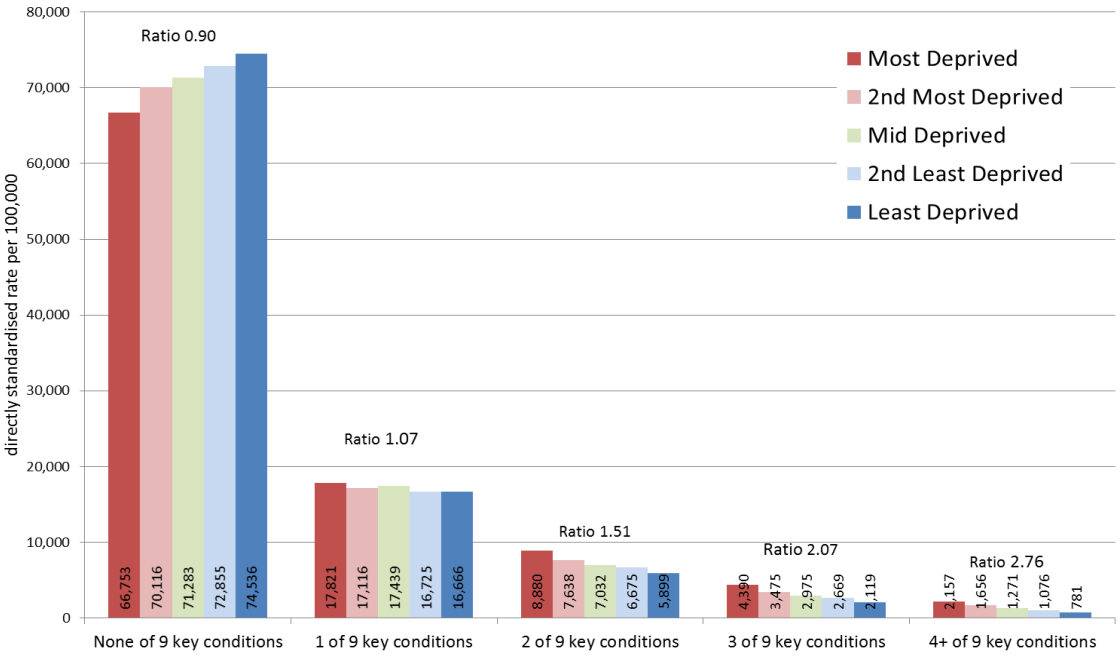
3.6.3 This gap is also seen in healthy life expectancy which is 17.3 years for males and 16.6 years for females in Stockport. **In other words in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas**, **so not only do people in the more deprived areas live shorter lives, they also spend more years in poor health.**

3.6.4 People with serious mental illness (SMI) aged under 75 in Stockport have a mortality rate 3.8 times higher as those without an SMI. This is in part due to the different smoking rates between the two populations, as adults with an SMI are 2.4 times more likely to smoke than adults without an SMI.

3.6.5 Across England on average, females with learning disabilities have around an 18-year shorter life expectancy than the general population, and males have around a 14-year shorter life expectancy than the general population. This means that on average females with a learning disability have a life expectancy of 65 years, compared to 83 years for those who do not, and males with a with a learning disability have a life expectancy of 66 years, compared to 80 years for those who do not. Life expectancy varies by the severity of learning disability, with those with PMLD (profound multiple learning disability) having the lowest expectations, of around 40 years.

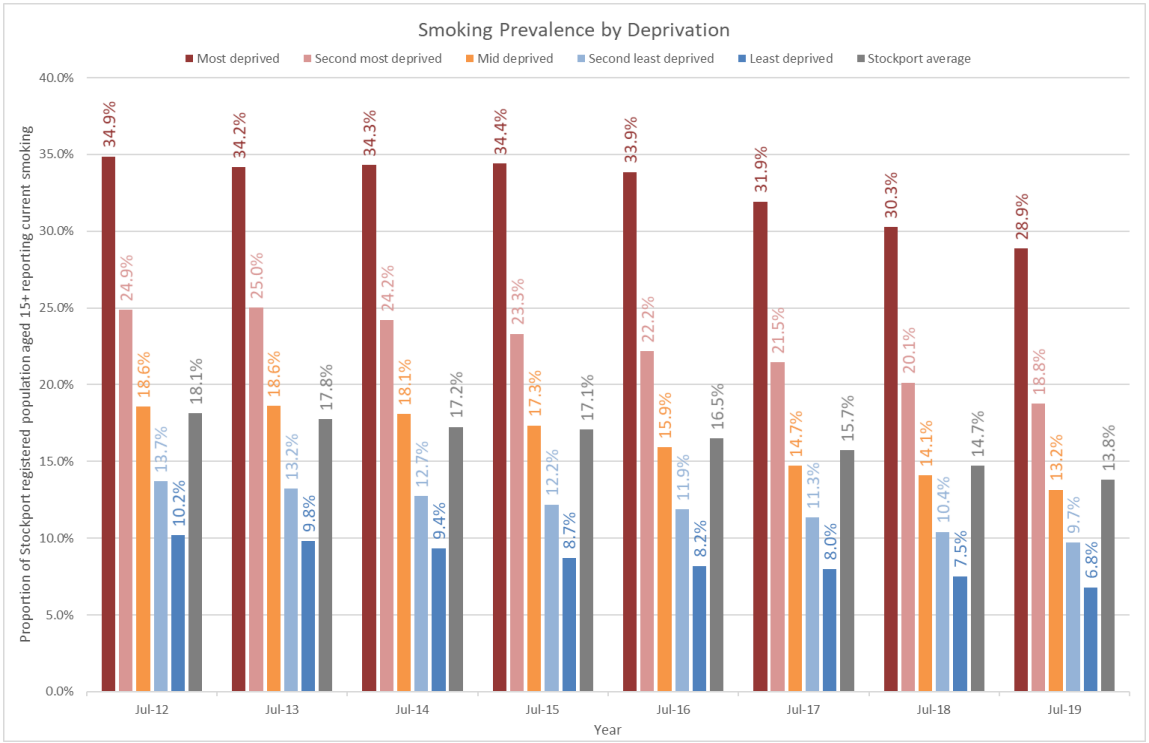
3.7 **Long term conditions**

3.7.1 People in the most deprived areas have are more than twice as likely as people in the least deprived areas to have 3 or more long term conditions and are more likely to be younger when diagnosed. Almost every long term condition shows a prevalence deprivation profile including mental health, asthma, diabetes, heart disease.



