

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 16 September 2015
Subject: Greater Manchester Public Health Reforms
Report of: David Regan, Director of Public Health

Summary

As part of the Devolution Agreement the 10 Greater Manchester Local Authorities, Public Health England (PHE) and NHS England have signed a Memorandum of Understanding (MoU) to reform public health across Greater Manchester and create a single unified system. The MoU was signed on 10 July 2015 and this initial report provides a brief overview of the implications of the agreement for Manchester.

Recommendations

The Board is asked to note the report.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The scope of the agreement, key programmes of work and early implementation priorities will be incorporated into the implementation of the Joint Manchester Health and Wellbeing Strategy and Locality Plan.
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

Lead board member: Director of Public Health

Contact Officers:

Name: David Regan
Position: Director of Public Health
Telephone: 0161 234 3981
Email: d.regan@manchester.gov.uk

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.

1. Introduction

- 1.1 Despite the successful transfer of key public health functions back to Local Government in April 2013, the public health system remains fragmented. The split of responsibilities across Public Health England (PHE), NHS England (NHSE) and Local Authorities (LAs) relating to health protection, health improvement and health intelligence has led to unnecessary duplication of effort in some areas and gaps in others.
- 1.2 As part of the Devolution Agreement, Greater Manchester now has the opportunity to develop a unified public health system, following the signing of the attached Memorandum of Understanding (MoU) on 10 July 2015.
- 1.3 In Manchester the local reform of public health means that the City is well placed to support and benefit from the implementation of the MoU.

2. Build-up Year 2015-16

- 2.1 The recently established Greater Manchester Prevention and Early Intervention Board, chaired by the AGMA Lead Chief Executive, will be responsible for ensuring the MoU is implemented by bringing together resources from the 10 LAs, Public Health England (PHE) and NHS England. As partners to the MoU it will be important to ensure that the CCGs and NHS Trusts are part of the unified system, given their key role in prevention and early intervention both as commissioners and providers.
- 2.2 The key tasks over the next six months are to:
 - develop a single GM Public Health Strategy, set of priorities and action plan that is consistent with Locality Plans and Health and Wellbeing Strategies;
 - extend commissioning at GM level of activity (e.g. sexual health services) to improve health that achieves additional impact and is complementary to that at city/borough level;
 - strength health protection functions to be commissioned and organised on a GM footprint with additional responsibilities aligned to wider GM resilience and civil contingency arrangements;
 - appoint a Greater Manchester Director of Population Health, funded from existing resources for a time limited period, to co-ordinate action on behalf of the Board.
- 2.3 The Director of Public Health will ensure that expertise and capacity from the local public health team plays a lead role in the development of the unified system. The team is already organised around the life course themes referred to in the MoU of:
 - Starting Well-including the reform of children's public health services for 0-19 year olds

- Living Well and Working Well-the coordination of the Manchester Health and Work Programme supported by all partner organisations on the Health and Wellbeing Board and led by the Chair of Central CCG
- Ageing Well-Age Friendly Manchester (AFM) leading work on proposals to establish the GM Ageing Hub

2.4 Furthermore the MoU will help draw down resources from NHS England to hopefully address local concerns over the uptake of screening and immunisation programmes.

3 Conclusion

The MoU provides a real opportunity to make the best use of public health resources across Greater Manchester in order to tackle entrenched health inequalities.



Public Health
England



AGMA
ASSOCIATION OF
GREATER MANCHESTER
AUTHORITIES



in Greater Manchester



England

Securing a Unified Public Health Leadership System in GM as a Contribution to Delivering a Transformation in GM Population Health

A Memorandum of Understanding between Greater Manchester Partners, Public Health England, and NHS England*

Partners to the Memorandum of Understanding

- **Public Health England**
- **GM Local Authorities**
- **NHS England***
- **Association of GM CCGs**
- **GM NHS Providers**
- **GM Blue Light Services (GM Police, GM Fire and Rescue, NW Ambulance Services)**

10th July 2015

**The National Health Service Commissioning Board was established on 1 October 2012 as an executive non- departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes*

1. About This Memorandum of Understanding

This Memorandum of Understanding (MoU) sets out our shared commitment to the most ambitious approach yet in England to place Public Health at the heart of public service reform and economic growth. Rebalancing the economy through supporting the Northern Powerhouse is a major priority for the new Government, working in partnership with northern cities. But rebalancing our economy also requires rebalancing our public services. At the centre of this is the groundbreaking Greater Manchester (GM) devolution deal of which the GM Health and Care Devolution agreement is one of its most critical elements.

