

ANNEX 1 – GM Big Disability Survey – Summary of System Response

MONEY, FOOD AND BILLS – COST OF LIVING CRISIS

Recommendations	Lead agency	Response
Lobby to ensure people are supplied with sufficient energy to support their wellbeing.	Cost of Living Response Group	<p>A Roundtable Event was held with the big utility providers in December 2022 co-hosted by Andy Burnham and Cllr Amanda Chadderton.</p> <p>As a result, 3 Task Groups have been formed to explore the following:</p> <ol style="list-style-type: none"> Data sharing – Can we develop a data sharing agreement between GM NHS and energy providers to enable auto-registration to the Priority Service Register with an initial focus on those identified as clinically vulnerable with medical devices in their homes? An Agile Energy Social Tariff – What could this look like, and could it be piloted/tested in Greater Manchester? Prepayment Meters – How can we mitigate against enforced switch to prepayment meters, especially relating to disabled people? Awareness Raising - How can we raise awareness across Greater Manchester of the support that is already available from energy companies through our cross-sector front line workers, our trusted communities and other channels we have available? British Gas Energy Trust – How can we best identify and channel these funds to those individuals and families who are most in need? <p>GM Coalition of Disabled People is represented on these task groups.</p>
Look at re-profiling ‘universal’ budgets to enable targeted support for disabled people.	GMCA, Cost of Living Response Group	<p>GMCA will explore reprofiling budgets where data and insight implies that the services for which we are responsible should be targeted for the specific benefit of disabled people. We will also explore how this can be part of our Decision Support Tool.</p> <p>There will be a standing item about equalities at all GM Cost-of-Living Response Group meetings which will pick up on where targeted support is required.</p>
Favour ‘cash first’ responses to poverty.	Cost of Living Response Group	<p>GMCA will consider a cash first approach to reducing poverty on a case-by-case basis, taking on board relevant research and best practice. There may be conditions around funding streams, for example, which mean that people cannot be given cash, but will instead receive vouchers or equipment.</p> <p>The GM Cost-of-Living Response Group will continue to be the route for sharing good practice and for replicating successful approaches across the city region. Some GM local authorities have already adopted a ‘cash-first’ approach to reducing poverty in their district.</p>
Ask Ofgem to engage with disabled people-led organisations’ calls for the of a social tariff or variable cap on energy costs.	Cost of Living Response Group	<p>Please refer to note above about work with the big energy providers.</p> <p>GMCA will explore whether it might be possible to run a trial for a social energy tariff in GM for disabled people or for people with a pre-payment meter.</p>

ADVICE AND WELFARE

Recommendation	Lead agency	Response
<p>Coordinate advice and general advocacy across GM.</p> <p>Improve access to properly resourced, uncharged debt advice from local, accessible, disability-aware, face-to-face services.</p> <p>We ask for a GM-wide advice and advocacy service to be put in place, and this should be co-produced with the VCSE sector</p>	Cost of Living Response Group	<p>We note that the welfare rights and debt advice service sector is really stretched at the current time, and there is a shortage of properly qualified support. However, there are examples of where commissioned GM work offers free legal support, for example to pregnant migrant women (including disabled women) https://maternityaction.org.uk The Greater Manchester Women's Support Alliance also offers a range of support across all GM boroughs for women who have unmet support needs, included health and care, debt and welfare advice.</p> <p>The GM Cost-of-Living Response Group will explore how to secure additional support from the wider GM Welfare and Advice Sector.</p>
<p>We ask the Government to provide (and the ten Greater Manchester Local Authorities to support) statutory funding given to local authorities and ring-fenced to providing debt/benefits advice</p>	Cost of Living Response Group	<p>We note that there is no explicit responsibility placed on local authorities to provide debt and benefits advice. However, we are committed to providing help and support for households in financial difficulty. The LGA has published guidance for local authorities at Reshaping financial support: how local authorities can help to support low income households in financial difficulty</p> <p>The GM Cost-of-Living Response Group will explore how to secure additional support from the wider GM Welfare and Advice Sector, working in partnership with the GM Disabled People's Panel to scope out a shared approach to lobbying government on this matter.</p>
<p>We call on GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to lobby the Government on specific issues relating to welfare benefits.</p> <p>These include that the Disability Cost of Living Payment of £150 should be given to every disabled person in receipt of a qualifying benefit, that the Government should ban all arrears-related deductions from benefits, and also revise the eligibility criteria for the Warm Home Discount.</p>	GMCA / Local Authorities	<p>We recognise that welfare benefits are the biggest single issue highlighted by the Big Disability Survey. However, the recommendations in this section all relate to issues which are outside the powers and scope of GM partners.</p> <p>Furthermore, it should be noted that the policy/ design and contracts for Work Capability Assessments delivery are managed by central DWP (not local JCP) so we have limited power and influence here in GM.</p> <p>GMCA will work in partnership with the GM Disabled People's Panel to scope out a shared approach to lobbying government in relation to disability and other relevant benefits, noting the proposed changes announced in the Budget in March 2023.</p>

HEALTH AND CARE

Social Care		
Recommendations	Lead agency	Response
<p>Instigate the cessation of debt recovery actions against the growing numbers of disabled residents who have fallen into arrears.</p>	Locality Integrated Care Boards	<p>The Breathing Space provision (Mental Health) in place for general debt recovery and any suspension of recovery decisions for hospital inpatients. Bespoke approaches developed for debt recovery for people who may be in receipt of social care.</p>