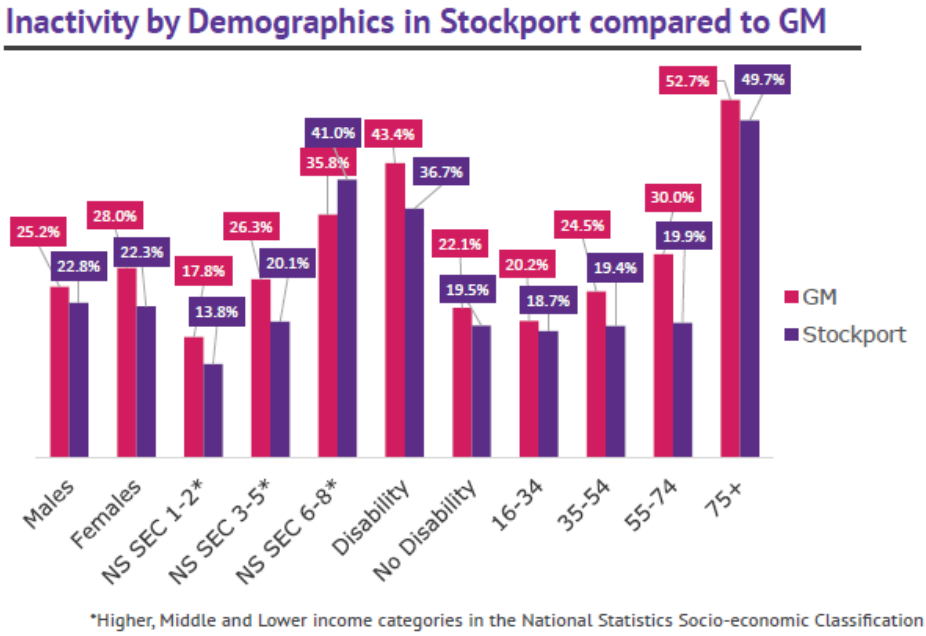
3.8 Healthy Lifestyles

3.8.1 Smoking, poor diets, low activity, and alcohol are major underlying causes of disease and disability. **Smoking is the biggest single lifestyle cause of poor health, and 19% of adults smoke,** however rates in most areas of Stockport are falling. Priorities for smoking therefore **focus on inequalities,** as rates in deprived areas and certain vulnerable groups (such as those with mental health problems) remain high. 29% of adults in the most deprived areas continue to smoke.



3.8.2 **Alcohol also remains a key concern**. Although rates of consumption are no longer rising, the impacts on health are still significant and are felt disproportionately in the most deprived areas where hospital admissions for alcohol related harm are more than three times higher than in the least deprived areas.

3.8.3 Physical activity decreases as deprivation increases; people in the most deprived areas are 15% less likely to be physically active than those in the least deprived areas; children in the least affluent families are 13% more likely to be inactive than those in the most affluent families. Compared to the GM average, people in Stockport across all categories are less inactive than average except for those in the lowest income groups, where people in Stockport are more likely to be inactive (41%) that those from similar groups elsewhere (35.8%).



3.8.4 For both adults and children, **obesity increases with deprivation**. The percentage of children who are obese almost doubles as deprivation increases. Analysing GP records shows the rates of obesity more than doubles as deprivation increases. The increase by deprivation is even greater for women.

3.8.5 **In Stockport 19% of adults have three or more lifestyle risk factors, in the most deprived quintiles this rises to 27% of adults. Adult lifestyles behaviour affects children; smoking, alcohol, drug use and obesity in children are higher if the adults in their household also have these risk factors.**

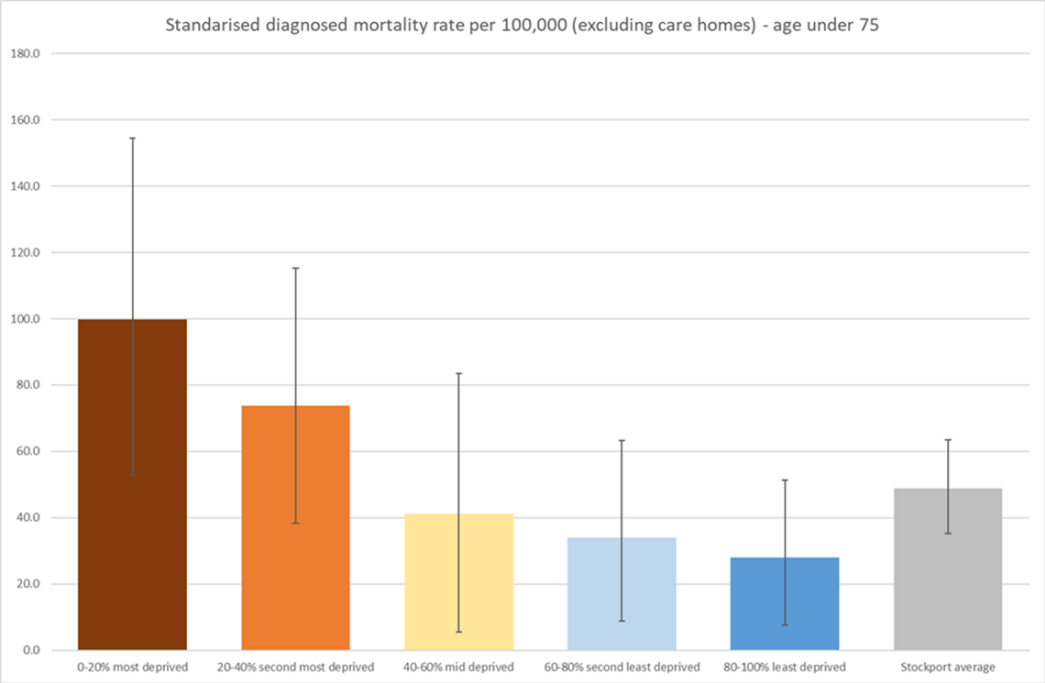
3.9 Impacts of COVID-19

3.9.1 The Impact of COVID-19 on the long-term health of our population has yet to be fully understood. We know that at least 57,000 people in Stockport have been diagnosed with COVID-19 and more than 1,900 being admitted to hospital as a result.