This MoU between Local Authorities in GM, Public Health England (PHE) and NHS England (NHSE) (agencies that host the majority of public health leadership capacity) and key GM partners including NHS Commissioners and Providers in GM, complements the wider devolution deal by setting out how public health leadership in the place can come together to support the necessary rebalancing of our health and care system towards prevention and early intervention.

The MoU creates a framework by which partners will create a single unified public health leadership system capable of contributing to a transformational and sustainable shift in the health and wellbeing of the population. Such a transformation is required if GM is to improve the lives of residents, capitalise on its economic potential and deliver a sustainable health and care system.

A unified public health leadership system for GM will require alignment between the partners on overall approach, methodology, leadership and early priorities. A new GM System Prevention and Early Intervention Board will be established to create and oversee the unified public health leadership system for GM, the key operational principles of which will be:

- a robust and evidence-based public health contribution to growth and reform priorities of Greater Manchester;
- a relentless focus on wellbeing, prevention and targeted early intervention;
- a recognition that the citizens of GM will be key agents in supporting and achieving better health outcomes;
- a rebalancing of investment towards prevention; and
- a commitment that no decisions on public health leadership, investment or commissioning that relate to GM residents are made without GM.

The MoU sets out the five major transformational programmes, and twelve early implementation priorities that will together demonstrate how a single unified public health leadership system can embed the linkage between health, jobs and better family outcomes.

2. Background to the Memorandum of Understanding

Greater Manchester intends to secure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of the conurbation. This is the objective of the GM/NHS England Memorandum of Understanding signed in February 2015. To achieve this scale of ambition GM needs to:

- ensure all residents are connected to the current and future economic growth in the conurbation, including quality work, improved housing, and strengthened education and skills attainment;
- deliver effective integrated health and social care across GM, with a much stronger prioritisation of wellbeing, prevention and early intervention;
- close the health inequalities gap faster, within GM and between GM and the rest of the UK;
- take every opportunity across the life course to support residents to be in control of their lives and their care; and
- forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.

This opportunity is reflective of the pre-eminent argument in the NHS Five Year Forward View (October 2014) –

“that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless’ health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences.”

GM is creating the conditions for such a step change in the health of the population by taking greater control of key determinants of economic growth through the wider GM Combined Authority devolution agreement with central government, including for example new powers on transport and planning.

In addition, under the related Health and Social Care Devolution framework, partners in GM are taking greater control of all health and care spend in the conurbation and will have a Strategic Sustainability Plan in place to show how it will deliver a clinically and financially sustainable set of health and social care services for the people of GM. This requires a substantial reduction in demand for health and care services, in part as a consequence of a transformational improvement in population health and wellbeing. The way NHS and Local Authority services are delivered, with an increasing focus on prevention, early detection and early intervention, will make an important contribution to the objectives. The production of the Strategic Sustainability Plan will be aligned with the Spending Review process that applies to NHS, Public Health and Local Authority social care funding.

Public Health England and partners to this MoU believe improvements in the public's health require concerted local leadership to ensure all have access to decent jobs, homes, family and friends, and make healthier choices that are so crucial to health. PHE has consistently championed the role of local government and believes further devolution will support local leaders in improving the health of their local populations.

The creation of a unified public health leadership system will become an inherent part of the integrated place-based approach to health and social care reform in each district involving councils, CCGs, providers and others, and across the conurbation. This approach will be reflected in each of the 10 places in Greater Manchester, and described in the locality plan of each place endorsed by the local Health and Wellbeing Boards.

