

## Overview and Scrutiny: Poverty Task and Finish Group

Members: Councillors Liz Jacques, Elaine Taylor, Vita Price, Yasmin Toor, Ruji Surjan, Cath Ball,  
Colin McLaren

Aim: to consider updating the Council's Poverty Strategy (from 2010) taking into account the following (where possible):

Joseph Rowntree Foundation UK Poverty Report 2019/20 – (four main themes)

Information from the Local Government Association and other local, regional and national organisations

Current work being undertaken by Oldham Council

Work with partners in the various hubs and clusters

### A) Joseph Rowntree Foundation (main themes)

- 1) Ensuring as many people as possible are in good jobs/suitable employment.
- 2) Improve earnings for low income families; supporting people in low paid employment or working part time; addressing issues associated with in work poverty.
- 3) Supporting people to make more extensive use of the benefits system; improved access with appropriate support; defined as an essential public service.
- 4) Improving the amount of low cost housing available to families on low income; increase support for those with high housing costs; address issues associated with insecurity experienced by many living in private sector living accommodation.

### B) Local Government Association

Identify information associated with and supporting the themes outlined in the Joseph Rowntree Foundation Report.

Also, investigate how many of the 100 innovations introduced when "Labour was in Power" to consider whether they can be utilised/adapted/introduced in Oldham.

### C) What Happens in Oldham

Education: primary and secondary support for schools; attendance; results, use of pupil premium: further education: access to courses, apprenticeships, financial support: Life Long Learning courses.

Employment: Get Oldham working, careers advice, work experience, benefits.

Social Services: support for families, reducing isolation, promoting community engagement, community cohesion, mental health.

Housing: warm homes, landlord licencing scheme, homelessness, welfare rights (housing benefit).

Environment: developing community gardens (growing vegetables etc), Get Oldham growing, addressing fly tipping.

Voluntary Sector: see social services above, funding, use of facilities (Community Asset Transfer), opportunities for volunteering (linked to education, training, employment).

Public Health: obesity, smoking, exercise, alcohol, drug abuse.

Finance: help with council tax, housing benefit (see housing/welfare rights above).

This outline attempts to develop a strategy to reduce poverty and inequality in the short (12 months), medium (2/3 years) and long (3 years plus) term. It will need to take into account issues associated with gender and ethnicity. It will need to consider how the grant system might be utilised to support some aspects of the programme. This should not be regarded as an exclusive list but as a basis for further discussion. We have to try and build on the work that is already taking place in Oldham.

#### D) Working with our Partners (including Voluntary Groups)

To develop a better understanding of the nature and extent of the issues associated with poverty and inequality, the task and finish group may take the opportunity to obtain information from local community groups (who are working on different aspects and in different areas), as well as foodbanks, Real Change Charity, Action Together and other appropriate organisations. Some attention will need to be given to supporting and developing the Truth Commission to help gather evidence to promote a strategy in order to address different aspects of poverty and inequality.

#### E) Impact of Covid 19

Needless to say, Covid 19 will have had a significant impact on any programme of work. It is evident that levels of poverty and inequality will have increased during the past six months. These changes may need to be quantified in order to determine whether some (or all) of the themes and priorities outlined above may need to be reviewed in the light of changing circumstances.



