Stockport Public Health Annual Report 2023: Health Inequalities

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Introduction

Health inequalities are unfair and preventable. In Stockport these inequalities have been too wide for too long. We will have to do something more and something different to shift them.

The reality is that if you are poor you would have to spend half your disposable income on food if you wanted to eat a healthy diet, you are likely to have more fast-food outlets and less greenspace where you live as well as poorer air quality, and you're less likely to be able to afford to heat your home. You are also exposed to more 'stressors' that harm both physical and mental health, you are much more likely to smoke, more likely to drink at harmful levels, and to be physically inactive. As a result, your risk of developing one or more long term health conditions is higher, the number of years you can expect to live overall is fewer and you can expect to spend fewer years living in good health. Of course, poverty is not the only cause of health inequalities, but it is the most fundamental one and interacts with others. In this report we will consider how inequalities in health arise and how different factors can compound one another through a person's life course.

The gap in life expectancy, as well as healthy life expectancy, between people living in the most and least deprived areas in Stockport stubbornly persists, for example the life expectancy gap for males in Stockport in 2002/04 was 8.6 years and 18 years later in 2020/22 is 8.8 years. Despite much good work, inequalities are not reducing at the scale required to achieve a fair and inclusive community. This report sets out the scale of the challenge we face in creating a fair and inclusive borough where everyone can live a healthy life and makes recommendations for how we might realise that ambition.

Background

Concerns about health inequalities are not new. Already in 1980, the landmark 'Black Report' (1) highlighted the true extent of inequalities and how ill-health and early death are unequally distributed among the population. Black concluded that these inequalities were caused by multiple social inequalities influencing health: income, education, housing, diet, employment, and conditions of work. Social policy measures to combat these inequalities were recommended but not implemented by the Government. Almost 20 years later, the Acheson Inquiry (1998) (2) continued this work by reviewing the latest information on inequalities and identified priority areas for future policy development to reduce health inequalities. There was then widespread recognition that reducing inequalities needed to be a focus of national policy. In 2010, the Marmot Review Team published '*Fair Society, Healthy Lives*' (3) and proposed effective evidence-based strategies for reducing inequalities. This team continues to produce some of the most influential research into inequalities to date.

At a Greater Manchester level, Marmot and his team were asked to write 'B*uild Back Fairer in Greater Manchester'* (4). This contains recommendations on how to reduce health inequities in the aftermath of the COVID-19 pandemic, including actions in the social determinants of health. Alongside this, the Greater Manchester Independent Inequalities Commission (2021) (5) considered how best to tackle inequalities across the city-region. Guided by these reports, Greater Manchester produced the '*Fairer Health for All*' framework (6), recommending actions to address root causes of ill health and inequalities; we are collaborating on implementing these actions.

In Stockport, tackling inequalities is a cornerstone of the One Stockport Borough Plan which sets an ambition for a borough where everyone has equity of opportunity. A range of subsequent strategic plans and programmes reiterate this ambition, particularly the Neighbourhood and Prevention

Programme. The work builds on our Stockport Inequalities Summit in 2021 (where we focused on the gaps in our services and how we can collectively make them more equitable) and is core to our Fair & Inclusive approach which aims to address inequalities and promote diversity and inclusion across the Borough. Reducing inequalities is also part of the vision for our One Stockport Health & Care Plan, and for Our One Future longer-term vision for the Borough.

This annual report reviews the situation for Stockport now and makes recommendations to help guide the local efforts towards achieving a fairer and healthier future. The recommendations invite all Stockport partners and recipients of this report to consider how they might work with or support residents according to their needs, on the broad range of factors which improve health and reduce inequalities.

Summary of recommendations

Education and Early Years

- Invest more to meet the needs of the youngest children (the crucial first 1001 days) in our most deprived families, to narrow the gap at 2 ½ and 5 years.
- Promote and implement parenting interventions that have demonstrated positive impacts for children and families, so all can benefit from them, with increased attention given to families at higher risk or disadvantage.
- Those working with children and young people need to know and understand the population they serve and use data to help identify and target services to areas and groups with higher need or poorer outcomes. This will help reduce inequalities in school readiness and child development as children move through the different key stages in school.
- Use evaluation to assess whether new and current initiatives and services show improved outcomes as well as reduced inequalities for children and families of all ages.
- Effectively involve particularly vulnerable children and families in decision making, both at individual level, as well as at service and strategic level.
- Develop excellent, inclusive schools across the borough to better serve the needs of the growing number of children living in more deprived areas, as well as children and young people with social, emotional and mental health needs, to support all children to achieve their potential.
- Provide earlier help for children with neuro-developmental needs, and on the basis of need, rather than waiting for formal diagnosis.

Employment, Income and Poverty

- Ensure employment and financial support services are easy to understand and accessible to all**.**
- Ensure groups at risk of disadvantage in economic and health outcomes are prioritised in Social Value commitments and in Work & Skills Agreements with developers e.g. SEND, care experienced, long term out-of-work.
- Effectively use data to target additional support in areas where unemployment rates (universal credit claimants) are higher than the Stockport average.

- Evaluate the health inequality impact of programmes to ascertain whether new and current initiatives deliver better outcomes for individuals and families.
- Local employers across the range of sectors and sizes, to work towards the principles of the Greater Manchester Good Employment Charter.

Spaces and Neighbourhoods

- Continue to work at pace to develop and agree a Local Plan which enables sufficient housing provision in Stockport, including supported and age-friendly housing.
- Promote social cohesion and community connections, the Council should aim to diversify tenure mix, including in the town centre, to reduce social segregation between rich and poor, and avoid people having to move neighbourhoods at different stages of their lives.
- Ensure that planning policy maximises the delivery housing that is affordable in perpetuity, with more affordable housing being required in higher value areas.
- Through the work of the Neighbourhood and Prevention programme, strengthen local communities and their power and involvement in decision-making, as well as their individual and collective resilience. This work needs to explicitly focus on children and young people also, to help prevent rising levels of anxiety and loneliness.
- As part of the Neighbourhoods and Prevention programme, seek to allocate neighbourhood level resources proportionately according to levels of need.
- Increase sustainable and active transport options, and on understanding and addressing gaps in transport provision, including for particular groups such as older residents, those without access to a car and those with limited means to pay.

Climate Change and Health Inequalities

- Support residents who will be at risk during extreme weather events such as flooding and heatwaves, building on civil contingencies planning and preparedness to create a climate adaptation plan.
- Improve collection and use of local data to best inform action relating to exposure to and impacts of climate change, ensuring lived experience is at the heart of resilience and adaptation planning.
- Support residents, particularly the most vulnerable and fuel poor, to save energy in their homes which will reduce costs for the household and reduce carbon emissions.
- Improve homes so that they stay warm in winter and cool in summer. This will protect residents' health and lower energy bills, guarding against fuel poverty.
- Increase biodiversity and tree planting across the borough to allow residents to more equally experience the health and other benefits associated with cooler temperatures, improved air quality, lower GHG emissions and more time in green spaces.
- Find opportunities to grow the green economy through place-shaping, support for businesses and creating an investment pipeline. Leverage benefits from the town centre regeneration to generate good jobs within the sector and positively impact on employment, inequalities and attracting investment into the borough.
- Take proactive action to improve air quality, especially fine particulate matter, so that people of all ages can breathe cleaner air no matter where they live, go to school or work in the borough.

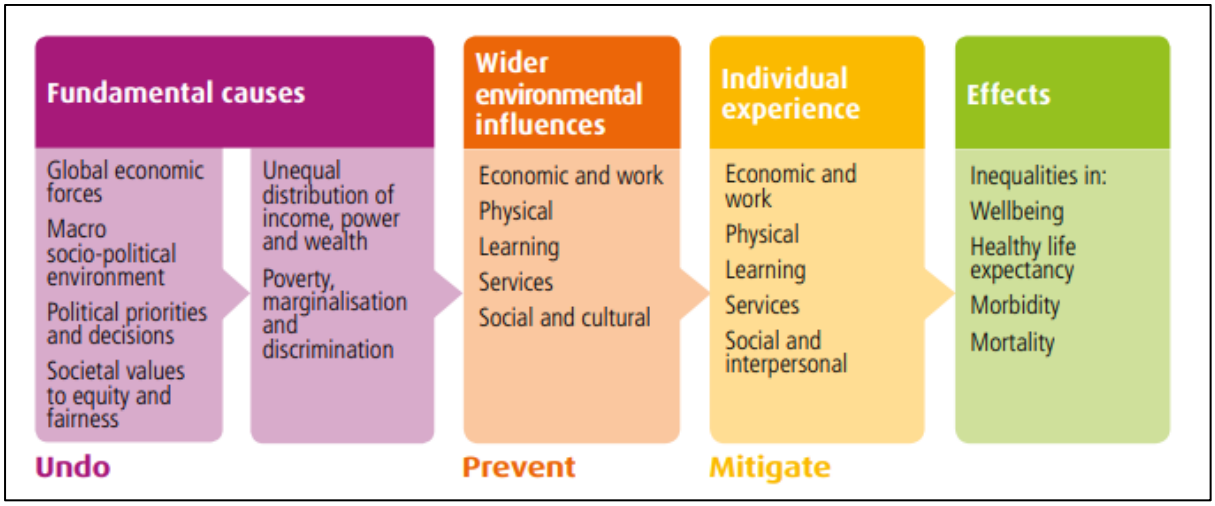
Role of Services

- All services to actively investigate the equity of access to, as well as outcomes of their provision, and work towards proportionate universalism, where support or resource is provided relative to the scale of need for each individual, family or community.
- Through the implementation of the Socioeconomic Duty, any service proposals to be scrutinised proactively for their potential impact on health inequalities, including social determinants.
- The views and experiences of people who use services need to be sought, heard, and given full weight in planning and delivery of services.
- Services, including frontline teams, need to know the population they serve (those who use the service and those who don't, but need it), including subgroups with particular needs, and the particular barriers they may face, so service providers can respond to population health needs alongside the presenting individual condition.

What do we mean by health inequalities?

When we talk about health inequalities in the UK, we don't just mean differences in health status or health determinants, but we refer to differences which are unfair and avoidable. This is because they are largely caused by factors known as the social determinants of health. These include housing, education, work, income, air quality and access to services. Health inequalities exist because these factors are unequally distributed between people (7). Although individuals make daily decisions that impact on their health, their decisions are often constrained by political, social, economic, environmental and cultural conditions (8). As described by behaviour scientists, these factors create a 'choice architecture' which frames the decisions people make. As seen in Figure 1, the fundamental causes of health inequalities influence the distribution of wider environmental influences on health that in turn shape individual experiences and effect inequalities.

Figure 1: Health inequalities: theory of causation

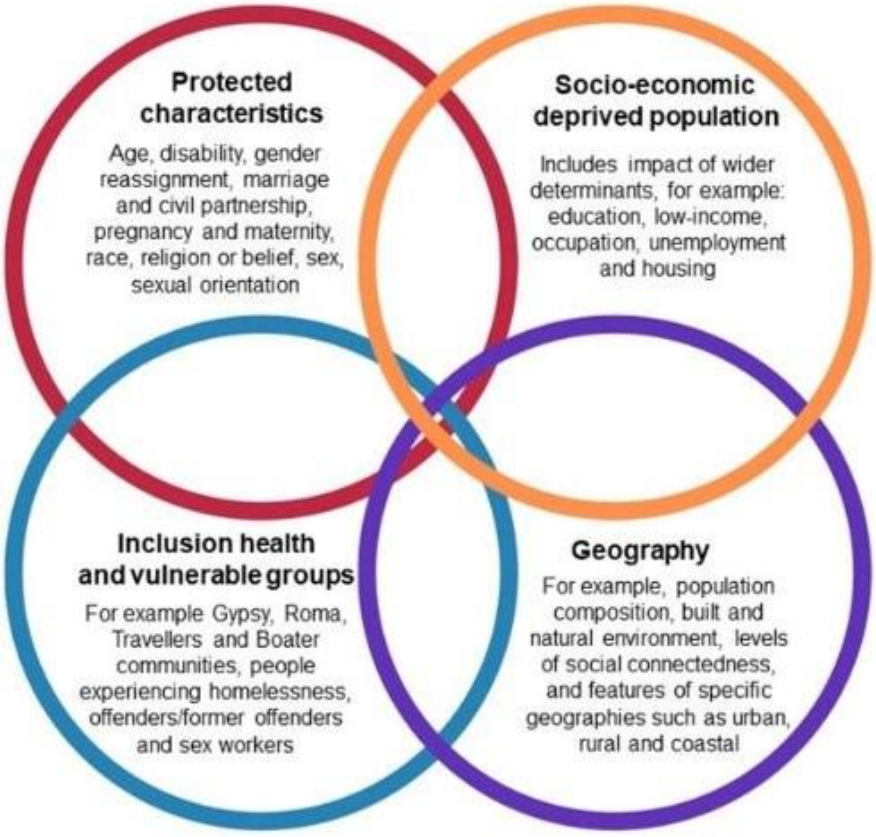


Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5690352/pdf/publichealth-03-02-255.pdf

Some people, for example older people or those belonging to more marginalised groups in society, can experience health and wellbeing differently, and can face particular challenges in maintaining their health, as well as in accessing and receiving the care they need (6). This means they may be

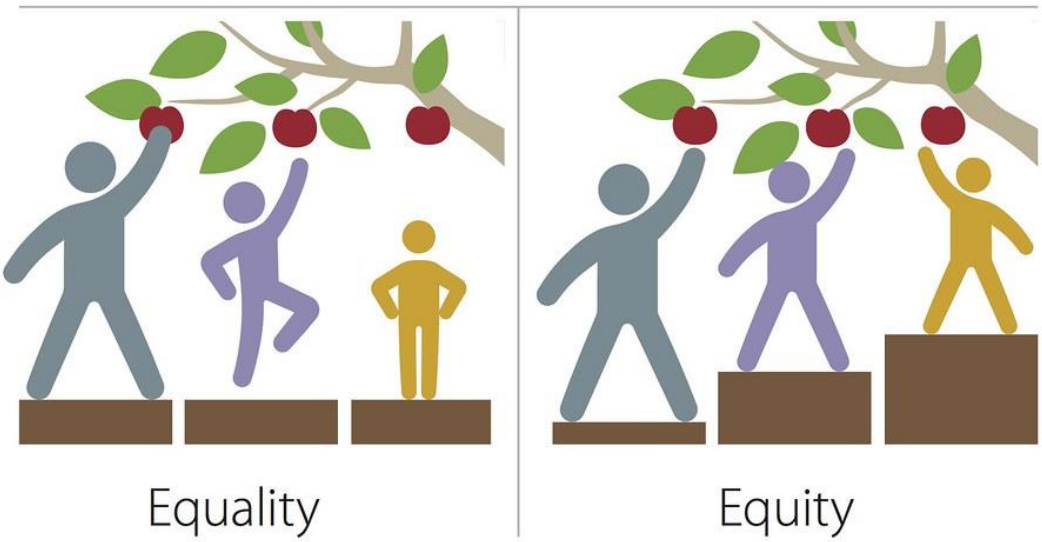
more likely to experience poorer health outcomes. A range of individual and societal factors can influence health inequalities, as illustrated by Figure 2. The rings around the different groups of factors in the picture overlap, meaning that people can fall into multiple groups; the risks of inequality are higher for anyone with more of these characteristics. This is sometimes known as intersectionality, and it underpins the approach taken in Stockport's Fair & Inclusive programme.

Figure 2 Model of the range of individual characteristics and societal factors that have been identified as contributing to health inequalities. (Reference).



The terms equality and equity are sometimes used interchangeably but they have distinct meanings. Equality is when everyone has the same access to services, while equity aims to adjust resources for disadvantaged groups so everyone can reach their full potential for health and wellbeing, as illustrated in Figure 3.

Figure 3: Difference between equality (same for everyone) and equity (support equal to need).



Source: MPCA photos.

How we might measure health inequalities

Measuring health inequalities is not always easy, but it is important if we want to be clear about where the problems lie and to be able to monitor improvements as a result of our actions. There are several dimensions we can consider in measuring health inequalities.

Health inequalities can be inequalities in **health outcomes** – such as mortality or morbidity, expressed in measures such as life expectancy, or rates of deaths or disease distribution between different groups. But inequalities also occur in the **determinants** of health between groups – the wider structural and societal factors referred to above, as well as important health behaviours (e.g. smoking, alcohol and substance misuse). Finally, the access to, and experience and outcomes of available **services** (e.g. health and social care services) can also vary considerably between different groups.

Another important consideration here is about the groups we compare. It is particularly important for us to understand the life and care experiences as well as the health outcomes of those groups. Typically, approaches to investigate and address health inequalities consider the groups identified in Figure 2, which include factors associated with socio-economic deprivation, and geographic areas. But the groups also include 'inclusion health and vulnerable groups', a term coined by the NHS and referring to people who are socially excluded and usually face a number of overlapping risk factors. These groups also frequently experience poorer health outcomes, and commonly also face challenges with accessing health and care services. Finally, people with 'protected characteristics' are protected by law precisely because they are recognised as being at risk of discrimination.

