GREATER MANCHESTER HEALTH AND SOCIAL CARE
STRATEGIC PARTNERSHIP BOARD

Date: 27 January 2017
Subject: Greater Manchester Population Health Plan
Report of: Jane Pilkington Deputy Director Population Health
GMHSC Partnership

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PURPOSE OF REPORT:

The attached document is the final edition of the Population Health Plan for Greater Manchester (it is accompanied by the precis overleaf which provides a key summary of the main points of the plan). The plan sets our approach to delivering a radical upgrade in population health and is aligned with rest of our health and care transformation and the broader approach to growth and public sector reform across Greater Manchester.

The development of the plan has been led by the Population Health Transformation team of the Greater Manchester Health and Social Care Partnership, and has been co-produced with input from Public Health England, Directors of Public health, and many system and subject matter experts.

The plan has been informed by the best empirical evidence and by the views of the people in GM and has been tested extensively with the GM system, including the Transformation Portfolio Board, Theme 1 Executive; Reform Board; Association Governing Group (AGG), Wider Leadership Team (WLT), Provider Federation and the Primary Care Advisory Group (PCAG), the ten localities and the VCSE community.

The priorities for change set out in this plan have also been chosen to support the locality delivery described in each of the ten locality plans. The plan then focuses on those programmes of work with the GMHSC Partnership will deliver in collaboration with localities. This plan sets out the high level ambitions for Population Health and the targeted interventions that will be necessary to deliver on this ambition over the next 4 years until 2021.
Following endorsement by the SPBE, the Population Health Plan is presented to the Board for approval. Once approved, a consolidated short-form public facing final production version of the plan will be designed for publication across the Greater Manchester region.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

- Approve the Population Health Plan.

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1.0 INTRODUCTION

1.1. In GM we are committed to achieving the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people who live here. This plan sets out our approach to delivering the radical upgrade in population health that is required to support delivery of this ambition. The plan is focused on embedding prevention at the heart of a reformed health and care system and will act as a key driver to re-orientate the wider system towards prevention and a focus on population health and wellbeing.

1.2. Our plan is aligned with the broader approach to reform across GM which is predicated on a new relationship between people and public services; connecting people to the opportunities of growth and reform; placed based integration of services and early intervention and prevention. Chapter one sets out the role of population health within this wider system reform and economic growth context and also the health challenges which need to be addressed, as well as the views and experiences of local people that have been fundamental to shaping this plan.

1.3. This strategy highlights the importance of focusing attention on the key stages of people’s lives: supporting them to start, live and age well. However first and foremost it is focused on people and communities building on their assets as we know connected and empowered communities are healthy communities. The plan focuses on five programmes of work that will be taken forward by the GMHSCP in collaboration with localities, GMCA and VCSE over the next four years and provides a balance of short, medium and long term health improvements.

2.0 PERSON AND COMMUNITY CENTRED APPROACHES

2.1. The capabilities of the public are extraordinary; they understand communities’ needs and can identify solutions because they are those communities; they are experts by experience. Their support is vital to developing a sustainable healthcare system and culture that delivers for all.

2.2. Person and community centred approaches means putting the comprehensive needs of people and communities, not only diseases, at the centre of health systems, and empowering people to have a more active role in their own health. We aim to put people and communities at the heart of what we do, concentrating on what is most important to them, on what skills and attributes they have to offer and what strengths that exist naturally in the people and places we serve.

2.3. The VCSE sector will play a central role in the leadership and delivery of this work programme, which aims to develop an infrastructure across GM to reliably and consistently deliver social models of support to enable people to live better.

2.4. Objectives:
• Developing the capacity and capability across GM to support the embedding of person and community centred approaches into the reform of the system

• Developing a GM framework for action that provides a consistency of approach but also allows flexibility to respond to local needs

• Developing an exemplar social movement focused on cancer prevention

3.0 START WELL

3.1. Building on the principles of early intervention and prevention, the aim of the Start Well programme is to deliver integrated early intervention and prevention services for children across all localities in GM. We know that disadvantage starts before birth and accumulates throughout life so we have developed a new care model for early years which focuses action in pregnancy and the earliest years of life to give us the best opportunity to successfully reduce health, educational and social inequalities. By establishing a framework for the delivery of appropriate services at the right time, supporting children and families to become healthier, resilient and empowered.

