

Manchester City Council Report for Information

Report to: Health and Wellbeing Board - 19 March 2014
Subject: Ward Health Plans
Report of: Director of Public Health

Summary

The development of ward health plans has been identified as a priority, helping to take forward the Health and Wellbeing Strategy at a local level. This work is being progressed by the joint Families, Health and Wellbeing and Children's and Commissioning ward co-ordination representatives, supported by the public health team. Good progress is being made and all ward plans will be completed by early May.

The paper sets out the process by which the plans are being developed and gives examples of ward health plans from across the SRF areas.

Recommendations

The Board is asked to note the report.

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Background documents (available for public inspection)

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Background

- 1.1 The development of Ward based health plans has been identified as one of the political priorities for the Executive Councillor (Adults, Health and Wellbeing). These plans are designed to fulfil several functions:
- a. To supporting the locality based implementation of the Health and Wellbeing Strategy;
 - b. In particular, to help to take forward priority 2 (*Educating, informing and involving the community in improving their own health and wellbeing*) through engaging local people in taking forward action on issues that they themselves identify as important;
 - c. Recognising the Council's new responsibilities around improving public health, to bring an explicit health dimension to the processes of ward co-ordination and ward planning;
 - d. To provide a way of accessing local knowledge as a source of data for the JSNA.
- 1.2 This paper sets out the approach being taken to developing ward health plans and gives examples of the work done to date.

2. Process

- 2.1 In mid 2013 the Families, Health and Wellbeing Directorate and the Children's and Commissioning Directorate reviewed their approach to engaging with ward co-ordination. 32 staff were identified at senior level from across the directorates to engage with ward co-ordination process, each being tasked with representing the full range of activity from across Adults, Children's and Public Health.
- 2.2 Clearly this is a challenging role for staff to take on in addition to their substantive post, and some time was taken over the summer to put in place processes to support these new roles and enable the staff to represent the breadth of activity from across the two directorates.
- 2.3 The first strategic task allocated to the ward representatives was the preparation of the ward health plans. The format and process for developing these plans have been deliberately flexible so as to ensure that the plans can be adapted appropriately to the different needs and ways of working within each ward. However, the ward representatives have been encouraged to approach the process, in partnership with others involved in ward co-ordination and with their SRF Delivery Group, by thinking about four broad questions:
- a. What issues are identified as important for the ward through looking at data, including the JSNA;
 - b. What issues are identified as important for the ward by elected members, residents and locality based workers;
 - c. What assets and opportunities exist in the ward;
 - d. Given all the above and the priorities of the Health and Wellbeing Strategy, what actions can be taken at ward level to address the needs

identified by building on the assets and opportunities identified.

- 2.4 The departmental ward representatives were tasked with this work in autumn 2013, and brought together for a further briefing and development session at the end of January 2014.

3. Progress

- 3.1 Good progress is being made with the development of these plans. While they are currently at different stages of development, the majority will be complete by early April 2014. Most of the ward representatives have done the data analysis necessary and are in the midst of the local discussions about needs and assets.
- 3.2 The ward representatives are being supported in this task by the public health staff who are aligned to SRF Delivery Groups, who are providing an overall co-ordination and support function within each of the SRF areas.
- 3.3 Appendix 1 of this report set out an example of a ward health plan from each of the SRF areas. It should be noted that these plans are still in development and have not achieved final approval at a ward level. However the draft plans do offer an indication of the potential scope for ward health plans as part of broader ward plans.

4. Next steps

- 4.1 It is expected that the majority of ward plans will be completed by early April 2014, and that all of them will be completed by early May. At this point the responsibility for overseeing their implementation will sit with ward co-ordination groups and SRF Delivery Groups.
- 4.2 Once the full set of plans is available, the public health team will analyse the qualitative information emerging from them to determine whether this can be a useful addition to the JSNA processes in the city.
- 4.3 In the longer term the expectation is that ward co-ordination groups will want to integrate ward health plans into their overall ward planning processes. This will continue to be supported by the departmental ward representatives and by the public health team to ensure that these plans remain an integral part of implementing the Health and Wellbeing Strategy at a local level.

5. Recommendations

- 5.1 The Board is asked to note the report.

Appendix 1. Draft Ward Health Plans

Ward Health and Wellbeing Plan

Ancoats and Clayton

Author:	Peter Cooper
Version:	2.1
Date:	14 th February 2014

Introduction

Ward Health Plans are developed by local Ward Co-ordination groups, and should be read alongside the overall Ward Plans prepared by those groups. Ward Plans set the broader context and the overall priorities for an area; the Health and Wellbeing Plans are supplementary documents that set out how the Joint Health and Wellbeing Strategy is being delivered at a local level. As such, action within these plans is set out according to the eight strategic priorities of the Joint Health and Wellbeing Strategy, namely:

1. Getting the youngest people in our communities off to the best start
2. Educating, informing and involving the community in improving their own health and wellbeing
3. Moving more health provision into the community
4. Providing the best treatment we can to people in the right place and at the right time
5. Turning round the lives of Troubled Families
6. Improving people's mental health and wellbeing
7. Bringing people into employment and leading productive lives
8. Enabling older people to keep well and live independently in their community.