Health inequalities can therefore be described in many different ways, comparing a range of health outcomes, risks, and determinants between a range of different groups. Unfortunately, we don't

always have data to investigate all the differences and answer all the questions we may have. In this report we share some of the most important and impactful inequalities in Stockport we are currently aware of. These alone paint a deeply concerning picture of inequalities in our borough, as we will see in the next section. They also show gaps in our knowledge and ability to measure health inequalities. Regrettably, they also show how little progress has been made, at global, national and local levels, to reduce these inequalities.

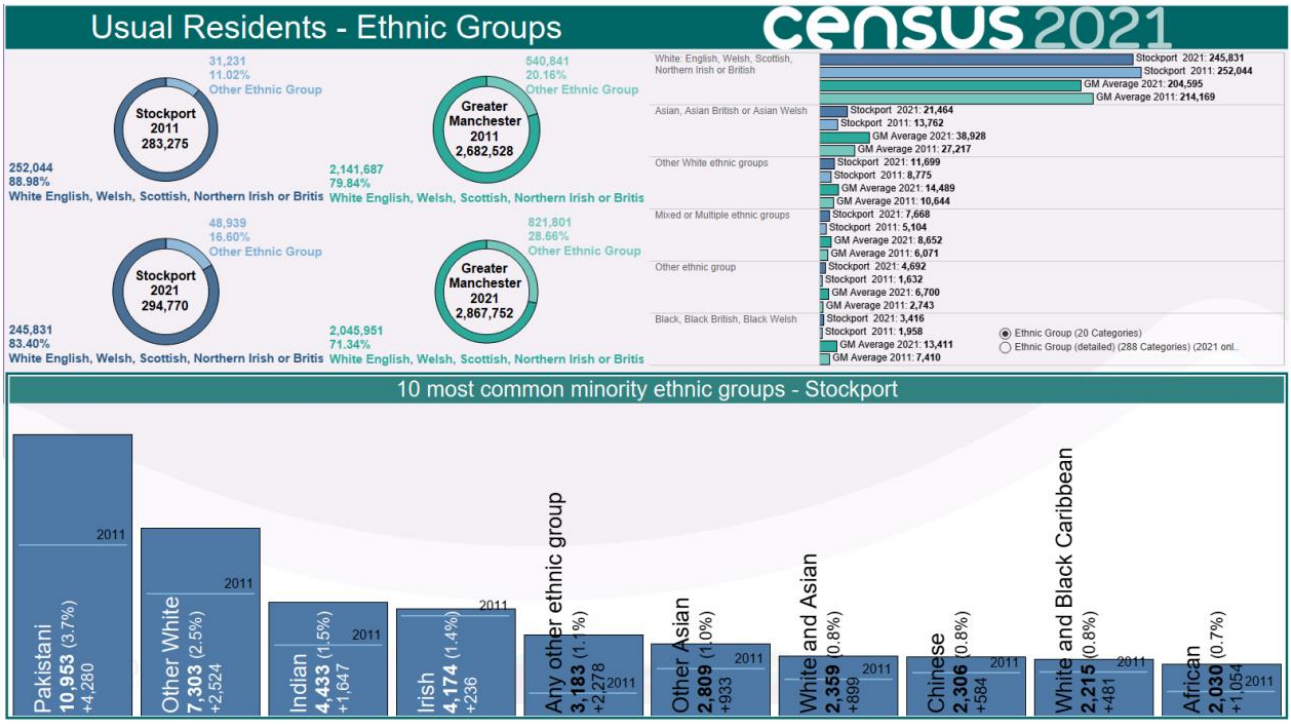
Population of Stockport

In 2022, the population of Stockport was just over 297,000 – an increase of 4.6% since 2012. We have more older people and fewer younger adults than the national or Greater Manchester averages. This is particularly driven by young adults (aged 18-29) leaving Stockport, either for further or higher education or to find work or affordable housing.

Stockport's communities are becoming increasingly diverse. The number of people identifying themselves as being from a Black, Asian or other minority ethnic group increased by 65% between 2011 and 2021 to 37,240 people. In 2021, 83.4% of the population described themselves as White British. People who describe themselves as Asian / Asian British Pakistani are the largest ethnic minority group in Stockport (3.7% of the population), followed by other white (2.5%) and Asian / Asian British Indian (2.5%). The distribution of the non-white population across Stockport is not even; the areas of Heald Green, Cheadle & Gatley and Heatons South have higher numbers of Asian/Asian British people, and the town centre has higher numbers of Black / Black British people.

English is the most commonly spoken language in Stockport. Urdu, Persian or Farsi and Polish are the next most spoken and the number of people speaking these languages is increasing. Stockport has seen an increase in both the Muslim population and people of no religion between 2011 and 2021, 47.5% of people in Stockport describe themselves as Christian, 39.6% no religion and 5.5% as Muslim (up 90% in 10 years). We need to understand the changing needs of our residents and act decisively to address inequalities and discrimination.

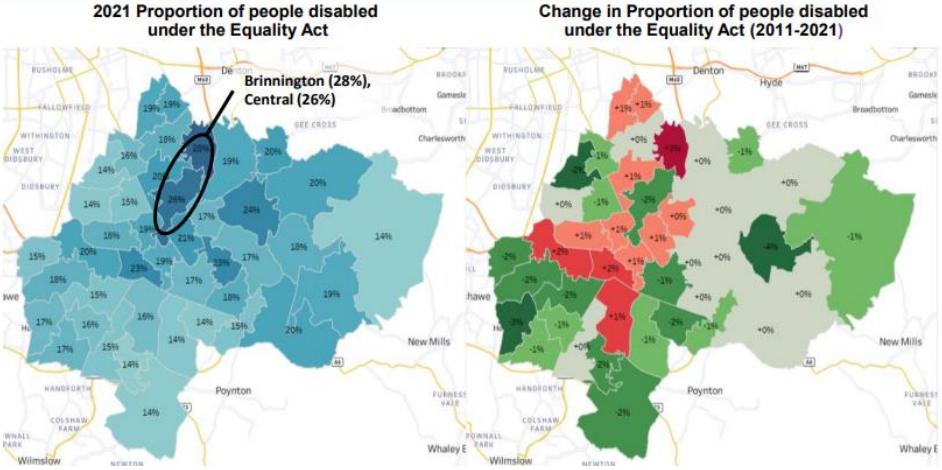
Figure 4: Ethnic groups in Stockport, 2021 Census



An estimated 53,500 people across Stockport describe themselves as having a disability within the definition of the Equality Act (2021 Census). More deprived areas within Stockport have the highest proportion of people with disabilities under the Equality Act: Brinnington (28%) and Central Stockport (26%). As many as 31,200 people report providing unpaid care to a friend or relative. Around 7,000 (3.2%) people aged 16+ in Stockport describe themselves as LGB+ and around 8,000 people in Stockport have previously served with the armed forced (2021 Census).

Figure 5: Disability levels in Stockport (2021 Census)

Stockport (Overall)	2011 Census	2021 Census	Change (2011-2021)
Not Disabled under the Equality Act	231,016	241,275	+10,259 (+4.4%)
Disabled under the Equality Act: Day-to-day activities limited a little	27,772	30,785	+3,013 (10.8%)
Disabled under the Equality Act: Day-to-day activities limited a lot	24,487	22,710	-1,777 (-7.3%)



People in Stockport are facing stark health inequalities

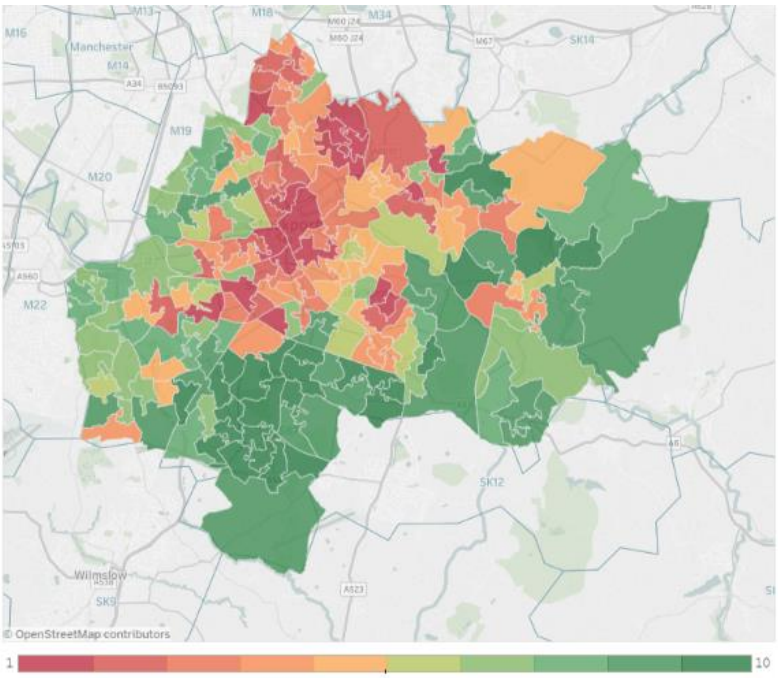
Health inequalities are driven by many factors, but in Stockport the main driver is deprivation. We tend to measure deprivation with the 'Index of Multiple Deprivation' (IMD 2019), including in this report. This index combines data about levels of income, employment, education attainment, health outcomes, crime, housing and environment. This can be calculated for small geographic areas (between 1,000 and 3,000 residents) which can then be ranked by their level of deprivation (as measured by the IMD). In the most recent IMD from 2019, 17% of Stockport's small geographic areas (called 'lower super output areas (LSOAs)') ranked in the most deprived quintile[1] (the most deprived 20% of areas) nationally.

The areas of deprivation cluster in the centre and north Stockport. The borough has pockets of very concentrated deprivation contrasted with large areas where deprivation is relatively low. This makes it one of the most polarised boroughs in England and both the most deprived and least deprived areas of Greater Manchester lie within Stockport. Brinnington & Central is the 22nd most deprived ward nationally (out of 7,412 wards), compared to Bramhall South & Woodford which ranks 7,319th. This is also associated with stark inequalities in the health and wellbeing of the people living in Stockport. Someone born in Brinnington can expect to live 10 years less than someone born 5 miles

[1]A quintile is a statistical value of a data set that represents 20% of a given population, so the first quintile represents the lowest fifth of the data (1% to 20%); the second quintile represents the second fifth (21% to 40%) and so on. The subsequent information in this report refers to quintiles when discussing deprivation.

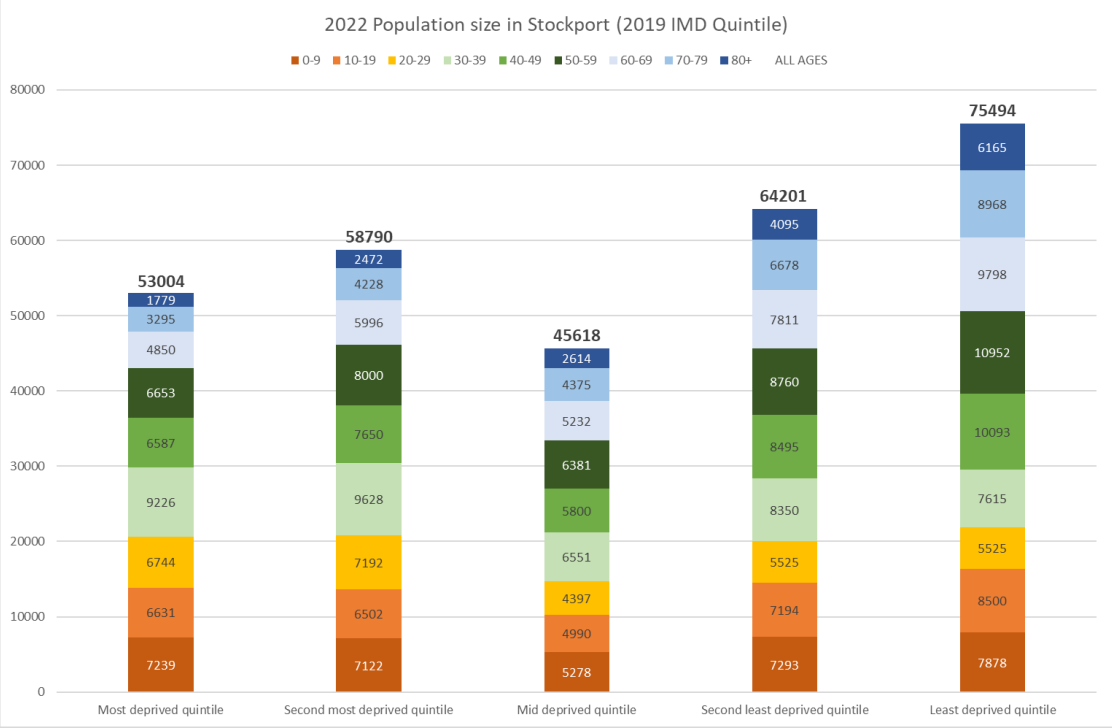
away in Bramhall; to make things worse, 10 to 15 more years of that already shorter life will be spent in ill health.

Figure 6: Index of Multiple Deprivation 2019 for Stockport. Decile of deprivation (1 [red] = within the most deprived 10%. 10 [green]= within the least deprived 10%)



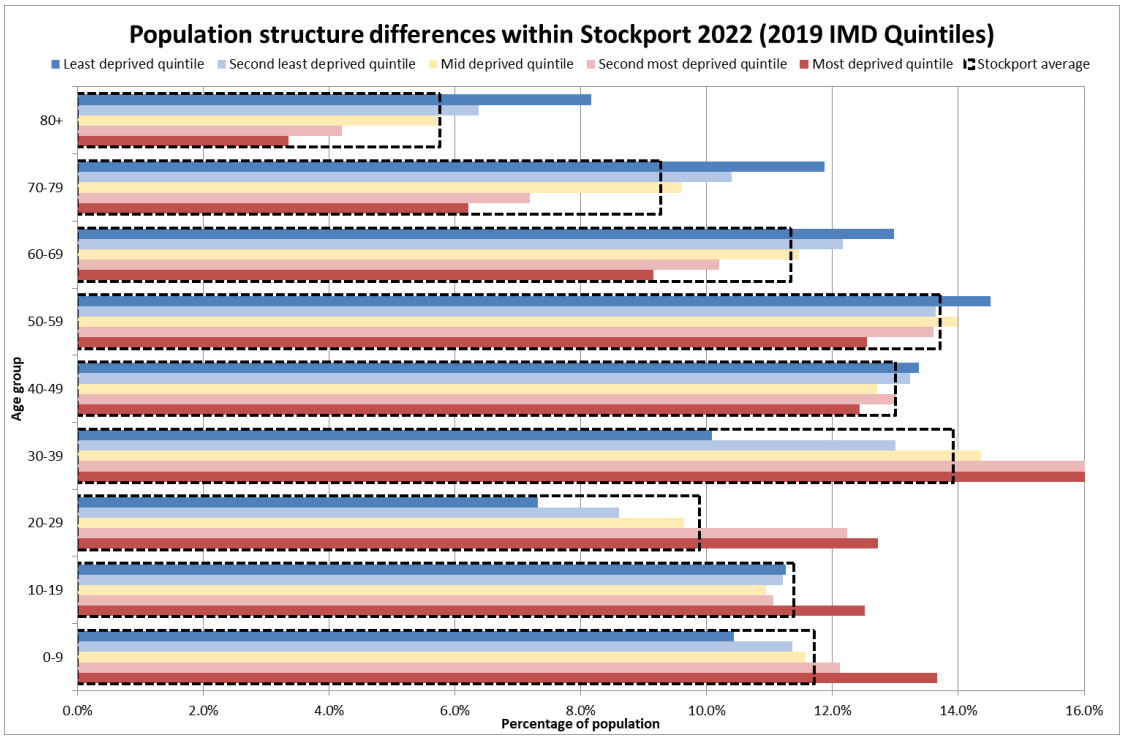
In 2022 there were 53,000 people living in the most deprived areas of the borough (the most deprived national quintile) and 75,500 in the least deprived (see Figure 7). The percentage breakdown for each quintile is: 18% in the most deprived, 20% in second most, 15% in mid, 22% in second least and 25% in least deprived.

Figure 7: 2022 population size in Stockport (2019 IMD quintile)



The population in the most deprived areas in Stockport is younger than those in the least, and there are high rates of child poverty in these areas. Over the last 10 years, Stockport's population has grown most rapidly in areas of deprivation, in part due to the higher number of births but also due to areas of higher housing growth, with a significant number of new builds in the town centre; a trend that is likely to accelerate.