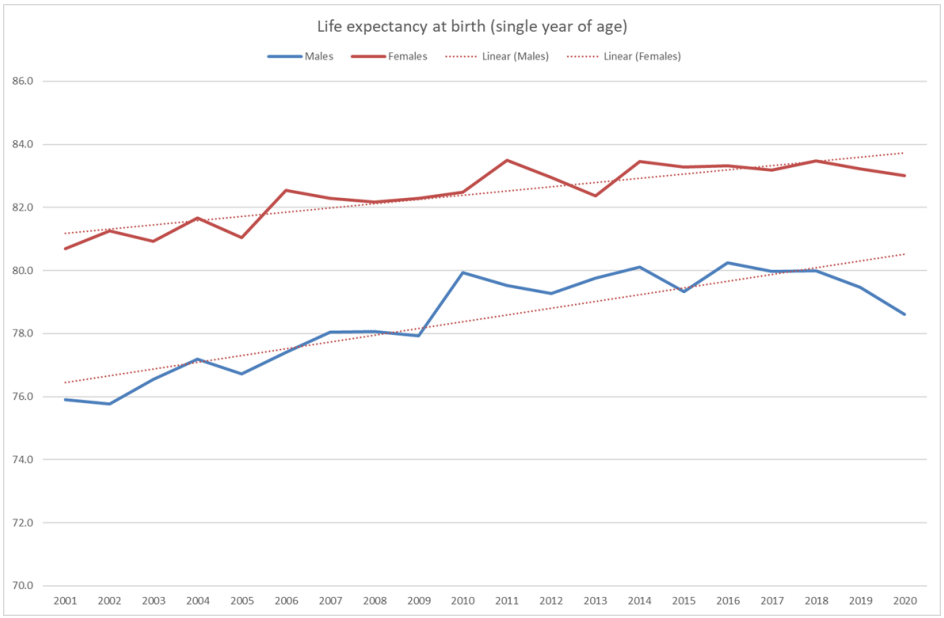
3.9.2 More than 800 people in Stockport have sadly died due to COVID-19, and in 2020 the overall mortality rate for the borough was 14% higher than normal, an excess mortality level similar to the national average. COVID-19 is exacerbating existing inequalities in health and is particularly affecting older people, males, ethnic minority groups and those living in deprived areas.

3.9.3 Analysis of mortality rates from COVID-19 by deprivation shows significant

inequalities affecting the most deprived areas. 27% of all deaths under 75 were for people who live in the most deprived areas, where around 17% of the population live, mortality rates in these areas are double the average.



3.9.4 National life expectancy modelling shows a reduction in life expectancy of 0.9 years for women and 1.3 years for men between 2019 and 2020, with larger reductions of 1.6 years for females and 1.9 for males in the most deprived areas. Compared to the expected value based on the trends from 2010 to 2019, analysis shows a loss in life expectancy in Stockport of 0.9 years for females and 1.3 years for males between 2019 and 2020



3.9.5 In addition, lockdown has impacted on children's development and many peoples mental and emotional health, the consequences of which will be not be understood fully for some time.

3.9.6 Vaccine take-up is also lower in ethnically diverse groups and areas of deprivation, with work ongoing to understand and improve this, along with the longer-term and indirect impacts of COVID-19, particularly around mental health and the economy

4. THE NATIONAL AND GREATER MANCHESTER CONTEXT

4.1 There have been a number of national and GM reports that have highlighted the importance tackling the impact of inequality and highlight that a whole systems response is required across society.

4.2 **Build Back Fairer: The Covid-19 Marmot Review** was published in December 2020 its purpose was to examine inequalities in COVID-19 mortalities; show the effects that the pandemic has had on social, economic and health inequalities and make recommendations driven by principles of 'fairness' and urgent need to 'do things differently'

4.3 It found that the factors in inequalities in COVID-19 mortality included:

- Pre-existing health conditions: Specific health conditions suggest a worse prognosis and higher rates of mortality. These higher risk health conditions are associated with living in more deprived areas and being in a lower income group and are therefore exacerbating existing health inequalities
- Deprivation and inequality in area of residence: Living in more deprived areas is associated with a greater risk of mortality from COVID-19.
- Regional inequalities across England: the close association between underlying health, deprivation, occupation, ethnicity and COVID-19 makes living in more deprived areas in certain regions particularly hazardous. It is to be expected that mortality rates will be higher in regions outside London and the South – particularly in the North West and North East – and that has indeed been the case since the end of the first wave of the disease.
- Living conditions: Overcrowded living conditions and poor quality housing are associated with higher risks of mortality from COVID-19 and these are more likely to be located in deprived areas and inhabited by people with lower incomes.
- Employment: Some occupations have a higher risk of mortality than others – these include occupations that do not facilitate working from home or social distancing.
- Ethnicity: BAME groups are experiencing higher rates of mortality from COVID-19. This is related to their disproportionate experience of high-risk living and working conditions.
- Religious group: Most major religious groups have higher rates of mortality from COVID-19 than people who do not follow a religious faith. Some of this is explained by high numbers of BAME groups following a faith, and by attendance at religious gatherings

4.4 The **Greater Manchester Independent Inequalities Commission** was established in October 2020 to influence the city-regional recovery from the Covid-19 pandemic, providing expert opinion, evidence and guidance as Greater Manchester's economy and society reshapes over the coming months and years. The vision of the commission is "good lives for all."

4.5 The Commission provided a deep dive, rapid research into the structural inequalities which exist in Greater Manchester, engaging across communities, public and

business stakeholders, carrying out research, and gathering ideas, on inequalities associated with health, education, employment, and skills; structural racism; future economic strategy, and the powers that Greater Manchester has to tackle these issues.

4.6 The Commission was encouraged to act as an independent 'critical friend' for Greater Manchester, be challenging and radical, and report back recommendations that are hard-hitting and practical, to enable positive change. The Commission launched their final report on 26th March 2021.

4.7 The Commission highlighted the interconnection of inequalities, and that all inequalities are important. In Greater Manchester there are self-perpetuating cycles of inequality which systematically disadvantage people and impact in different ways. These can be made worse by overlapping identities. The Commission looked at the causes of intersecting and interacting inequalities, not simply looking at issues in isolation (for example, health, poverty, or digital connectivity), but seeking to understand the common drivers of all these inequalities. This is articulated in a Model of Interacting Inequalities



4.8 The recommendations from the review included:

- Put wellbeing and equality goals at the heart of the Greater Manchester Strategy and align budgets, portfolios and activities to these so that good lives for all is the focus of everything Greater Manchester does.
- Convene a GM Anchor Action Network and use their spending, investment and soft power to drive social value, support disadvantaged groups and create good, secure, living wage jobs
- Create a People's Taskforce to put power into people's hands at every level of Greater Manchester and a People's Assembly to contribute to priority setting and work with public authorities in delivering them
- Give the Equality Panels more teeth with a stronger mandate and resources to constructively challenge public bodies.