Key health and wellbeing issues as identified in Ward statistics and the Joint Strategic Needs Assessment

The Ancoats and Clayton Ward consists of the neighbourhoods of Ancoats, Clayton and parts of Miles Platting.

Significant investment and regeneration has taken place in the area since the 1990's, and the area has undergone substantial change, which is outlined in the Ancoats & Clayton Ward Plan 2012-2014.

The East Manchester area enjoys an unparalleled infrastructure for community Health and Well-being as a result of regeneration initiatives and the concerted effort of partners over a fifteen year period.

A multi-agency East Manchester Health Forum exists to co-ordinate and deliver key actions. New GP Surgeries have been built in North Road and Old Mill Street Areas areas. Zest continue to deliver local activities to improve health outcomes, while the ward also contains part of the Etihad Campus, offering access to world-class sporting facilities and 'green flag' status spaces such as Phillips Park.

However, there is still some journey to go, to improve health in the ward. The area still demonstrates some poor health outcomes. These are headlined, and provided in more detail through the Local Ward Health Profile;

A list of links to local ward health profiles can be found at http://www.manchester.gov.uk/info/200088/statistics_and_census/2178/statistics_on_health.

Key social demographics for the area include:

The 2011 census data illustrates a population of 16,141 (which shows an increase of 33.28% since 2001).

The percentage of residents who are economically active is 69%

Deprivation (based on being in receipt of income-related benefits)

30 % of residents in the Ward live in income deprived households

55 % of children live in poverty

43 % of Older People live in deprivation

26 % of residents live in overcrowded housing

45% of Pensioners live alone

5% of housing has no central heating

Health & Care (a subjective self-reported measure)

ONC Census 2011

Indicator	Ancoats & Clayton	Manchester	England
In very bad health	326 (people)	8,676	660,749
In bad or very bad health	1,297	35,690	2,911,195
Having a long term illness or disability	2,938	89,364	9,352,586
Provide unpaid care for 1 or more hours per week	1,182	42,640	5,430,016
Provide unpaid care for 50 or more hours per week	390	11,963	1,256,237

Indicator	Ancoats & Clayton	Manchester	England
General Health Very Bad (%)	2	1.7	1.2
General health bad or very bad (%)	8	7.1	5.5
Limiting long term illness or disability	18.2	17.8	17.6
Provide 1 hour or more unpaid care per	7.3	8.5	10.2
Provide 50 hour or more unpaid care	2.4	2.4	2.4

Children & Adult Lifestyle indicators

Indicator	Ancoats & Clayton	Manchester	England
Obese Children (Reception Year) (%)	14	11.6	9.6
Obese Children (Year 6) (%)	27.9	23.7	19
Obese Adults (%)	23	21.1	24.1
Binge Drinking Adults	32.8	29	20
Healthy Eating Adults	25.9	26.5	28.7

Teenage Pregnancy

Despite concerted effort and considerable successes as a result of a ten year Teenage Pregnancy Strategy (dates?), conception rates in Under 18's remains above the national average in east Manchester (even when accounting for the dated evidence base).

The most recent available data relates to the period 2009-2011, which the ONS provide on the pre-2004 Ward Boundaries. This is the most current detail available nationally.

The current Ancoats and Clayton ward covers some of the old Newton Heath and Central wards. The current Bradford ward includes some of the old Beswick and Clayton area. With the exception of what was Central this whole area of East Mcr has high rates. For comparison:

Manchester	52.5
Greater Manchester	37.8
England	30.7

A former Beswick and Clayton Ward data available, one in ten young women aged 15-17 years will conceive before they reach 18 years. This is based on per 1,000 of the 15-17 population per ward.

Beswick and Clayton: 100 conceptions per 1,000 young women aged 15-17 years

Bradford: 99 conceptions per 1,000 young women aged 15-17 years

Newton Heath 110 conceptions per 1,000 young women aged 15-17 years

Add mortality rates etc

The suite of JSNA documents can be found at <http://www.manchester.gov.uk/jsna>. >

East SRF Delivery Plan Objectives

The East Area SRF Delivery group identifies four Health Objectives in the delivery plan as follows, and also offers additional thematic objectives that have a secondary Health outcome

Health	Target our most complex families or those in danger of becoming complex	Number of TFU (Troubled Family Unit) cases with health identified in their whole family plan that have had a referral to community health/public health services
	Remove health barriers to being work ready	

	Embed Public Health approaches into neighbourhood based services	Number of East SRF staff access PHDS courses	
	Enable those that can to be able to take better control of their health care and make informed choices	Number of NHS Health Checks completed in East Manchester	

Key health and wellbeing issues as identified by local residents, elected Members and locality based staff

East Manchester Health Forum

The East Manchester Health Forum met on 5th Feb 2014 to discuss the Ward Health Plan and consider the strategic priorities, in order of importance;

Higher Priorities: SP 5: Turning around the lives of Troubled Families

SP 7: Bringing People into employment and leading productive lives

SP 1: Getting Young People off to the best start

SP 8 :Enabling Older people to keep well and live independently in their community

Lower Priorities: SP 6 : Improving peoples mental health and well-being

SP 2: Educating, involving and informing the community in Improving their own health and well-being

SP 3: Moving more health provision into the community

SP 4: Providing the best treatment we can to people in the right place and at the right time

Lower priorities were identified as being the areas where the Ward delivers strongly already. It may be that this is where delivering health provision is more visible (e.g. Public Health Bus, New GP Surgeries, Zest courses).