Social care should be made free at the point of delivery to uphold disabled people’s right to a full and independent life, following the example of Hammersmith & Fulham Council to coproduce statutory social care, free at the point of use.	Locality Integrated Care Boards	NHS GM ICS will continue to advocate for a comprehensive and definitive funding settlement for social care to support people to get the right support at the right time.
Ensure Care Act means-testing financial assessments are meeting the legal standard and put in place methodology to record and publish unmet need.	Locality Integrated Care Boards	Work is underway in line with the financial reforms in the White Paper. Care Act assessment reviews are undertaken as part of internal processes. The ICB will work with the local authorities to ensure that the financial assessments are legally sound, and that unmet need is accurately recorded and published.
Review the differing rates paid to agencies in contrast with the lower rates paid to disabled people on direct payments for employment of PAs	Locality Integrated Care Boards	Rates paid to providers reflect the position that costs can often vary for different models of support. Local conditions of the market reflect pay rates, and work is underway as part of the Adult Social Care (ASC) workforce strategy to address inequalities and improve workforce conditions in ASC. This will consider a review of disabled people’s PA rates.
Independent General Advocacy must be truly independent , and fully accessible to everyone seeking social care.	Locality Integrated Care Boards	The advocacy contracts are held between the Local Authority and the advocacy provider. Similar advocacy arrangements are seen across the country. Contracts will continue to be reviewed and improved on a locality basis in order to meet identified need. It might be possible to involve a GM disability organisation on these reviews for improved lived experience. Discussions are also taking place at the national ADASS (mental health) group, which the Strategic Lead-Mental Health (NHS GM) regularly attends and where advocacy's role in supporting vulnerable individuals at a time they most need it can be enhanced.
Greater Manchester Integrated Care Board to develop a fully co-produced complaints system	GMIC Board	The NHS and complaints procedure is set out in national legislation, with the local resolution stage governed by the National Health Service Complaints (England) Regulations 2009. For GM to adopt a different approach to the national regulations would require agreement from the national bodies – this is unlikely in the near term. However, we understand that it is the navigation of that procedure which is challenging. There are a number of independent advocacy providers nationally, (https://www.england.nhs.uk/contact-us/complaint/) it may be beneficial to work with GM disability organisations in particular to review and signpost to clearer accessible navigation in line with GM accessible information standards.
There is clear relationship between delay to discharge from hospital with lack of timely and sufficient social care provision. This means fixing social care should be a shared objective of the NHS, social care departments, and service users , making the solution a natural candidate for meaningful co-production.	Locality Integrated Care Boards	It is a shared vision of health agencies and local authorities across GM to support people to be discharged from hospital promptly and return to a place of their choice and with the right support package. ‘Fixing social care’ is a shared objective of the ICB, GM ADASS and at the core of the ASC transformation programme. More targeted use of winter discharge funds and closer links between the VCSE sector, health trusts and all local authorities. A longer-term consideration will be market sustainability and development.

		<p>There are several workstreams across GM where timely hospital discharge is crucial to service development. This involves community placements, early focus on early intervention and targeted approaches to those with complex health and social care agencies.</p> <p>Regarding coproduction, it is recognised across GM that such approaches need additional and more consistent input from those who use/have used services, and we would be keen to explore how we might work with the GM Disabled People’s Panel on this.</p>
Support current campaigns to establish good wages, dignity, and professionalism of PA and care work so that it is valued and properly rewarded; this creates good employment and raises the quality of care.	GMCA	<p>There are well-established apprenticeship pathways for personal assistants who are employees of an organisation, rather than self-employed. However, personal assistants are generally directly employed by a disabled person, and therefore not eligible for the same wages, support and development available to carers employed through an agency.</p> <p>The ongoing real Living Wage City Region campaign has an explicit focus on raising pay and employment standards for carers and personal assistants across Greater Manchester. The Mayor has been clear that Adult Social Care is the primary focus of the campaign and this has been reflected in the actions, run in conjunction with UNISON, Greater Manchester Poverty Action, and other partners. Greater Manchester will soon become the first city-region where all councils agree to pay the Real Living Wage to all those working in social care, Mayor Andy Burnham has announced. By the end of 2023, more than half of Greater Manchester’s 10 boroughs will be paying the Real Living Wage, and the remaining boroughs are on track to deliver the same hourly rate for their directly employed and contracted adult social care staff soon after, as stipulated in their contractual arrangements with adult social care providers.</p> <p>We will continue to drive forward this issue through the Good Employment Charter and GM Real Living Wage campaigns.</p>
We ask GM wide systems, organisations, and institutions to improve support for people employing Personal Assistants on an individual budget , so they are funded to pay a competitive living wage, allow for travel expenses, blue light card eligibility, and work with the Personal Care Panel convened by Embrace.	Locality Integrated Care Boards	<p>Support for people employing Personal Assistants is available through VCSE sector organisations like the Penderels Trust which has an office based in Salford covering Salford, Trafford and Bury. https://www.penderelstrust.org.uk/salford.php Bolton has a PA web Home Bolton PA Web</p> <p>Work is underway as part of the Adult Social Care (ASC) workforce strategy to address inequalities and improve workforce conditions in ASC. This will consider a review of disabled people’s PA rates.</p>
We ask GM to lobby Central Government for a National Independent Living Service .		<p>The ICS will continue to lobby for a comprehensive and definitive funding settlement for social care and to look at all potential options that will support everyone to live a full and independent life in Greater Manchester.</p>
We recommend an increase the discretionary element of the Minimum Income Guarantee (MIG) by at least an additional £150 per week	Locality Integrated Care Boards	<p>Local Authorities in GM are actively working to transform services and secure the investment needed in adult social care, whilst as far as possible protecting residents from rising care costs. Includes a pro-active review of charging policies and available discretionary support.</p>

Mental Health Services		
Recommendations	Lead agency	Response
The ICP must be committed to co-production to level the power differentials and support whistle-blowers.	Adult Social Care & MH Trusts NHS Greater Manchester Integrated Care	Following the recent Panorama documentaries, there has been GM system-wide review and action plans are in place to improve in the areas identified. A new national Mental Health, Learning Disability and Autism quality transformation programme was initiated in 2022 to support cultural change and introduce a new bold, radical, reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings. NHS England » Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme Each ICB has been asked to develop a 3-year plan to localise and realign mental health, learning disabilities and autism services by March 2024, which will drive a reimagined model of care.
Offer more holistic tailored mental health support to people in a timely fashion. From the qualitative responses it is clear restrictive NHS diagnostic pathways and limited options for treatment largely rest upon behavioural assumptions that do not meet people's differing needs nor cultural differences.	Local Authorities/NHS GM/Mental Health Trusts	As part of the Community Mental Health Transformation programme, there are the following workstreams or programmes. <u>Living Well</u> - designed to support people with MH issues and help them access community support and prevent further deterioration and potential hospital admission. Access to the VCSE and other community options/resources is key in not medicalising their presentation. <u>CMHT Transformation</u> - looking to improve CMHT support and focus on supporting everyone to move away from specialist community support to one more community based and led by what the person wants for themselves. As part of the transformation process, there are specific working groups on personality disorders, eating disorders and older people. The groups involve representation from all stakeholders and are all coproduced with a strong emphasis upon their input in improving services. Where the support needed is of a higher level or are specialist in their provision, these workstreams support individuals to return to the community. All these workstreams are coproduced and are working holistically, with key involvement/oversight from the ICB ASC/Mental Health teams. Throughout 22/23 funding was made available to support initiatives aimed at developing culturally appropriate service. Year 1 schemes are being evaluated prior to deciding which should continue into year 2.
Urgently reduce waiting times for support with mental health conditions. Long waiting times are a factor in the worsening of mental health, including the management of distress.	Local Authorities/NHS GM/Mental Health Trusts	The Living Well approach gives everyone timely access to MH support and services. Demand and capacity to meet it are part of the GM workforce strategies to increase social work and social care staffing. In addition, this workstream looks at new/blended roles that will further support people in the community and intervene more promptly. For people experiencing anxiety &/or depression our NHS Talking Therapies Services offer a range of therapies to help. These services are committed to ambitious waiting time targets and go even