- Establish an independent AntiDiscrimination body to tackle breaches of the Equality Act.
- Agree a joint commitment across GMCA, districts and statutory partners to tackle inequality faced by minority groups with a clear plan for roll out.
- Develop a GMCA Race Equality Strategy, backed by a plan to increase representation of Black and Asian minorities in senior positions in GMCA and tackle race inequality in health, education, policing, work and housing.
- Set up 'GM Works' to create good jobs, upskill and reskill people to take up these jobs and provide apprenticeships and 6-month Job Guarantees for disadvantaged groups in key sectors
- Set an ambitious target for every employer in Greater Manchester to pay the living wage and offer living hours by 2030, using the Good Employment Charter, conditions on access to public goods, services and contracts and support for businesses in low paid sectors to get there
- Bridge the skills divide with universities, colleges and training providers working jointly to improve access to training, life-long learning and in-work progression schemes for disadvantaged groups
- Create a Community Wealth Hub to support and grow co-operatives, mutuals, social and community enterprises, staffed by people from the co-operative and community sector who understand the market
- Set up a Community Investment Platform to tap into local savings, unlock community investment and build-up assets to share wealth with everyone in Greater Manchester
- Set up a Land Commission to look at ownership and control of land in Greater Manchester, its impacts on inequality and potential solution
- Move towards universal basic services in which education, health, childcare, adult social care, housing, transport and digital connectivity are provided to all and lobby central government to invest and devolve funding to make this a reality
- Launch an Education Challenge to give every child an equal start in life by levelling up schools in deprived areas, supporting young people's transition at 16 and improving access to activities that build social skills, confidence and resilience
- Scale up public and social sector housebuilding to deliver affordable, decent homes, backed by a plan to acquire land, rental properties, new builds and commercial properties for social housing
- Amplify the Greater Manchester Model of integrated public services in 10 pathfinder deprived neighbourhoods and pilot an income guarantee in one or more to tackle inequality, using community-led priorities, cross service teams, pooled budgets and participatory budgeting

4.9 The **Greater Manchester Build Back Fairer Review** was completed and published in July 2021 as a partnership between the GM system, the Institute of Health Equity and Professor Sir Michael Marmot and to signify the establishment of GM as a Marmot City Region.

4.10 It builds upon the "Health Equity in England: The Marmot Review 10 Years On" report, the accompanying Greater Manchester evaluation, and the December 2020 "Build Back Fairer: The COVID-19 Marmot Review" and represents the latest stage in a long-standing collaborative arrangement between Greater Manchester, the Institute of Health Equity and Professor Sir Michael Marmot.

4.11 The report highlights how levels of social, environmental, and economic inequality in society are damaging health and wellbeing and explores how these inequalities have been exposed and magnified by COVID-19 and its impacts. Recommendations were made by 6 key determinants of health in GM:

- **Communities and Place**: Funding by area of deprivation; resources for regions and LA hit hardest by COVID-19; develop publicly accessible data
- **Housing, transport and the environment**: Improve the quality and affordability of housing; improve green spaces, air quality and high streets; improve road safety and incentivise public/active transport
- **Early years and young people**: Reduce inequalities in early years development and in educational attainment; prioritise and improve mental health and outcomes for young people; improve training and work prospects for young people
- **Income, poverty and debt**: Reduce poverty and levels of harmful debt; monitor poverty and inequality
- **Work and unemployment**: Improve the quality of work; reduce unemployment and build skills
- **Public health and the pandemic**: Allocate public health resources proportionately, with a focus on social determinants; prioritise inequalities in mental health; give prevention interventions time to succeed

4.12 The recently published NHS Planning Guidance for 2022 also has a focus on addressing inequalities. In addition to addressing current elective backlogs and the responsiveness of urgent and emergency care and community care, the plan sets out ambitions for population health management, preventing ill health and addressing health inequalities as well as improving timely access to primary care through driving integrated working at neighbourhood and place level.

4.13 The Greater Manchester Strategy also places tackling inequalities at its heart, providing the lenses through which Greater Manchester activity should be framed and challenging where policy or delivery is contrary to equalities ambitions.

5. STOCKPORT'S RESPONSE TO THE GM BUILD BACK FAIRER REVIEW AND THE GM INDEPENDENT INEQUALITIES COMMIISSION RECOMMENDATIONS

5.1 Stockport's approach to tackling inequality is embedded across council services and in our partnership working approaches, whether this be the integrated education, health and social care services offered through Stockport Family, our developing approach to all age prevention and early intervention, or our neighbourhood working model which brings together colleagues from various organisations into multi-disciplinary teams focused on local areas or neighbourhoods. Whilst there is much in place already in Stockport which aims to tackle inequality, we recognise there remains more to be done.

5.2 The **One Stockport Borough Plan**, Stockport's partnership plan that was published in 2021, places the need to tackle inequality firmly at its heart. While developing the One Stockport Borough Plan, equality, equity and unity came out as a recurring (and strong) theme. As a result, one of the Plan's nine priorities is "A Fair and Inclusive Borough". Our ambition is that Stockport is a Borough for everyone – where diversity and inclusion is celebrated and everyone has equity of opportunity.

5.3 There are 8 objectives set out under this priority:

- **Work across anchor organisations** in Stockport to tackle inequalities and promote inclusion with named senior leadership responsibility
- Capture the lived experiences of communities, particularly those where there is evidence of inequality, to inform a co-developed set of **cross Borough equality objectives** with a robust action plan to address discrimination and inequality across Stockport
- **Review and co-design a joined up financial inclusion support offer**. Creating a clear and holistic route for people to be financially resilient and independent
- **Introduce a new Food Network** – building closer relationships across food provision for those experiencing food poverty across Stockport
- Further **develop equality and diversity networks** and link them into decision makers and equality impact considerations
- Work together to look at the goods and services we buy to **keep the Stockport £ in Stockport** and explore opportunities for increased social value, inclusion and corporate social responsibility
- Promote and support **inclusive employment** practice to increase diversity in our workforce, sharing good practice and co-design anti-discrimination and unconscious bias development and training that addressing areas such as: racism, ableism, homophobia, transphobia, ageism, islamophobia and sexism
- **Invest in where better lifelong learning, skills and training are needed to reverse long-term unemployment** and the impact it can have on wider social issues.