Ancoats and Clayton Ward Co-ordination

Elected members and partners attending the Full Ancoats & Clayton ward meeting, took the opportunity to discuss the Ward Health plan priorities on Thursday 20th March 2014.

Key assets and opportunities for local action

The Ancoats and Clayton Ward Plan 2012-14 identifies the following priority for Health: *'Work with East Area Health and Well-being Group, the Healthy Living Network (Zest), the Active Lifestyles team and key groups to organise and promote Health and Wellbeing activities and signpost residents to local facilities'*

Community Assets

Zest and the Zest Co-ordinator

42nd Street

YPAC – Happy Families Project

Green Spaces

Phillips Park
Clayton Vale
Chippenham Road Community Garden
Ancoats Canal
St Michaels Flag's & Angel Meadow

Physical Assets

Park View Community Primary School
Seymour Road Primary Academy
New Islington Free School
The Wells Centre
Clayton Childrens Centre
Clayton Medical Centre
Urban Village Medical Centre
The Etihad Campus
Manchester Velodrome
National Cycling Centre
National Indoor BMX Centre
The Space on Great Ancoats Street
Clayton Vale Visitors Centre

Strategic priority 1: Getting the youngest people in our communities off to the best start		
Action	Who by?	By when?

Strategic priority 2: Educating, informing and involving the community in improving their own health and wellbeing		
Action	Who by?	By when?

Strategic priority 3: Moving more health provision into the community		
Action	Who by?	By when?
Health Information Points	Libraries	

Strategic priority 4: Providing the best treatment we can to people in the right place and at the right time		
Action	Who by?	By when?

Strategic priority 5: Turning round the lives of Troubled Families		
Action	Who by?	By when?
Co-ordinated identification of need and delivery of support	LIT (Local Intervention Team)	
Delivery of support Programmes	PerTemps Work Solutions	

Delivery of CAPS Courses (Confident Parent, Confident Child)	FIP (Family Intervention Project)	
Assertive Outreach Programme	Sure Start Centres	
Home visits and transition	YPAC - Happy Families Project	

Strategic priority 6: Improving people's mental health and wellbeing		
Action	Who by?	By when?
Expert Patients Programme	To be confirmed	
Increasing emotional resilience	Boost courses delivered by Zest and Self Help Services	

Strategic priority 7: Bringing people into employment and leading productive lives		
Action	Who by?	By when?

Strategic priority 8: Enabling older people to keep well and live independently in their community		
Action	Who by?	By when?

Ward Health and Wellbeing Plan

Brooklands

Author:	Elaine Ridings
Version:	V1.0
Date:	10.02.2014

Introduction
<p>Ward Health Plans are developed by local Ward Co-ordination groups, and should be read alongside the overall Ward Plans prepared by those groups. Ward Plans set the broader context and the overall priorities for an area; the Health and Wellbeing Plans are supplementary documents that set out how the Joint Health and Wellbeing Strategy is being delivered at a local level. As such, action within these plans is set out according to the eight strategic priorities of the Joint Health and Wellbeing Strategy, namely:</p> <ol style="list-style-type: none"> 9. Getting the youngest people in our communities off to the best start 10. Educating, informing and involving the community in improving their own health and wellbeing 11. Moving more health provision into the community 12. Providing the best treatment we can to people in the right place and at the right time

13. Turning round the lives of Troubled Families
14. Improving people's mental health and wellbeing
15. Bringing people into employment and leading productive lives
16. Enabling older people to keep well and live independently in their community.

Key health and wellbeing issues as identified in Ward statistics and the Joint Strategic Needs Assessment

<A list of links to local ward health profiles can be found at http://www.manchester.gov.uk/info/200088/statistics_and_census/2178/statistics_on_health. The suite of JSNA documents can be found at <http://www.manchester.gov.uk/jsna>. >

Key health and wellbeing issues as identified by local residents, elected Members and locality based staff