3. Major Transformational Programmes of Work

There are five major transformational programmes of work that will embody and exemplify the way in which public health leadership will come together and ensure a substantial contribution to GM objectives of growth and reform and the transformational improvement of population health in the conurbation:

- **public health, reform and growth** – making the most powerful case yet for the ‘economics of prevention’ demonstrating the link between public health, employment and early intervention outcomes. Together we will bring together the evidence, analysis and understanding of a place based approach to prevention to support the GM reform programme and PHE’s work across the country;
- **nurturing a social movement for change** - enabling people to make their own informed life-style choices and creating new platforms for full engagement of GM resident;
- **starting well (early years)** - the scaled implementation of the GM early years model to improve school readiness and addressing long term determinants of public service demand;
- **living well (work and health)** - aligning public health intervention to wider public service reform tackling complex dependency and supporting residents to be in sustainable and good quality work; and
- **ageing well** - setting up a Greater Manchester Ageing Hub to support age-friendly communities and environments, and scaling work on dementia friendly communities, supporting those with dementia to remain connected to their communities and in control of their lives for as long as possible.

Further details on these programmes of work are attached as Appendix I, and will be developed jointly over time.

In addition to these major programmes of work, GM will work with Public Health England and others to develop proposals to align national health protection resource and expertise more closely with GM partnership arrangements, for example in developing the GM Anti-microbial resistance strategy. Appendix II has further details.

4. Early Implementation Priorities

The GM system and partners have also agreed a set of early implementation priorities which the partners will use initially to embody and exemplify the drive towards an integrated and unified public health leadership approach as a contribution to the transformation of population health in GM:

- develop a common, evidence-based case for the ‘**economics of prevention**’ demonstrating the link between public health, employment and early intervention outcomes;
- review together the opportunities to devolve or align commissioning of services currently included within the **section 7a arrangements**;
- **confirm the practical details of the establishment of the unified public health leadership system**;
- support the implementation of the GM health and care devolution early implementation priority of **mental health and worklessness**;
- reduce the impact of **hypertension**;
- increase the impact of **Health Checks** through more consistent implementation across GM;
- develop **enhanced outbreak management** and response arrangements;

- secure (as part of the wider devolution agreement) a fifth **alcohol licensing** condition associated with harm to health;
- accelerate the learning across Greater Manchester from the **Well North pilot sites**, aligned to the learning from the GM public service reform programme of complex dependency;
- work with the **GM Fire and Rescue Service (GMFRS)** to convert the GMFRS Home Safety Check into a 'Safe and Well' Assessment tool, and extending the work of the GM Community Risk Intervention Teams to cover all ten Districts of GM;
- develop a joint programme of work to substantially improve the current **uptake of flu vaccination** in the eligible population; and
- launch a **GM Physical Activity Strategy** in GM.

As a general ambition we need to accelerate the learning through knowledge and skills exchange, implementing best practice and innovation consistently, seeking external challenge and support and scaling up rapid appraisal and spread to achieve maximum impact and momentum for change.

Further information on these early implementation priorities are contained within Appendix III.

5. Purpose of the MoU

This MoU describes how public health leadership in PHE, NHSE, GM and other partners will work together to secure accelerated improvement in the health and wellbeing of the GM population, and exploit the opportunity of the total devolution package for the conurbation including for example addressing skills, work, complex dependency. The MoU seeks also to innovate and deliver new approaches to tackling the wider determinants of health including employment (and levels of worklessness), educational attainment, housing, and income levels.

The MoU describes how a unified public health leadership system will work together to deliver the scaled implementation of transformational programmes of work in GM focused on improving mental and physical health and wellbeing as a contribution to the achievement of a clinical and financially sustainable health and care system. GM recognises that this is a significant opportunity to create a sustainable health and social care system led by engaged citizens that secures better outcomes for local people.