5.4 It should be noted that of the 71 “we will” statements (our commitments) in the Borough Plan, 35 directly relate to tackling inequalities. Therefore, the need and desire to tackle inequality in the borough is not confined to one priority or one set of partners within the Plan, but runs through agreed actions relating to children, young people and families, health and wellbeing, the economy, digital inclusion, homes and the environment.

5.5 The council has created a new Head of Fair and Inclusive Stockport role to lead the delivery of these ambitions. A similar role to the Head of Climate Action Now (CAN), the post holder will provide leadership and programme management, and continuing to strengthen partnership working by taking a whole system approach in relation to tackling inequalities. The postholder has been recruited and is due to start in mid-February 2022.

5.6 The One Stockport Borough Plan was produced before the final reports of the GM Independent Inequalities Commission or the Marmot Build Back Fairer Report for GM were published. Stockport Council welcomes the publication of both of these reports. The council has since carried out a mapping exercise across these reports and the Borough Plan and other supporting council and partnership plans to assess progress/ ambition against the recommendations of these reports.

5.7 **GM Independent Inequalities Commission and Build Back Fairer: Stockport Context**

THEME	RECOMMENDATIONS	STOCKPORT CONTEXT

Community wealth building	**Community wealth hub / Community investment platform**	Sector 3 supports the voluntary community faith and social enterprise sector (VCFSE) and community organisations throughout the borough. Sector 3's developed has been supported by council funding. This has included specific investments into sector infrastructure and specific funding for Equality, Diversity and Inclusion capacity within Sector3, Digital Inclusion; and Financial Inclusion, including the development of the Food Network. In Stockport this recommendation falls under our Inclusive Economy pillar of the Borough Plan
Covid vaccination Funding/advocacy	**Targeted support for those most vulnerable to COVID and those hardest hit**	Our Communities Champions work and Vaccine Inclusion Group are working to address the inequalities exposed and deepened by the pandemic. Both our Communities Champions Programme and Vaccine Inclusion Group are system wide approaches taking targeted action to help ensure vulnerable and disadvantaged groups can access the vaccine while also improving our comms with these communities to overcome vaccine hesitancy. Going forward the Community Champions Programme will have a firm focus on developing and investing in sustainable and long-term engagement and relationships across different communities of identity, experience and place.
Data and intelligence	**Indicators & Reporting**	Work is underway on the development of a One Stockport Borough Plan Outcomes Framework. A small number of headline indicators for each Priority in the plan have been identified. The focus is on fewer, but more meaningful and impactful measures and targets. Equality indicators will be highlighted for each Priority and reported together to reflect their cross-cutting nature. We are also looking at ways to underpin quantitative data with qualitative data to provide a holistic picture of progress/ add context e.g. through case studies, videos and narrative.
	Develop equity targets	This will be led by GM for use by LAs. In Stockport, we are developing inequalities indicators as part of our wider outcomes

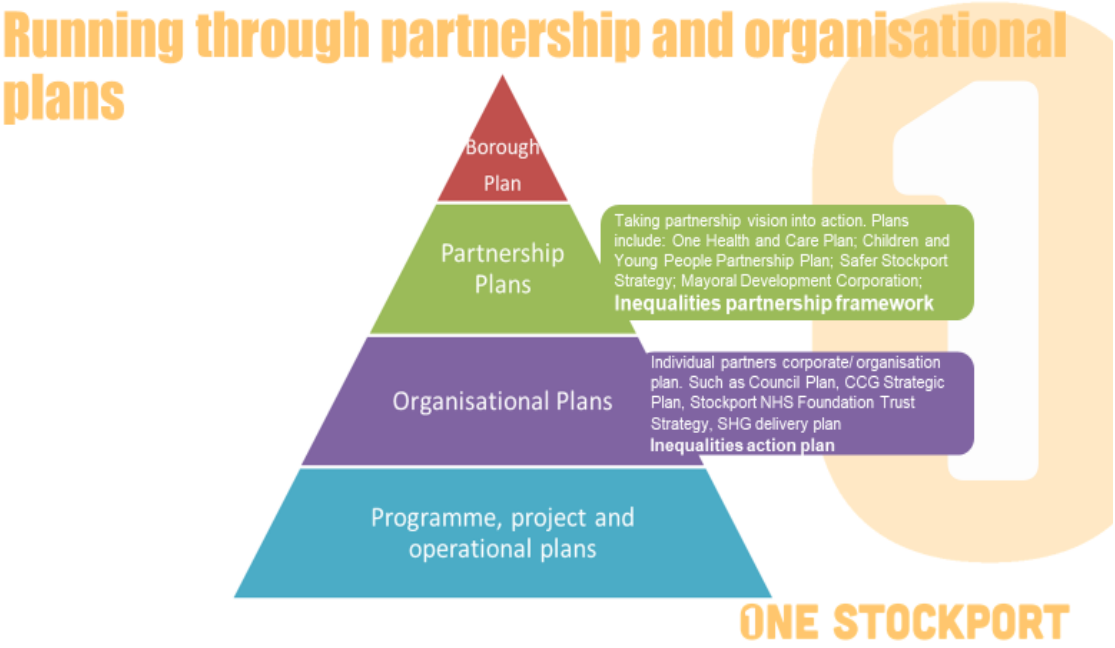
		framework for the borough plan
	School readiness	An Early Years dashboard is in development and will include school readiness measures. Some data collection has been delayed due to COVID.
Early years (EY) and education	**Additional EY support for families/parents and settings**	Additional funding and support for areas of increased deprivation depend largely on funding formulas used by government. By virtue of these formulas, areas of greater needed receive a larger portion of funding allocation though some of the data used to inform these formulas is due to be refreshed. The council also coordinates EPEC - Empowering Parents, Empowering Communities group - to provide support to parents. Specialist support to EY settings is also provided based on funding formulas.
	Employment for young people / No NEETS / GM Young Person's Guarantee	Stockport has a supported apprenticeships programme, and Kickstart scheme which provides opportunities for young unemployed people to access experience and training. Work is underway on a Not in Education, Employment or Training (NEETs) strategy and Steps to Work programme.
	School training and advice: mental health, first aid and financial management	The Mental Health in Schools Programme delivers the mental health and wellbeing aspects of this recommendation. A joint all age mental health and wellbeing strategy is being developed with communities, schools and businesses.
Anchors and social value	**Embed social value framework / Extend reach of anchor institutions**	Work to develop a Stockport Social Value Framework is underway, with a Social Value Charter adopted in 2019. Current work aims to develop a list of priority cohorts and groups aligned Borough Plan priorities, to then ensure that invested resources deliver optimal benefits for Stockport. A strong emphasis should be placed on training and skills.
Employment and training	**Minimum Income for Healthy Living / Living Wage**	This recommendation is explicitly GM level. We will continue to work with GM partners. Healthy living and household poverty are holistic issues to be addressed across a range of service areas, as well as through wages. The council is developing an active lifestyles strategy and continues to undertake significant work in relation to both food poverty and financial resilience for

