

Is it time for voluntary adoption of the Socio-Economic Duty in Greater Manchester?

By Graham Whitham, Chief Executive

Over thirty people, including local Members of Parliament and councillors, joined us on Wednesday evening last week for a webinar on voluntary adoption of the Socio-Economic Duty. The webinar was jointly hosted by GMPA, Just Fair and The Equality Trust. There were contributions from all three organisations, and from the Equality and Human Rights Commission.



The Socio-Economic Duty is the missing piece in the UK's equalities legislation. Although the Equality Act 2010 contains a Socio-Economic Duty, it hasn't been enacted. That means that public bodies do not need to give due regard to poverty and socio-economic status when making strategic decisions and designing services, in the same way that they have to for protected characteristics.

One way to overcome the failure to enact the duty is for public bodies to adopt it voluntarily. GMPA believes that public bodies in Greater Manchester should think about how they can apply the duty. This would mean that socio-economic assessments are included when our local public bodies are undertaking equality impact assessments of projects and activities and when taking policy decisions.

What does applying the Socio-Economic Duty mean in practice?

Applying the socio-economic duty means paying 'due regard' to the desirability of reducing the inequalities caused by socio-economic disadvantage and poverty, reducing inequalities of outcome caused by socio-economic disadvantage, and actively considering how to reduce inequalities of outcome when taking decisions and designing services. Key questions that public bodies should ask to ensure socio-economic status is fully considered when making strategic decisions and designing services:

- *What are the potential impacts of the proposal/decision as we currently understand them?*
- *Are there any unintended consequences of the proposal/decision on people experiencing poverty?*
- *How could the proposal/decision be improved so it reduces or further reduces inequalities of outcome, with a particular focus on socio-economic disadvantage?*
- *How will this policy or service assist you to reduce inequality in outcomes overall?*
- *How can we ensure the views and experiences of people in poverty inform decisions and service design?*
- *If you are now planning to adjust the proposal/decision, could it be adjusted still further to benefit particular communities of interest or of place who are more at risk of socio-economic disadvantage?*

Some public bodies in Greater Manchester are already making progress on this. GMPA is keen to work with them and others so that voluntary adoption of the duty becomes widespread across the city region.

At the webinar we heard about the importance of taking socio-economic inequality into account when designing services and making decisions, particularly in light of the inequalities exposed by the COVID-19 pandemic. During the pandemic, GMPA worked through the GM Humanitarian Assistance Group to support local authorities on inclusion of socio-economic status in their equality impact assessments of responses to the pandemic. You can read the briefing we published at the time [here](#).



Please do contact [GMPA](#) if you'd like to explore adoption of the duty further.

Graham Whitham
CEO, GMPA

Poverty as a Health Issue

By Simon Watts, Public Health Registrar on placement with GMPA



Poverty can cause ill health, but ill health can lead to poverty. We are seeing this more visibly with Covid-19, but this was apparent before the pandemic. As a public health professional, I am passionate about preventing ill health. This short piece argues that poverty is one of the root causes of ill health and that these two large areas of public policy should not be considered in isolation.

Poverty can cause ill health in several ways. Through my recent research into local welfare assistance I have heard stories of residents living in cold, carpet-less, houses and not being able to afford to eat or pay their bills. These stories have clear links to poor physical and mental health and show the importance of strong welfare support in preventing ill health. Good housing, education and fairly paid jobs are also some of the things that will reduce poverty and protect people's health longer term. These societal factors have a direct impact on health, but often aren't talked about in the context of health. Improving health is about the NHS, right? Partly, but the NHS treating illness is only part of the picture. And, treating ill health is usually more expensive than preventing ill health in the first place.

Investing in poverty to improve health

Those on the lowest incomes are more likely to be in poor health and more likely to access emergency healthcare services. This is extremely distressing for the residents it impacts and their families, but it also puts pressure on local health budgets. This has been the case for a long time, but more could be done to change it. Investing what little funds there are available locally to reduce poverty could improve resident's health and save CCGs and local authorities money in the longer term.