## Appendix

1. *To what extent is it possible to protect the LWAS budget and to available national funding to expand provision in the face of increased demand and to introduce a multi-year commitment?*
2. *Is it possible to implement any other efficiencies in order to allow any released revenue to be utilised to reach potentially unsupported and vulnerable residents? Is it possible to check that each Council policy is evaluated for its effect on Poverty?*
3. *Has there been a recent review of the LWAS and its position within the local authority to ensure that it is in an appropriate place and is connected to relevant teams?*
4. *Is it possible to confirm that Oldham adopts a resident focussed approach which offers wide support to residents to help them address their challenges using case workers rather than a transactional LWAS service?*
5. *Is it possible to explain the nature and extent of any co-ordinating groups intended to bring partners together in order to improve the mechanism for supporting those in financial crisis?*
6. *Has any consideration been given as to how the LWAS can act as a hub for broader crisis support and taking responsibility for tracking an individual journey through the support system to ensure that anyone can access the most appropriate support to meet their needs?*
7. *Has it proved possible to take a "cash first" rather than a "voucher" approach to supporting anyone through the LWAS?*
8. *To what extent has Oldham been able to provide furnishings and white goods using a cash grant or loan whilst allowing a degree of choice?*
9. *Has there been a recent review of any website content relating to LWAS (and other possible benefits) to ensure it uses simple language and is available in other languages?*
10. *To what extent is the LWAS promoted among groups and forums?*
11. *Has training to front line staff been modified in order to improve awareness of the LWAS and to ensure a clear understanding of residents' entitlements in any given circumstances?*
12. *Has the application process been reviewed to produce a single form, and to consider whether the number of questions asked can be reduced, and the wording simplified?*
13. *To what extent is the telephone link advertised and is accessible to anyone seeking help?*
14. *Has it proved possible to review eligibility criteria for the LWAS in order to ensure that the criteria are sufficiently flexible to support those in crisis?*
15. *How often is LWAS compiled and distributed within the Council and to other partners and interested parties?*

## Data

There is lots of data out there, but the majority is at least a year old- pre Covid.

### 1. Nomis

Census data- last data was 2011.

### 2. Stats.xplore

Benefits, some of this data up to date.

People on UC in GM

Oct 2020- 308k, Nov 2020 316K

Oldham 20,734 not in employment and 11,363 in employment – October 2020

### 3. Greater Manchester Poverty Action Group- Poverty Monitor

a. School readiness- stats from 2019 data published April 2020.

b. Child poverty, this gives you the statistics of before and after housing costs. It is down to ward level. 2019 stats.

Alex 54.3%

Chadderton Central 32.7%

Chadderton North 41.2%

Chadderton South 40.9%

Coldhurst 60.9%

Crompton 25.5%

Failsworth East 32.1%

Failsworth West 32.4%

Hollinwood 46%

Medlock Vale 54.2%

Royton North 24.9%

Royton South 28.6%

Saddleworth North- 19.1%

Saddleworth South 19.2%

Saddleworth west 27.6%

Shaw 28.3%

St James 41.3%

St Marys 61.8%

Waterhead 45.1%

Werneth 66.2%

c. Fuel Poverty 2018 Oldham 11.7%

There are two further levels of stats, for smaller than ward level, not PD but MSOI, then LSOI's. These stats are available at LSOI level.

d. Food insecurity is found at MSOI level. Some are cross ward.

1. Shaw and Crompton 19.03%

2. Wood end 23.74%

3. Clough and Shaw Side 17.9%

4. Royton North 16.53%



5. Royton East and Cowlshaw 18.8%
6. Diggle Delph and Denshaw 14.27
7. Moorside and Sholver 22.49%
8. Royton South west 20.77
9. Royton South East 22.19%
10. Chadderton North 22.22%
11. Derker 33.42
12. Waterhead 28.79%
13. Delph Dobcross Austerlands 12.31%
14. Oldham Town North 40.26
15. Middleton Junction 15.09%
16. Busk 41.22%
17. Chadderton Central 25.21%
18. Lees and Hey 20.71%
19. Salem 32.35%
20. Greenfield and Uppermill 14.91%
21. Springhead and Grasscroft 15.53%
22. Alexandra Park 41.13%
- 23.
24. Oldham Town south 37.04%
- 25.
26. Alt 30.50%
27. Chadderton South East 32.09%
28. Chadderton South West 21.54%
29. Hathershaw 33.05%
30. Lime side and Garden Suburbs 32.82%
31. F East 24.87%
32. F west 26.27%
33. Holt Lane and Bardsley 19.66%
34. F south 19.41%

e. *Poverty Premium- extra costs of being poor.*

*£500 loan - £757.78*

*White goods - £233.50 costs £451.75*

*Gas and Electric £935.20 costs £1077.83*

*Home Contents insurance- £51.46 costs £61.33*

*Car Insurance £505.22 costs £973.36*

*Extra costs £1096.67*

f. *Health.*

*Public Health statistics 2016-2018 published Dec 2019*

*Average death in Oldham Male 58 Female 76.*

g. *Housing*

*Statistics are updated monthly- average monthly wage in Oldham, £1,291 with average £475 housing costs.*

h. *Housing benefits*

*Regular updates with Universal credit amounts and the amount of housing benefit element.*