Figure 8: Percent of people in Stockport living in areas of deprivation (2019 IMD quintiles), by age group (2022)

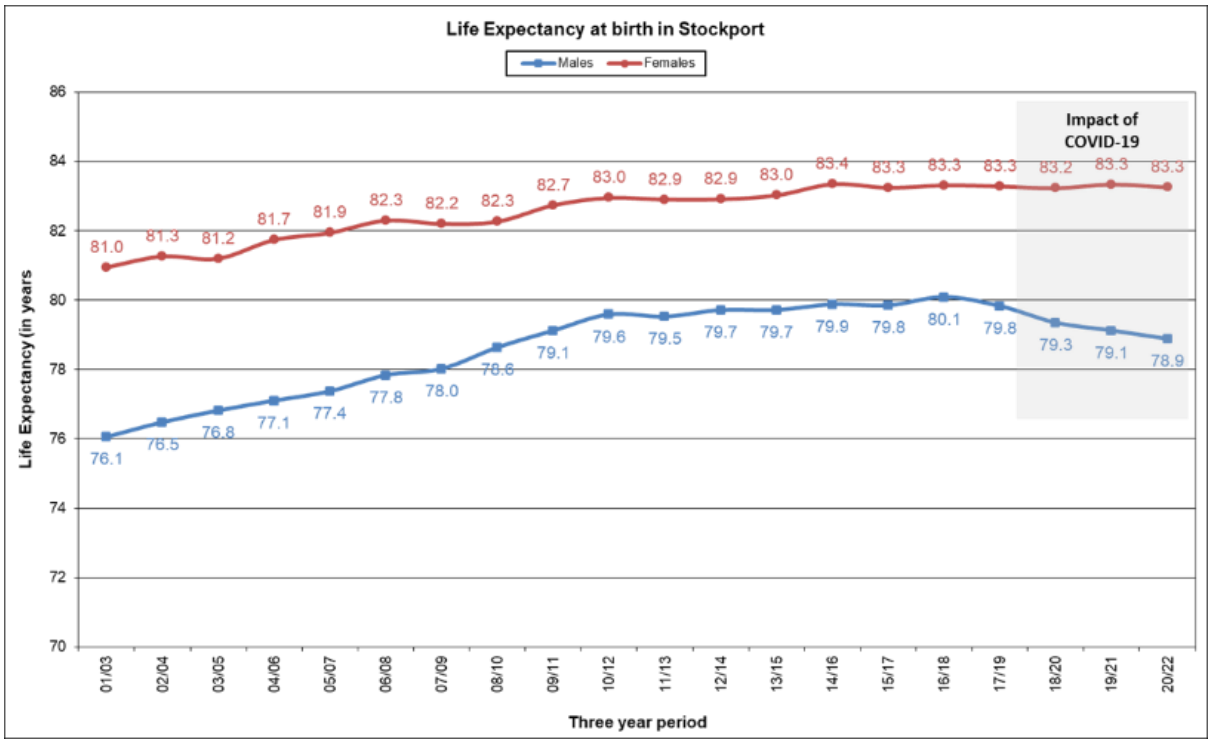


The population in the least deprived areas are older than those in the most deprived, with significantly more older people living in Stockport's less deprived areas. The health and care needs of people in these areas will be considerably different from areas with younger populations. Inequalities in health and the ageing population are the two most significant drivers of health and wellbeing in Stockport.

Life expectancy

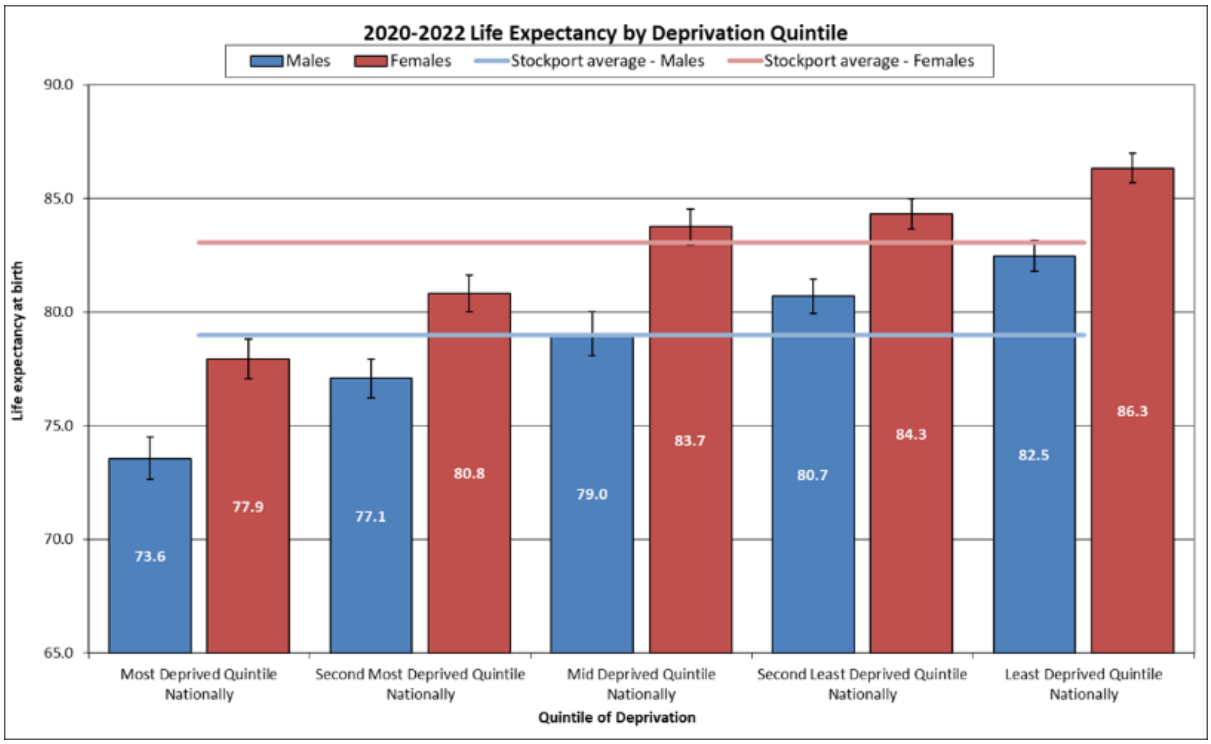
Up until about 2010, Stockport experienced a steady rise in life expectancy at birth, in line with national trends. This rate of improvement then stalled (also following national trends), and overall life expectancy has not improved over the last decade (see Figure 9).

Figure 9: Trends in life expectancy at birth in Stockport, males and females, in three-year periods from 2001/3 to 2020/22



Life expectancy in Stockport overall is high compared to other areas of Greater Manchester, with women living on average 83.3 years and men 78.9 years. However, life expectancy estimates show that between the most deprived and least deprived areas of Stockport there is almost a 10-year difference in life expectancy for both males and females (as seen in Figure 10). Both genders have seen statistically significant increases in life expectancy at birth since 2001/03 (9) and life expectancy has risen in all quintiles of deprivation in Stockport however the inequalities in life expectancy between genders and quintiles of deprivation are enduring and have not changed in more than 20 years even as life expectancy improved.

Figure 10: Life expectancy by deprivation quintile in Stockport 2020-2022



Healthy Life Expectancy

Healthy life expectancy is an estimate of lifetime spent in "very good" or "good" health, based on how individuals perceive their general health (9). Healthy life expectancy in Stockport for males and females was estimated to be 65.4 and 67.3 years respectively in 2020-2022. The average age at which people move into "bad" health for males and females was 75.0 and 78.4 years respectively. This means nearly a fifth of life is spent in fair or bad health, and just over 5% spent in bad or very bad health.

The inequality in healthy life expectancy by deprivation is greater than for overall life expectancy, although healthy life expectancy measures show similar patterns to overall life expectancy. In areas of deprivation, a higher proportion of life is spent in poor health. In the most deprived areas of Stockport, the decline in health (i.e. moving to fair or bad health) starts at age 55, compared to age 71 in the least deprived areas. People living in deprived areas can expect to live more than a quarter of their lives in not good health (26%) compared with those in the least deprived areas who can expect to live 13% (for males) and 14% (for females) of their lives in not good health. Females live longer than males however, they spend more years in fair or bad health than males: 16.0 years compared with 13.5 for males respectively (as seen in Figure 11 and Figure 12). Trend data shows that inequalities in healthy life expectancy have not changed significantly over the last 10 years, and that a decade ago patterns were very similar with health declining in deprived areas in the early to mid-50s, compared to the early 70s in the least deprived areas.

Figure 11: Healthy life expectancy at birth for males in Stockport (2020-2022)

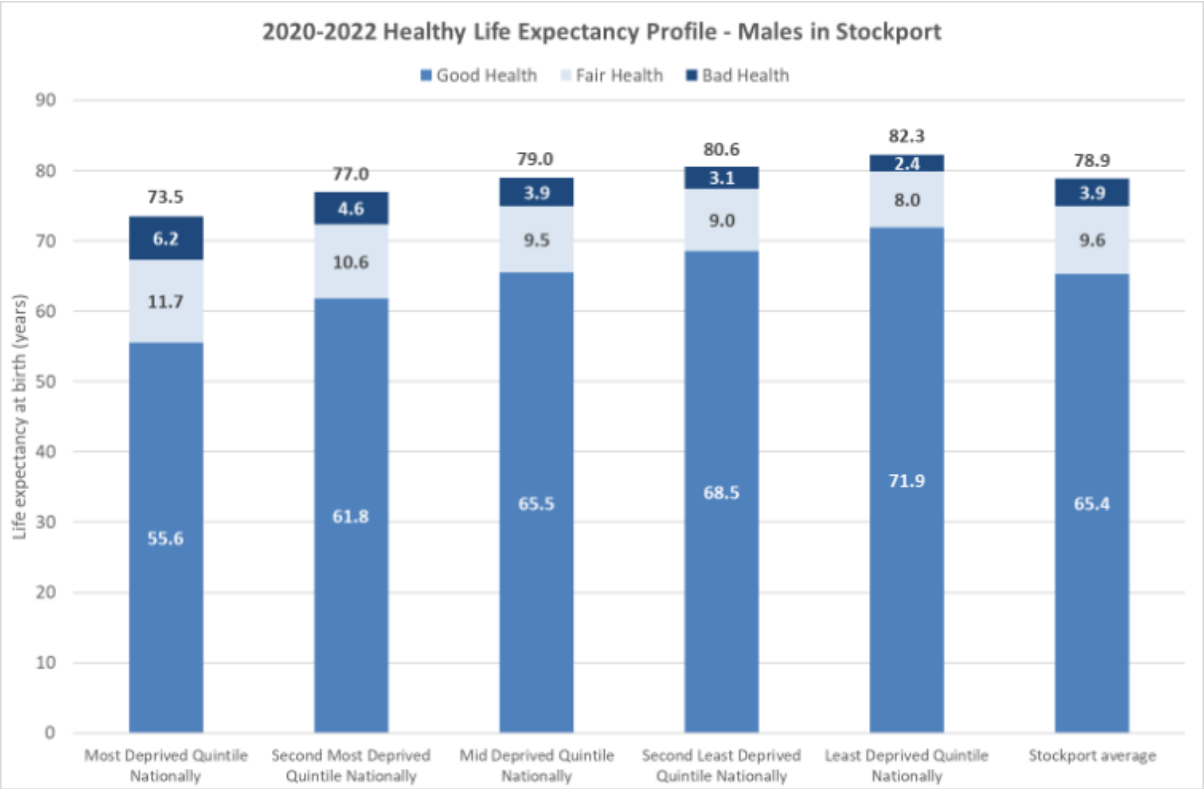
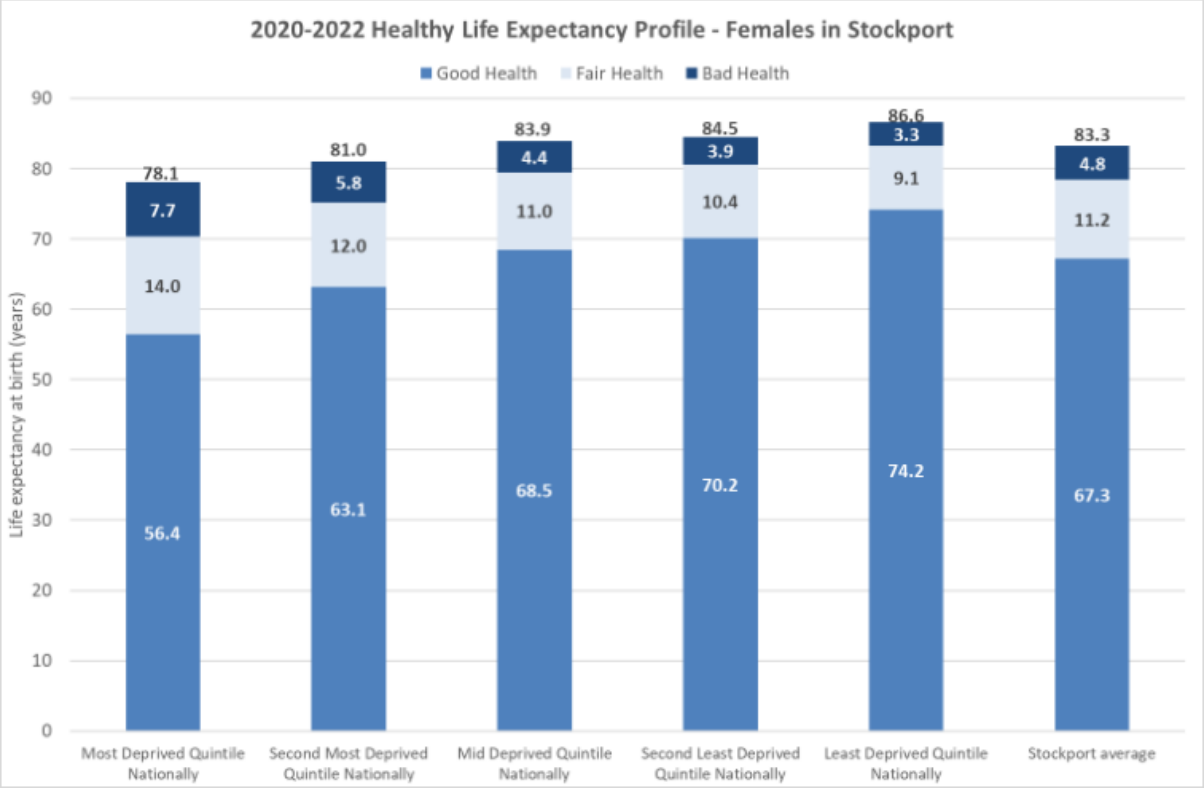


Figure 12: Healthy life expectancy at birth for females in Stockport (2020-2022)

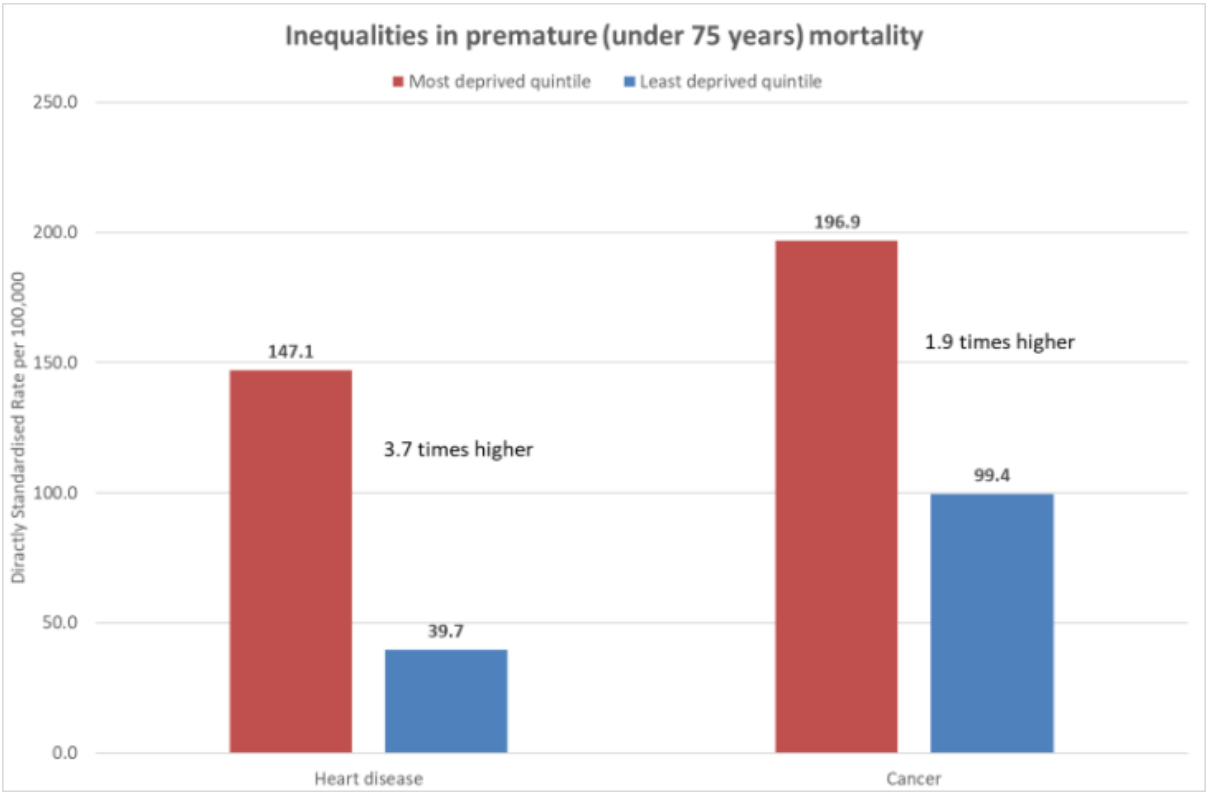


Inequalities in disease outcomes

Long-term conditions are a major cause of poor quality of life in England. People in lower socio-economic groups are more likely to have long-term health conditions, they are more likely to be diagnosed at a younger age and these conditions tend to be more severe than those experienced by people in higher socio-economic groups. Deprivation also increases the likelihood of having more than one long-term condition at the same time and people from ethnic minority groups are more likely than white British people to report limiting long-term illness and poor health (7).