Similarly, we invest in a range of public health advice about how to lead a healthy lifestyle; what to eat, the need to take the right amount of exercise. However, we know that some groups are less able to act on this advice, particularly those on lower incomes who might face additional pressures and stress, so the health gap between low and high income groups widens further ([Naidoo & Wills, 2016](#)). Why is that? If your material, basic needs aren't being fulfilled, why would a balanced diet, or taking regular exercise even be on your mind? Health is not a choice when you are struggling to make your rent or feed your family. Trying to tackle important lifestyle issues without tackling poverty will fail and will leave some lower income groups behind.

If we don't tackle poverty as one of the underlying causes of poor health, we will continue to pour money into health treatment services without addressing one of the key root causes of that ill health.

There are positive examples of progress though. Across Greater Manchester there are a range of services which work with residents to help improve their circumstances. One of these services, Focused Care, work with residents to support them with underlying challenges in their lives such as housing issues or benefits; when these issues are resolved residents may then have the space and time to focus on their longer term health.

Similarly, my recent work on local welfare provision in Greater Manchester has identified some local authorities which offer strong support for those in financial crisis, helping people get back on their feet and improving their mental and physical health as a result. But access to that support is variable across the city region.

Local authority leadership and governance around poverty mitigation and reduction is needed to improve living conditions, and ultimately health. There are Greater Manchester authorities which have strong structures in place to help reduce poverty, led by elected members, but in some authorities poverty appears to be less engrained in decision making. It is worth looking to Scotland, where action plans on poverty reduction are a mandatory requirement for each local authority, as well as the need to consider inequalities in every policy decision through the Fairer Scotland Duty.

Targeted health interventions can reduce poverty

Poor health can also cause poverty, through no longer be able to work for example. Ideally more ill health would be prevented in the first place, which would reduce financial hardship but, as discussed, preventing ill health is complex. However, the health system can help prevent more severe illness if practitioners know about warning signs and symptoms early enough and work with individuals to manage them.

An example of innovation in this space is a GP pilot in Greater Manchester, funded through the commissioning improvement budget. The pilot involved contacting residents who hadn't visited their GP for several years, starting with those who had historic risk factors such as high blood pressure or a history of smoking. If those residents didn't respond, they were followed up, even if that meant multiple phone calls or a home visit.

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Traditionally a patient might not have been followed up if they couldn't be reached three times. Changing that approach meant GP practices persistently seeking out residents who wouldn't normally engage, helping them proactively manage their health issues, which if left unmanaged could have resulted in a health crisis. The pilot was disrupted by COVID-19, but this approach is supported elsewhere and could help reduce severe illness and the associated financial hardship.

Conclusions

I am convinced that a strategy of proactively supporting the health of our most vulnerable residents will make a positive impact on their health and wealth, when complemented by a wider ranging, local-authority-led poverty mitigation and reduction strategy that targets the underlying causes of poverty. This should be supported by poverty and health being considered in all policy decisions.

The cost of not addressing poverty could be higher from a health and societal perspective than investing in interventions that can reduce poverty. Using elements of the healthcare budget, such as commissioning improvement funds, to support vulnerable groups and poverty reduction could reduce pressure on the healthcare budget longer term.



Simon Watts



Greater Manchester Housing Providers - Tackling Poverty Newsletter

After a short break the Greater Manchester Housing Providers are back with a special issue of their tackling poverty newsletter which focusses on the communities and organisations that they work with and the role they have played in supporting people to deal with the challenges brought about by the Covid-19 pandemic.

In the newsletter you will find contributions from Bolton at Home, ForHousing, Great Places, Irwell Valley Homes, Jigsaw Homes, One Manchester, Onward Homes, Regenda, Salix Homes, Sixtown Housing and Southway Housing Trust. You can read the full newsletter [here](#)

'How do we change the systems that perpetuate severe and multiple disadvantage in GM?'

By Paul Connery

A [group of people](#) from Greater Manchester and Lankelly Chase have come together to design a fund based on 4-5 months of listening to people locally, about where and how a fund might be useful whilst also connecting with Lankelly Chase's [vision and mission](#).