		residents.
	Apprenticeships and training	Several initiatives around supporting inclusive employment and incentivising employers exist and the Council is developing an economic plan and routes into work and apprenticeships will considered as part of that plan.
	Good Employment Charter	Ethical employment and inclusive growth are commitments within the borough plan. The Council is working towards meeting the commitments in the charter.
	Increase local recruitment	We are encouraging local jobs for local people as a principle and also ensuring residents have access to opportunities across the GM region where this would benefit them.
Equality	**Equality Panels, independent anti-discrimination body; joint commitment across GM to tackle inequality, Develop GMCA Race Equality Strategy**	We support these recommendations, and this is reflected in Borough Plan commitments to further develop equality and diversity networks and to recruit to a Head of Fair and Inclusive Stockport (due to start in Feb 2022) and an EDI Manager (being recruited).
Funding/advocacy	**Increasing regional budgets / advocating for changes/increases to benefits systems**	Many of the advocacy and funding recommendations are to be addressed at the GMCA level. Other work would fall within the remit of the Greater Manchester Poverty Alliance (GMPA) to advocate for.
Health in all policies	**Prioritisation of prevention**	Early Help and Prevention is a major pillar of Stockport's One Health and Care Plan We are also redesigning **early help and prevention**. Currently we are undertaking a significant recommissioning of adult preventative services, building upon a long-standing prevention alliance.
	Public health focus on the social determinants of health	Our One Health and Care Plan recognises that that public services working in isolation cannot effectively resolve many of the complex issues that drive the need for our services, such as poverty, education, employment, housing, access to green spaces, loneliness, and trauma. To address the wider determinants of health and wellbeing through system-wide action, supporting everyone to live well.
	Public health leadership	Stockport already adopts a strong system wide approach to public health and this is demonstrated with the high levels of vaccination uptake locally and the partnership working that has enabled us to respond rapidly to issues such as

		Winter pressures or the need to rapidly increase the covid booster vaccination offer. The development of Stockport's local ICS arrangements provide further opportunity to strengthen system wide public health leadership.
Participatory decision making	**People's Taskforce / work with local communities**	Work with communities is aligned with a number of borough plan commitments in both spatial and social terms. Early work is underway to add longevity to the Community Champions programme and to develop greater opportunities for co-production in the context of population health, health services and tackling inequalities. Co-production is already a strong part of the practice of Stockport Family when working with young people and families.
Public service provision and reform	**Universal basic services**	Recommendations span a huge range of service areas. Broadly, moves towards universal basic services would require government to fund and devolve power appropriately. Lobbying work to achieve these changes would be done at the GMCA level or with partners such as GMPA.
	Minimum standards for quality employment, housing and environment, transport and clean air, with enforcement powers and resources	Minimum standards would be expected to be embedded within specific plans and policies for each area (further outlined below).
	GM Good Landlord Scheme	This is in the initial stages and is led at a GM level but when developed will be implemented in Stockport. Accordingly, implementing the Good Landlord Scheme has been added as an objective into the Public Protection service plan.
	Housing regulations and enforcement	The Housing Standards Team within Public Protection take up this work. There is also a review of the Housing Standards Service undertaken to ensure continuous improvement within the private rented sector.
	Net zero and affordable housing	This is being embedded within forthcoming Local Plan and Stockport CAN. Stockport Homes also have a Climate Change Strategy that further supports this work.
	Tackle rough sleeping and homelessness	The Rough Sleeping and Homelessness Prevention Strategy was approved by the council in Feb 2021. An 'ending rough sleeping plan' is currently being developed.

	Clean Air, sustainable transport, environment, access to green space	Work in these areas is being progressed through Local Plan and Stockport Climate Action Network (CAN). On-going work with GMCA and TfGM will further work towards joined up approached toward sustainable and active transportation.
	Financial resilience of communities working with partners	A debt network is being established with partners including the Stockport Credit Union and others working in this area. A pilot programme aimed at tackling school debt is also being developed and money maximizations projects are underway. There are also plans to review and co-design a joined up **financial inclusion support** offer, creating a clear and holistic route for people to be financially resilient and independent