Brooklands

- Population – Brooklands Has a higher % of older people than other parts of Wythenshawe and the City,
- Almost half of Brooklands residents have household income below £20k (acorn data)
- Higher numbers of unpaid carers than rest of Manchester and high numbers of older people living alone & potentially isolated.
- The BME population is lower than Manchester and England averages, non white UK population is 18.7% for Brooklands compared to 40.7% for Manchester
- Long term unemployment is higher than Manchester average 50% of claimants of Employment Support Allowance have long term mental health problems
- Circulatory diseases significantly higher than England average, but lower than Manchester average
- All deaths significantly higher than England average
- Alcohol - hospital stays significantly higher than England and more than Manchester
- Childhood obesity (year 6) - very slightly below Manchester average but significantly higher at 21.6 % than England average. Note there seems to be an large increase in obesity for all (England, Manchester and Brooklands) from reception to yr 6
- Smoking higher than England average
- Lung cancer - significantly higher than England but lower than Manchester
- Obese adults - lower than England but higher than Manchester
- Emergency hospital admissions, higher generally than Manchester and significantly higher than Manchester average for stroke and COPD and Manchester is higher than England average
- Limiting long term illness or disability is higher in Brooklands at 21.4% compared to 17.8% Manchester, 17.6 for England - this could be associated with ageing population, lower life expectancy, also need to check relationship to worklessness
- Life expectancy men and women - significantly lower in Brooklands than for England
- Child poverty is high at 35.8% for Brooklands but lower when compared to 43.4% in Manchester
- Older people in deprivation is higher in Brooklands than in Eng but less than Manchester
- All deprivation stats for Brooklands are significantly higher than England - most significant difference is child poverty, older in deprivation & income deprivation

<ul style="list-style-type: none"> • Get people active using the green spaces in Wythenshawe especially Wythenshawe Park • Involve volunteers from Real Food and Real neighbours in the Wythenshawe MLDP walled garden project. • Get local people eating locally grown fresh produce 	<p>schools with the project/visits</p> <ul style="list-style-type: none"> • Possibility of shop at Hall Lane to sell produce from the farm (link with Anne-Marie Parry) • Wythenshawe Games-approach MUFC and Man City about talk top families/children from team dietician about the importance of food as fuel for athletes. • Pop up shop for food (Real Food - Wythenshawe Housing) • Links to business mentorship – Regeneration • Volunteers from Real Neighbours to look at possibility of any social enterprises to work with group of Disabled people with their cash budget • Wellbeing Groups – Tea and lunches/healthy eating /South Commissioning Team 	<p>September 2014</p> <p>August 2014</p> <p>April 2014</p>
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Strategic priority 3: Moving more health provision into the community		
Action	Who by?	By when?

Strategic priority 4: Providing the best treatment we can to people in the right place and at the right time		
Action	Who by?	By when?

Strategic priority 5: Turning round the lives of Troubled Families		
Action	Who by?	By when?
To improve mental and physical wellbeing of people	Back on track Bideford – Real neighbours coordinator (Wythenshawe Housing)	April 2014

<p>in Brooklands</p> <p>Key Priorities</p> <ul style="list-style-type: none"> • Improve mental wellbeing/physical health of single older and or unemployed men at risk of isolation (incorporates priority 6 &7) 	<p>Hall Lane as a meeting Hub for group activities (TJ)</p> <p>Mapping for tier 2 of Troubled families – Regeneration</p> <p>New Mental Health Pathway (ER)</p> <p>Baguley SSCC on Ackworth Drive someone from the M/c Community Alcohol team has a 1-1 support session with people in the community via an appointment system every alternative week</p> <p>Link groups to Wythenshawe Olympics</p> <p>Volunteering opportunities links with Wythenshawe Park/Real Food</p> <p>Speak to Public Health about any projects for people with long term conditions and how we could link into these projects for this group</p>	

Strategic priority 6: Improving people's mental health and wellbeing		
Action	Who by?	By when?

Strategic priority 7: Bringing people into employment and leading productive lives		
Action	Who by?	By when?

Strategic priority 8: Enabling older people to keep well and live independently in their community		
Action	Who by?	By when?
Enabling older people to keep well and live independently in their community	Age Friendly Wythenshawe (VOP/network) Priorities have yet to be set but link with Jane McAlister to ensure they include health	April 2014

<p>Priorities</p> <ul style="list-style-type: none"> • To reduce social isolation • To support unpaid carers 	<p>Ensure residents are aware of all Carers Support Services including the Carers IB. (ER)</p> <p>Updated Carers Strategy (look at what it includes about health)</p> <p>Ensure carers are aware of projects such as Grand Day Out and Our Day (both could provide respite for carers)</p> <p>Ensure wellbeing groups are addressing the needs of carers.</p>	<p>Ongoing as part of the Ward Plan</p>

Ward Health and Wellbeing Plan

<Moston >

Author:	Julie Jerram, Programme Manager, Public Health Manchester
Version:	Version 1.0
Date:	6 March 2014

Introduction
<p>Ward Health Plans are developed by local Ward Co-ordination groups, and should be read alongside the overall Ward Plans prepared by those groups. Ward Plans set the broader context and the overall priorities for an area; the Health and Wellbeing Plans are supplementary documents that set out how the Joint Health and Wellbeing Strategy is being delivered at a local level. As such, action within these plans is set out according to the eight strategic priorities of the Joint Health and Wellbeing Strategy, namely:</p> <ol style="list-style-type: none"> 17. Getting the youngest people in our communities off to the best start 18. Educating, informing and involving the community in improving their own health and wellbeing 19. Moving more health provision into the community 20. Providing the best treatment we can to people in the right place and at the right time 21. Turning round the lives of Troubled Families 22. Improving people's mental health and wellbeing 23. Bringing people into employment and leading productive lives 24. Enabling older people to keep well and live independently in their community.