Success will be dependent on mobilising and aligning the connections between health, wellbeing, employment and economic growth to create and secure a sustainable health and social care system. GM recognises our unique position in England and that others will look to GM on what the realisable benefits are for local citizens.

The MoU supports transparent working between national and local government and the economy and health. Through this approach GM will identify what has worked and the scale of what has been achieved as well as barriers in the system and seek government support to have them removed to ensure further opportunities to create sustainable delivery of improved health and wellbeing outcomes. PHE, NHSE and GM with the GM Academic Health Science Sector, the GM Public Health Analytical Network, New Economy (the GM Economic policy and research function) and national bodies (e.g. NICE, Institute of Health Equity) will collaborate to design an evaluation framework to share the learning with other systems and support transparency and accountability to the local political leadership, national government and the people of Greater Manchester.

6. Parties to the Agreement

The Parties to the agreement are those partners where the majority of professional public health leadership currently resides, ie:

- the 10 Local Authorities that are members of the Association of Greater Manchester Authorities (AGMA);
- Public Health England (PHE); and
- NHS England (NHSE);

Key delivery partners for public health interventions are also partners to the agreement:

- Association of Greater Manchester Clinical Commissioning Groups;
- GM NHS Provider Organisations (Acute, Mental Health and Community); and
- GM Blue Light Services.

7. Overarching Principles

For public health leadership in the conurbation to come together and make the necessary substantial contribution to the overarching GM objectives, a set of operating principles that guide the ongoing development of the agreement are proposed as follows:

- a robust and evidence-based public health contribution to the devolution work programme that supports and enables the economic growth and public service reform objectives of the Greater Manchester Strategy;
- a relentless focus on wellbeing, prevention and targeted early intervention, linking public health action with public service reform, through the design of new services based on the needs of children and families;
- a recognition that the citizens of Greater Manchester will be active participants in supporting and enabling their own better health outcomes, both through their personal responsibilities and also through their contribution and advocacy in networks and social movements for change and better health;
- a commitment that no decisions on public health leadership, investment or commissioning decisions that relate to GM residents are made without GM;
- a rebalancing of our current investment in the health and care system towards prevention, and early intervention, with a robust and evidence-based contribution to the GM health and care system and in line with the NHS FYFW;
- a focus on the role of the health and care provider system to make a substantial contribution to population health gain, both as an inherent part of clinical pathways (“making every contact count”) and as major employers; and
- recognition of any potential impact on NHSE and PHE to discharge statutory obligations elsewhere in the country.

8. Building a GM Based Unified Public Health Leadership System

Public health leadership capacity is currently embedded primarily in PHE, NHSE and Local Government and interventions delivered in conjunction with a range of partners. This agreement is an opportunity to build a single public health leadership system across the GM economy – one which maximises both the impact and the capacities of a small and specialist workforce in pursuit of the objectives of this agreement. This requires;

- a step change in the way already devolved public health leadership capacity is organised across GM;
- the re-alignment and re-orientation of PHE resource and capacity; and
- the devolution of NHSE commissioning resource.

8.1 Currently devolved leadership

The existing and devolved public health leadership capacity in local authorities in GM will improve its organisation, efficiency and effectiveness as a contribution to a unified public health leadership system in Greater Manchester in pursuit of the aims of this agreement. This work is currently under development and will be part of the work of the GM Strategic Plan for a financially and clinically sustainable health and care system. GM will be:

- extending commissioning at GM level of activity to improve health that achieves additional impact and is complementary to that at borough level;
- providing certainty and clarity of Public Health Leadership with clear accountabilities and governance arrangements both to localities and the GM system;
- strengthening health protection functions to be commissioned and organised on a GM footprint with additional responsibilities aligned to wider GM resilience and civil contingency arrangement;
- developing a pooled budget to which all councils contribute to commission GM level activity and a district level budget for district activity;
- ensuring all Local Authorities have ready and effective access to all the necessary public health experience and skills to ensure they can fulfill their statutory requirements and identifying an appropriate public health presence in each Local Authority area;
- developing a single GM Public Health Strategy set of priorities and action plan; and
- amplifying the 'Healthcare Public Health' work programme as an inherent part of the NHS provider contribution to the GM Strategic plan for health and care;

More detail on these proposals is in Appendix IV. The GM Prevention and Early Intervention Board will oversee the implementation of these commitments.