In Stockport, the main causes of death responsible for the inequality in life expectancy we see are currently circulatory, cancer and respiratory causes for males, and cancer, mental and behavioural (which in this analysis includes dementia) and respiratory causes for females. People in the most deprived areas are more than twice as likely as people in the least deprived areas to have three or more long term conditions and are more likely to be younger when diagnosed. Almost every condition shows a deprivation profile, including mental health, asthma, diabetes, heart disease. As seen in Figure 13, people living in the most deprived quintiles are 3.7 times more likely to die prematurely (before age 75) from heart disease, and over 1.9 times more likely to die from cancer compared to those living in the least deprived quintiles.

Figure 13: Inequalities in premature mortality (under 75 years) from heart disease and cancer, most and least deprived quintiles in Stockport (2018-2020)



There are also inequalities in the prevalence of mental health problems between population groups nationally (10). Those in the most deprived populations are more likely to have mental health difficulties and are at a higher risk of suicide than those from the least deprived (7). There are around 39,800 people registered with a Stockport GP with a diagnosis of depression and around 38,700 with a record of anxiety. The rate of depression in the least deprived areas is around half that in the most deprived. Inequalities in different types of mental ill-health also exist across a range of protected characteristics, including sexual orientation, disability, sex and ethnicity. In Stockport, trends show that the rate of premature mortality under the age of 75 from all causes is 4.3 times higher for those with a serious mental health illness, compared to the general population.

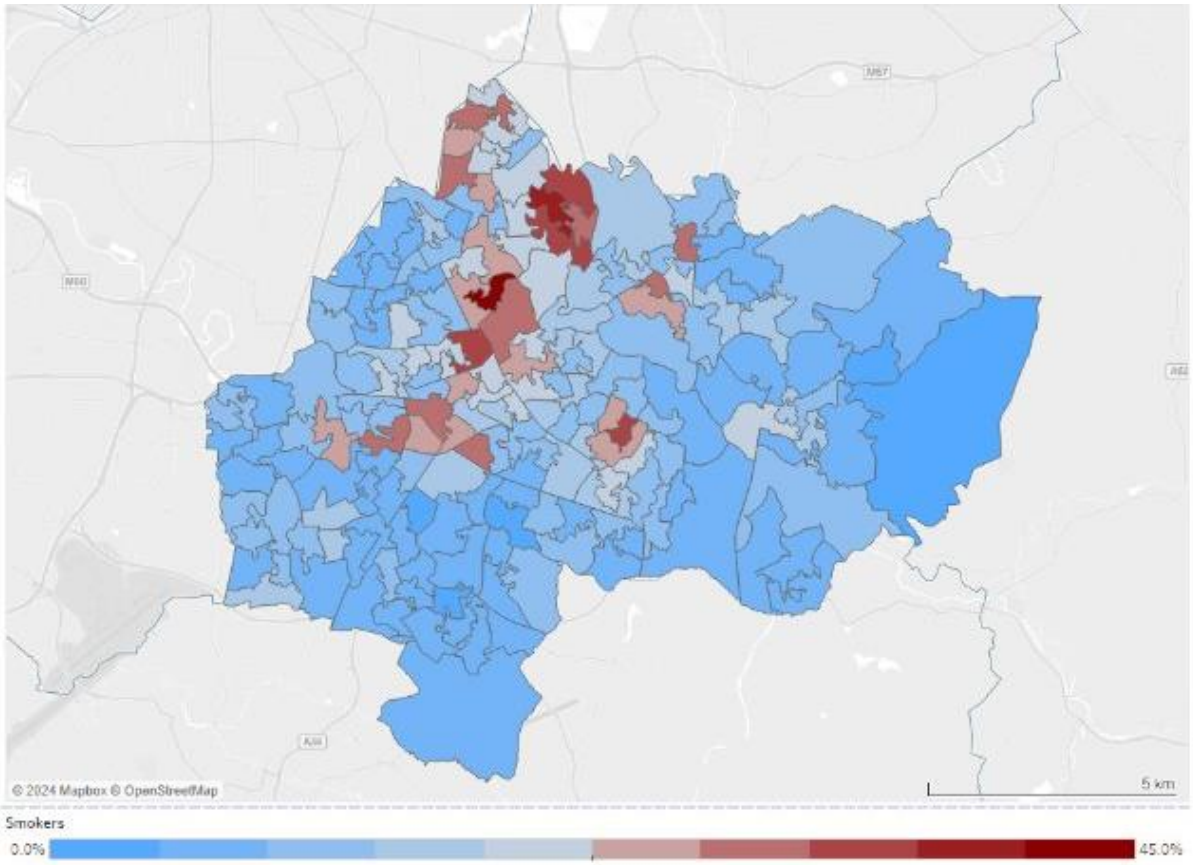
Behavioural risk factors

The main behavioural risk factors for poor health follow the same pattern of uneven distribution as the social determinants of health, suggesting there is a relationship between an individual's likelihood of smoking, high levels of alcohol consumption, eating unhealthily, physical inactivity, and their social and environmental circumstances (11). In Stockport 19% of adults have three or more behavioural risk factors. In the most deprived areas this rises to 27% of adults.

While tobacco use in Stockport is falling, it is still the largest preventable risk factor for disease. Stockport as a borough is close to the national average for smoking rates; but rates vary considerably - 4.4% in an area of Marple compared to 40% in Lancashire Hill and parts of Brinnington. This shows that Stockport averages hide considerable inequalities between those living in the most and least deprived areas (which applies to many measures).

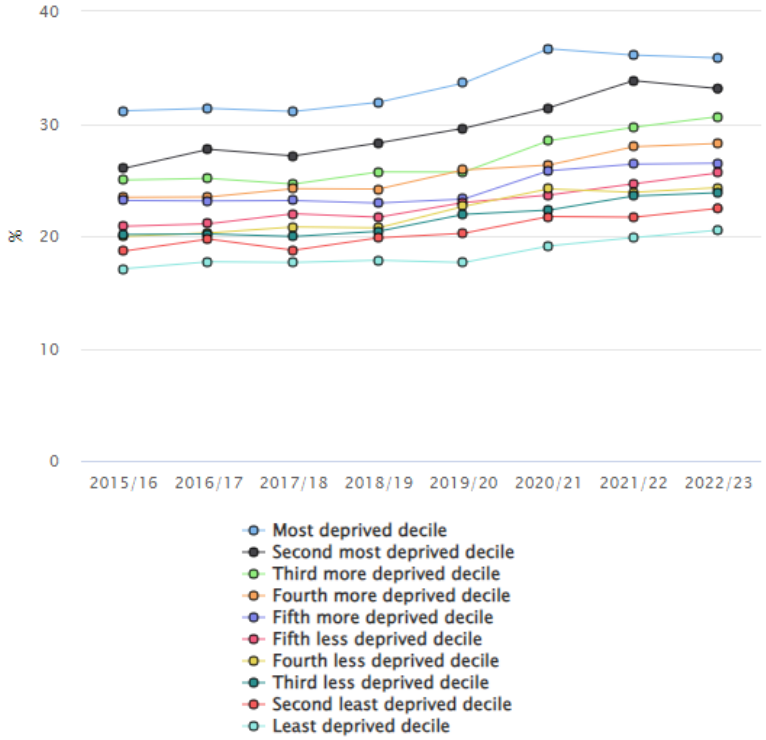
Smoking is estimated to be responsible for between a third and a half of the differences in early mortality between different socioeconomic groups (12).

Figure 14: Estimated smoking rates in Stockport (age 15+), by area, 2020 (red areas show high rates, low rates in areas marked blue)



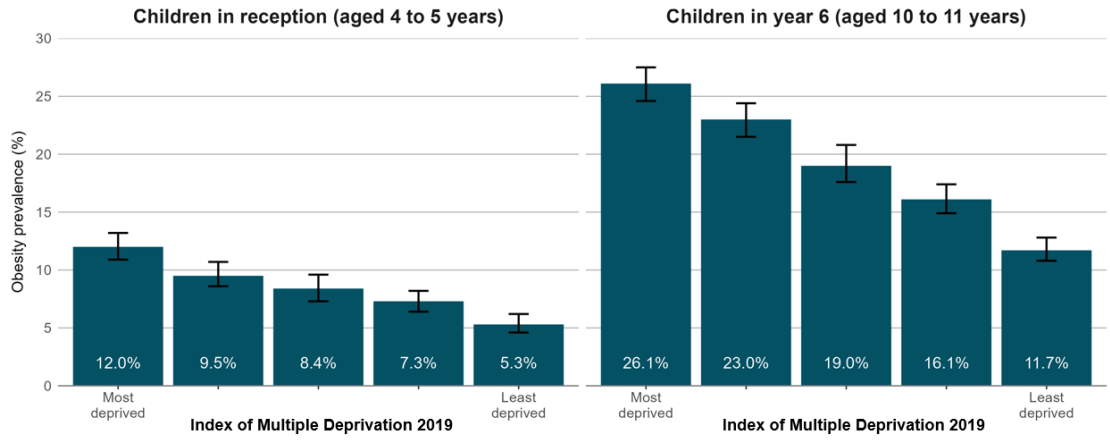
Obesity in Stockport is the behavioural risk indicator on the fastest increase. In England, over 26% of adults over the age of 18 are now classified as obese. This number has been steadily increasing since 2015 (13) (11). Again, there are stark inequalities: in 2023, 35.9% of adults living in the most deprived areas in England were obese, compared to 20.5% in the least deprived areas (13).

Figure 15: Obesity prevalence in adults (%) between 2015-2023 by deprivation decile in England.



For Stockport, we have good data on childhood obesity. In 2022/23, 20.9% of reception children (age 4-5) were overweight or obese (11). Already in childhood, we can see that the long-term trend is one of increasing disparity. As overweight and obesity levels increase over time the deprivation gap is also widening; the inequalities gap also widens between reception and year 6 (age 10-11). In 2019/22 while for year 6 children approximately 3-4% more children become obese between each deprivation quintile, compared to a gap between quintiles of 1-2% for reception aged children. Figure 16 shows the obesity prevalence and deprivation profile for Stockport, with an especially significant deprivation profile for year 6 children (age 10-11); reflecting how inequalities increase as children age.

Figure 16: obesity prevalence by deprivation and age in Stockport, 2019 (National Child Measurement Programme)



Data combined 5-years, (2017 to 2018, 2018 to 2019, 2019 to 2020, 2021 to 2022, and 2022 to 2023), see note on slide 16
95% confidence intervals are displayed on the chart

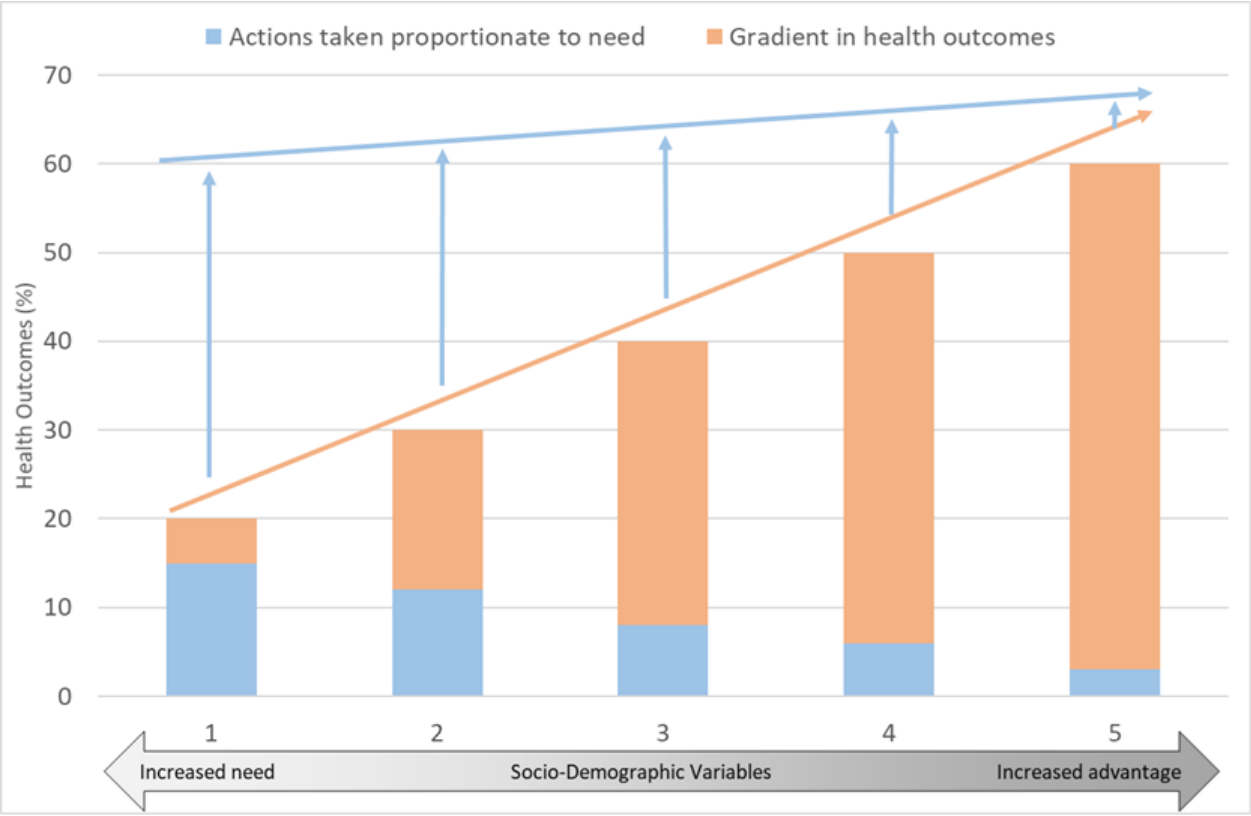
Those who are poor have to spend a far higher proportion of their income on food, particularly if they choose to eat a healthy diet. According to the Food Foundation (14), the most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the Government-recommended healthy diet. This compares to just 11% for the least deprived fifth. This is compounded by differences in the environments in which people live such as deprived areas being likely to have more fast-food outlets per person and less green space for physical activity than less deprived areas (7).

Inequalities in health behaviours can also be seen between genders, as on the example of alcohol-related deaths. In Stockport, there are 45.3 per 100,000 deaths due to alcohol related mortality (11), and the potential years of life lost due to alcohol-related conditions vary considerably between males (1,467 per 100,000) and females (573 per 100,000) (11).

How can we reduce health inequalities?

In order to reduce health inequalities, we need to make it easier for everyone in our Borough to have opportunities to live healthy lives. That means good jobs, affordable homes, good education and a good start in life for everyone. But to ensure that everyone has these opportunities, some people will need more support, and potentially more resources, according to their level of need. To reduce inequalities in health, we need to improve everyone's health, with universal actions for the whole population. But at the same time, we need to provide proportionately more or more intensive resource for those who are already least healthy or most at risk (15); (3). Marmot (3) called this approach 'proportionate universalism'.

Figure 17: Proportionate universalism – more action (blue bars) where health outcomes (red bars) are small, so the gradient of the arrow becomes more horizontal.



Traditionally, public policy has attempted to deal with communities living in multiple deprivation by focusing only on them. This strategy fails to address problems in a holistic way. It misses communities considered 'not quite deprived enough' and doesn't recognise the complexities of communities in boroughs like Stockport where wealth and poverty may exist side-by-side, where some individuals may be asset rich and cash poor and where forms of exclusion are hidden below the surface (16). Strategies and policies should be proportionate to need and aim to reduce the social gradient, bringing everyone closer to the good outcomes experienced by the top 1% of the population and delivered across the whole life course (15).

Effectively tackling inequalities will require a systems approach. Central government, the NHS and local government need to work in close partnership, utilising the contribution of the voluntary, statutory and private sectors to address the wider and individual causes of inequalities (6); (17). Interventions that are effective in addressing wider causes include structural changes in the environment (e.g. speed-reducing measures on the roads in deprived areas), legislative and regulatory controls (e.g. smoking bans, our housing regulations). Interventions that are more likely to be effective in mitigating the effects of health inequalities at an individual level include targeting high-risk individuals, intensive tailored support for those with greatest need and a focus on early child development (18). Action is also needed to ensure equity in access to good work, high quality and accessible education and public services (19).

In the next sections we look in more depth at the factors that cause health inequalities in Stockport, we explore how those inequalities arise, and give examples of existing local initiatives that are helping to narrow the gap. We have grouped the factors under five headings, though in reality there are overlaps between them: education and early years, employment/income/poverty, spaces and neighbourhoods, climate change, and the role of services.

Education and Early Years

The foundations of child health and wellbeing start before conception and contribute to a person's health outcomes in adult life (20); (21); (22), meaning inequalities begin before a child is born (21). Positive experiences early in life are closely associated with a range of beneficial long-term outcomes. Conversely, less positive, adverse experiences early in life relate closely to negative long-term outcomes such as poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health (23); (22).

Parenting approaches are key to children's development in the early years (20) but it is important to recognise that parenting is also related to families' social and material circumstances (23). Poorer children are more likely to have adverse long-term social outcomes as living in poverty is associated with negative educational outcomes (20); (22) and those who don't have a good level of development (achieving the expected level of development across all early learning goals) by the end of the reception year in school (age 4-5) are more likely to struggle with educational attainment and poor health in the future (21).