Key health and wellbeing issues as identified in Ward statistics and the Joint Strategic Needs Assessment

<A list of links to local ward health profiles can be found at http://www.manchester.gov.uk/info/200088/statistics_and_census/2178/statistics_on_health. The suite of JSNA documents can be found at <http://www.manchester.gov.uk/jsna>. >

Key health and wellbeing issues as identified by local residents, elected Members and locality based staff

This ward health plan is still being developed and consultations are being set up at this time. The information given below is therefore based on what we already know.

Moston is situated on the North Eastern side of Manchester, bounded by the Manchester wards of Harpurhey, Charlestown, Newton Heath and the borough of Oldham. Moston is a predominantly residential ward and is split into two main neighbourhoods: Moston and New Moston. It also takes in some of the former Lightbowne ward, which disappeared under the 2004 boundary changes.

Moston and New Moston differ slightly in terms of demographics and resulting health needs, but broadly speaking, the health priorities for Moston reflect those of north Manchester (and Manchester) generally.

Priority areas of Public Health are Cardiovascular/circulatory disease and cancers which are known to be related to lifestyle, such as lung cancer and bowel cancer. There are also high numbers of unplanned hospital admissions related to falls in people aged over 65. Such falls cause serious physical and psychological problems and can be fatal....

In many instances, co-morbidities are common and interact in such a way as to exacerbate individual conditions, for example, being immobile due to a fall and therefore unable to exercise to reduce weight, which in turn causes type two diabetes.

In terms of addressing these issues therefore, convincing and enabling Moston residents to stop smoking and to change their diet and lifestyle are huge, but unavoidable challenges. We need to increase participation in appropriate exercise for all age groups, including the over 65s.

North Manchester Clinical Commissioning Group have also prioritised the reduction and management of Circulatory Disease as a priority for them over the next couple of years.

It's said that there is "no health without mental health" and improving mental health is also a priority. It is important to improve wellbeing, enjoyment of life, reduce social isolation etc. The current economic climate combined with many Moston residents being relatively deprived, has seen increases in prescribing of anti-depressants for example, reflecting the situation elsewhere in the city.

Local members have flagged up a need to engage and encourage men to take better care

of their health. We know, from work on programmes such as Don't Be A Cancer Chancer, that men do not always go to the doctor's when they should, either because they don't recognise symptoms that could be a concern, or because they are shy about talking about their health. We have already liaised with North Manchester Clinical Commissioning Group and a local medical practice who all are supportive of setting up a Moston mens health forum.

LOCAL FACTS/FIGURES/POPULATION DATA TO BE INSERTED..

- Population:
- Deprivation:
- Children, education and employment:
- Mental Health and Wellbeing:
- Other Indicators:

Key assets and opportunities for local action (see guidance note)

Very importantly, Moston has the benefit of ZEST, a healthy living project, commissioned by Public Health Manchester to serve north and east Manchester. This means that well established programmes and networks already exist for health promotion/public health work in Moston.

Other assets which can be used to address the challenges outlined above include:

- Two Sure Start Children's Centres
- New Moston Library (which offers tai chi sessions and other support)
- Leisure Centres on Broadway, which includes a swimming pool and gym
- The ward has a number of established parks and green spaces which could be used for walking, exercise and the wellbeing benefits of being in green, outdoor space. Broadhurst park has a crown bowling green, tennis courts, a five-a-side football court and a play area.

The Strategic Priorities for Moston will be finalised following discussion with Elected Members, partners and stakeholders, by April 2014.

Strategic priority 1: Getting the youngest people in our communities off to the best start		
Action	Who by?	By when?

Strategic priority 2: Educating, informing and involving the community in improving their own health and wellbeing		
Action	Who by?	By when?

Strategic priority 3: Moving more health provision into the community

Action	Who by?	By when?

Strategic priority 4: Providing the best treatment we can to people in the right place and at the right time

Action	Who by?	By when?

Strategic priority 5: Turning round the lives of Troubled Families

Action	Who by?	By when?

Strategic priority 6: Improving people's mental health and wellbeing

Action	Who by?	By when?

Strategic priority 7: Bringing people into employment and leading productive lives

Action	Who by?	By when?

Strategic priority 8: Enabling older people to keep well and live independently in their community

Action	Who by?	By when?