8.2 Public Health England Support to GM

PHE is committed to supporting Greater Manchester in its aim to transform health and will work with GM to ensure that the full range of expertise and capabilities available to PHE as a national body are made available to support the major transformational programmes identified. PHE and Greater Manchester will agree a rolling 6 month programme to set out the support PHE will make available, the expected contribution to improving the health of local people, and the potential for exploiting success in Greater Manchester in other parts of the country.

PHE will work across the GM system to support areas of greatest potential for achieving rapid and scaled up improvement to health and wellbeing with a focus on the major transformation programmes described, which inherently includes work on economic development and a life course approach.

Devolution in Greater Manchester will greatly benefit from input from PHE's expert national resources to create a strong and resilient partnership. PHE will create a focal point that repositions its contribution into the GM Based Unified Public Health Leadership System and supports the radical transformation of the public's health that GM has committed to. This will act as a test bed for new models of working within devolved economies with direct reporting into both Greater Manchester and PHE. This focal point will help GM and PHE align their work and tailor the wider PHE contributions to meet local priorities and deliver on the MoU and the GM Health and Care Sustainability plan.

Public Health England commits to:

- align PHE's resource and capacity to support a single public health leadership across the GM economy in order to focus joint efforts on the areas of greatest potential including outcomes and reducing cost in the NHS and the public sector;
- a bespoke joint delivery arrangement ('GM Front Door') between PHE and GM. This requires local and national PHE resources to be aligned with the public health capacity in the GM system to deliver the PH elements of the MoU and supporting the objectives of the Prevention and Early Intervention Board;
- organisational transparency and joint learning through implementation of the MOU;
- support GM to shape the evaluation of the joint working and learning by working with academia in GM with the support of Academic Health Science Network and other parts of the Academic Health and Science system in order to continually drive innovation and best practice and to share this new knowledge with others; and
- working with NHSE nationally and locally to develop new commissioning models for the national public health programmes covered by Section 7a (see section 8.3 below) to achieve better health outcomes and better value for money.

PHE will work with GM to focus on the areas of greatest potential for change to achieve our shared ambition to secure improvement in outcomes and will work flexibly to make available the right national expertise at the right time to increase pace and reach of local actions.

PHE supports shared governance arrangements through the establishment of a GM Prevention and Early Intervention Board that will hold the unified public health leadership system to account on action and deliverables within the GM delivery plan.

More information on the Public Health England contribution is in Appendix V.

8.3 Devolution of NHS England Commissioning Resource

NHS England, supported by Public Health England, commission a range of public health interventions on behalf of the Secretary of State under the terms of a 'Section 7a' agreement and receive funding to do so (the agreement is section 7a of the 2006 Act as inserted by the Health and Social Care Act 2012).

The services currently included in Section 7a are:

- 28 national screening and immunisation programmes;
- childrens public health from age 0-5 (transferring to local government on 1 October 2015);
- child health information services;

- public health services for people in prison and other places of detention, including those held in the children & young people's secure estate; and
- sexual assault services.

A multi-agency workshop on 25 June 2015 considered these services in the context of the presumption to devolution of commissioning resource and capacity. A number of opportunities were recognised:

- to bring together relatively fragmented commissioning arrangements for example ensuring Sexual Assault Referral Services link more strongly to local safeguarding and complex dependency arrangements;
- to align the section 7a interventions with wider public service reform ambition in GM (for example screening and immunisation services as inherent parts of the GM 8 stage model of early years intervention);
- to achieve stronger economies of scale across GM (for example there are 10 Child Health Information Services in GM of varying quality); and
- to ensure service interventions are delivered in the context of wider public service reform (for example liaison and diversion services and police custody).