There are several different potential measures of disadvantage for school pupils including measuring the number of children on pupil premium, pupils who are recorded as eligible for free school meals or having been eligible in the past 6 years (referred to as 'Ever 6 FSM') and children looked after by a local authority (24). The most common and long standing is eligibility for free school meals (FSM) which is used to represent socio-economic disadvantage and identifies children from households with a low income. There are 8,773 children in Stockport currently eligible for free school meals under the nationally funded programme. Around 6,544 children took up the offer in 2023/24. This cohort has been a priority in Stockport for many years. In July 2024 outcomes for this group improved by 6.9% and 44.6% of the cohort met the expected standard in reading, writing and maths as a combined measure at the end of Key Stage 2, (ages 7-11), which is in line with the national average for this group - see Figure 18. In comparison 70.2% of children who were not eligible for free school meals achieved that standard.

Figure 18: Key Stage 2 (ages 7-11) % of children reaching expected level of reading, writing and maths in Stockport (2024). (Please note this data is unverified and may be subject to change).

KS2 RWM Expected	Stockport 2024 Data	Stockport 2023 Data	National 2024 Data	Regional 2024 Data	LA % Change 2023-2024	2024 LA Gap to National	2024 LA Gap to Regional
All Pupils	63.8%	61.4%	60.5%	59.0%	2.4%	3.3%	4.8%
Boys	60.5%	59.7%	56.9%	55.5%	0.8%	3.6%	5.0%
Girls	67.2%	63.1%	64.2%	62.6%	4.1%	3.0%	4.6%
Disadvantaged (PPG)	44.6%	37.7%	45.6%	44.8%	6.9%	-1.0%	-0.2%
Non-Disadvantaged	70.2%	69.0%	66.9%	66.1%	1.2%	3.3%	4.1%
SEN K*	27.6%	25.3%	25.5%	25.3%	2.3%	2.1%	2.3%
SEN EHCP*	10.1%	11.9%	8.7%	8.4%	-1.8%	1.4%	1.7%
Non-White	65.1%	58.3%	63.8%	60.0%	6.8%	1.3%	5.1%

*SEN K are those with special educational needs and disability, SEN EHCP are children with an education, health and care plan.

This pattern of the attainment gap between the disadvantaged cohort and their peers is also evident as children get older (20); (23). At GSCE level, FSM-eligible students have lower exam results than FSM-ineligible students and male students have lower outcomes than females (25). In July 2024 very early educational data is showing that outcomes for this cohort have improved in the combined measure of English & Maths at both the standard and strong passes. However, these achievements are lower than those of their peers, in line with the national trend.

There is also evidence of differences in education outcomes among ethnic groups. Those of Chinese and Indian ethnicity perform higher at GCSE than white British children but those from Gypsy, Roma or Irish Traveller backgrounds fare particularly poorly in the education system (26).There is also evidence of differences in education outcomes among ethnic groups. Those of Chinese and Indian ethnicity perform higher at GCSE than white British children but those from Gypsy, Roma or Irish Traveller backgrounds fare particularly poorly in the education system (26).

Individuals who have been to college or university are exposed to fewer risk factors associated with health inequalities than those with only secondary education or below (8); (26). However, there are inequalities amongst those going on to higher education. Females are more likely to go to university than males; white pupils are less likely than any other broad ethnic groups to go to higher education and black students are more likely to drop out than other ethnic groups. Students with reported disabilities are more likely to drop out and pupils eligible for FSMs are much less likely than other pupils to go into higher education (27).

Children with special educational needs and disabilities (SEND) have lower academic attainment than those without SEND. When coupled with deprivation, this rate is even lower and there are twice as many children in deprived areas with SEND than in affluent areas. 17% of school age children in Stockport have an identified SEND need and we have seen a significant increase over the past five years in the number of children presenting with autism and attention deficit hyperactivity disorder (ADHD).

Figure 19: SEND population in Stockport by deprivation (IMD, 2019)

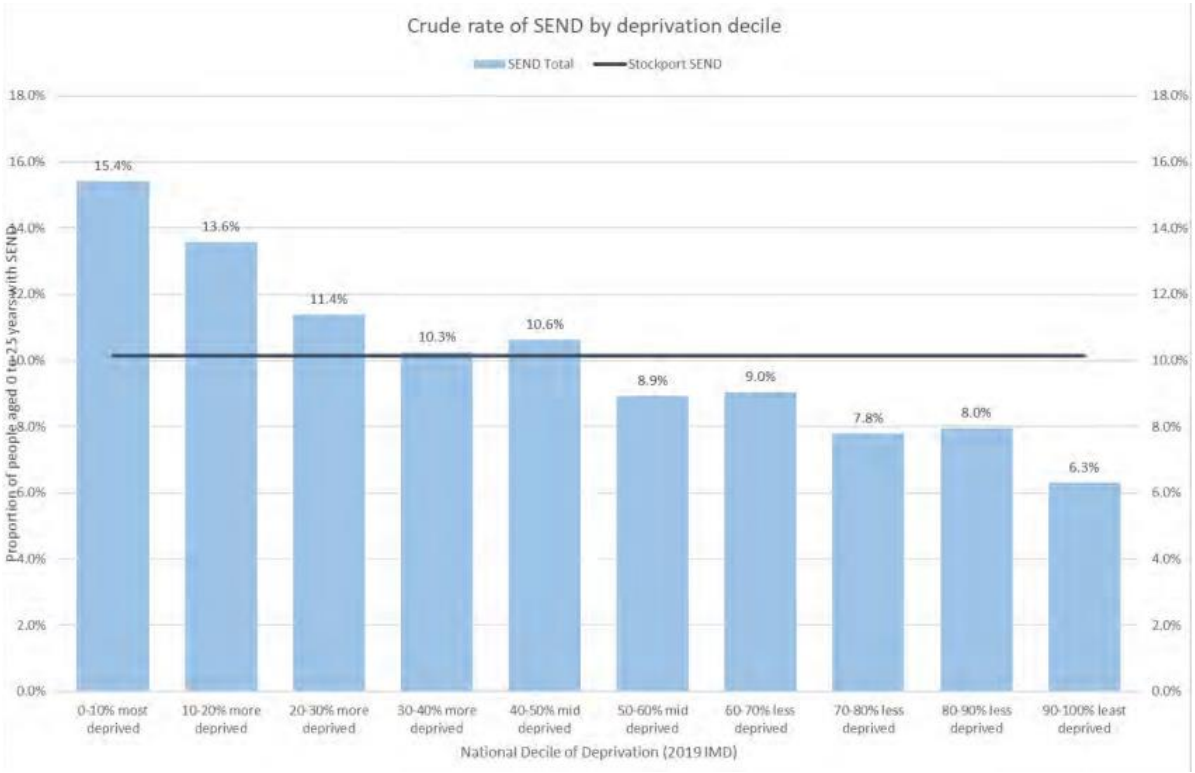


Figure 20: Percentage of pupils achieving expected standard in Key Stage 2 reading, writing and maths by SEND type and IMD quintile (2022/2023 academic year).

	Disadvantaged			Pupils
	Yes	**No**	Total	included
EHCP	4%	19%	12%	172
Sen Support	16%	31%	25%	521
No identified SEN	49%	77%	71%	2869
Total	38%	69%	62%	3562

Examples of what is happening in Stockport to reduce health inequalities in the early years and education.

Family Hubs

Stockport has recently launched Family Hubs which bring together existing universal and early help services, alongside community offers to create networks of connected help and support in local neighbourhoods. They support families from pregnancy through to young people aged up to 19, or aged up to 25 with SEND on all aspects of family life to start well, live well and thrive. Family Hubs are a universal offer for all families in Stockport. They aim to empower families to navigate services with confidence and normalise asking for help and support.

Family hubs are a prevention and communities first – early help approach. They will provide a single point of access to a 'one stop shop' of information, help and support accessible via physical buildings,

outreach and digital engagement, empowering families with self- help resources. The Family Hubs programme builds on a strong universal offer and supports the strengthening of our Start Well model. It focuses on creating the conditions for a more accessible, integrated offer which extends beyond the early years.

Start Well

Start Well, under the Family Hubs offer, brings together services that work with families to support children's development from pre-birth to 5 years, supporting them have the best start in life and to be ready for school.

Core integrated services within Start Well include health visitors, family nurse partnership, early years workers, midwives and portage, providing a universal, prevention and early intervention and service that takes a whole system approach to ensuring children get the best start in life and reducing inequalities in health and development (through the Healthy Child Programme 0-5). Additional support that is proportionate to the level of need (targeted and specialist support) can be called in including the infant parent service, the parenting team, child therapy services such as speech and language therapy, and paediatric services.

Start Well services are enhancing the healthy child programme provision through the development of an enhanced maternity pathway, which provides joint health visitor and midwifery assessment and plans to antenatal parents who require more support. The holistic health visiting assessment now models the My World Triangle and includes a risk and resilience matrix to better understand family needs and explore longer term risks of poor child outcomes.

Start Well services are focusing on work with Dads in order to build relationships between dads and their children, fostering strong early attachment in order to support improved health and developmental outcomes. Dad Matters have been commissioned through Family Hubs to provide mental health, relationship support and parenting support, including targeted work in Brinnington and Lancashire Hill.

A new Social Emotional Pathway and toolkit is being launched in 2024 and the service continues to explore best practice through a new partnership with Foundations Change makers, introducing a Family foundations course into Stockport which aims to support parent relationships and resilience pre-birth so that the family are well prepared physically and emotionally for the new baby.

Balanced system approach

The Balanced System is an outcome-based framework that considers local health and education data which is used to understand, plan, deliver and evaluate services to support children and young people. In Stockport we have used this to review and ensure the right provision is available to meet the speech, language and communication needs of children and young people. This is an integrated approach to delivering outcomes and allows resources to be allocated proportionally to areas and children where there is a higher level of need, in order to reduce inequalities in child development. Stockport partners plan to expand this offer to physiotherapy and occupational therapy to further close the gap in developmental outcomes for children of all ages.

Early Years app

This Greater Manchester initiative is being piloted in Bramhall so parents can complete the Ages and Stages Questionnaire online (ASQ is an evidence based and standardised way to measure child development across five domains in children under the age of five in the UK). Children and parents will be seen in a group setting if the results of the ASQ are within normal range and a one-to-one appointment will be offered if the ASQ show a child is not meeting developmental milestones. Stockport are also considering the use of virtual sessions to develop a "lighter touch" universal offer. This is to ensure the universal offer continues but will free up resources for the children and areas that require more support.

Stockport virtual school and college

The Stockport virtual school and college offer is in place to ensure that all "children in our care" (in the care of the local authority) are able to access education and prevents them from getting "lost" in the education system, especially when moving between local authorities. Children have a designated key worker who ensures their personal education plan is in place, that they have SEND support in place if required and track the child's attendance in school/college. The service supports children via pupil premium plus funding where children who are highlighted as having a specific need (e.g. talking therapy, support with weight management) can access holistic activities to improve their wellbeing such as getting them a bike, being able to go horse riding or engage in Lego or play therapy. This reduces inequalities in educational and future employment outcomes for some of the most vulnerable children.

Work in Schools

The Disadvantaged cohort has been a priority for many years in Stockport. We have placed a focus upon curriculum development and adaptive teaching which together have led to significant improvements in the outcomes for the children this year. These improvements have been developed over a number of years through the combined work of our schools and the Local Authority. It is particularly important to recognise the improved reading skill of this cohort given the impact that this has on wider life chances.

Poverty proofing Stockport

Stockport engages with the Poverty Proofing the School Day programme and audit which identifies the barriers children living in poverty face to engaging fully with school life. The audits offer a pathway for schools to address unseen inequalities within their activities, helping them reduce stigma, break the link between educational attainment and financial background, and support schools to explore the most effective way to spend the pupil premium. The audits have shown that school uniform costs are a key area of concern for parents.

The majority of schools have developed their school uniform policy to enable children to wear clothes that do not have a school logo and are not branded. Both parents and children in all schools shared that they would access a pre-loved service if it was readily available.

A new scheme, called *School Uniforms for All,* will see high quality, pre-loved school uniforms made available to families across the borough. This is part of the Climate Action Now goal to become a climate-friendly borough as it will reduce waste and save families money by re-using high quality items and stopping them being thrown away.

Lived experience of the new school uniform policy:

Child: "I don't have the emblem [on my uniform] and it's ok."

Child: "We could do pre-loved, like Vinted and share our clothes that we don't use anymore."

Parent: "The cost of uniform is fine for us as we don't need to buy the uniform with a logo. I usually buy one jumper with a logo and a couple of spares without."

Parent: "The green colour [of the uniform] is standard so you can get it from the supermarket".

Recommendations

- Invest more to meet the needs of the youngest children (the crucial first 1001 days) in our most deprived families, to narrow the gap at 2 ½ and 5 years.
- Promote and implement parenting interventions that have demonstrated positive impacts for children and families, so all can benefit from them, with increased attention given to families at higher risk or disadvantage.
- Those working with children and young people need to know and understand the population they serve and use data to help identify and target services to areas and groups with higher need or poorer outcomes. This will help reduce inequalities in school readiness and child development as children move through the different key stages in school.
- Use evaluation to assess whether new and current initiatives and services show improved outcomes as well as reduced inequalities for children and families of all ages.
- Effectively involve particularly vulnerable children and families in decision making, both at individual level, as well as at service and strategic level.
- Continue to support excellent, inclusive schools across the borough to better serve the needs of the growing number of children living in more deprived areas, as well as children and young people with social, emotional and mental health needs, to support all children to achieve their potential.
- Provide earlier help for children with neuro-developmental needs, and on the basis of need, rather than waiting for formal diagnosis.

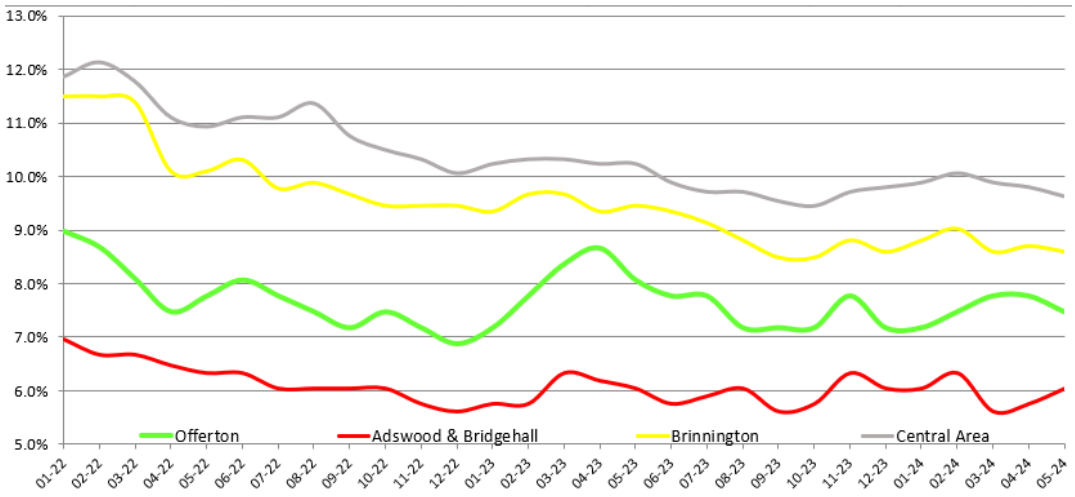
Employment, income and poverty

Poverty causes ill health, drives inequality in health outcomes and is associated with higher use of health, children's and adult social care services. 17% of the UK's population are estimated to be living in poverty which equates to 49,000 people in Stockport. Figures from 2022 tell us that 9.6% of children (aged 0-15 years) in Stockport live in absolute low-income households. This varies greatly across the borough with some parts of Bramhall Northwest having 0% of children in absolute low-income households compared with some parts of Brinnington (31.8%) and Stockport Central, Portwood and Shaw Health (32.9%) which record three times the average for the borough.

Being in good employment can reduce the risk of poverty and is usually protective of health as it can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial hazards (22). Unemployment and poor-quality work are major drivers of inequalities in physical and mental health (23); (22); (28). However, a poor quality or stressful job can be more detrimental to health than being unemployed (23); (28).

In May 2024, Stockport had a claimant count (number of people unemployed and claiming Jobseekers Allowance and Universal Credit) rate of 3.2% or 5,750 claimants. Some areas of the borough, such as Central (9.6%) and Brinnington (8.6%), have much higher rates of unemployment and hence poverty. These numbers exclude people who are out of work due to long-term ill health, which are also much higher in deprived areas.

Figure 21: Claimant count data for May 2024 in priority areas of Stockport.



We know that spending time not in education, employment or training (NEET) can have a detrimental effect on the physical and mental health of young people, and increase the likelihood of unemployment, low wages, or low quality of work later in life (29). The rates of 16 to 17-year-olds NEET in Stockport remains consistent at around 3.3% which is lower than the national average and the lowest rate in Greater Manchester. While this is positive, our young people still need to be supported to access education, employment or training to ensure they have the best opportunities to obtain "good quality work" in adulthood.

People facing work insecurity experience significant adverse effects on their health (22), particularly for those on low pay and with low socioeconomic status. Workers from minority ethnic groups are more likely to be on zero-hours contracts (an insecure form of work) than white workers and a larger number of 16–24-year-olds and over-65s are on zero hours contracts compared with other age groups (23).