Ward Health and Wellbeing Plan

Moss Side Ward

Author:	Mike Petrou
Version:	First Draft
Date:	26 Feb 2014

Introduction

Ward Health Plans are developed by local Ward Co-ordination groups, and should be read alongside the overall Ward Plans prepared by those groups. Ward Plans set the broader context and the overall priorities for an area; the Health and Wellbeing Plans are supplementary documents that set out how the Joint Health and Wellbeing Strategy is being delivered at a local level. As such, action within these plans is set out according to the eight

strategic priorities of the Joint Health and Wellbeing Strategy, namely:

25. Getting the youngest people in our communities off to the best start
26. Educating, informing and involving the community in improving their own health and wellbeing
27. Moving more health provision into the community
28. Providing the best treatment we can to people in the right place and at the right time
29. Turning round the lives of Troubled Families
30. Improving people's mental health and wellbeing
31. Bringing people into employment and leading productive lives
32. Enabling older people to keep well and live independently in their community.

Key health and wellbeing issues as identified in Ward statistics and the Joint Strategic Needs Assessment

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Key health and wellbeing issues as identified by local residents, elected Members and locality based staff

Starting Well –

- The rising rate of childhood obesity in the Moss Side Ward.

Developing Well –

- Female Genital Mutilation (FGM) is identified as a concern in the ward. In line with the GM Local Safeguarding Children's Board work to raise awareness of this issue should be addressed at a community level
- Teenage pregnancy is likely to be a significant health issue in Moss Side. The most recent ward level data available is for 2009-2011 and the rate for Moss Side is 78 per 1000 (of the 15-17 year old female population). This compares to 2012 rates of 45.0 per 1000 for Manchester and 27.7 for England. Rates of teenage pregnancy in Manchester remain consistently higher than the regional and national levels.
- Female association with gang or serious youth violence and the potential for sexual Exploitation.

Living Well –

- **Limiting Long Term Illness.** In 2001, Moss Side was in the top third of Manchester wards for LLTI, with a ratio some 50% above the national average. Ten years later, the 2011 Public Health England Ward estimates indicate that:
 - General health is bad or very bad and significantly worse than the England average. However, rates of disability and take-up of care are below the national average.
 - Emergency hospital admissions for coronary heart disease and chronic obstructive pulmonary disease are significantly worse than the England average,

<p>although admissions for myocardial infraction are below the national average.</p> <ul style="list-style-type: none"> • Lung cancer incidence is significantly worse than the England average. • Hospital stays for alcohol related harm are significantly worse than the England average. However, admissions for hip fracture (65+) and hospital admissions for hip replacement lower are below the national average. • Death rates from coronary heart disease and all circulatory diseases are significantly worse than England <p>Working Well -</p> <ul style="list-style-type: none"> • The impact of worklessness on adults and young adult’s health and wellbeing in Moss Side as outlined in the Troubled Families strand of Living Longer Living Better. <p>Ageing Well</p> <p>Living with Social Isolation in Moss Side –</p> <ul style="list-style-type: none"> • The impact of Social Isolation on Older People in Moss Side Ward, social isolation and loneliness in older people is a key contributor to poor health outcomes.
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Key assets and opportunities for local action (see guidance note)

Have collated info on the following areas;

- Leisure Service
- Open Space (Parks etc.)
- GP Surgeries/ Health Centre
- Schools/College Resource
- Voluntary Sector Service

Strategic priority 1: Getting the youngest people in our communities off to the best start		
Action	Who by?	By when?
To reduce the rising rate of childhood obesity in Moss Side Ward	MCC - Families, Health & Wellbeing Service Early Years Services Public Health Children’s & Commissioning Service Central Regeneration Team MCC Planning? All Schools in the ward Central M/c CCG MRI Hospital & Paediatric Services Relevant Voluntary Sector Orgs	March 2016 (not sure of the life cycle of the plan?)
Understanding the impact and the level of Female Genital Mutilation (FGM) in Moss Side Ward.	MCC - Families, Health & Wellbeing Service Early Years Services Public Health Children’s & Commissioning Service Central Regeneration Team All Schools in the ward	March 2016 (not sure of the life cycle of the plan?)

	<p>Central M/c CCG MRI Hospital & related Paediatric Services Relevant Voluntary Sector Orgs GMP/ Crime & Disorder Faith Base groups</p>	
<p>To understand the level and impact of female association with gang or serious youth violence and the potential for sexual exploitation.</p>	<p>MCC - Families, Health & Wellbeing Service Early Years Services Public Health Children's & Commissioning Service GMP/ Crime & Disorder Central Regeneration Team All Schools in the ward The Youth Council Central M/c CCG MRI Hospital & related Paediatric Services Relevant Voluntary Sector Orgs</p>	<p>March 2016 (not sure of the life cycle of the plan?)</p>

Strategic priority 2: Educating, informing and involving the community in improving their own health and wellbeing