3.2. Our Early Years New Delivery Model is based on universal and targeted services, using evidence based assessments to identify and intervene effectively to avoid or minimise escalation of need. In addition this Start Well population health programme is focused on two key drivers of poor early year’s outcomes and inequality i.e. smoking in pregnancy and poor oral health where scaling up evidenced based interventions at GM level could enable rapid improvements in health outcomes and deliver economies of scale.

3.3. Objectives:

• Fully implement the core elements of the GM Early Years model within all ten GM localities.

• Develop a sustainable, resilient and consistent set of GM interventions to stopping smoking in pregnancy.

• Develop IMT proposition to improve data processes to track progress and allow earlier intervention.

• Implement evidence-informed interventions at scale in a targeted and consistent manner across GM to improve oral health and reduce treatment costs within 3-5 years.

• Develop a clear Early Help offer for 5-19 year olds in all GM localities that helps Children and Young People achieve better outcomes and reduces demand for targeted and specialist services.
• Develop a consistent GM approach to improving the mental health and Wellbeing of children and young people in education

4.0 LIVE WELL

4.1. This programme focuses primarily on the opportunities to improve the health of Greater Manchester residents in mid-adulthood, taking into account the pressures and priorities upon this large working age population. Live Well recognises that good work is an essential pre-requisite of health, wellbeing and socio-economic outcomes. The wealth of evidence to support employment as a route to achieving good health and mental wellbeing, and the relevance of good levels of health in retaining stable and meaningful employment, makes the Work and Health proposal a critical component within our population health plan.

4.2. Alongside the influence of meaningful work on health, we also recognise the undermining impact of poverty and socio-economic deprivation on health and emotional wellbeing. These inequalities can range from greater prevalence of unhealthy lifestyle choices to poorer access to health and care services, all of which have a negative impact on health and wellbeing outcomes, leading to shorter life and healthy life-expectancy. Our proposal to create a new model of primary care for deprived communities seeks to enable health practitioners the time and capacity to offer greater continuity of care and target their service towards medical needs more effectively, but also connect individuals to the wider support services in their community that could help make the difference to their lives. This will include a focus on some of our most vulnerable groups including the homeless, offenders, and asylum seekers and refugees.

4.3. Lifestyle and health behaviour presents one of the biggest challenges to good health and wellbeing in adulthood and the accumulated effects of those choices contribute significantly to the ill-health experienced in later life as we age. Our population continues to suffer higher than national instances of heart disease, diabetes and other lifestyle related illnesses. An important component of our Live Well strategy is therefore to develop whole system innovative approaches to the key lifestyle risk factors of smoking, physical inactivity, obesity and alcohol. In addition we will develop digital platforms for lifestyle and wellness to support individual behaviour change at scale and we are working with localities to develop a set of standards for integrated local wellbeing services for those people who need a bit more support.

4.4. The final elements of the Live Well programme focus on addressing two conditions where early identification and treatment for adults can have a very positive impact on quality of life, health outcomes and life expectancy. These are HIV and cancer. The link between lifestyle risk factors and cancer is also very well documented and there is a clear opportunity to make the link between lifestyle and reduced cancer risk in later life.
4.5. **Work and Health**

4.5.1. The programme will work towards the following objectives and outcomes:

- Develop a work and health support model which addresses the needs of the identified cohorts, underpinned by data, evidence and cost benefit analysis, and secure endorsement by stakeholders across GM.

- Scope and determine the extent of current local work and health support delivered within GM, tested against the work and health model described under objective 1, scope procurement and delivery options and GM/Locality approach.

- Support a number of Localities to implement the work and health model.

- Develop a business case which builds on the robust evaluation of implementing the model to support the future expansion and mainstreaming of the programme across the whole of GM based on the evidence.