		further by monitoring in-pathway waits. Nationally-led work is underway to ensure these targets are achieved.
We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts for more resourcing and facilitation of Service User and survivor voices in order for co-production to happen in a meaningful way, where power differentials are equalised.	Local Authorities/NHS GM/Mental Health Trusts/Integrated Care Board	The Independent Mental Health Network (IMHN) continues to work across Greater Manchester in supporting coproduction across many of the workstreams that the ICB is currently working on. Further work is being undertaken by the ASC/MH team looking at developing coproduction groups across GM, especially those who may have been subject to detention under the MHA 1983 with a strong emphasis upon learning from their specific experiences. The ICB and all key stakeholders are committed to increasing coproduction involvement and their decision-making ability to change service delivery.
We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts to reduce inequality, acknowledge and address intersecting structural factors , including those in operation within the institutional cultures of the public sector e.g., in social care, housing and planning.	Local Authorities/NHS GM/Mental Health Trusts	All the MH workstreams within GM acknowledge daily the structural inequalities individuals with mental health issues encounter. Developing relationships between all these key public sector agencies is crucial in reducing discrimination and inequality in accessing such services. The ICS oversees such programmes and will ensure that such factors are considered when reforming or developing new services.
We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts to consider pilots of innovative alternatives such as the Trieste model	Local Authorities/NHS GM/Mental Health Trusts	As part of the CMHT transformation, there are ongoing discussions about what alternatives to medical/health models could be considered, especially hospital admissions. As part of the Adult Social Care Transformation programme, the team will have a key role in working with the hospital trusts to look at different models of mental health care, including the Trieste and other less restrictive models. Identifying alternatives to hospital admission will be promoted within all transformation programmes, especially those that are community led and are designed by those with lived experience.
We ask GM Integrated Health Partnership and Social Care and GM Mental Health Trusts to end language use such as 'stepping down'/'off-rolling', and use of 'resilience,' 'dependency,' and 'recovery' as euphemisms for the removal of healthcare and support.	Local Authorities/NHS GM/Mental Health Trusts	All co-production groups discuss the importance of language within service delivery and how these impacts upon their access and positive recovery outcomes. To continue to consult with all key stakeholders regarding language use and its negative impact on those who use services. To continue to change the culture to improve the use of appropriate language
We ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts to listen to people labelled with a personality disorder (PD) diagnosis, they often have the worst outcomes and to consider ending the use of PD diagnoses and seek more holistic, tailored responses to service users.	Local Authorities/NHS GM/Mental Health Trusts	As part of the Community MH transformation programme, a workstream looks at pathways for those with a personality disorder diagnosis. This is a multi-agency-led programme led by the two mental health trusts, where all stakeholders are involved in improving this complex pathway. Much of the current focus within such groups is on looking at more community-focused projects and approaches that deliver care tailored to individual needs. As with other workstreams across GM, co-production is key to ensuring that services are not diagnosis-led and subsequently exclude those who require support.

Lobby government to end use of terms such as ‘resilience,’ ‘dependency,’ and ‘recovery’ as euphemisms for the removal of healthcare and support	Local Authorities/NHS GM/Mental Health Trusts	When interacting with Government representatives, such language and its harmful use in mental health care will be raised. As above, the ICB will strive to work with individuals on using more appropriate language to describe some aspects of their health and social care journey. We will continue to work with the Disabled People’s Panel to influence the language used in Government documents and websites
Where services are failing or effectively non-existent because of lack of funding, we ask GM Integrated Health and Social Care Partnership and GM Mental Health Trusts, senior decision-makers and elected representatives to work with disabled people to lobby central government for rights-based improvement.		The ICB will continue to advocate on a regional and national level for the rights of disabled people and those using mental health services to be improved and upheld. We will continue to work closely with the Disabled People’s Panel to influence Government and subsequently achieve rights-based improvements.

Health Services		
Recommendations	Lead agency	Linkages and what’s already happening
Re-profiling ‘universal’ budgets to enable targeted support for disabled people.	Integrated Care Board	This recommendation aligns with the concept of proportionate universalism and the ability to demonstrate what that means for differential and additional support. This is the ambition in the Fairer Health Framework so we will explore that with the Panel though, test what that might look like in practical terms looking at access and experience, for example.
We ask GM Integrated Health and Social Care Partnership for one unified simple record that records name, address, date of birth and access needs.	Integrated Care Board	<p>The GM Care Record (GMCR) provides health and care workers with access to vital patient information to provide better informed direct care and treatment on the frontline. Since the GMCR was launched during the pandemic, it is now being access by over 18,000 frontline workers to support the care and treatment of over 180,000 patients each month. It has become a major digital asset for Greater Manchester, with the potential to support programmes to tackle health inequalities and transform care in areas such as dementia/frailty, virtual wards and heart failure.</p> <p>During the pandemic and through close collaboration between the GM clinical-academic community, health and care partners and citizens, 22 COVID-19 related research studies using de-identified data from the GMCR were approved to understand the impact on the communities of Greater Manchester.</p> <p>In future, data from the GMCR will help researchers to understand other major health and care issues affecting the city-region through GM’s Secure Data Environment.</p> <p>All of this activity to support both direct care and research has been underpinned by engagement and strong governance across GM data controllers, providers, commissioners, and central GM bodies.</p>
Lobby government that England should follow Wales and Scotland and end prescription charging.	Integrated Care Board	As part of our work on the cost-of-living crisis NHS GM has identified that a monthly payment plan for the pre-payment prescriptions could support increased affordability. This will support the