Action	Who by?	By when?
<p>Reducing the under-18 conception rate and improving young people's sexual health in Moss Side Ward.</p>	<p>MCC - Families, Health & Wellbeing Service Early Years Services Public Health SRF Children's Partnership Children's & Commissioning Service Central Regeneration Team All Schools in the ward Central M/c CCG Central Youth Partnership and relevant Voluntary Sector Orgs Faith Base groups</p>	<p>March 2016 (not sure of the life cycle of the plan?)</p>
<p>Reducing the levels of alcohol misuse in Moss Side ward which leads to higher than average hospital stays for alcohol related harm (levels are significantly worse than the England average).</p>	<p>MCC - Families, Health & Wellbeing Service Early Years Services Public Health Drug & Alcohol Strategy Team Children's & Commissioning Service Central Regeneration Team All Schools in the ward Central M/c CCG MRI Hospital</p>	<p>March 2016 (not sure of the life cycle of the plan?)</p>

	Relevant Voluntary Sector Orgs GMP/ Crime & Disorder	
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Strategic priority 3: Moving more health provision into the community

Action	Who by?	By when?

Strategic priority 4: Providing the best treatment we can to people in the right place and at the right time

Action	Who by?	By when?

Strategic priority 5: Turning round the lives of Troubled Families

Action	Who by?	By when?
Worklessness – To tackle worklessness in partnership with employment agencies in Moss Side as identified in the in the Troubled Families strand of Living Longer Living Better	MCC - Families, Health & Wellbeing Service Early Years Services Public Health Drug & Alcohol Strategy Team Mental Health Services Children's & Commissioning Service Job Centre Plus Central Regeneration Team Central M/c CCG Relevant Voluntary Sector Orgs	March 2016 (not sure of the life cycle of the plan?)

Strategic priority 6: Improving people's mental health and wellbeing

Action	Who by?	By when?

Strategic priority 7: Bringing people into employment and leading productive lives

Action	Who by?	By when?

Strategic priority 8: Enabling older people to keep well and live independently in their community

Action	Who by?	By when?
To develop an Age Friendly Manchester Network group for Moss Side (and Hulme) to encourage social	MCC - Families, Health & Wellbeing Service Public Health Mental Health Services	March 2016 (not sure of the life cycle of the plan?)

<p>participation and empowerment of older people in their local communities. To better understand the impact of Social Isolation on Older People in Moss Side Ward as social isolation and loneliness in older people is a key contributor to poor health outcomes.</p>	<p>Children's & Commissioning Service Age Friendly Manchester Central Regeneration Team Central M/c CCG Relevant Voluntary Sector Orgs</p>	

Ward Health and Wellbeing Plan

Whalley Range

Author:	Christine Raiswell
Version:	3.0
Date:	10 th March 2014

Introduction

Ward Health Plans are developed by local Ward Co-ordination groups, and should be read alongside the overall Ward Plans prepared by those groups. Ward Plans set the broader context and the overall priorities for an area; the Health and Wellbeing Plans are supplementary documents that set out how the Joint Health and Wellbeing Strategy is being delivered at a local level. As such, action within these plans is set out according to the eight strategic priorities of the Joint Health and Wellbeing Strategy, namely:

- 33. Getting the youngest people in our communities off to the best start
- 34. Educating, informing and involving the community in improving their own health and wellbeing
- 35. Moving more health provision into the community
- 36. Providing the best treatment we can to people in the right place and at the right time
- 37. Turning round the lives of Troubled Families
- 38. Improving people's mental health and wellbeing
- 39. Bringing people into employment and leading productive lives
- 40. Enabling older people to keep well and live independently in their community.

Key health and wellbeing issues as identified in Ward statistics and the Joint Strategic Needs Assessment

<A list of links to local ward health profiles can be found at
http://www.manchester.gov.uk/info/200088/statistics_and_census/2178/statistics_on_health.

The suite of JSNA documents can be found at <http://www.manchester.gov.uk/jsna>. >

Key data and issues relevant to the health of Whalley Range residents:

Population

Age breakdown (2012 mid year estimates)

Under 16: 19.7%

16-64: 72.1%

65+ 8.3%

(this breakdown is similar to Manchester as a whole)

Ethnicity breakdown (2011 census)

All white groups: 48.2%

Mixed: 5.4%

Asian / Asian British:30.8%

Black/Black British: 10.1%

Any other ethnic group: 5.5%

Deprivation

- Income deprivation (22.5%) and child poverty (33.3%) are lower than averages for Manchester (25.8% & 43.4%) however both are significantly higher than England (14.7% & 21.8%)
- % older people in deprivation (38.2%) is slightly higher than for Manchester (37.1%) - both of which are double the average for England (18.1%).