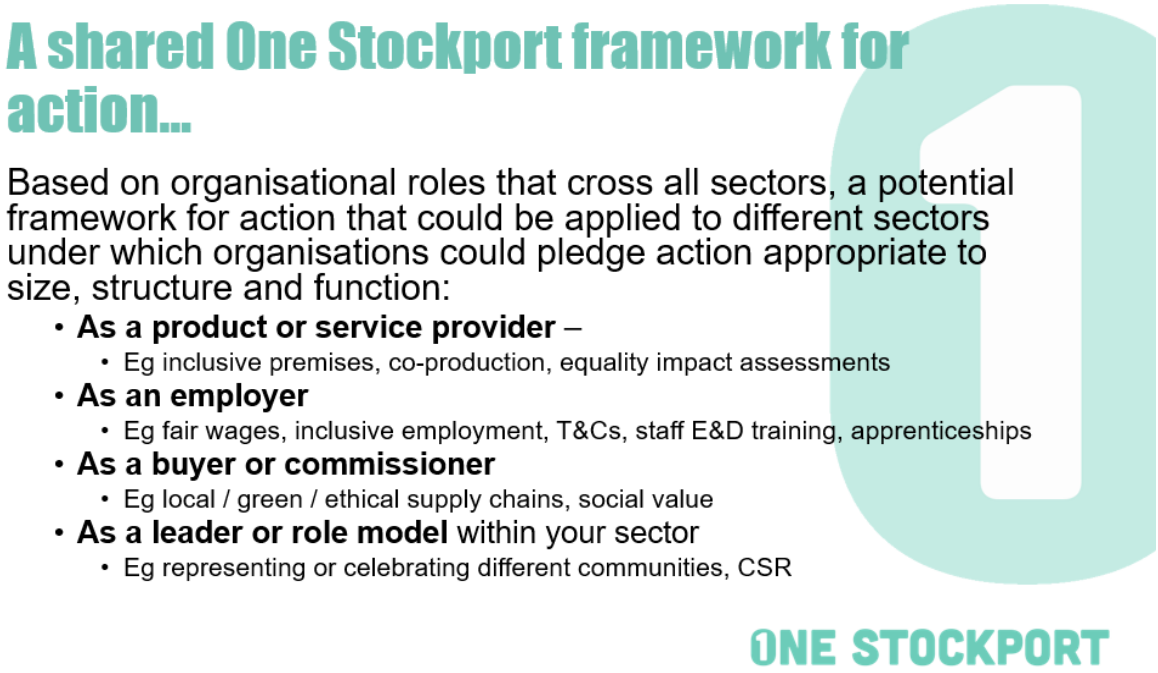
5.8 From the mapping exercise it's clear that Stockport Council and our partners are already addressing many of the recommendations set out in the GM Inequalities Commission and the Build Back Better reports through current plans and strategies. Where recommendations are better addressed at a regional level, the council will continue to engage with partners across the region.



6. DEVELOPING A SHARED ONE STOCKPORT FRAMEWORK FOR A FAIR AND INCLUSIVE STOCKPORT

6.1 We have developed a cross-sector shared One Stockport framework to encourage everyone in the borough to play a part in tackling inequalities. Following on from the development of the One Stockport Borough Plan and the gap analysis two cross-sector bitesize sessions were held. The purpose of the first bitesize session was to

understand the collective contribution of our work/ activities on addressing inequalities and to inspire and energise this complex agenda. At the workshop we presented and tested a proposed overarching partnership framework in relation to inequality that could be adopted and used by all partners.



6.2 Feedback from participants on the proposed framework included:

- Having a common framework could be very powerful with partners / participants capturing what we are individually doing in these areas which could then be shaped cumulatively.
- The framework provides a good opportunity to consolidate work and set what we are doing as a borough under the framework and to encourage employers to sign up.
- Even if the framework is not used by organisations that have their own framework, it is not necessarily contradictory.
- The framework could work on different levels – for example, providing a framework of principles for strategic partnership boards to think about how decisions fit with these principles or providing specific examples of action that could be considered.
- This framework would need to be flexible enough to enable any partner to apply the framework to themselves, enabling all organisations and sectors to play a role in addressing inequality in a way appropriate to each organisation.

6.3 A second workshop was then held which focused on understanding where can we best make an impact and to agree shared tangible ambitions and actions and how we would see and measure progress in terms of metrics and experience. It was also an opportunity to shape focus of the Inequalities Summit.

6.4 Stockport's first Inequalities Summit was held virtually on Friday 10th December. The aims of the summit were to:

- Launch our strategic approach and shared framework for inequalities
- Bring the framework to life – share real life examples of our work to address inequalities and experiences of people living with inequality

- Encourage people to get involved/ pledge action/ change behaviours

6.5 There were over 120 attendees from across businesses, residents and representatives from community groups and schools who came together to immerse themselves in vital discussions about how inequality can be tackled in the borough. Keynote speakers at the Summit included Professor Sir Michael Marmot, UCL lecturer and author of 'Build Back Fairer: The Covid-19 Marmot Review', as well as Professor Arpana Verma from the University of Manchester and Start Point Stockport's Founder, Nicola Wallace-Dean. Break out sessions were led by a range of partner organisations including the Council, the CCG and local VCFSE organisations.

6.6 The success of the day came through the engaged participants and interesting discussions which were had, themed workshops were provided by leads from different areas in order to ensure these were meaningful and lead to thematic action (Early years and Education; Communities and Place; Healthcare; Economy and Income). Some of the key themes coming out from an initial analysis of the feedback included:

Communities

- Ensure there is a strong wrap around offer linked to the food networks to help address wider circumstances, mental health etc.
- Develop a more holistic approach, better links between food providers and other services to encourage take up and understand how we can better support people out of poverty through debt management, managing money, cooking on a budget, reducing food waste.
- Communicating and connecting the different food offers to communities across Stockport through existing networks
- Developing ways to listen and capturing the experiences of people using our services to help shape them

Early Years and Education

- Setting a consistent expectation, structure and resources that from early years up and through education that builds tacking inequalities into the curriculum
- An ask for greater local discretion in accessing the 2year-old entitlement where we identify this would benefit a child and the family.
- Involving community and parent organisations in the design of service offers. EPEC being cited as an example of where this has worked well.
- The governing bodies/trustees/committees in schools and early years need to be more diverse - how do we encourage and support this? and also improve all governors' understanding of equality, diversity and inclusion (EDI).

Healthcare

- Making information available in different languages or use visuals. Also involve people in developing communication materials e.g. Pie Radio, S-REP etc
- Learning from covid vaccine roll out utilising mass approaches and the hyper-local approaches.
- Bringing our services into community spaces/hubs and understanding the resources and assets available in communities to support access
- Addressing the impact of digital exclusion and digital improvement of GP practices - accessing records online, asking for prescriptions, booking appointments.

Economy and Income

- Work experience starts in schools - or should do so. Bigger, better vocational curricula in schools would provide a feed to work experience and job opportunities for harder-to-place young people
- More flexible approaches on apprenticeships for companies. We have heard from many small organisations that they are reluctant due to time constraints to train on the job but would do if there can be more flexibility
- Proactive outreach in community locations with employers presenting the opportunities - also perhaps some myth busting for e.g. on care where jobs are seen as very badly paid with poor working conditions
- It's not simply about making them aware of the opportunities, but also about providing the essential support for them to access them profitably, eg better public transport, buddying up, case studies of successful experiences, job carving.

The Summit culminated with guests, including council representatives, making pledges on an organisational or individual level as to how they would help to fight inequality and make Stockport a fair and inclusive place to live, work and spend time.