4.6. **New Model of Primary Care for Deprived Communities**

4.6.1. The programme will work towards the following objectives and outcomes:

- Provide proof of concept for the Focused Care approach by testing the model in 10 deprived practices in GM.

- Test the Focused Care approach to facilitate General Practice involvement in place-based integration.

- Develop a business case to support the future expansion and mainstreaming of the new care model including exploration of sustainable funding mechanisms.

4.7. **Incentivising and Supporting Healthy Behaviours**

4.7.1. The programme will work towards the following objectives and outcomes:

- To develop a comprehensive GM Tobacco Control plan which is fully aligned to the Population Health Plan priority themes and wider reform agenda.

- To support the development and implementation of a refreshed and integrated GMCA Substance Misuse Strategy.

- To develop a comprehensive plan to reduce inactivity and increase participation in physical activity and sport that is aligned to the Population Health Plan priority themes and wider reform agenda.

- To develop a comprehensive plan for better nutrition and healthy weight this is fully aligned to the Population Health Plan priority themes and wider reform agenda.
• To develop a whole systems approach to lifestyle and wellness services, including testing innovative service delivery models for incentivising and supporting lifestyle behaviour change:

• Work with a pathfinder local provider, to test out and develop an effective delivery model aimed at promoting a radical upgrade in self-care and lifestyle prevention, which can be tested at scale in parts of GM.

• Develop and test an innovative incentives based digital platform to support lifestyle behaviour change at scale aimed at GMs public sector workforce.

• Develop standards and a performance framework for GM integrated wellness services to ensure a more standardised offer for GM residents.

4.8. Cancer Prevention

4.8.1. The programme will work towards the following objectives and outcomes:

• To develop new GM wide social marketing strategies for cancer to scale up prevention, and earlier detection

• To apply at scale a multi-faceted approach to nurture a social movement across the entire cancer prevention spectrum which is ultimately self-sustaining, as part of the national pilot programme health as a social movement

• To improve access to and uptake of three national cancer screening programmes (bowel, breast, and cervical) among the eligible population of GM residents

• To develop a GM wide service model that increases tailored lifestyle support for those surviving cancer, focusing on reducing the chance of secondary cancer (metastasis)

• Subject to successful Manchester CCGs and MCIP pilot, GM wide roll out of lung health check programme

4.9. Scaling-Up Our Response to HIV Eradication

4.9.1. The programme will work towards the following objectives and outcomes:

• Review and map out current HIV testing approaches and related interventions across GM, to inform the ambition of eradicating HIV within a generation.

• Develop a business case which builds on the robust review and mapping exercise of HIV testing provision and associated interventions, and which demonstrates the economic and health benefits of a GM City Region approach to eradicating HIV with a generation. To then pilot and evaluate a GM City Region approach to eradicating HIV within a generation.
5.0  AGE WELL

5.1.  GM is leading the way in its efforts to promote healthy ageing, creating a vision for a society where older age is seen positively and people in later life are empowered to secure a healthy future and good quality of life for themselves. Our specific Age Well proposals aim to support people to maintain good health, wellbeing and independence for as long as possible and the programme focuses on interventions which, when delivered consistently and effectively at scale, will enable this to happen.

5.2.  Evidence shows that improving the quality and suitability of the home environment can be effective in preventing and reducing demand for social care and health care. Equally, enabling people to manage their health and care needs can allow them to remain in their own homes for longer. Creating a home environment which supports people’s independence - which is often incredibly important for older people - and remain connected to their local community, friends and family also has a positive effect on emotional wellbeing and can reduce the risk of social isolation.

5.3.  Malnutrition and dehydration is estimated to be very prevalent in the older population but it is often hidden or unnoticed. Left unchecked, it can undermine mobility, steadiness (leading to falls), healing and recovery, mental alertness and energy levels. Outcomes are therefore much worse for older people who are malnourished and the same is true of dehydration. The Age Well programme is therefore focusing on this issue and will work with GM boroughs to implement community-level, locally-led programmes of support to improve awareness and understanding of the impact of malnutrition and dehydration.