All agreed there was considerable scope to transform rather than simply transition services, and that the transformation is characterised by whole public service commitment to independence, wellbeing, prevention and demand reduction. This is recognised to be fully in accordance with the ambition of the NHSE FYFV.

Work is required to understand the legal framework for any potential devolution of section 7a services to GM, and NHSE will commit to working with partners to make the most of any opportunities. At the same time Public Health England and partners in GM will work with NHS England to ensure that emerging governance around the new commissioning arrangements in GM fully exploit the opportunity to deliver significantly improved outcomes for GM residents.

NHSE working with PHE and GM partners as part of the single unified public health leadership system in GM will bring forward proposals for devolution of section 7a services to the GM Prevention and Early Intervention Board, subject to legal consideration, and the agreement of the Secretary of State that include the following:

- in health and justice, of liaison and diversion services, police custody and sexual assault referral services, and health provision in secure children's homes;
- in early years, 0-5 services which will be commissioned by Local Authorities from October 2015, and closer linkages to the Child Health information services; and
- immunisation and screening services with a specific objective to ensure GM achieve top quartile performance in all uptake and quality metrics.

NHSE supports shared governance arrangements through the establishment of a GM Prevention and Early Intervention Board that will hold the unified public health leadership system to account on action and deliverables within the GM delivery plan.

9. Public Health Grant

The Department of Health funds Local Authority public health activities through the Public Health Grant. The Grant is paid through Public Health England (PHE), and the PHE Chief Executive is the Accounting Officer for the Grant. The Grant is currently ring-fenced and must be spent with the primary purpose of improving the public's health.

GM LAs are collectively below the ACRA fair share target allocation for the Public Health Grant. Additional funding from growth in the Public Health Grant would be used on a pooled basis to support GM wide prevention initiatives and the growth agenda on an invest-to-save basis. We would seek to reduce sickness absence, increase productivity and remove health related barriers to work and learning.

GM will work with PHE to ensure they can demonstrate that the Grant is spent with the primary purpose of improving public health without placing unnecessary constraints on the actions of GM or undue administrative burden. Through this work, PHE and GM will seek to agree an approach which demonstrates the impact of public health outcomes and may provide an alternative approach to the existing arrangements for the ring-fence grant.

GM and PHE will therefore develop a set of criteria for the deployment of the funding rooted to the objectives of this agreement. These could include:

- alignment with the objectives of the GM five year strategic plan for health and care;
- the safeguarding of existing key provision but re-design it to align with public health priorities;
- support to the GM Public Service Reform programmes;
- being prevention focussed;
- being receptive to re-design and change in future years, future grant allocation may differ from the current levels; and
- the need to innovate and evaluate.

10. Unified Public Health Leadership Enabling Capacity

There are a number of enabling mechanisms that need joint and concerted work under the terms of this agreement if the public health leadership system in GM is to meet the objectives described. These are:

- development and Deployment of Public Health Intelligence in the context of a GM place-based intelligence function focused on GMS priorities of growth and reform;
- development of the research and evidence base with academic partners including the GM Academic Health Science Network and other parts of the academic health science system;
- development of the public health workforce; and
- more explicit recognition of the relationship between housing and health.

The GM Prevention and Early Intervention Board will drive forward progress on this enabling capacity, and further content is suggested in Appendix VI.

11. Governance

To support a single unified public health leadership system clear governance and accountability need to be in place, linked to the wider governance arrangements of the GM health and care devolution agreement. The following arrangements will apply:

- we will establish a GM Prevention and Early Intervention Board to oversee the delivery of the MoU objectives and the effective development and operation of a unified public health leadership system and ensure the programme to work is delivered at scale. This would bring together partners across Local Authorities, PHE, NHS England, NHS Providers, CCGs and other public and voluntary sector partners to lead this work programme. This will be chaired by a Local Authority Chief Executive;
- the GM Academic Health Science Network will have a place on the Board to reflect the importance of a research and evidence base to intervention;
- the GM Prevention and Early Implementation board will have a clear relationship to the GM Health and Social Care Partnership Board, and to both the Joint Commissioning Board and the GM Provider Board and will be held to account by both;
- the work of the unified public health leadership system will be reported to and reflected in the programmes of each of the local Health and Well Being Boards in GM; and
- the first meeting of the GM Prevention Implementation Board will be in July 2015.