6.7 Following on from the summit the outputs from the workshops and plenary sessions will be digested and will be compared against our gap analysis against the GM Inequalities Commission and the Marmot report recommendations. A full summit report will be produced which will be feedback to participants and CLT and this will inform the further development of framework and action plan and communications campaigns.

6.8 The One Stockport Borough Plan Outcomes Framework is currently in development and we are developing cross cutting “Fair and Inclusive”/ inequalities measures. These are based on the ‘Marmot Beacon’ set of measures contained within the GM Inequalities Commission Report. A number of measures are already captured in council and partnership plans. These measures will link very closely to the Health and Care Plan outcomes. We will have the ability to disaggregate to cohort or locality to reflect where inequalities are greatest. We are also exploring the use of ‘floor targets’ – minimum standards rather than Stockport averages which can mask significant inequality.

6.9 A cross-party working group with a responsibility for providing collective steer and consideration of the fair and inclusive agenda has now been established and met for the first time on the 16th of December. This group will have a boroughwide responsibility but bring in expertise and insight from different areas across the Borough – recognising the different ways inequalities manifest across Stockport. The membership of the group will therefore seek to have a representative from all Area Committees in as much as possible. Membership will also be proportionally representative of Stockport’s political make up in as much as possible.

7. EQUALITY, DIVERSITY, AND INCLUSION (EDI)

7.1 The model of inequalities (presented in paragraph 2.6 of this report) developed by the GM Independent Inequalities Commission clearly shows how geographical inequalities alongside demographic inequalities lead to entrenched and intersecting inequalities that are experienced differently by individuals and households depending on their demographic make up. In many cases existing geographical or

socio-economic inequalities will be compounded by demographic inequalities such as those protected under the Equality Act 2010 as well as those that aren't (for example digital inequality, caring responsibilities, veterans, asylum seekers).

7.2 Placing equality, diversity and inclusion at the heart of our approach to tackling inequalities is essential if we are to address the intersecting challenges faced by many in our communities.

7.3 In October 2021, Sector 3 organised Stockport's first ever Equality Month, coinciding with a number of key equalities dates in October – in particular, Black History Month. Stockport Equality Month was a series of events across Stockport organised by Sector 3 and partners including the Borough's first ever Inclusion Fair, raising awareness of diversity, equalities and inclusion and promoting the support to communities provided by several organisations across the borough.

7.4 In the last year the council has also taken a number of steps in relation to strengthen our approach to equalities, diversity and inclusion. We have committed to recruit a lead role for equalities, diversity and inclusion and to develop an EDI action plan. We have also established four Employee Engagement Groups in the least year responding to workforce requests. Their role is to support the wider Council when thinking about policies that affect employees. The groups also act as a support network and forum to raise discussion around issues that affect employees. The groups include the disabled employees focus group; the lesbian, gay, bi-sexual and transgender employees focus group; the black and minority ethnic employees focus group (Palettes of Colour); and the carers employee focus group. Finally the council has also reviewed and strengthened our Equality Impact Assessment process and all published reports now include a section relating to Equality impact considerations.

8. RISKS

8.1 There are no significant risks arising from this report. The many approaches to tackling inequality set out in this report are crucial for enabling more Stockport residents to live happy, healthy and independent lives, contributing to the aims of the One Stockport Borough Plan.

9. LEGAL CONSIDERATIONS

9.1 The Public sector equality duty came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities are required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

9.2 To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities, named on , to publish:

- equality objectives, at least every four years (from 6th April 2012)
- information to demonstrate their compliance with the public sector equality duty (from 31st January 2012)

9.3 The council's equality objectives can be found at https://www.stockport.gov.uk/equality-and-diversity/equality-and-diversity-policies . These are due to be refreshed in 2022. In addition, the council has in the last year strengthened its approach to Equality Impact Assessments including delivering training for managers in relation to the public sector equality duty and the need to have due regard to the points set out above.

10. HUMAN RESOURCES IMPACT

10.1 There are no human resources implications arising from this report.

10.2 As part of our commitment to the Equality Act and previous equality legislation we monitor our performance in terms of the diversity of our workforce. More information can be found at https://www.stockport.gov.uk/equality-and-diversity/data-and-information.

11. EQUALTIES IMPACT ASSESSMENT

11.1 The focus of this report is to provide a high level update on activities taken to date and plans moving forward to address inequality and respond to the recommendations of both the GM Build Back Fairer Review and the GM Independent Inequalities Commission. The council last year reviewed and strengthened its approach to Equality Impact Assessments and it is expected that individual initiatives will develop robust Equality Impact Assessments that inform planning and delivery. The council's Equality Impact Assessments include consideration of demographic inequalities that are not classed as protected characteristics under the Equality Act 2010 but nonetheless have an impact on inequality including those with caring responsibilities, veterans, refugees and asylum seekers and socio-economic background (particularly those on low incomes).

12. ENVIRONMENTAL IMPACT

12.1 Whilst there are no specific environmental impacts arising from this report, climate change significantly impacts some communities more than others, exacerbating inequalities. Examples include food poverty, rising fuel prices and poor air quality. The issue of food poverty particularly was a focus of the Communities break out session at the Inequalities Summit on December 10. Climate Action Now therefore contributes to addressing inequalities and is an important strand of the council's and our partners' contribution to this agenda.

13. CONCLUSIONS AND RECOMMENDATIONS

13.1 In conclusion, the need to address inequality has never been greater and there is significant impetus at a local and regional level to do so. Inequalities are complex

and intersecting and no one initiative or organisation can tackle inequalities in isolation. A whole system and multi-faceted approach is needed. Stockport remains a polarised borough and the pandemic has served to exacerbate existing inequalities. However, the council and our partners have taken significant steps to embed the need to address inequality throughout all of our strategies and plans – starting with the One Stockport ten-year Borough Plan.

The Scrutiny Committee is asked to:

Note and comment on the approach of the council and partners to tackling inequalities in Stockport including the council's response to the recommendations of the GM Build Back Fairer Report and the GM Independent Inequalities Commission.

BACKGROUND PAPERS

The One Stockport Borough Plan - https://www.onestockport.co.uk/the-stockport-borough-plan/

The GM Build Back Fairer Review - Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives - IHE (instituteofhealthequity.org)

The report of the GM Independent Inequalities Commission - https://www.greatermanchester-ca.gov.uk/what-we-do/equalities/independent-inequalities-commission/

NHS Planning Guidance – 2022/23 - NHS England » 2022/23 priorities and operational planning guidance

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