5.4.  Falls are a commonly recognised problem in older age which requires a system response to manage and address effectively, but it is also an area where there is a lot of independent evidence of what works. Fracture liaison services, which identify people at risk of injurious fracture and then co-ordinate services and appropriate care for the individual, are well-evidenced and cost-effective and are included in the programme for that reason.

5.5.  Housing

5.5.1.  The programme will work towards the following objectives and outcomes:

- Develop and document a replicable and scalable model, which can be tested at scale in a cluster of districts in GM

- Support a number of localities in implementing the described model recognising the local variations that may be required

- Develop a business case which builds on the robust evaluation of implementing the model to support the future expansion of the project across the whole of GM based on the evidence.
5.6. **Nutrition and Hydration**

5.6.1. The programme will work towards the following objectives and outcomes:

- Using the Salford approach, develop and document a replicable and scalable model, which can be tested at scale in other parts of GM
- Support a number of localities in implementing the described model recognising the local variations that may be required
- Develop a business case which builds on the robust evaluation of implementing the model to support the future expansion of the project across the whole of GM based on the evidence.

5.7. **Falls Prevention**

5.7.1. The programme will work towards the following objectives and outcomes:

- Using the Salford approach, develop and document a replicable and scalable model, which can be tested at scale in other parts of GM
- Support a number of localities in implementing the described model recognising the local variations that may be required
- Develop a business case which builds on the robust evaluation of implementing the model to support the future expansion of the project across the whole of GM based on the evidence.

6.0 **SYSTEM REFORM FOR POPULATION HEALTH**

6.1. It is clear that an ambition of this magnitude around the delivery of the Population Health Plan requires the support of a population health system which is organised to deliver at pace and scale.

6.2. We therefore need to build a single population health system across the GM economy – one which maximises both the impact and the capacities of a small and specialist public health workforce, but also supports the embedding of the pursuit of Population Health as being everybody’s business and sees collaboration across a range of sectors and wider communities – between NHS organisations, local authorities, the third sector and other local partners, as well as patients and the public working together as population health systems.

6.3. GM has the chance therefore, to take a co-designed approach to radically reframe the role of Population Health in the context of a devolved system, creating a unified population health system across ten localities and GM that is better able to achieve improved health outcomes for the citizens of GM.
6.4. In addition to creating a unified leadership system for population health, we need to create a unified approach to commissioning population health which enables us to commission services at the right spatial level, in collaboration with one another and enable us to improve population health outcomes, health inequalities as well as contributing to a more sustainable public health, health and care system.

6.5. Objectives:

- the development of a population health commissioning plan which brings together the NHS England Commissioning responsibilities set out in section 7a of the Health and Social Care Act 2012, together with local government-commissioned population health services and the new service models set out in this plan.;

- the development and testing of a proposal for a new GM population health leadership system serving localities, CCGs and GM structures which is future proof and financially sustainable;

- reviewing how public sector spend can produce a wider benefit to the community i.e. the social value benefit to the people of GM from public sector commissioning and procurement and maximising the contribution made by the voluntary and community social enterprises.

6.6. Social Value

6.6.1. Since January 2013, all public bodies have had to consider social value as part of their commissioning activities under the Public Services (Social Value) Act, both as part of contract specifications and as ‘added value’. Under the Act, Social Value is an enabler that delivers additional benefits for suppliers and partners across all procurement and commissioning activity.

6.6.2. It is a legal obligation for local authorities and the NHS to consider the social good that could come from the procurement of services before they embark upon it. The Act allows authorities to choose a supplier under a tendering process who not only provides the most economically advantageous service, but one which goes beyond the basic contract terms and secures wider benefits for the community.

6.6.3. The themes of Social Value fall broadly into three categories; Economic (local jobs and growth), Social (resilience and strong voluntary and community sector) and Environmental (clean and protected environment). The spectrum of potential activities and measures within these categories is wide and varied, enabling individual authorities to match them to priorities and to some extent the resources they may have to support this work.