		<p>“squeezed middle” who pay for prescriptions and where the only option at present is a 3 month or 12month pre-payment certificate for which payment is due as a single lump sum. This issue is being explored within the GM system. Any lobbying for changes to charging would need to be done via NHS England.</p>
<p>We ask GM Integrated Health and Social Care Partnership to empower disabled staff networks, improve data collection of workforce and disability, implement Disabled People Panel/DPO approved disability equity training, to be attended by consultants and senior staff, including directors and board members.</p>	<p>Integrated Care Board</p>	<p>We have set up an Inclusion Staff Network in GM from the outset which includes disabled staff. Where appropriate different staff groups will and can meet separately as a group to focus on particular areas of bias.</p> <p>Data collection on staff records is currently problematic. NHSE mandates what is an outmoded set of characteristics (including in the area of disability). At GM, we are currently at the forefront of challenging this and keeping up the pressure to align the demographic data to ONS datasets. We are currently co-producing a Greater Manchester Workforce Disability Equality Scheme- Foundations for Change which is helping us identify some of the most significant barriers and areas of discrimination in our workforce our disabled staff are experiencing and are working through co-produced solutions.</p> <p>Disability equity training is happening across parts of GM, (for example, social model training in Manchester PCNs) and our OD teams can share the good practice across their networks.</p>
<p>We ask GM Integrated Health and Social Care Partnership to produce an easily accessible shorter version of the NHS accessible information standard ideally no more than ten pages in length.</p>	<p>Integrated Care Board</p>	<p>There already exists an easy read version of the NHS accessible information standard that can be easily used by GM ICS. It might be possible to publish a GM version of this, if helpful.</p>
<p>We ask GM Integrated Health and Social Care Partnership to resource a Panel task group to review and reform wheelchair services, with work on the other areas to follow.</p>	<p>Integrated Care Board</p>	<p>As part of the cost-of-living response plan agreed by the ICP Board, work is ongoing in GM to identify the medical and care devices that are the most energy intensive as well as the precise cohort of individuals affected. This includes battery powered wheelchairs and stairlifts, loaned via social care.</p> <p>Our plans to improve discharge from hospital are modelled on helping people to develop five independencies identified by the Red Cross as follows:</p> <ul style="list-style-type: none"> • Practical independence (for example, suitable home environment and adaptations) • Social independence (for example, risk of loneliness and social isolation, if they have meaningful connections and support networks) • Psychological independence (for example, how they are feeling about going home, dealing with stress associated with injury) • Physical independence (for example, washing, getting dressed, making tea) and mobility (for example, need for a short-term wheelchair loan) • Financial independence (for example, ability to cope with financial burdens) <p>We have been working in partnership with the Northwest Wheelchair Service User Group to gain a full understanding of the particular needs and issues faced by this group of service users.</p>

The responses show a correlation between medical needs and unmet housing need. We ask GM Integrated Health and Social Care Partnership to prioritise coproduced troubleshooting, not gatekeeping.	Tripartite Housing Agreement	The Partnership has a well-developed programme on the connection between housing and health – working with GMCA, local authorities, housing providers and voluntary and community sector organisations. This is now formalised in the Tripartite Housing Agreement with supporting governance and infrastructure. Co-produced system responses to key issues are part of its work.
Most disabled people are still taking Covid precautions. Whenever possible GM should, as a City Region, endeavour to stem further peak outbreaks and the impact of Covid on disabled people , rather than following central government policy if this is based on political rather than health-protection grounds.	Integrated Care Board GM SORT	The GM System Operational Response Taskforce (SORT) was established when the response cells to the COVID-19 pandemic were stood down. The Taskforce monitors indicators across the health and care system – including early warning signs – and can escalate system responses when required.
Members of the social groups who disproportionately experience health inequality are worse hit by the current cost-of-living crisis, and structural poverty more generally. We ask GM Integrated Health and Social Care Partnership to address the drivers of this in whole-system responses.	ICP Board Population Health Board	This is part of the Cost-of-Living Action Plan agreed through the ICP Board. The plan sets out a series of actions. This includes an ambition to ‘poverty proof’ health and care pathways in GM
We ask GM Integrated Health and Social Care Partnership to give greater publicity to Prescription Prepayment Certificates: they can save considerable sums for those who do not qualify for free prescriptions but require more than one prescription item per month.	ICP Board Population Health Board	Prescription Prepayment Certificates form part of the Cost-of-Living Action Plan - agreed through the ICP Board
Central government must accept that delays to healthcare or social care provision are denials of provision.	N/A	National issue rather than a GM one
Regional recruitment and retention of dentists must find innovative ways to keep dentists in the city region and providing NHS services.	Integrated Care Board Primary Care Board	The Working Well team is linked into with Emma Hall Scullin who leads on dentistry for GM’s Public Health Team. Work and Health Partnership set up referral routes. GMCA looking to link into accessing community dentists for SES participants. GM Primary Care Board is working on a GM-wide plan to improve access to dentistry as a priority

HOUSING AND PLANNING

Recommendations	Lead agency	Response
We ask GM Retrofitting programme to prioritise disabled people in poverty.	GMCA	This is possible through the current programme, which aims to target retrofit at those who are most vulnerable. On ECO4, we can include disabled people through Route 2 (Proxy 3) or Route 3 of the GMCA ECO4 Flexible Eligibility Statement of Intent v4 (greatermanchester-ca.gov.uk) .