Inequalities in household incomes exist across ethnicities and for those with disabilities in the UK. Pakistani and Bangladeshi ethnic groups had the lowest median incomes, while people from white, Chinese, and Indian ethnic groups had the highest (30). People of ethnic minority in Stockport had an employment rate of 72.2% by the end of 2022, compared to those with white ethnicity of 79%. Families where a member is disabled have significantly lower median incomes than families where nobody is disabled (30). In 2022/2023, 80.7% of Stockport residents were in employment (national average 75.7%) compared with those with long-term physical or mental health difficulties at 74.8% (national average 65.3%).

The increasing distance between individuals or groups in terms of income or wealth is called economic inequality (31). Countries with lower economic inequalities have populations with better health (32). Economic inequality is associated with an array of societal problems, from poorer economic and political outcomes to lower levels of health for people and reduced harmony among them (31). It increases social distances, accentuates social class or status differences, damages supportive social relations and undermines shared values which can diminish people's levels of wellbeing (31); (33); (34). Living in an area that is surrounded by areas of greater affluence has also been found to have a negative impact on health. This could be due to negative social comparisons between areas causing ill-health (35).

Economic and health inequalities are therefore interlinked; economic inequalities impact health and health inequalities impact the economy as they are likely to have a substantial cost due to the high burden of disease in deprived areas generating higher use of health and social care services, higher unemployment, and lower productivity (36); (37). The Equality Trust (38) estimates the cost of inequalities to the UK to be £128.4 billion a year. Consequently, taking action to reduce inequalities improves the quality of lives of individuals, reduces cost to the NHS and social care system and benefits the wider economy.

Examples of what is happening in Stockport to reduce health inequalities in terms of employment, income and poverty

Anti-poverty objectives

Our Fair and Inclusive approach is about tackling poverty and inequality, so that Stockport can be a great, diverse place to live, where everyone can thrive. Fair and Inclusive covers both our anti-poverty and the equalities work and is a priority area in the One Stockport Borough Plan, a cross-cutting theme in the Council Plan and a key part of our Neighbourhoods and Prevention programme.

Stockport's six anti-poverty objectives provide a focus and overview of our commitment to reducing poverty:

1. To ensure a strategic and systematic approach to anti-poverty work is in place which is rooted in the lived experience of people experiencing poverty.

2. To maximise the income of residents through access to fairly paid, flexible and good quality work.
3. To maximise the income of residents through provision of high quality easy to access advice including on benefit entitlements.
4. To provide support to residents in a financial crisis.
5. To prevent next-generation poverty by working with children, young people and their families.
6. To increase the numbers of people in affordable and stable housing and reduce homelessness.

The Cabinet Member for Communities, Culture & Sport and Cabinet Member for Finance & Resources are the joint leads for ensuring the strategic and systematic approach to anti-poverty in Stockport. The Anti-Poverty Steering Group provides strategic coordination for the delivery of the Anti-Poverty Objectives 2024 – 2027 which includes activity delivered through a partnership of council and external organisations.

Collaborations to deliver financial support in neighbourhoods

The Department of Work and Pensions (DWP) has collaborated with Family Support Advisors in Family Hubs to ensure adequate information on financial support is shared widely. The libraries financial support offer has been strengthened and they are now a location for Citizens Advice Advisors and a referral partner for foodbank vouchers. Financial support is delivered in neighbourhoods with a network of financial support drop-in sessions with community organisations and are attended by a range of services. Regular community events are also held in different venues across the borough to raise awareness of available support.

The Cost of Living (COL) advice line

This launched in April 2023 with dedicated staff working with trusted partners (e.g. Stockport Homes, Disability Stockport) to support over 3,600 residents. Closer working with trusted partners has resulted in improved and tailored journeys for residents in need. This service is universal in that it is accessible for all and refers residents for more targeted support that is proportionate to the level of need.

Case study from the COL team:

"[I] received [a call] from a resident living in a social housing flat, however, due to anti-social neighbours he has asked to be re-housed. […]. He is registered disabled, spent 12 months in hospital and six months on life support. This situation was having a huge impact on his wellbeing, and he was clearly distressed on the phone.

He asked for support with removal fees [so I] contacted Disability Stockport (DS), initially just to chat through the situation and ask if this was something they could support, prior to completing a referral. DS confirmed they could assist. I liaised between the resident and DS - requested quotes for removal costs from the resident and forwarded this to DS. DS were able to cover the full cost of the removal and the funds were sent to the removal company within three days of the resident contacting the COL team. This allowed him to move to his new flat four days earlier than planned. I received the following feedback from the resident:

I have to thank you once again for your help and support as for someone like myself, in poor health mentally and physically, suffering over 12 months of daily anti-social problems, it has been a life saver…and I was very low at that point too. Have to start all over again which is going to be hard as in the old place I spent the little money I had on carpets and new blinds which I will now have to do over again, but at least I can sleep at night. Thanks for your kind self and your department. Will always be grateful."

The Greater Manchester Good Employment Charter

The Greater Manchester Good Employment Charter is a voluntary membership and assessment scheme that aims to raise employment standards across the city region, for all organisations of any size, sector or geography. It focuses on the seven key characteristics of good employment including; secure and flexible work, fair pay, recruitment and people management and the importance of supporting employees to have their voices heard and health and wellbeing maintained. Increasing the number of employers signed up to the Greater Manchester Good Employment Charter is key within the Stockport Economic Plan to ensure we have an economy that delivers a minimum standard of prosperity in line with our boroughwide commitments to a Fair and Inclusive Stockport.

In-Work Progression Project

The In-Work Progression Project will help to address the issue of low paid and low hours employment. It is due to commence in October in order to support people to increase earnings, hours of work (if in a low hours job), job security and skill levels.

WorkWell programme

WorkWell is due to commence in Stockport in October 2024 and will provide low intensity support for people at risk of falling out of employment due to a health condition or recently becoming unemployed and with a health condition. WorkWell will be the start of a long-term strategic approach of local partners to improving employment and health outcomes, with responding to lived experience integral to its development. The Individual Placement and Support (IPS) model of supported employment that underpins WorkWell has traditionally focused on supporting individuals with severe mental illness accessing treatment through secondary care mental health services. Working Well: IPSPC will expand on this model by taking referrals from primary care, including a

wider cohort of participants (anyone with a physical or mental health disability). This is therefore still a targeted approach but will be able to support more people to remain in or obtain work and reduce financial inequalities that impact on health.

The Inclusive Jobs Fair

The Inclusive Jobs Fair is part of the plan to maximise the income of residents through access to fairly paid, flexible and good quality work. They are set up to be in local welcoming environments, helping to address potential anxiety of attending larger events. The Inclusive Jobs Fair seeks to attract a range of local employers and takes place in a more local building that residents already feel welcome in, where they feel a sense of ownership and agency, such as a community centre or a church. Three Inclusive Jobs Fairs have taken place so far this year with another one planned in October 2024.

To make the jobs fair feel especially welcoming, greeters were at the door who welcomed the resident and gave them a welcome pack; then the resident was given a tour around the fair and introduced to employers. The residents were offered a complimentary hot sandwich and soup, and they are shown where they can make themselves a hot drink. There is also a quiet space, if needed, and children are welcome so that no one has to find childcare in order to attend.

At the Cheadle event in April 2024, over 230 residents attended – more than the total combined attendance for the previous two fairs. The event attracted a diverse group of people with 22% of attendees identifying themselves as being of Asian heritage and 37% identifying themselves as being neurodivergent, having a disability, having a mental health condition, and/or having a long-term illness. Highlight outcomes include:

- Five people gained employment.
- Individual services reported receiving 30-40 referrals for follow-up support, access to training, and job applications.
- Cheadle Parish are now working in partnership with the Growth Company to provide volunteering opportunities for clients in their community café.

Feedback from those who attended:

"Never been before, and I really thought wow, tears in my eyes, there is really help out there."

"I knew a while back I had to do something to kick start me confidence wise and this was it. A positive start. We found what we were looking for straight away and are walking away happy."

"I would never have applied for a job if it wasn't for all the kindness and support that [council staff] gave to me. Cannot thank you enough for all your help. I was so nervous as lost confidence and [the] support was truly amazing and helpful. I found what I was looking for, thank you. All the staff are amazing, kind and so helpful."

"Found some helpful people who seem like they sincerely care about helping me escape from my current situation."

Recommendations

- Ensure employment and financial support services are easy to understand and accessible to all.
- Ensure groups at risk of disadvantage in economic and health outcomes are prioritised in Social Value commitments and in Work & Skills Agreements with developers e.g. SEND, care experienced, long term out-of-work.
- Effectively use data to target additional support in areas where unemployment rates (universal credit claimants) are higher than the Stockport average.
- Evaluate the health inequality impact of programmes to ascertain whether new and current initiatives deliver better outcomes for individuals and families.
- Local employers across the range of sectors and sizes, to work towards the principles of the Greater Manchester Good Employment Charter.

Spaces and neighbourhoods

Neighbourhoods are where we find our support systems such as family and friends, services, community centres, shops and the places that enable us to build and maintain social relationships (23). Our housing, outdoor spaces, and communities are building blocks for health, and because the opportunities they offer are not equally distributed, these differences cause inequalities in our health.

Housing

We know that poor-quality housing is related to poor physical and mental health; this inevitably affects a whole household (36). When housing becomes a home, this reduces stress and promotes wellbeing. But if the home is of poor quality, this can pose risks such as indoor air pollution, damp or mould, or insufficient heating or insulation. This more likely affects poorer people, and particularly those living in private rented accommodation. The opportunity we have in Stockport to build new homes and improve existing stock in a way that helps reduce inequalities and create thriving communities for all is huge.

Homelessness is dramatically increasing in Stockport. In 2022/23, 10.2 per 1,000 households were homeless. While homelessness may be precipitated by acute social and economic challenges, it is the discrepancy between demand and supply of homes that poses the most serious issue in Stockport. Private rents and the average house price in Stockport continue to rise (39). Now over a third of adults find it difficult to afford their rent or mortgage repayments (40). Increasing housing costs limit the amount of money people have available to spend on other essentials, such as heating and food (4) (8). These issues inevitably weigh more heavily on lower income households (23). In 2022, the poorest 20% of households spent 25% of their outgoings on housing, fuel and power. Meanwhile, the richest 20% of households spent only 12.6% of their total expenditure on housing, fuel and power (41).

The areas of poorest health and greatest deprivation tend to coincide with areas with high concentrations of social housing. This is unsurprising as the demand for social housing far outstrips

its supply, and we are required to prioritise the allocation of social housing to those in greatest need meaning those with the greatest need are concentrated in certain areas. The problem is particularly acute in Stockport because of the unmet housing need and very limited affordable housing supply in the private rented sector. There are currently no homes in Stockport available for rent within the Local Housing Allowance rate.

Spaces that surround us

Our living spaces can affect our health positively and negatively, often more than we realise. Areas with high levels of traffic, air and noise pollution and those which cause people to feel unsafe due to crime and degradation, contribute to distress and illness (42). A lack of green space not only increases the risk of conditions such as cancer, asthma and dementia, it also leads to less social interaction. Less space for people to exercise leads to higher risks of chronic conditions such as obesity, diabetes and cardiovascular disease (42).

These issues are not evenly distributed; disadvantaged communities are more likely to be in areas that have poor-quality built environments (42) and where people have less access to green spaces (4). In Stockport we are lucky that our borough is made up of 52% green space (including the greenbelt), but this varies a lot between wards. People living in the Heatons & Reddish have 23.8% green space whereas those in Marple have 82.5%, meaning there are inequalities in access to green space across the borough.

We also know that people living in neighbourhoods with higher crime rates face lower life expectancy than people living in areas with low crime (43). This is a complex issue, as crime rates are higher in deprived areas, which are themselves associated with poor health. The fear of crime alone can have significant impact on health, particularly mental health, but can also cause reduced physical activity outdoors, and less opportunity for social connections.

Communities and Neighbourhoods

Healthy surroundings also contain what we need for a fulfilled social and community life in our neighbourhoods – places to meet, to play, to exercise, to worship, and to rest and relax, as well as shop and source our daily essentials including healthy, affordable food. Communities and social connections and being able to influence decisions made about our neighbourhood are all conducive to health and wellbeing. They build self-determination, as well as individual and community resilience.

Social isolation and loneliness, by contrast, put individuals at considerable risk of mental as well as physical health problems, including heart disease, diabetes, depression and anxiety, as well as dementia. Nationally, around 1 in 10 16-24-year-olds often or always feel lonely, more than twice as many as in the retired age groups. BeeWell data confirms that children and young people in Stockport are also feeling increasingly lonely. People with disabilities and people living in more deprived areas were more likely to report feeling lonely often or always than those without disabilities or living in more affluent areas.

Transport

Poor access to transport increases inequalities in a range of social determinants of health (23). Some people are more reliant on public transport, such as older people, people with disabilities, low-income families, and people from ethnic minority backgrounds (44); (45). A lack of accessible, affordable and safe public and sustainable transport limits people's access to work, education and

social networks as well as cultural, sporting and community assets – important factors in improving people's wellbeing and health and reducing inequalities (4); (45). We know that in Greater Manchester nearly half of all bus journeys (47%) are made by people without a car in their household. In Stockport, the 2021 Census identified that 19.7% of our residents do not have a private vehicle which increases their reliance on public transport. Cost will therefore significantly impact on people's ability to access transport.

Transport can have negative impacts on health due to being a cause of air and noise pollution. This is especially true on busy transport routes in urban areas as can be seen in the fact that the Air Quality Management Area in Stockport follows the major highway corridors of the M60, A6 and A34. Transport emissions are also a major factor in climate change being the single biggest contributor to climate change which is why Stockport's Carbon Action Now Strategy identifies moving to sustainable travel as a key action to address the climate crisis. Road safety is also a source of health inequality as children who live in the most deprived areas are at greater risk of being killed or injured on the roads (46). This is one of the reasons that Stockport is working with the Greater Manchester Combined Authority to develop a Vision Zero Action Plan to reduce death and life changing injuries on the road network by 50% by 2030.

The introduction of more sustainable and more active modes of transport alongside improved facilities for their use will mitigate these air quality, climate and road safety effects of transport, and have additional positive impacts on health, such as from walking or cycling activity. However, where car/vehicle use cannot be avoided (for example for people with restricted mobility or for the movement of bulky goods) Stockport is taking action to support the move to Zero Emission infrastructure reducing the negative impacts of these modes.

Examples of what is happening in Stockport to reduce health inequalities in spaces and neighbourhoods

Planning policy

Planning policy requires higher levels of affordable housing in a variety of different areas. For example, 40% of all new builds are now in areas such as Woodford and Bramhall and are reducing to 5-15% in the town centre. This is designed to provide a balance of housing options across the borough. The new planning policies that will be developed alongside the local plan (affordable housing) will continue to have regard to the imbalance in the housing offer. Age restrictions have also been removed from almost all (except sheltered) social housing which allows all ages to apply/bid for properties across the borough. The new Government have recently (in July 2024) given councils mandatory housing targets meaning they must boost housebuilding in areas most in need including the number of social and affordable homes (47).

New developments

The development of housing for sale on the open market (market/private housing) has been proactively facilitated to again address the housing option imbalance between areas most notably 275 market houses and a new leisure centre in Brinnington and the market housing in the town centre. This mix of housing development in the town centre is changing rapidly, and there are now several affordable housing developments, including Edward Street (131 apartments, Guinness Partnership) and King Street West (73 apartments, Great Places Housing Group).

Town of Culture

Stockport was Greater Manchester's Town of Culture for 2023/2024, securing funding to support the arts and creativity in the borough. This provided opportunities to be active and creative and enabled local people to feel more involved in their communities, meet new people and learn something new which promoted health and wellbeing and helped to reduce social inequalities.

An example of a programme that ran as part of the Town of Culture is Heatons Harmonies. This is a singing and movement project connecting the residents of the Green and Slater Rest Houses and the wider community in workshops and live performance. The project aimed to get participants more active and involved in exercise through accessible yoga, and to get them doing creative activities by singing and making music. Participants had the opportunity to come together, socialise, and boost their physical and mental health.

Heatons Harmonies case study:

"One of our participants has trouble getting out and about as she is recovering from a stroke which has affected the use of the right side of her body. She attended all the sessions, hair done and ready to go, ready to try something new, to request her favourite songs on the piano to sing along with, encouraging discussion with other residents about different eras, different instruments, and the effect of their sound on our mood and soul. She has expressed her enjoyment and gratitude for the sessions like many of the other residents: our project has made a difference in bringing everyone together on a regular basis, providing community within reach and stimulation for conversation".

Figure 22: Photos from the Heatons Harmonies programme.

Teams Around the Place (TAPs)

Stockport's Teams Around the Place (TAP) bring different partners together to work with a community (or place) to improve health and wellbeing. TAPs work with communities themselves to understand their needs and identify gaps in services. Some examples of this work include the Brinny Beach and the North Reddish fun day. These were well attended events where local people engaged with services who were there to promote the support they had available and feel empowered to make healthy lifestyle choices. This included public health (due to low uptake of the MMR vaccine),

domestic abuse support services (due to incident rates from police) and community groups (to build social connectedness).

TAPs discovered that some residents find it hard to travel and attend all appointments, especially if they are struggling with low mood. So, TAPs worked with Healthy Minds who are now delivering workshops in the local community to help improve emotional wellbeing. Working together in this way helps remove barriers to living a healthier life.