Appendix VII provides an indicative and draft picture of the governance relationship of the board to other parts of the GM Health and Care Devolution governance architecture under development.

In providing oversight of the work of the unified public health system, the GM Prevention and Early Intervention board will wish to develop a performance outcomes framework that can benchmark progress, which could outline:

- current performance across the system;
- indicator set of measuring GM performance; and
- possible trajectories to achieve required future position.

12. Evaluation

This is a key opportunity to align GM public health leadership into a single system focused on engaging citizens and reforming services to create a sustainable health and social care system. This is dependent on mobilising and aligning the connections between health and wellbeing and good quality employment, economic regeneration, and growth to secure a health and social care system able to deliver improved health outcomes in length and quality of life.

GM recognises our unique position in England and that others will look to what GM has achieved to date and what the benefits have been achieved for local citizens. The MoU supports transparent working and delivery between national and local government and the economy and health. GM is committed to being able to demonstrate these benefits and is looking to work with others to establish a mechanism to evaluate this complex programme. Through this approach we will identify what has worked and the scale of what has been achieved as well barriers and further opportunities to create sustainable delivery of improved health and wellbeing outcomes and sustainable health services, which may include the further development of national powers to the local system.

Through the MoU PHE will collaborate with others including the GM Academic Health Science System and the GM PH Analytical Network, New Economy and others (including national bodies national and bodies e.g. NICE Institute of Health Equity), to establish an evaluation framework the purpose of which is to support transparency on the achievements GM has committed to, share learning with other systems, identify barriers and support transparency and accountability to the local political leadership national government and people of Greater Manchester.

13. Roadmap

A high level timetable for this agreement is as follows

July 2015	MoU and Inaugural meeting of GM Prevention and Early Intervention Board
October 2015	Shadow GM Health and Care Devolution Governance arrangements in place.
April 2016	Full Health and Care Devolution arrangements in place

14. Delivery

Signed for and on behalf of Association of Greater Manchester Authorities

Signature:

Name: Cllr Cliff Morris

Position: Leader, Bolton Council

Date:

Signed for and on behalf of Public Health England

Signature:

Name: Duncan Selbie

Position: Chief Executive,

Date:

Signed for and on behalf of NHS England:

Signature:

Name: Simon Stevens

Position: Chief Executive

Date:

Signed for and on behalf of Association of GM Clinical Commissioning Groups

Signature:

Name: Dr Hamish Stedman

Position: Chair, Salford CCG

Date:

Signed for and on behalf of GM NHS Provider Forum

Signature:

Name: Ann Barnes

Position: Chief Executive, Stockport FT

Date:

Signed for and on behalf of GM Blue Light Organisations

Signature:

Name: Peter O'Reilly

Position: Chief Officer, GM Fire and Rescue Service

Date:

Appendix I – Major programmes of work

There are five major programmes of work to pursue at scale and pace as a consequence of this agreement, and which help to ensure that the contribution of PHE and the aggregated working of local public health function is orientated to secure maximum impact on the GM agreement. These are broadly framed according to a life course approach.

1) Public health, growth and reform and alignment with the Spending Review

A key priority for the partnership will be to develop the fullest distillation yet of the ‘economics of prevention’ case for linking public health strategy with public service reform in order to reduce demand and boost productivity.

This submission will set out a coherent, plain English narrative that explains why public health, employment and early intervention strategies need to be integrated at place level. It will outline the evidence about what can be achieved by such an approach and make a contribution to the GM Strategic Sustainability Plan for the health and care system. The production of the Strategic Sustainability Plan will be aligned with the Spending Review process that applies to NHS, Public Health and Local Authority social care funding.