		We will shortly be appointing our approved installers for ECO4 who should be ready to receive referrals from March. We would like to work with the Disabled People’s Panel to discuss setting-up dedicated referral routes for disabled people.
Social Housing Providers and private sector landlords in Greater Manchester to follow the action of the Scottish Government and freeze rent increases and to introduce a moratorium on evictions .	GMHP equalities group (DICE)	<p>The GM Housing Partnership Equalities Group (DICE) has made supporting disabled people a priority for 2023 and has set up a working group to take forward actions relating to disabled people on behalf of GMHP members.</p> <p>The working group will create an Action Plan for adoption by all GMHP members, covering a range of issues including physical accessibility and adaptations to homes, cost-of-living crisis / debt issues, operating health equipment in the home, independent living and social isolation experienced by disabled people, for example.</p> <p>The working group recognises the inconsistency of data relating to disability and will also be pulling together a comprehensive data set across Housing Partnership members relating to the lives of disabled tenants. The group will also explore how GMHPs can routinely hear the voice of disabled tenants through their engagement structures.</p> <p>Trade unions, the Mayor of London Sadiq Khan, Mayor of Greater Manchester Andy Burnham, Mayor of Liverpool City Region Steve Rotherham, leaders of the Green party, think tanks and charities have all signed an open letter calling on Michael Gove to implement a Scotland-style freeze on private rents and an eviction ban to tackle the current crisis.</p> <p>The working group will attend a meeting of the Disabled People’s Panel in the early summer of 2023 to discuss their proposals.</p>
We ask the ten GM Local Authority planning committees to ensure that all new homes are built to Building Regulation M4(2) accessible' standard , with 10% built to M4(3) wheelchair-accessible standard, then this will help to address the current shortage of accessible homes in GM.	Individual GM Local Authorities	To be discussed with GM Directors of Place
Establish a Good Housing Charter	Greater Manchester Housing Providers / GMCA	<p>The Good Landlord Charter will reaffirm Greater Manchester’s commitment to deliver safe, decent, and affordable housing for all residents, and acknowledge that housing is fundamental to people’s health and wellbeing. The Charter will cover both social housing and private rented sector housing, and the aim is to define a set of clear, practical, and accessible standards that will drive up the quality of renting in Greater Manchester.</p> <p>Greater Manchester Housing Providers has been working for more than a year on standards and regulation for social housing providers in the city-region, and this work – alongside national standards set by the Regulator of Social Housing – will provide a firm foundation for Greater Manchester’s own scheme.</p>

		<p>The Charter will be co-produced with stakeholders across the housing sector, and input will be sought from partners including registered housing providers, private landlords, local authorities, and tenants' groups. Currently, social housing providers are subject to a national set of regulatory standards, covering economic and consumer responsibilities, while a different set of standards applies to the private rented sector. The aim is to give both sectors a clear route map to raising standards in all rented homes.</p> <p>The aim is to have the Charter in place by the end of 2023.</p> <p>GMCA welcomes the involvement of the Disabled People's Panel in the co-production of the Good Landlord Charter.</p>
Local Authorities to engage in co-production with disabled people when developing their Local Housing Plans.	Individual GM Local Authorities	To be discussed with GM Directors of Place
Local Authorities to increase the number of DFG assessment staff .	Individual GM Local Authorities	To be discussed with GM Directors of Place
GM Retrofitting Programme to include improvement of older housing in retrofitting as well as improving energy issues to make older housing more accessible .	GMCA	<p>The focus of the GM Retrofitting programme is on improving energy performance and is not specifically linked to age of property. However, there is a degree of correlation here, and many of the properties being improved are older. However, the grant funding available for retrofit doesn't cover accessibility adaptations to older properties.</p> <p>It is theoretically possible for our contractors to make properties more suitable for older or disabled people, but the cost of the additional adaptations would need to be borne by the homeowner.</p>
We ask GM systems to explore ways to deliver the best greenest solutions to disabled people who, because of our over representation in poverty, cannot access them otherwise.	GMCA	<p>This relates to the wider issue of affordability of the installation of low carbon technologies and retrofitting, which affects many people in poverty in Greater Manchester. GMCA has established the Your Home Better partnership, which is currently exploring lower cost finance solutions, including working in partnership with local Credit Unions.</p> <p>We are also working with the Green Finance Institute to explore ways to bring the cost of finance down. Furthermore, GMCA is exploring Green Rental Agreements, which might incentivise installing green measures for private landlords. As mentioned above, this falls within the Social Housing Decarbonisation Fund and the ECO4 programme. HM Government also provides grants through the boiler upgrade schemes available via energy providers.</p> <p>We would like to work with the Disabled People's Panel to discuss promote the options which are available to make retrofitting and low carbon more affordable for disabled people.</p>
We ask the ten GM councils to use their licensing function to ensure that pubs, bars and restaurants are fully accessible	Individual GM Local Authorities	To be discussed with GM Directors of Place

We ask Local Authorities to recruit more Access Officers to ensure policies and practices meet access standards	Individual GM Local Authorities	To be discussed with GM Directors of Place
We call on GMCA, MPs, Local Authorities and Greater Manchester Integrated Care Board to ask the Government to increase the Disabled Facilities Grants	Individual GM Local Authorities	To be discussed with GM Directors of Place

TRANSPORT

Recommendations	Lead agency	Response
Ring and Ride users love the service and depend upon it, we ask the GMCA, TfGM and Local Authorities to meaningfully co-produce improvements and reforms with this ardent user group and establish GM-wide coordinated provision.	TfGM	<p>In March 2022 TfGM colleagues shared a survey with stakeholder organisations including older people’s groups, disability groups and community groups representing a range of ethnic minorities to identify improvements to the service and perceived barriers. TfGM has also met with a range of stakeholders and user groups, including the Older People’s Transport working group, two Age UK groups, Salford Disability Forum and the Stroke Association.</p> <p>TfGM convenes the Community Transport Association forum and are working with that Forum to seek ways to establish collaborative working practices to improve service offers.</p> <p>10GM are also looking to gather evidence on hospital to home transport which TfGM will feed into where relevant.</p> <p>We introduced two additional Ring and Ride vehicles in July 2022 and a further three re-joined the fleet in Jan/Feb 2023 which will address some of the capacity issues.</p> <p>The three re-vamped vehicles have ramps rather than passenger lifts which will address one of the key themes which came out of our survey last year which was that certain wheelchair types cannot currently be accepted on our existing vehicles due to safety issues. Greater Manchester Accessible Transport Limited (Charity which manages the Ring and Ride services) will contact the 50+ people who have been affected by this accessibility issue to arrange an assessment and offer travel.</p> <p>TfGM would like to meet with the GM Disabled People’s Panel to share information about the Ring and Ride provision and discuss the potential for further improvement.</p>
Cost of transport (to education) is a barrier for disabled people. Inclusion in education can be improved by promoting awareness of access, available travel grants and continuing with the updating with the Panel of the concessionary pass scheme.	TfGM	<p>TfGM manages a range of travel concessions, which are agreed and funded by GMCA. These include half fares for children from 5-16, and two schemes for disabled people – further details here Travel pass for disabled people Transport for Greater Manchester (tfgm.com).</p> <p>Work is underway to explore application and entitlement processes that would permit those with severe Autism to apply for a Disabled persons concession. We recognise travel costs can present a real barrier for people wishing to access education, training and new skills, and would be keen to understand how we can better communicate the forms of travel support on offer.</p>