(Index of deprivation 2010)

Children, education and employment

- Childhood obesity in reception age children (12.4%) is higher than Manchester average (11.6%) year 6 figures show Whalley range (19.4%) lower than Manchester (23.7%) Equivalent figures for England are 9.6% and 19% respectively. (2010-13 data Public Health England Health Profile)
- Youth unemployment is 7.5% compared to Manchester 5.8% (DWP 2012)

Mental Health and wellbeing

Whalley Range is worse/higher than Manchester average on a number of mental health-related indicators:

- Satisfaction with life: WR 84.3% Manchester 86.3%
- Feeling safe at night time WR 30% Manchester 51%(this data has not been collected since 2008/9 so more investigation is needed as to whether this is still the case and why)
- % benefits claimants for mental health conditions: WR 51.2% Manchester 51%
- Mental health in-patient admissions: WR 240.8 per 100,000 Manchester 122.6 per 100,000
- Service users on CPA (care programme approach per 1000): WR 10.4 Manchester 8.5

(Whalley Range has a concentration of hostel / supported housing schemes which needs to

be considered alongside the data)

Other indicators

Planned stays in hospital: WR 250 per 1,000 Manchester 122.6
Residents 18 – 64 in receipt of community-based care: WR 9.5 per 1000 Manchester 7.6

Immunisation for seasonal flu in older population: lower for Whalley Range practices
(awaiting data from Immunisation lead)

Deaths from circulatory diseases are slightly higher for Whalley Range (120.2) than Manchester (112.5)

Key health and wellbeing issues as identified by local residents, elected Members and locality based staff

Vitamin D deficiency may be an issue in the area, also diabetes and overweight. Access to services for those living away from main bus routes and access to women only exercise classes/ physical activity opportunities.

Key assets and opportunities for local action

Redevelopment of Alexandra Park
Whalley Range Community Forum
Age-friendly Whalley Range Project
Primary Schools (St Margaret's active in food growing activities)
Sure Start Centre, 3 Nursery Schools attached to Primary Schools and several private day nurseries
(Spire Hospital and St Bede's- not currently engaged with ward coordination but could be?)

High levels of volunteering
High levels of cycling

Active community groups including:
JNR8 and WHIZ youth project
British Muslim Heritage Centre (BMHC)
Community on Solid Ground (CSG & YOSG)
Chorlton Good Neighbours
Whalley Rangers
St Margarets Social Centre
Victoria Park and Range Road residents groups

Strategic priority 1: Getting the youngest people in our communities off to the best start

Action	Who by?	By when?
Programme of healthy eating / physical activity opportunities based within Sure Starts	Surestart and partners?	
Work with Healthy Schools Programme and primary	To be agreed – primary schools, Healthy Schools Programme,	

schools to identify opportunities for healthy eating/ food growing/ walking and cycling activities and support and promote existing local activities (e.g. YOSG football sessions)	community groups?	
Support private day nurseries to achieve Early Years award	Public Health Manchester Healthy Weight Lead	

Strategic priority 2: Educating, informing and involving the community in improving their own health and wellbeing

Action	Who by?	By when?
Provide healthy cooking sessions, health and fitness sessions and regular sports activities	Community on Solid Ground JNR8 WHIZ / WRYO	
Increase range and promotion of local sport and exercise classes	Community groups	
Promote health initiatives to residents via the Celebrate Community Festival	WRCF	
Develop a community food growing project at St Margarets Social Centre	St Margarets Social Centre	
Promote cycling and running opportunities / groups		
Provide/ set up culturally appropriate cooking / healthy eating groups	Community food coordinators? (to be agreed) possible links with local shops	

Strategic priority 3: Moving more health provision into the community

Action	Who by?	By when?
Host and promote the Health Bus		
Investigate local health services / clinics and promote them to residents		

Strategic priority 4: Providing the best treatment we can to people in the right place and at the right time

Action	Who by?	By when?
Engage with local GP practices and CCG to		

investigate how residents can best be supported within the community		

Strategic priority 5: Turning round the lives of Troubled Families		
Action	Who by?	By when?
The South Manchester Local Integration Team (LIT), as part of the Citywide Troubled Families programme, ensures that Troubled Families across Whalley Range are being engaged in the Troubled Families programme and offered the appropriate level of support through the Family Recovery Service and the ESF Complex Families programme. Ultimately, families will be supported towards improved skills and employment.		

Strategic priority 6: Improving people's mental health and wellbeing		
Action	Who by?	By when?
Provide mentoring support and guidance for young people	Community on Solid Ground	
Find out more about the local population who might be vulnerable to poor mental health to see how they could be better supported		
Work with Age-Friendly Whalley Range to investigate feelings of safety	AFW? (to be agreed)	

Strategic priority 7: Bringing people into employment and leading productive lives		
Action	Who by?	By when?
Support local residents by providing enabling environment at JNR8 to develop skills and access employment	Chris Ricard/ work club tutors	
Work with / promote The Works in Moss Side?		

Strategic priority 8: Enabling older people to keep well and live independently in their community		
Action	Who by?	By when?
Age-friendly Whalley Range Programme	AFW Steering Group	
Pilot a Casserole Club / Cook and Share scheme to link neighbourhood cooks	Whalley Range Community Forum / Chris Ricard / Public Health Manchester Food Futures Team	

up with diners		
Campaign to increase take up of flu vaccinations in older people	To be identified	
In partnership with the NHS provide a weekly community health walk for local community.	BMHC	
Provide low level support for older people through various exercise & social activities & events.	Chorlton Good Neighbours	

*Existing actions from ward plan

*New suggested actions