**Greater Manchester
Systems Changers**

We believe there is an under-representation of marginalised women and young people in our Greater Manchester networks. With this in mind, we want to promote the fund within these communities first and will go primarily to communities of colour, but not exclusively.

Broadly, our vision is a collection of independent, safe spaces where people can come together to explore what it means to reveal → question → dismantle systems that perpetuate disadvantage or to explore how to heal → reimagine → renew systems so that all people can live with dignity and opportunity in supportive communities.

The focus is on the spaces themselves, and you can choose to focus on one or a combination of all of these parts – we trust that you will know what works best for yourselves. Our only ask is that these spaces are led by women and/or young people subject to marginalisation. These can be new or existing spaces.

Charities, community groups, educational institutions, individuals, networks, partnerships or relevant statutory organisations which are led by marginalised women and/or young people can apply.

There is £250,000 in total available, and we would like to support about 30 projects.

The application deadline is Sunday December 13th, 2020, and decisions will be given by Monday, January 11th, 2021. The activity should run between January and May 2021.

There is a [simple online application form](#) with about 10 questions. For more information please visit the [website](#)

Policy North Training

There are a number of courses in 2021 including [Understanding poverty measurement, definitions and data](#) on March 25th, [Maximising support for people on low incomes](#) on January 28th and March 4th; and [Identifying poverty data in Greater Manchester](#) on April 15th.

For more information and to book please go to the [webpage](#).



Tesco Food Collection

In light of the current situation, FareShare and Tesco have made the decision not to put volunteers in store for this year's annual Food Collection.

With no volunteers encouraging people to donate in-store, they need your help to let people know about the collection and you can still support them by Volunteering virtually – help them make a big splash on social media by sharing content on your own channels; donate in store or donate your Tesco Clubcard points to FareShare.

The Tesco Food Collection will take place in all large stores from 19th - 21st November and in all small stores until 21st November.

Annual General Meeting Tuesday November 24th 2020 from 6.00pm (Zoom)

GM Law Centre have plans (and funding) to expand their services. Sign up and hear what they are doing and how you can support their work over the coming months.

[Zoom link for the event](#)



Webinar: Pregnant and Destitute in the Pandemic

You are invited to join Maternity Action to discuss ways to better support vulnerable migrant women, who are pregnant or new mothers, during the current pandemic. This free online webinar is targeted at midwives, advisers, peer support workers, volunteers and others working with vulnerable migrant women in the North West regions of England

The webinar will take place on Wednesday, December 2nd, 2020, between 10 - 11.30am and include presentations outlining the particular difficulties pregnant women and new mothers are facing in accessing financial support, housing and NHS maternity care during the pandemic. There will be opportunities for questions and discussion.

You can register for this event [here](#)

The Coronavirus outbreak and how it relates to GMPA's work

As the effect of the Coronavirus outbreak impacts people's lives across the city region, our small team at GMPA will be doing what we can to highlight consequences of the virus on people experiencing poverty and on efforts to tackle poverty.

We will be working to ensure tackling poverty is at the forefront of people's minds when thinking about how Greater Manchester rebuilds and recovers after the pandemic. Please check on the [Covid-19](#) page of our website over the coming weeks for further details. The page also provides links to useful resources including local authority hubs, national agencies and VCSE infrastructure organisations. Please take every possible care and thank you for all that you are doing.



For more information about Greater Manchester Poverty Action

please visit our [website](#), follow us on [Twitter](#) or visit our [Facebook](#) page.

We want to find ways of working together, share the network's successes and provide a voice for the people living in poverty in our region but we can only do this with your help and support.

Copies of previous newsletters are available on our [website](#) If you would like to submit an article please [get in touch](#) For more information please contact us by [email](#)

NB GMPA does not have full-time dedicated administrative support so please do not expect an immediate response.

Views expressed in this newsletter are not necessarily the views of GMPA. We try to fact-check all articles and events, but if you notice an error please [let us know](#) so we can correct it in a future newsletter.