4. *Child Poverty Action*  
*Lots of statistics and reports.*

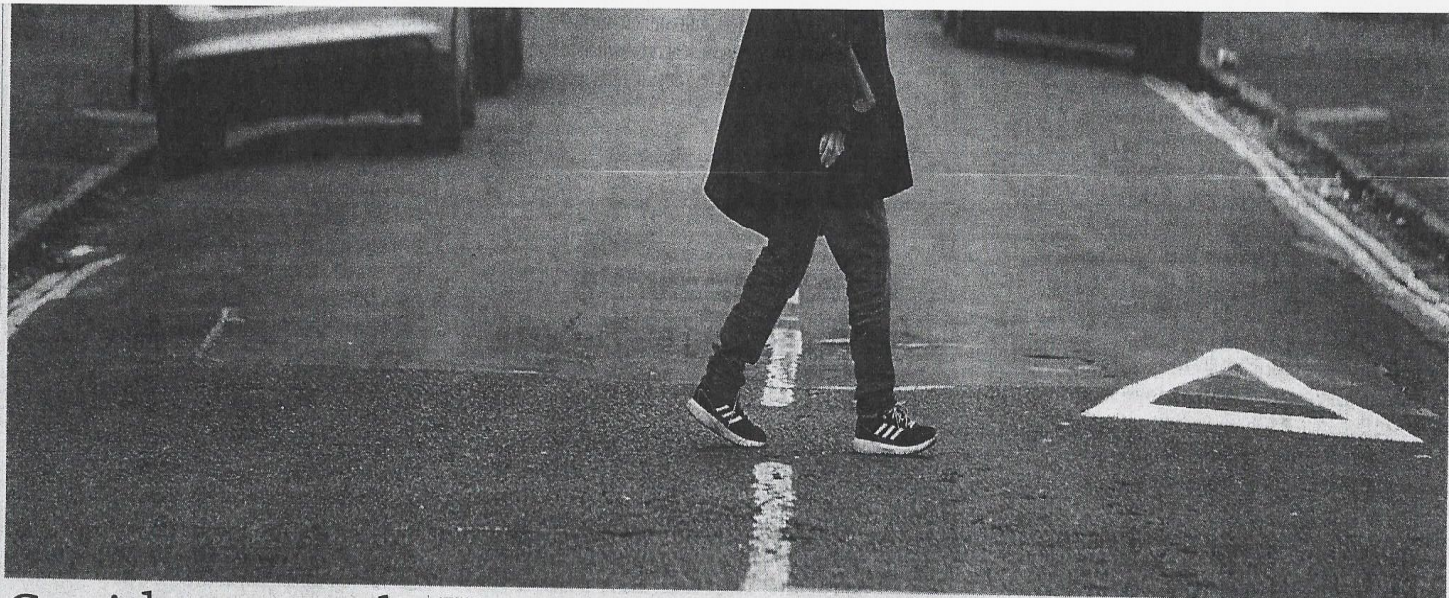
5. *Joseph Rowntree Trust*  
*Again, more statistics and reports.*

*One shows that a single parent with children suffer poverty the worst.*

*As Councillors we all need to have access to Corvu, and our ward profiles be updated as soon as possible.*

*We can use all this data to work with our community and partners to make sure our residents have appropriate support.*





# Covid exposed inequality that must never be 'normal' again

**Michael Marmot**



In 2017, Hurricane Maria hit Puerto Rico. The official number of casualties as a result of the storm is 64. But take into account the longer-term consequences - devastated infrastructure, overwhelmed hospitals - and the death toll rises to the thousands. When we look closely at these figures, we see something else too: two months afterwards, mortality had risen sharply for the lowest socioeconomic group, somewhat for the middle group, and least for the highest group. A huge external shock had thrust the underlying inequalities in society into sharp relief.

So it has been with Covid-19. Inequalities in health, and in the social conditions that lead to ill health, have been amplified by the pandemic and the response to it. With vaccines coming onstream, there is talk of Britain getting back to "normal". But the "normal" that existed in February 2020 is not acceptable. The pandemic must be taken as an opportunity to build a fairer society.