All new transport vehicles and infrastructure should meet level wheelchair access standards as a minimum.	TfGM	All new GM transport infrastructure and vehicles will comply with DDA / Equality Act requirements, including provisions around wheelchair access standards.
We ask the Mayor and Transport for Greater Manchester to continue with plans to introduce accessible buses, concessionary fares and an overall integrated transport system that puts access and affordability at its heart	TfGM	Under the bus franchising programme, all buses will be fitted with accessibility ramps and all new buses will have two wheelchair spaces, hearing loops and audio-visual announcements. There will be a progressive, rolling programme to upgrade the rest of the fleet to the same standards. The current range of concessionary fares will be maintained over the transition period as bus franchising process takes place, and further details in relation to fares will be reported in due course, noting that accessibility and affordability are key aims of the overall Bee Network strategy to improve and integrate Greater Manchester's public transport system.
There is a widespread and increasing problem of taxis operating a de facto blanket refusal to pick up wheelchair users. We recommend an easy and accessible system of logging refusal incidents directly with the Local Authority licensing team.	GM Local Authorities, licensing teams	All GM local authorities have a system for logging of refusal incidents directly with the licensing team (the process may vary, and some may be more accessible than others, but all local authorities will review what process they have in place to ensure it is as easy and accessible as possible). Reported refusals will trigger the enforcement policy, although every case will be dealt with on its merits so some may warrant immediate prosecution which would automatically trigger a review of the licence. GM licensing teams report that they receive low numbers of complaints in this regard, and no recent increase. They are keen to encourage people affected to report what is happening. They also keen to understand issue in more detail, ie whether the respondents are referring to Hackneys or private hire, if there are specific geographies where problem worse, etc. It is suggested that further work to better understand the scale and nature of the problem raised, then consider practicable remedies. We will consider the accessibility and promotion of the complaints systems used by the GM local authorities.
We ask for live fault reporting on lift faults, as many trams and rail stations are only accessible by lift, and faster repair contracts.	TfGM	When disruptions occur, TfGM/Metrolink endeavour to provide information regarding broken lifts / escalators or other physical disruptions and present it on a dedicated web-page (https://tfgm.com/public-transport/tram/lift-and-escalator-closures). TfGM are currently investigating how this can be incorporated into journey planning in the new Bee Network App that will go live Summer 2023. With regard to GM's rail stations, which are maintained and operated by Train Operating Companies (TOC), the industry currently reports live lift faults at their stations online, albeit in a somewhat fragmented way via their websites.
We ask GMCA, Network Rail and TfGM to work with disabled people's organisations in their applications to central government for funding to improve station accessibility (for instance Access for All funds and Community Infrastructure Levy)	TfGM	GM is taking a proactive approach to improving accessibility in rail stations across the conurbation by developing a pipeline of prioritised schemes to receive an accessible route into the station and to and between each platform. Working with Network Rail and Train Operating Companies, schemes are being delivered through the Department of Transport's Access for All programme, TfGM's City Regional Sustainable Transport Settlement (CRSTS) and other funding opportunities as

		available. Scheme development and delivery is supported through ongoing engagement with local disability groups and TfGM’s Disability Design Reference Group. TfGM will attend a Panel meeting to describe the work which is ongoing in response to the survey and also discuss how it might work with the Panel and DDRG to lobby Government.
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EDUCATION, ECONOMY, WORK AND SKILLS

Recommendations	Lead agency	Response
GM should work locally with the DWP to ensure it is more accessible and more supportive.	DWP GMCA	JCP have Disability Advisors across job centres which support work coaches to advise. Local DWP initiatives in GM include: <ul style="list-style-type: none"> • Wigan is one of 11 Health Model Offices that has been selected by DWP nationally to test out ideas and initiatives to provide improved support for customers with health conditions and disabilities. • Rochdale and Oldham cluster are running a pilot with GPs with five Disability Employer Advisors (DEA) in surgeries offering support to adapt fit notes and encouraging patient engagement with Job Centre Plus support. • Salford Cluster has commissioned specialist provision through the Dynamic Purchasing system for dyslexia, 1-1 autism support, mental health support and coping strategies for anxiety. Furthermore, the Supported Employment Services programme takes referrals via the JCP. Good links have been established with DEA/ DEALs across GM. This network could be involved in implementation of more accessible and supportive strategies. The GM Youth Hub project, of which DWP is a partner, is looking at accessibility as part of core offer. Work is ongoing to launch improvements to the Health Adjustment Passport , which can be used by disabled people to identify what help and changes are available to help them move into work or stay in a job.
We ask the Greater Manchester Good Employment Charter to educate employers and employees about the Access to Work scheme and publicise it to encourage take up.	GMCA	The Good Employment Charter team have been working with Breakthrough UK and their lived experience panel members to co-produce a resource for employers which will not only raise awareness of the workplace inequalities associated with disabilities but will collate resources aimed at supporting employers to address these issues (including Access to Work). This resource will be launched at an in-person event to be held later in 2023. The GMCA Careers Hub has established a relationship with the Good Employment Charter who presented at the Bee Inclusive SEND Conference. The Business Growth Hub is running webinar sessions about the Access to Work Scheme for local businesses and there is an opportunity to promote this through commissioned employment programmes.