Figure 23: Brinny Beach

Social prescribing

Many things that affect our health can't be treated by doctors or medicine alone. Social prescribers work in partnership with individuals to identify non-medical solutions. Social prescribers connect people to community activities, groups and services that support their practical, social, and emotional needs. Viaduct Care provide social prescribing across Stockport to ensure people have access to health and wellbeing services in primary and community care settings to reduce health inequalities.

Case study and lived experience of accessing social prescribing and attending a community gym:

"J, a 31-year-old man living in Brinnington, was feeling isolated and found it hard to get motivated to exercise. Concerned about his health and well-being, his mother decided to seek help from his local GP. The GP referred J to the local Social Prescriber who recommended attending the community gym sessions at Life Leisure Brinnington Park. Sceptical at first, J decided to give it a try and was surprised by the results. Not only did he start to feel more motivated to exercise regularly, but he also began to make new friends at the gym. He is now more physically active, and socially connected.

Overwhelmed he said, "The sense of community and support I've found has helped to reduce my feelings of isolation; the group [community gym sessions at Life Leisure Brinnington Park] are super supportive."

Stockport Local Fund

To be able to support the groups/organisations who in turn support our residents, the Stockport Local Fund offers grants for them to implement or test ideas that will make a difference in our communities. The fund invests in local activities and projects that help people to join together, reduce feelings of isolation and improve health and wellbeing.

Feedback from some of the people who attended sessions that were funded by the Stockport Local Fund:

"We carers […] need these kinds of workshops to help us personally cope but also to see and hear other carers with similar problems. I left feeling really good, not alone and better able to help anyone!"

"Listening to others' lyrics; they are thoughts [that] I have in my own head and hearing people share them is comforting."

"It's [mindfulness] really helped me come out of my worries and anxieties and focus on the moment".

Electric vehicle charging points for people with disabilities

If you live in a flat, or have a disability, it may be harder for you to switch to an electric car. Stockport is in the process of establishing several charging points for electric vehicles for people with disabilities who do not have access to off-road charging points. The council provides lease locations to a company inserting the charging points. Greater Manchester is also increasing charging points on highways for those without access to off-road charging.

£2 bus fare in Greater Manchester

In September 2022, Greater Manchester introduced a reduced bus fare across the region: adult fares were reduced to £2 and child fares to £1 per journey, and a weekly ticket to £21 (unlimited bus travel across the region). In an evaluation, 76% of respondents said the reduced fares saved them money. Two thirds of customers surveyed agreed that the new fares mean that they can travel more often and to more places.

Confidence Walks

Life Leisure and Age UK Stockport, were concerned that many local people were inactive and didn't have the confidence to go for a walk, let alone use a traditional leisure centre. Together with some local residents, they came up with the idea of the Confidence Walks. People talked about the barriers that stopped them from participating in outdoor walks. The weather, the distance, lack of benches and/or rest points, accessible and flat routes were all mentioned, and confidence affected people's choice to be active. The Confidence Walk was born and now offers an indoor alternative. By using a sports hall, accessible conditions for walking are created, with chairs set up in the middle and the space to walk around them, so people can take a seat whenever they need to. The sessions have grown in popularity and serve a wider purpose beyond physical activity. People enjoy a chat, meet new people, and the walks are accessible to people of all abilities and means, as they are free or low cost. The Confidence Walks are part of the Stockport Moving Together work and are a good example of Stockport's work on being an age-friendly borough, focussing on how residents can be supported to prepare for and live well in older age.

Lived experience of confidence walks:

"The main attraction here is the simplicity. What comes with that is the community aspect. You can just get up and go for a walk, but when you are walking and talking with someone, it makes such a massive difference [to your confidence]."

To hear more from people who have benefitted from confidence walks visit this website: https://www.youtube.com/watch?v=uMbgZQy1kZE

Figure 24: Confidence Walks

Recommendations

- Continue to work at pace to develop and agree a Local Plan which enables sufficient housing provision in Stockport, including supported and age-friendly housing.
- Promote social cohesion and community connections, the Council should aim to diversify tenure mix, including in the town centre, to reduce social segregation between rich and poor, and avoid people having to move neighbourhoods at different stages of their lives.

- Ensure that planning policy maximises the delivery housing that is affordable in perpetuity, with more affordable housing being required in higher value areas.
- Through the work of the Neighbourhood and Prevention programme, strengthen local communities and their power and involvement in decision-making, as well as their individual and collective resilience. This work needs to explicitly focus on children and young people also, to help prevent rising levels of anxiety and loneliness.
- As part of the Neighbourhoods and Prevention programme, seek to allocate neighbourhood level resources proportionately according to levels of need.
- Increase sustainable and active transport options, and on understanding and addressing gaps in transport provision, including for particular groups such as older residents, those without access to a car and those with limited means to pay.

Climate impact and health inequalities

The Climate Emergency is a Health Emergency. Already 3.6 billion people live in areas highly susceptible to climate change. Between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year, from undernutrition, malaria, diarrhoea and heat stress alone.

Climate change is the long-term shift in the earth's average temperatures and weather conditions and has been described as the single biggest health threat facing humanity. Increasing greenhouse gas (GHG) emissions, largely caused by the extraction and burning of fossil fuels for energy, are polluting the air and causing the planet to warm leading to a number of threats to human lives and health. Climate change threatens the essential ingredients of good health – clean air, safe drinking water, nutritious food supply and safe shelter. The impacts will vary geographically, as well as socio-demographically, with those already vulnerable at greatest risk. Already the effects of climate change are being felt disproportionately by those in low- and middle-income countries - those who contributed least to its causes and are least able to protect themselves.

Within the UK, climate change will affect different people and places unequally and has the potential to exacerbate already existing inequalities. Some people and places will be more exposed than others to the direct impacts of climate change, such as sea level rise, or extreme weather, due to where they live. Some people or groups will be more sensitive to negative effects on their health or wellbeing or may have less capacity to respond (48). Older adults and people with pre-existing health conditions will be at greater risk from extremes of heat and cold. Those less able to control their environment, adapt their behaviours, or respond to new risks will be particularly vulnerable, including children, people with disabilities and people experiencing homelessness (49). Lower income groups are disproportionately impacted by extreme weather by virtue of living in poorer quality housing, in vulnerable locations, and being less able to afford to move or adapt. Tenants are more vulnerable than owner occupiers as they have less ability to modify their homes and to prepare for and recover from climate events. Poorer people are more vulnerable to the impact of climate change due to their increased risk of food insecurity and fuel poverty.

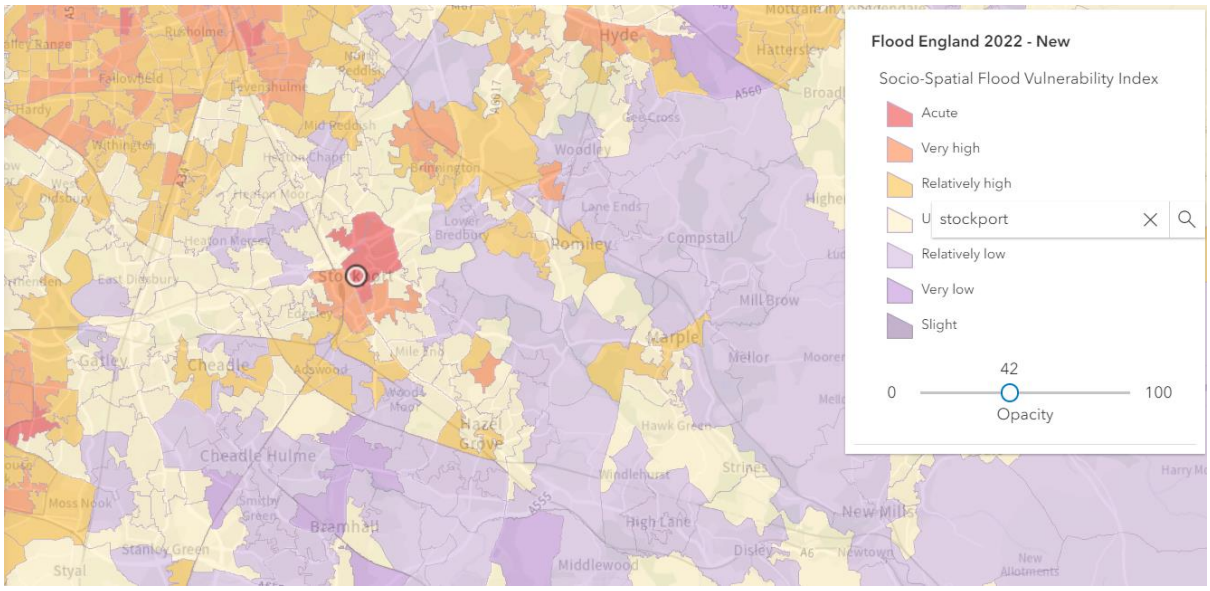
Extreme Weather Events

Extreme weather events, such as heatwaves, flooding, drought, storms and wildfire, are increasing in frequency and severity and directly causing illness, injury and death as well as destroying people's homes and livelihoods and disrupting global food systems.

Flooding

In 2022, floods in Pakistan displaced 8 million people and affected 33 million overall. The World Health Organization estimates that without dramatic action, climate change will displace 216 million people by 2050 (50). The Neighbourhood Flood Vulnerability Index shows there are many areas in Stockport at higher risk of flooding than the UK average. These places include Brinnington, Lancashire Hill, central Stockport, parts of Romiley and Woodley, parts of Offerton, parts of Edgeley and Adswood and areas in Cheadle and Marple. Overlaying flood-risk data with data on inability to prepare, respond and recover highlights that people in some areas will be worse affected than others. In the more deprived areas of the borough, level of income acutely impacts upon an individual or household's ability to prepare for flooding. Elsewhere, greater numbers of vulnerable residents include those living in care homes, living with disabilities or living with reduced mobility who are less able to respond to and recover from flooding when it happens.

Figure 25: Socio-spatial flood vulnerability index, Stockport 2022



Heatwaves

The Third UK Climate Risk Assessment report from the Climate Change Committee (51) warns that global and UK average land temperatures have risen by around 1.2°C since the 1850-1900 period (pre-industrial levels) and are expected to rise further by at least 0.5°C by 2050, due to historic global greenhouse gases emissions. The change in summer temperature in Stockport is projected to be in line with the average predicted temperature increase across the UK. Analysis from the Met Office outlines this will mean summers are between 1°C and 6°C warmer, summers are up to 60% drier, depending on the region, and hot summer days are between 4°C and 7°C warmer. Average recorded temperatures in the centre and west of Stockport are already 1°C higher than those in the east likely due to the high proportion of buildings and lower proportion of areas of nature.

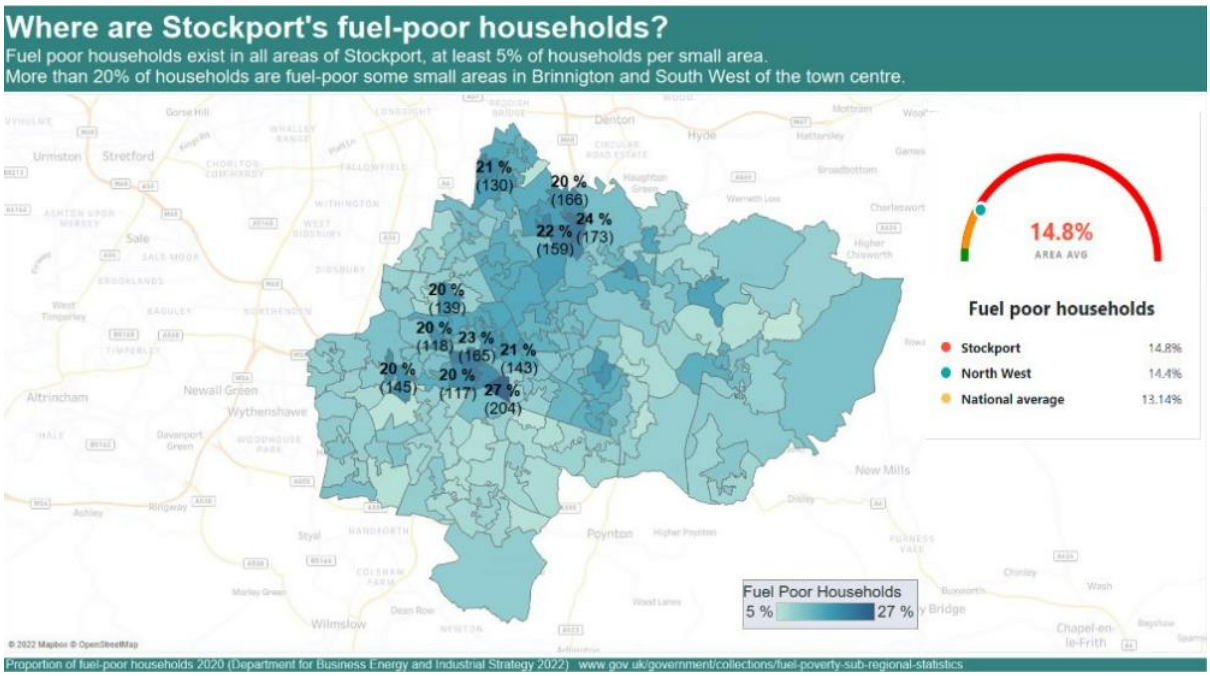
Analysis by ARUP following the heatwaves in 2022 showed that there is already a significant overheating risk in parts of the UK domestic housing stock, and higher global temperature will increase the frequency, severity and geographic extension of this risk. The prevalence of overheating is particularly significant in urban areas. Additionally, it is often the poorest and most vulnerable members of society who are at the greatest risk due to poorer design of the homes in which they live and the inability to put in place measures to reduce indoor temperatures.

The Social Heat Vulnerability Index (Climate Just) combines the likelihood of an area experiencing high temperatures with the severity of the negative impacts on health and wellbeing. Brinnington, parts of Romiley and parts of Adswood are most at risk from extreme heat events. Focusing on ability to prepare data highlights that income is a primary factor regarding ability to respond and recover from extreme heat events, further highlighting local inequity in vulnerability to the effects of climate change.

Energy efficiency of homes

Decent homes are important to health and wellbeing, but there are few indicators that give a good understanding of the quality of housing in Stockport. The UK's housing stock is the oldest in Europe, contributing to environmental and social damage. Within the UK there are now 5.6 million households in fuel poverty which is defined as needing to spend 10% or more of their households' income on energy to maintain a satisfactory heating regime (52), and two million people living in homes with significant mould or damp (53) due to the recent increase in energy bills.

Figure 26: Proportion of fuel poor households, 2020



Energy Performance Certificates (EPCs) show how efficiently homes use their energy which is important for both household financial security and our wider sustainability and low carbon ambitions. In Stockport we are aiming to increase the number of houses that are improving their energy performance from a D-rating or below to a C-rating or above. Between April 2023 and March 2024, 198 households in Stockport received funded home improvements through the Energy Company Obligation (ECO) 4 grant scheme. The total benefit of the measures was £1,443,500. The average annual energy bill saving for those households that participated is £591.84.

Examples of what is happening in Stockport to reduce health inequalities due to climate change

Addressing flood risk

Stockport is one of the highest flood risk regions in the Northwest of England from surface water and sewer flooding and as such the borough has been assessed to be a Critical Drainage Area. Instances of catastrophic river-based flooding are relatively low compared to UK average, but flooding events are becoming more frequent. The impact on health and wellbeing from flooding events is considerable. Flooding can have a significant negative impact on the mental health of people whose homes are flooded as well as people whose lives are disrupted by flooding. This impact on mental health persisted for at least three years (54).

Stockport Council acts as the Local Lead Flood Authority, working closely with the Local Planning Authority, to ensure that planning proposals and developments consider flood risk and mitigation. Alongside this, we work in partnership with the Mersey Rivers Trust on effective natural flood risk management. This utilises the principle of 'slowing the flow' through installation of 'leaky dams' where natural barriers are installed strategically along a waterway. Another approach involves

removing historic 'culverting' to reestablish natural routes of waterways to reduce surface water flooding.

Resilience 4 Cities

Stockport is a focus area for Greater Manchester as part of a joint Resilience 4 Cities (R4C) initiative between the Greater Manchester Resilience Unit, Resilient Cities Network, the Zurich Foundation and Zurich Insurance. This three-year program, supported by a ringfenced $125,000 grant for project implementation, will co-create solutions to withstand climate impacts, particularly heatwaves, while improving regional climate adaptation policies through insights gained from Edgeley's experiences. Community discussions in Edgeley reveal that heatwaves affect health differently, with age, health conditions, and financial means being significant factors. New parents express concerns over keeping infants cool, while schools halt activities for safety. Medical emergencies arise, as one child with severe hay fever required hospitalisation. The elderly feel trapped indoors, with one stating, "*made me stay in my flat […] .as retired and older [person, I] thought it would affect my health if I went out as have slight heart condition*." Reflecting on the summer 2022 heatwaves a women pregnant with twins at the time told how she "*felt unwell and unsafe*". Those with health issues faced work and sleep disruptions, leading to isolation. Adapting to heat is challenging, especially for those in less accommodating housing.

Feedback from Karl Astbury, Lead, Programs, Climate & Health, Resilient Cities Network.