A report that my colleagues and I at University College London have published today uses evidence to suggest how we go about this. In February 2020, just a month before the UK entered a national lockdown, we published a review of what had happened to Britain's health and health inequalities in the 10 years since 2010.

The picture was bleak: stalling life expectancy and rising inequalities between socioeconomic groups and regions. Most remarkable was the bucking of a long-term trend of health improving year on year: a woman living in the most deprived area in the north-east of England, or other areas outside London, had less chance of living a long and healthy life in 2019 than she would have had 10 years ago. We made a series of recommendations, addressing the social determinants of health, for how things could and should improve.

Then Covid-19 changed the world dramatically. But in England the changes have been entirely consistent with its state before the pandemic hit. England's comparatively poor management of the pandemic was of a piece with its health improvement falling behind that of other rich countries in the previous decade.

There are four possible explanations: the quality of governance and political culture, which did not prioritise the conditions for good health; increases in economic and social inequalities, including a rise in poverty among families with children; a policy of austerity and cuts to funding of public services that were regressive; and a poor state of the nation's health. Addressing all four of these is at the heart of what needs to be done to bring about change.

*The Gipsyville area of Hull, which last month had one of the highest Covid infection rates in the UK*

PHOTOGRAPH: CHRISTOPHER THOMOND

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**Michael Marmot**  
*is professor of epidemiology at University College London and director of the UCL Institute of Health Equity*



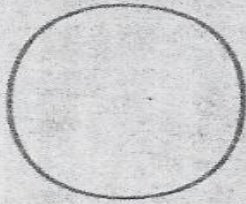




A striking feature of the pandemic is the way the risk of fatal Covid-19 is distributed unevenly across the UK: the more deprived the area, the higher the mortality rate. This looks rather similar to the picture for all causes of death. Another is the high mortality rate of members of black, Asian and minority ethnic groups. Much of this excess risk can be attributed to living in more deprived areas, working in high-risk occupations, living in overcrowded conditions and, in the case of Bangladeshi and Pakistani groups, a greater prevalence of relevant pre-existing conditions.

Structural racism means that some ethnic groups are more likely to be exposed to adverse social and economic conditions.

Building a fairer society will entail addressing this fundamental cause of social injustice, in addition to the social and economic inequalities that are so pervasive. We also must accept the growing recognition, worldwide, that economic growth is a limited measure of society's success. We would do well to learn from the example of the New Zealand Treasury, which in 2019 put wellbeing at the heart of the government's mission.



Our new report is called Build Back Fairer. One objection to our proposals is about money. Reversing the cuts to children's centres, to per-student funding in schools, to local government, to adult social care, to the health service, will take public spending. So too will paying care

workers a living wage and having more generous safety nets that do not consign families to dire poverty. At a time of huge national debt, can the country afford it?

Britain has tried the austerity experiment. It did not work, if health and wellbeing are the markers of success. Phrases such as "maxing out the nation's credit card" are neither helpful nor based on sound economics. At a time of zero interest rates, with a tax rate that is at the low end among European countries, and with control of its own currency, a nation can borrow and it can tax for the purpose of building a fairer society.

We should not be asking if we can afford for our children's wellbeing to rank better than 27th out of 38 rich countries, or to pay for free school meals during holidays so that eligible children do not go to bed hungry. Social justice requires it.

The problems we lay out are not unique to England. In the US, for example, the widening economic inequalities and the high mortality associated with race and ethnicity are also much in evidence. It was estimated that, from March to September 2020, the wealth of the 643 billionaires in the US increased by 29%, a staggering \$845bn (£630bn). Over the same period the hourly pay of the bottom 80% of the workforce declined by 4%. Inequalities in Britain may be less dramatic, but it's clear that our own level of inequality is not compatible with a fair, healthy society.

To emerge from this pandemic in a healthier state, we need commitment at two levels. First, to social justice and putting equity of health and wellbeing at the heart of all policymaking. Cutting spending in a regressive way - the poorer the area, the steeper the cut - is unfair and is likely to make health inequalities worse.