6.6.4. Furthermore, recent EU procurement regulations have increased emphasis on achieving wider societal goals through procurement and commissioning, and with these regulations embedded within public sector procurement, GM is now able to better commission social value.
6.6.5. Objectives:

- To understand and embed social value in GM H&SC Partnership commissioning and seek to work with CCG partners to scale up this work across the health care economy.

- To develop the GMCA Social Value Policy to cover health and wellbeing outcomes described in the GM Strategic Plan ‘Taking Charge’ for implementation across all public sector procurement in GM.

- To embed social value into the culture of the health and social care workforce, through values based discussion, training, awareness raising and participation in service design to maximise social value benefits.

- To put in place a number of enabling activities which will maximise the co-production of social value from the expenditure of health and social care budgets, including work with NHS providers, the VCSE sector and relevant parts of the business sector.

7.0 DELIVERING THE NEXT PHASE

7.1. We have already identified some key areas which require development in the next iteration in the Population Health Plan, these include the Developing Well, which is the 5-25 year age group and includes the large GM student population and the wider Housing and Health agenda.

7.2. The plan in most part takes as its starting point the multiple examples of good practice that are already in place across the conurbation. The ambition of this plan lies in our desire to implement and embed these proven approaches at scale across GM in a way that has never been achieved before. By focusing on the approaches set out in this document we intend to test, refine, and scale pathways and programmes that will deliver a radical upgrade in population health.

7.3. It is acknowledged that the most effective means of delivery will be a blended delivery model with either GMHSCP, localities, GMCA or VCSE taking the lead role as part of an alliancing model and with the underlying assumption that delivery will be sought from the party best placed to manage it.

7.4. As delivery takes place there will be a need to refresh the thinking, the methods of delivery and the potential interventions. This Population Health Plan is not static, but instead is a live dynamic and evolving programme of work that we are generating across our region to improve the health outcomes for all GM people.

8.0 RECOMMENDATIONS:

8.1. The Strategic Partnership Board is asked to:

- Approve the Population Health Plan.
How our programme outcomes contribute towards the GM’s system reform ambitions

GM Population Health Plan Objectives

**GM Population Health Plan Objectives**

**Start Well**
- To support localities to implement the core elements of the GM Early Years model including the development of a IMT proposition to improve data processes to track progress and allow earlier intervention.
- To develop a sustainable, resilient and consistent GM approach to stopping smoking in pregnancy.
- To implement evidence-informed interventions at scale in a targeted and consistent manner across GM to improve oral health and reduce treatment costs within 3-5 years.

**Live Well**
- To build and test an approach to work and health which improves the integration and alignment of health, employment and other services.
- To test and evaluate the Focus Care approach model in 10 deprived practices in GM with a view to supporting the future expansion and mainstreaming of the new care model including exploration of sustainable funding mechanisms.
- To develop a whole systems approach to lifestyle and wellness services, including innovative digital options for incentivising and supporting lifestyle behaviour change.
- To deliver the cancer prevention work stream of the national cancer vanguard, testing innovative approaches to awareness and behaviour change, social movement, cancer screening uptake and lifestyle-based secondary prevention.
- To help develop a GM City Region approach to eradicating HIV within a generation.

**Age Well**
- To facilitate the roll out, testing and evaluation of an approach to tackling issues around poor quality housing.
- To facilitate the roll out, testing and evaluation of an approach to tackle dehydration and malnutrition based on the nationally recognised work in Salford.
- To facilitate the roll out testing and evaluation of FLS integrated with locally designed falls prevention services in a number of GM boroughs.

**Person and community centered approaches**
- To support capacity and capability building for asset based approaches in GM.
- To develop a network of cancer champions and apply learning for wider use of social movements.

**System reform**
- To develop a population health commissioning plan, and develop and test a proposal for a new GM population health function including future resourcing model.
- Maximising the social value benefit from health and social care commissioning and contribution of the VCSE sector.