		GMCA will have a conversation with local JCP / DWP team to better understand process and opportunity for education around Access to Work
Explore how GM might support the establishment of Personal Assistant co-operatives , noting that wage pay level makes recruitment and retention of PAs very difficult, along with visa restrictions	GMCA	Support with developing co-operatives is available via Co-operatives UK , or through agencies such as CMS Coop :: Home . Promotion and support for inclusive business ownership models in Adult Social Care is a key theme for the proposed GM Inclusive Ownership Platform, which is currently in development.
We recommend education departments stop the costly and time-consuming effort of fighting to deny support and instead co-produce with disabled students good quality Education Health and Care Plans .	Individual GM Local Authorities	Co-production is covered through the SEND Code of Practice January 2015.pdf (publishing.service.gov.uk) The GMCA Careers Hub supports all 32 GM SEND schools, to deliver high quality careers and transitions education. This is a statutory requirement with the objectives below with schools developing curriculum programmes aligned to EHCPs and reviewed through PEPs. Families are expected to be part of the creation of the EHCP and to contribute to the reviews. This is LA responsibility and should be happening where appropriate for the young people. The challenge comes where an institution is not equipped to provide the level of support a young person needs to do well. We will explore further opportunities with the GM SEND Group. The recently announced Trailblazer Devolution Deal should also enable greater control over post-16 technical education.
Waiting for diagnosis can take years, leaving children and young people with no support pending a diagnosis. We recommend instead that anyone who is seeking a diagnosis is treated as having that diagnosis for the purposes of needing support .		SEN Support plans in education settings should be in place to support young people. SEND Code of Practice January 2015.pdf (publishing.service.gov.uk) The SEN support plan is an iterative document which captures the needs of young people in education, this forms the basis for any submission for an EHCP so where young people have needs, they should have one of these and professionals should be reviewing what works/what doesn't regularly with the young person so they shouldn't have to wait for a diagnosis.
Disability support in university continues to be inadequate, we recommend an increase of funding and staffing and Panel/DPO approved Disability Equity Training .		All GM Universities publish inclusion statements. We will ensure the feedback from the survey is shared through the Civic University Agreement and the GM Higher group Home - GM Higher . Universities should be checking in with students who have disabilities to make sure they have all they need to do well/access, this should be part of their inclusion function.
We ask GM wide systems, organisations, and institutions to improve the collection of data on employment levels, job retention and career progression (for disabled people).		Data is collected for commissioned employment programmes, most of which target people with disability and long-term health conditions. Further analysis is required however to measure impact, progression etc. Data analysis is currently underway overlaying programme and demographic data – this will be used to shape and target future commissioned programmes.
We ask GM wide systems, organisations, and institutions to set targets to reduce the disability employment and pay gaps .		There are a range of GM programmes into which target wages and wage gaps are set, including the Work and Health programme, the GMCA Careers Hub and GMCA is currently working with IPS (Individual Placement and Support) Grow and both Mental Health trusts to establish a GM data

		<p>set for individuals with Severe Mental Illness accessing IPS support through all services, not just the CA commissioned service.</p> <p>The Growth Company has launched a new service to help businesses diversify their workforce, and reducing / preventing pay gaps is part of this work.</p> <p>The current Living Wage City Region campaign has targets for the number of employees paid the real Living Wage in Greater Manchester, the number of Living Wage accredited employers, and the number of employees working for accredited employers. Specific targets on disability employment and pay can be added next year (2024) when the campaign plan will be up for renewal.</p>
Ask the Government for greater resources to reduce the backlog of assessments by the DWP's Access to Work service.	GMCA	<p>We would like to explore how we might best work with the Disabled People's Panel to influence Government on reducing the backlog of assessment for Access to Work, setting targets nationally to reduce disability employment gaps and deliver disability equity training for staff at DWP and other government departments.</p>
Lobby government to set targets to reduce the disability employment and pay gaps.		
We recommend Panel/DPO approved Disability Equity training and expansion of initiatives in Greater Manchester to improve on national DWP practices, as already seen in the Work and Health programme.		

GM STRATEGY – TACKLING INEQUALITY

Recommendations	Lead agency	Response
<p>We ask GMCA and the ten Greater Manchester Councils to consider how to ensure that the voice of the Greater Manchester Disabled People's Panel is heard at the highest levels and to confer participatory powers in the decision-making process, as far as democratically possible.</p>	<p>Tackling Inequality Board</p>	<p>The depth and integrity of this proposed response will demonstrate that the voice of disabled people and the GM Panel is very much being heard at a Greater Manchester level and does influence the work of GMCA and its partners. Local authorities have also received and are responding to the report of the Big Disability Survey.</p> <p>GMCA is responding to the findings of the recent LGA Peer Review and are exploring how the CA might strengthen the impact of GM Equality Panels through stakeholder engagement and continued financial investment.</p> <p>Further action is required to explore the best ways for Disabled People's Organisations to engage in each district, particularly given the difficult financial situation and lack of capacity which they are experiencing.</p> <p>GMCA will undertake a review and evaluation of impact of all GM Equality Panels to understand how they can best influence strategy and decision-making.</p>