The pandemic has shown that when the health of the public is severely threatened, other considerations become secondary. Enduring social and economic inequalities mean that the health of the public was threatened before the pandemic and during it, and will be after it. Just as we needed better management of the nation's health during the pandemic, we also need national attention to health inequalities and their causes.

The second level is to take the specific actions to create healthier lives for all throughout life: from reducing levels of child poverty to 10%, to ensuring wages (or benefits for those who cannot work) are sufficient to lead a healthy life, to creating the conditions for older people to lead meaningful lives.

The evidence is clear. There is so much that can be done to improve the quality of people's lives. Inequality in health is a solvable problem. It is in all our interests to build back fairer.



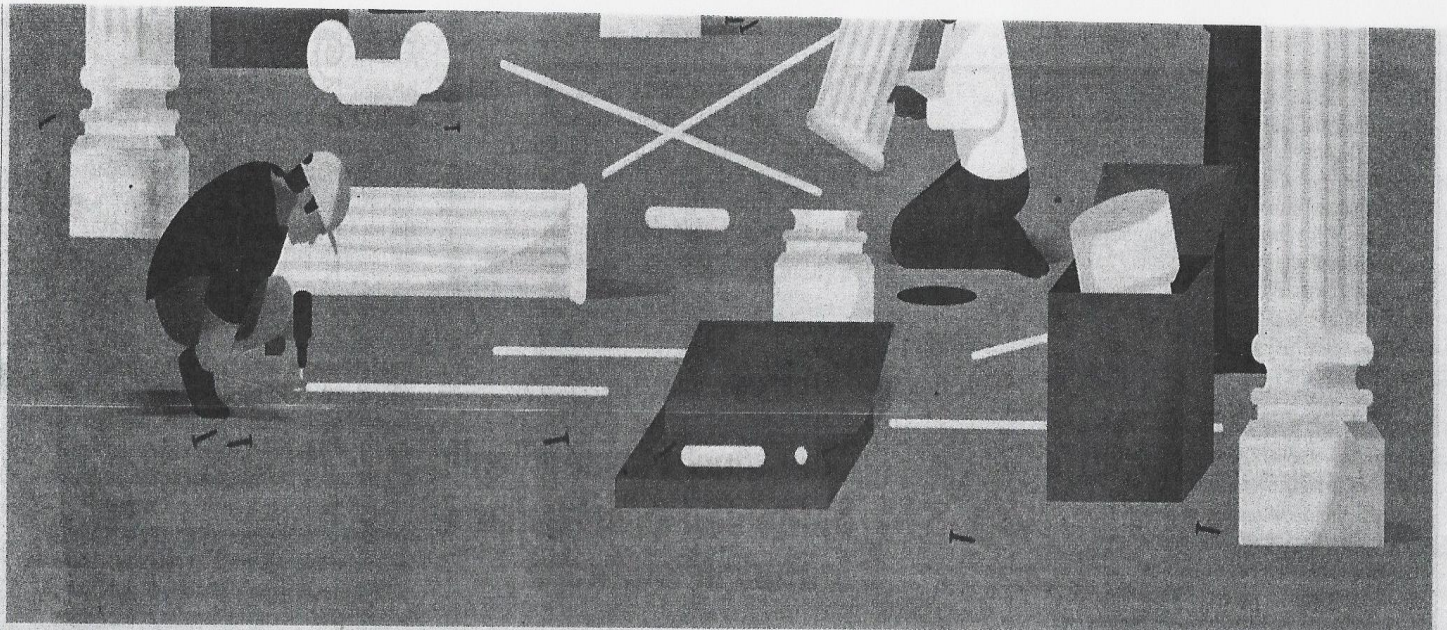


ILLUSTRATION:  
NATHALIE LEES

# The Covid-hit towns figuring out a new way to do politics

**John Harris**



About eight months ago, a fascinating social change began to ripple through hundreds of British neighbourhoods. Given the deluge of news that has happened since, it is easy to forget how remarkable it all seemed: droves of volunteers who were gripped by community spirit coming together to help deliver food and medicines to their vulnerable neighbours, check on the welfare of people experiencing poverty and loneliness, and much more besides. From a diverse range of places all over the country, the same essential message came through: the state was either absent or unreliable, so people were having to do things for themselves.