"Having completed the data collection phase of the Resilience for Communities programme, we are now poised to begin the co-creation of initiatives with the community of Edgeley, with a strong focus on adapting to the climate challenges that Edgeley is currently facing and will continue to encounter. Public health will be at the heart of these efforts, as we develop strategies that not only address the immediate impacts of climate change but also enhance the long-term resilience of residents. Our goal is to ensure that Edgeley is equipped to navigate and thrive amidst the evolving climate realities, safeguarding both the health and well-being of every individual, as well as informing climate change and public strategies across Stockport."

Eco-Friendly Period Products for Stockport Schools

In 2022, young people voted in favour of increasing access to eco-friendly period products. In response, we provided a grant to schools to help them roll out access to these products. We also provided training for school staff to help them understand what these products are and how they can support young people to access these within schools. This has potentially reached around 3,000

young people. A simple switch from single-use plastic to biodegradable or reusable period products would avoid 33 million pieces of period waste over that group's lifetime.

Feedback from Liz Atherton, Climate Action Now programme manager on the Eco-Friendly Period Products for Stockport Schools

"The project is tackling so much more than the environment and reducing waste, it's helping young people access reusable period products during the cost-of-living crisis, which also reduces the amount of young people skipping schools because of their periods. In addition, we're also getting more people talking about, and normalizing, how we speak about periods and the range of eco-friendly products out there."

Comments from Blair & Ace, the two young people who lead the way on Eco-Friendly Period Products for Stockport Schools

"We believe there is great importance in making eco-friendly, biodegradable or reusable period products increasingly affordable and accessible to schools. We are positive it is necessary to tackle climate change by pushing the widespread awareness and use of reusable period products.

10-12 reusable sanitary pads are the equivalent to 11,000 disposable products. Each year these single use plastic products would either end up in landfill or within our already endangered oceans. Washable sanitary pads are not only good for our environment, but for the average person's pocket. A reusable pad could save up to £2,000 in comparison to the cost of throwaway products within the lifetime of someone who menstruates.

Stockport Climate Action Now (CAN) Fund

The CAN fund provided monies for organisations to be able to supply energy saving devices to vulnerable residents.

CAN Fund case study: Disability Stockport & Age UK Stockport energy efficiency measures

Through the Stockport CAN Fund, Disability Stockport were able to help 286 households to reduce their energy usage. Speaking about the work, Sara from Disability Stockport said "You cannot over-estimate the impact of the goods people received. Not only did they help keep themselves warm and reduce carbon emissions, but it was the impact on their mental health and well-being. The smiles, the positivity, and the boost this grant provided was incredible."

Age UK Stockport also received support through the fund to extend their Wellbeing in the Community Service offering energy saving devices and advice to help residents to keep their homes warm, keep their bills down and simultaneously cut carbon emissions.

One resident requested their support, saying "my bills have tripled so I have one storage heater on to keep warm. Please can someone help me. My PIP disability money can't stretch any further. Plus it's so cold with only one heater on."

Robert, the Handy Help worker, visited her home and was able to advise on the best way to keep the house suitably warm. He also fitted a number of draught excluders to internal doors, provided manual socket timers for storage heaters, nightlights and energy saving light bulbs. With the new equipment installed, the resident can keep warm in her home without excessive use of energy; and has gone on to refer a friend into the service.

Recommendations

- Support residents who will be at risk during extreme weather events such as flooding and heatwaves, building on civil contingencies planning and preparedness to create a climate adaptation plan.
- Improve collection and use of local data to best inform action relating to exposure to and impacts of climate change, ensuring lived experience is at the heart of resilience and adaptation planning.
- Support residents, particularly the most vulnerable and fuel poor, to save energy in their homes which will reduce costs for the household and reduce carbon emissions.
- Improve homes so that they stay warm in winter and cool in summer. This will protect residents' health and lower energy bills, guarding against fuel poverty.
- Increase biodiversity and tree planting across the borough to allow residents to more equally experience the health and other benefits associated with cooler temperatures, improved air quality, lower GHG emissions and more time in green spaces.
- Find opportunities to grow the green economy through place-shaping, support for businesses and creating an investment pipeline. Leverage benefits from the town centre regeneration to generate good jobs within the sector and positively impact on employment, inequalities and attracting investment into the borough.

- Take proactive action to improve air quality, especially fine particulate matter, so that people of all ages can breathe cleaner air no matter where they live, go to school or work in the borough.

The Role of Services

The way our services are designed and delivered can play an important part in reducing health inequalities. This includes public health services, as well as other treatment and care services, which play a role in supporting residents to maintain, restore, and protect their health for longer. Not everyone finds it easy to access the care they need. A variety of barriers may result in some people receiving less or poorer quality care for their needs, compared to others (or no care at all, in some cases). This leads to poorer experiences, and potentially poorer health outcomes for some groups.

Here are some examples, mostly from national data. During 2022, twice as many people with a learning disability died from an avoidable cause of death than in the general population. People from ethnic minority groups face inequalities in terms of delays or cancellations of hospital treatment and fewer patients from ethnic minority groups reported that expected care and support was available when they needed it after leaving A&E (68%). This compared to white patients (72%) and reduces further for those with a long-term condition where 61% of white patients were satisfied with care and support and even fewer patients from ethnic minority groups (53%) (55) (55).

Clearly, questions of fair resource distribution according to need are complex. They are also often determined by national policy and funding decisions. There may be a greater risk of inequality when there is less access to state-funded care; the proportion of care home residents who receive state-funded care increases as the levels of deprivation increases. People who cannot access state-funded adult social care may not be able to fund their own care because of the cost-of-living crisis and could become more reliant on friends, family (55)OBJ.

There are a number of other potential and often hidden barriers to accessing good quality care. Some residents face cultural and language barriers to engaging with services, sometimes interacting with a lack of knowledge about how and where to find appropriate services. LGBTQIA+ residents, and other vulnerable groups may also experience discrimination or unequal treatment by services. For carers, the experience of additional demands on their physical and mental health may coincide with a reluctance and/or inability to seek support for their own health needs. Services can and need to mitigate against these risks by providing information as well as services in ways that are clearly understood and available, including to minority or excluded groups, and by proactively seeking to better understanding and responding to different needs.

Sheilagh Armstrong, Advanced Nurse Practitioner at the Wellspring, reports the challenges some residents face when they need support from mainstream services:

One of my clients told me, "I went in [to see the GP] to say something really important which I struggle to open up about and all they were interested in is that I smoke!" In order to achieve change, a relationship has to be given time to develop and information needs to feel relevant and specific not generalised and impersonal. Without an understanding and empathy people cannot achieve behavioural change.

Long-term effects of trauma, the dual or triple diagnosis of mental health, physical health and substance dependence are issues that cannot be dealt with in isolation but have to be seen as linked and addressed as a whole person issue.

People with no fixed abode or permanent address may be excluded from healthcare simply because of the challenge of being contactable by post, as appointment letters may not reach them in time and the appointment will be missed.

Digital access to care is not equally accessible to those who struggle with reading, have no access to the internet, no phone, no credit, or who have to change their phone number frequently. They struggle to simply make an appointment to see a GP.

We often assume that people can travel to a clinic or service, but those struggling with anxiety, mental health issues, or who have no fixed address, may simply not be able to travel on a bus, afford a taxi, or get to a clinic from wherever they have had to spend the night before.

Lived experience of being homeless and the challenges faced accessing services:

"Being homeless makes you feel like you don't have a place in the world, a never ending worry about where are my clothes, where do I go tonight, what do I do next. So much going on in *my own life I'm not thinking about my health – so when I do need to see someone its likely urgent but then I just think why bother. [I have challenges] accessing appointments in the first place".*

We may be tempted to think of these as challenges for a small group of people, but what does this mean for any universal service provision? Two points are worth considering: firstly, how well are we able to work with the whole person, not just their presenting complaint or condition? This is often challenging, particularly for busy professionals, and services providing for specific needs, within tight access criteria. Secondly, how well are we able to work with challenges only some people face, but which we need to accommodate as part of a universal service for everyone, not just the majority? This certainly requires us to carefully listen to the experiences of people struggling to access services for a variety of reasons, learn from them, and examine the data we have which can shed light on inequalities our services may unwittingly perpetuate.

The Stockport Neighbourhood and Prevention Programme explicitly builds on our knowledge that health is shaped by a wide range of factors and aims to address these. The Programme also includes a workstream aiming to join up services in local neighbourhoods, to enable them to work effectively together and with local communities, and to achieve more proactive and prevention-focussed models of care.

Examples of what is happening in Stockport to reduce health inequalities in access to services

Family Nurse Partnership (FNP)

This evidence-based programme supports vulnerable families (under the age of 25) and children at risk of poor outcomes to get the best start in life, be ready for school, lifelong learning and reduce inequalities. There are plans to extend the service to Brinnington and Lancashire Hill where this service would be provided to **all** families under the age 25. This will provide additional support to the most geographically vulnerable families whose life chances are impacted significantly by poverty and would be proportionate to the level of need.

Megan's lived experience of Family Nurse Partnership:

After a childhood that [...] was more than challenging, I found out a few days after my 17th birthday I was expecting my first child and even though I never even considered not having him, I knew I needed all the support I could get.

Unfortunately, I then lost my dad during my pregnancy, and everything became a lot harder. It was then I was told about FNP by my teenage pregnancy midwife. [...] I would not be the person/mum I am today having not had the access to FNP and the support and guidance I received [...].

FNP supported me [...] to better understand my baby's needs and allowed me to flourish as a young mum which has enabled me and my son to have the positive relationship we have today.

[...] I think the biggest lesson I've taken away from it [FNP] as I look back is that – being believed in sometimes is enough to create a massive difference! And by [my FNP nurse] believing in me when I didn't feel like anybody else did, by her listening to me when I didn't feel like anybody else was, by her seeing me and treating me as just another mum not a teenage mum and instilling me with infinite amounts of self-confidence and "can do" attitude we have gone on to achieve so much over the years as just me and my son, and now a family of 5.

I've accomplished my undergraduate degree and am currently taking a break from doing further studies which I look forward to getting back to doing after some time off with baby. I recently had my second child and got engaged to my partner who I feel very fortunate to have in our lives. [...].

We have been on some amazing adventures with highs and lows along the way. But I think my son is the biggest demonstration of how much of a success the service [FNP] is."

Enhanced Pathway for Midwifery

A local example of a universal service which responds to enhanced needs is a pilot of the Enhanced Pathway for Midwifery, which is underway in several areas in Stockport. Families who are identified as requiring early help by midwifery are offered a joint 20-week health visitor and midwife visit. The focus of these visits is on attachment and bonding and a joint plan is made between services and families. A family may go on to have further joint or individual appointments with the health visitor/midwife.

Lived experience of the Enhanced Midwifery Pathway:

[The experience was] really good. It was nice to meet the health visitor before birth as that didn't happen last time and we never had a relationship once [my older daughter] was born which was hard for me.

The midwife explained the purpose of the visit. She said it was a pilot and that made sense to me. I really like that we don't have to keep repeating the story about my previous birth which is difficult and [my older daughter's] issues too. [...]. It felt like an informal chat in a way but I did like that they [health visitor and midwife] were working together.

The bond with my midwife last time was amazing and afterwards nobody matched her and that's when I needed the support the most. I felt lost without her so it was good to know the health visitor and that she would also be around for me and the family. [The health visitor] seemed to know about me and my previous experience. I'd met with the midwife and assumed she had shared this information which I was happy about. [...].

I liked that they included [my older daughter] in the conversation as it is her that is causing me the most stress which affects my pregnancy too. There is a meeting about [my older daughter] at school and I liked the fact they are both involved and understand the anxiety is because of her behaviour. [...]. I think they included this in the plan so it wasn't just about the baby. [...]. The midwife is also going to meet me for my next antenatal appointment at the hospital due to it being so stressful and triggering for me. [...].

I like this set up a lot better – knowing the health visitor as well I mean. It helped cos they were both lovely and seemed to work well together too. I'm glad I've met the health visitor before the baby is born this time.

School nursing

School nurses work universally with all school-aged children and young people and their families to improve health and wellbeing outcomes and reduce inequalities and vulnerabilities. To meet the needs of LGBTQIA+ young people living locally, Stockport school nurses co-produced a toolkit with local high school LGBTQIA+ support groups.

Feedback from young people on the toolkit:

"This is exactly what we wanted. Thank you for listening and making sure our voices are heard."

"This is great, this will help in Stockport and hopefully one day will be used worldwide to help all LGBTQIA+ young people".

Feedback from the school nurses showed an increase in their confidence when supporting young people with gender identity from 56% to 84%. Confidence in supporting with sexuality increased from 60% to 86%, knowledge of support services went from 58% to 90% and confidence in signposting to services from 64% to 93%.

Stockport school nurses engaged in further partnership working with the School and Public Health Nurse Association to develop a national toolkit and elements of the Stockport LGBTQIA+ toolkit were used in this.

Prostate cancer awareness

A project was launched in Brinnington to tackle the late diagnosis of prostate cancer in an area of high deprivation. This was a joint venture between primary care, secondary care and public health. As part of this initiative, public health worked with the community and trained key members to lay the foundations for the primary care input. The GP practices sent out over 1200 text messages containing a YouTube video link to all men aged 50-80 without a history of prostate cancer or a recent PSA test. Ordinarily men are not able to book a PSA test without speaking to a GP first. This project allowed men to access these tests quickly and simply, making an enhanced offer to those experiencing inequalities.

The project has seen significant engagement, with 122 individuals booking into PSA Project slots and an additional 39 PSA tests conducted opportunistically during other medical visits, totalling 161 tests so far. As a direct result of these efforts, 14 Urology 2-week wait referrals were made. Of these, 10 have been seen, with 8 showing abnormal MRI scans suggestive of possible cancer and now awaiting biopsy. Two individuals have received the all-clear, and four are still awaiting their appointments, having been referred only this week.

This project highlights the importance of early detection and the collaborative efforts required to improve health outcomes in communities. The results are encouraging, and the ambition is to roll this learning out to other tumour groups.

Primary Care Networks' (groups of GP practices) population health plans

The NHS has created an approach for addressing healthcare inequalities, called 'Core 20 Plus 5'. This encourages NHS organisations to consider the 20% most deprived populations ('Core 20') and inclusion groups ('Plus'). These can be determined locally by the service examining which groups in the population need extra support to access and benefit from care. Similarly, our local Primary Care Networks have recently started to develop population health plans. Such work provides an opportunity for professionals to understand their data showing which population groups may or may not access care, and benefit from it, and learn and understand from the communities what the barriers and solutions might be for them. This allows teams to plan particular steps to ensure equal care for equal need.

Tame Valley Primary Care Network (PCN) - work on alcohol-related harm and long-term conditions

Public health and Tame Valley PCN were aware of issues with alcohol consumption in the area. As part of the PCN's work to create a population health plan for the area, they collaborated to better understand the challenges local people may face in obtaining support from statutory services to reduce their drinking and to identify what could be done to bridge the gap. One of the biggest issues for people who attended the GP and were referred for support was that they felt they were left with nothing to help while they waited for statutory services to start working with them. Boredom was highlighted as one of the main issues that prompted people to drink and if the GPs were able to signpost them to community groups they could attend while they wait for services to commence, this would help them to feel contained. As there were no appropriate community groups for people to attend, a peer support group was set up. This continues to be signposted to both while people wait for services to start and for when they have finished. The peer support groups have helped to

improve the mental health of those who attend and to reduce their alcohol intake. This shows the importance of local, grass roots insight and experiences to truly understand local need and is also an example of a move towards more preventative and population-focussed models of care.

Area Leadership Teams

Area Leadership Teams support the delivery of the work in the Collaborative Health and Care Pillar within the Neighbourhood and Prevention Programme. They aim to bring together leadership from the local area across health, social care and wider organisations (e.g. PCN Clinical Director, District Nurse Lead, Adult Social Care Representative, Public Health, NHS Greater Manchester Stockport Locality, Mental Health Practitioner, VCSFE representation and Care Co-ordinators) to drive change in the neighbourhood, to address the needs of the local population ensuring alignment to the deliverables within the Greater Manchester blueprint for integrated neighbourhood teams.

Community Networks

We have a number of community and stakeholder networks in Stockport representing a wide range of needs and protected characteristics. The networks serve as the building blocks for enhanced co-ordination and collaboration in Stockport:

- Stockport's networks play a critical role in promoting collaboration and effective service delivery.
- They amplify the voices of those with lived experience to actively participate in policy and service design.
- By collecting feedback, these networks empower communities and drive continuous service improvement.

In Stockport, our networks chart different courses and each will move at their own pace, yet their collective impact is undeniable. These networks-woven together by purpose and passion have already catalysed significant change in Stockport. By engaging with people through these networks, we can ensure that the needs and lived experiences of Stockport's diverse communities are heard and their voices are considered in policy and practice, and potentially the provision of training.

Recommendations

- All services should actively investigate the equity of access to, as well as outcomes of their provision, and work towards proportionate universalism, where support or resource is provided relative to the scale of need for each individual, family or community.
- Through the implementation of the Socioeconomic Duty, any service proposals to be scrutinised proactively for their potential impact on health inequalities, including social determinants.
- The views and experiences of people who use services need to be sought, heard, and given full weight in planning and delivery of services.
- Services, including frontline teams, need to know the population they serve (those who use the service and those who don't, but need it), including subgroups with particular needs, and the particular barriers they may face, so service providers can respond to population health needs alongside the presenting individual condition.

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