<p>Fund Disabled People’s Organisations and the Panel to Develop Disability Equity training and approve it for rolling-out to Local and City Region-wide institutions.</p>		<p>At the current time, GMCA is not aware of any Disability Equity training being delivered. However, there has been successful ‘Social Model of Disability’ training taking place in individual districts, which could be replicated elsewhere. GMCA will explore whether Social Model training, previously run in Manchester by Breakthrough UK and GMCDP, can be adapted and rolled out for GMCA and local authority staff. This will focus on fixing the barriers in the system. There is an opportunity to facilitate local partnerships to allow co-design of training and its roll out.</p>
<p>We recommend that the GMCA, the ten Greater Manchester Councils and GM NHS Integrated Care Partnership adopt a rights-based approach and urge the adoption of the Socio-Economic duty across GM We recommend that the ten Greater Manchester Local Authorities work with GMDPP to establish a framework for measuring the progress of disabled people’s rights</p>	<p>Tackling Inequality Board</p>	<p>In the autumn of 2021, the Disabled People’s Panel hosted a conversation with GM stakeholders which included discussion of a rights-based approach. A Rights-based approach should relate to all communities of identity, not just disability. Although the majority of Human Rights are in the Equality Act further work is needed to build from an understanding of the Social Model, including what this means in practice and the service implications. Several GM local authorities have officially adopted the Socio-economic Duty, and others have included it in their anti-poverty strategies. The majority of GM local authorities have included socioeconomic disadvantage as a local protected characteristic in their Equality Impact Assessments. GMCA will consult with individual Local Authorities around their individual approaches relating to Human Rights and the Socio-Economic Duty. We are developing a position statement on our response to poverty. This will explore our strategic approach, describe work which is taking place and ensure that GM led activities are visible, coordinated and complementary to one another, while working with, adding value and capacity to district led activity aimed at addressing poverty and socio-economic disadvantage.</p>
<p>We recommend that the GMCA, the ten Greater Manchester Councils and GM NHS Integrated Care undertake cumulative impact assessments that look at the intersecting aspects of public service design and provision</p>	<p>GMCA / GMIC</p>	<p>GMCA uses a Co-benefits Decision Support Tool created in partnership with the University of Manchester. This Tool provides decision makers with a high-level assessment of how a decision meets GMCA policy goals and can facilitate a process of revising decisions to more fully meet these goals. Users self-assess against nine impact areas (Equalities, Health, Resilience & Adaptation, Housing, Economy, Mobility & Connectivity, Carbon, Nature & Environment, Consumption and Production and the 2038 Carbon Neutral target). GM Integrated Care is developing its proposals in line with the wider principles and areas of focus set out for ICSs by NHS England and the Health and Care Act 2022 strengthen the requirements to ensure we are actively addressing inequalities and advancing equality. GMCA will work with GM Integrated Care to roll out use of the Decision Support Tool. The aim will be to embed sustainability and equality principles into the development and delivery of the CA’s key policies and programme priorities. We will also seek to optimise co-beneficial outcomes in the</p>

		Greater Manchester Strategy through 'support and challenge' with the communications team, policy teams and research team, Local Authority Districts and other partners. We will explore how the Socio-Economic Duty can be incorporated into this Tool and use this work to look at the implications of adopting a Rights-based approach.
Creation of a permanent source of Greater Manchester funding to support disabled residents seeking selection as elected representatives and to support their disability-related campaigning costs. We ask GMCA to create a leadership programme for disabled people.	GMCA	GMCA has funded a Civic Leadership Programme , and there are disabled people on this programme. However, the main focus is on supporting people of diverse racial backgrounds.
To undertake an awareness-raising campaign about disabled people's voting and political participation rights.	GM DPP / GMCA	This campaign could be led by the Disabled People's Panel or GM Coalition of Disabled People, in conjunction with other DPOs or charities. GMCA Communications and Engagement Team would amplify the messages using its social media channels. For example, the national Accessible Voting Day aims to promote the rights of people with disabilities to take part in politics and vote. The event also aims to raise awareness of why voting and elections are hard for some people, to help make voting more accessible. It takes place every year on the first Thursday in March.
Look at options for establishing an independent anti-discrimination body to tackle breaches of the Equality Act.	GM DPP / GMCA	GMCA has been liaising with the Equality and Human Rights Commission on the recommendation made by the Inequalities Commission. However, it appears that there is a lack of relevant powers and levers in the public sector. Instead, the public sector must use complaints mechanisms which are linked to registration or licencing – for example with Taxi Licencing – before it has the power to take action against an individual or business. A programme of joint awareness raising is needed targeted at disabled people, showing them how and where to complain, how to blow the whistle on poor employment practice, and where to report crime, for example.
We ask all ten Greater Manchester Local Authorities to ensure that all disabled voters have exactly the same options for casting their vote as non-disabled electorate	GMCA	The ten Greater Manchester Local Authorities are working with the Disabled People's Panel on elections to identify and implement measures to improve the accessibility of polling stations for disabled voters and to raise awareness about the different options for voting and the assistance available. As a result of changes in the law, all voters at polling stations from May's local elections onwards must show a permitted form of photographic id in a polling station before they can be issued with a ballot paper. Electors who do not already hold a form of permitted photographic id, can apply for a free Voter Authority Certificate (VAC), via the government's website or using a paper form. Greater Manchester Local Authorities are able to provide assistance with making an application for a VAC, where this is required. An Electoral Commission run national communications campaign, with additional GM comms, is underway to raise awareness about this new requirement. Information and materials will be made available in a range of different accessible formats.

		This work has only just started and there is a lot more to do in the next couple of months. There will also be further work to do going forwards not least because of other changes on the horizon, which we expect to come into place before the Mayoral Election in May 2024. It will be important to keep working closely with the Disabled People's Panel on this issue.
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CRIME AND COMMUNITY SAFETY

Recommendation	Lead agency	Response
We ask Greater Manchester Police and GMCA to resource an extensive campaign across Greater Manchester to prevent and raise awareness of disability hate crime.	GM Hate Crime Working Group	<p>Officers from team of the Police and Crime Commissioner (PCC) met with the Disabled People's Panel during the development of the GM Hate Crime Plan 2020-23.</p> <p>Since that time, a place has been made available for a Panel Officer to attend the Working Group meetings.</p> <p>As part of this Plan, an extensive public campaign has been undertaken focussed on Hate Crime reporting.</p> <p>As part of the proposed campaign, small grants have been issued by the 10 GM local authorities to raise awareness of Hate Crime reporting in their own communities.</p> <p>Intersectional conversations about Hate Crime have also taken place with the Working Group of the GM Equalities Network.</p> <p>Furthermore, a mapping exercise is also taking place of Hate Crime Reporting, which will feed into a review of the effectiveness of the mechanisms in place.</p> <p>It is proposed that representatives from the Police and Crime Team meet with the Disabled People's Panel in early summer 2023 to discuss:</p> <ul style="list-style-type: none"> • The success of the Hate Crime Reporting Campaign • The ongoing review of the effectiveness of methods for people to report Hate Crime in GM • The proposed review of the GM Hate Crime Plan, to get the Panel's input to the Plan for the next 3 years

OTHER AGENCIES

Recommendation	Lead agency	Linkages and what's already happening
We ask all the political parties to make their meetings and selection processes fully accessible	GMCDP	Disabled People's Panel to approach political parties.

Political parties should build on the data gathered by the Local Government Association and the Cabinet Office about disabled candidates to establish the effectiveness of these measures and to benchmark progress to significantly improve levels of representation.	GMCDP	Disabled People's Panel to approach political parties.
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