A couple of tantalising questions were triggered by all this. Would at least some of the energy and creativity that had been unleashed be sustained beyond the pandemic? And if that happened, might any of the people involved shift their attention to politics? Unfortunately, before anyone was started to become

in place. And, in some areas, what seems to have kept the early lockdown spirit intact is the fact that on-the-ground work has been based around town and parish councils that were once barely visible; these are now run by energised community activists who have used recent localism laws to push their work way beyond such staple responsibilities as parks and bus shelters. They're now blazing a trail for a new kind of ultra-local government.

I live in Frome in Somerset - where, in 2011, a town council with an annual budget of about £1m was wrested from the Tories and Lib Dems. A new group of self-styled independents began running things, with an accent on participation, sustainability, community wellbeing and the rejection of traditional party politics. The same basic idea has now spread to about 15 other places: its name, coined by an inspirational councillor called Peter Macfadyen, is "flatpack democracy".

In the first phase of the pandemic, the agile, open way that the town council now works came into its own. The town centre venue previously used for gigs and



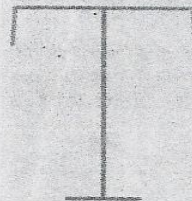


also includes help for local businesses, has carried on; the town council is now thinking hard about how to sustain it beyond the pandemic.

Something similar has happened in Queen's Park, the London "civil parish" where a new community council held its first elections six years ago. It has dedicatedly worked on helping people through the crisis. But perhaps the most vivid story of all is that of Buckfastleigh - a small Devon town on the edge of Dartmoor with high levels of deprivation, and a town council run by a new force called the Buckfastleigh Independent Group, whose prime mover is former civil servant Pam Barrett.

Devon county council, she told me last week, gave the town only £500 for Covid response work during the first lockdown, about 13p per resident. But by that point, the independent-run town council had already directed £20,000 into a relief programme that stretched from supplies of food and medicines, through activity books for local children; to YouTube videos capturing the start of spring for people trapped indoors.

Now, Barrett says, new parents are worrying that their babies are becoming toddlers without having meaningfully socialised with other children, so the council is turning its attention to early-years provision. "We don't have any public sector in Buckfastleigh any more," she explains: she and her colleagues are not just filling gaps left by austerity, but basically reinventing local government from the ground up.



here and elsewhere, the key story of the Covid crisis has been that of town and parish councils enabling people to participate in community self-help. But as Macfadyen, Barrett and other flatpackers see it, the next chapter is about moving in the opposite direction, and trying to get people who have been

involved in mutual aid to start running the places where they live. Elections for a huge number of town and parish councils are scheduled for May 2021. With that in mind, online launch meetings are now being organised to bring people together, and mentors are being put in touch with those who might fancy standing for office. There is an accompanying initiative, partly rooted in the activism around Extinction Rebellion, called Trust the People, which has just started running courses in grassroots democracy and how to get involved in local decision-making.

These are early, tentative moves. But even in more orthodox parts of politics, you sense something of the same mood. In the London borough of Barking and Dagenham, the Labour-run council has developed a new way of collaborating with voluntary and grassroots groups, an approach that was a huge help in dealing with the pandemic. From the other side of politics, it is worth reading a recent report by the Tory MP Danny Kruger, commissioned by the government to look at "sustaining the community spirit we saw during lockdown, into the recovery phase and beyond". Kruger proposes a new Community Power Act, using deliberative democracy, participatory budgeting and citizen assemblies "to create the plural public square we need".

Last week I spoke to Adam Hawley, a maths teacher who is trying to galvanise people to run for office in Hull, a city that has lately become a byword for the virus and the crisis it has caused. His focus goes beyond the town and parish level, to seats on the city council. Party politics, he says, seems "awful and embarrassing, and just unhelpful at a local level". He talks about people's experience of the Covid crisis, and "a sense that our institutions didn't know how to respond in a very direct, or even human way".

If the grassroots politics of 2020 can be boiled down to an essence, he says, it is "a big increase in the number of people getting involved in where they live, and looking for ways to do more of it". This sounds like a simple enough thing. But whether we can reshape our systems of power and politics to accommodate them strikes me as one of the key questions of this crisis, and the uncertain, turbulent future to come.

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