The building blocks for developing the submission will include:

- a workshop in summer 2015 in GM with PHE and GM public health leads to scope the evidence and arguments that need to be assembled;
- a review of the spending data in GM, including the early analysis on reactive and pro-active spend by service and agency;
- drawing on PHE’s evidence about which public health interventions reap the most quantifiable outcome returns; and
- developing recommendations with the Prevention and Early Intervention Board for a potential place-based settlement that can accelerate growth and reform outcomes.

2) Nurturing a Social Movement for Health

Devolution offers the shape a new relationship with an engaged citizenry empowered to develop and enrich their own communities within a framework of support and governance. The application of this across the city region has the potential to increase community cohesion, increase skills, and promote economic development as well as help manage demand on health and social care.

The Wanless scenario of a national health service being financially sustainable only if levels of public engagement in relation to their health are high is widely supported in discussions on Devolution proposals. In discussion on GM Devolution the point is also made that action to achieve the goal of promoting wellbeing would be enhanced if a “social movement for health” to drive for better health that emanates from the population and leads to a repositioning such that there is a widespread positive relationship between individuals and their health and a strong sense of what is needed to turn that into better health. This too would represent the fully engaged community scenario with the focus on the social determinants of health.

In GM this has the potential to achieve:

- a change in behaviour with higher levels of participation, stronger community cohesion and less dependency on statutory service provision;
- an enabled citizenry who have the skills and materials they need to manage their lives through to improved outcomes e.g. better educational attainment, improved employability and better health and wellbeing;
- a vibrant third sector providing an alternative and very different offer to the current statutory services, in particular focusing on improved early intervention and prevention;
- a strong emphasis on growing the social value attained through the combined resources of the statutory sector; and
- a public sector workforce with a different appreciation of their role as one of enabling and supporting local individuals and communities to achieve these.

Early lessons on nurturing a social movement for health, focused on the promotion of physical activity, will be tested from June 2015. This will recognise the unique contribution of the promotion of physical activity to health and wellbeing, through not only active sports participation but to support people to build physical activity into their daily routine

3) Starting Well – Early Years

The GM Early Years New Delivery model recognises that the crucial period for child development is conception to three. The consequences of a poor start can be permanent, limiting children's lifetime potential. Across Greater Manchester, this also has consequences for our future skills base and economic productivity. In GM 40% of children currently start school without being school ready, £363 million is spend every year on proactive early years services, with uncoordinated goals, gaps and duplication across different public services.

We will continue to build on the strengths of the GM Early Years New Delivery Model in improving school readiness through integration of public services and focus of resources on improving life chances in early childhood, through the universal provision of integrated education, child care, parenting support and health services. The transfer of 0-5 years Public Health provides a unique opportunity to deliver improved health outcomes in early years, which is essential to GM's strategic ambitions of sustainable economic growth, and connecting people to that growth.

The Family Nurse Partnership (FNP) is an evidence-based primary prevention and early help programme for teenage parents, which is delivered by highly trained public health nurses as part of the Healthy Child Programme. FNP is a highly evidenced based service which can transform the life chances of some of the most disadvantaged children and families by helping to improve health outcomes, economic self-sufficiency and social mobility and break the life cycle of intergenerational disadvantage.

4) Living Well - Work and Health

4.1. Supporting Residents to access and sustain work

We will build and extend our three strand approach to helping people stay well & in work and return to work after illness. Our approach recognises that the relationships between the individual, their employer and healthcare professionals are key to ensuring that individuals can benefit from good health and good work.

We will collectively strengthen how we put health interventions at the heart of integrated packages of intervention for the 50, 000 additional Working Well cohort, and ensure jobs created are of good quality.

The public health system will bend its support to the challenge of managing individuals and families with multiple and complex problems. Whilst the public health system engages with the agenda across the GM economy it can be more consistent in its support and reduce the variation and duplication of its offer. It will do this through a unified approach to the provision of:

- improved intelligence to support local planning;
- risk stratification approaches;
- commissioning support e.g. in redesigning new service models which deliver reduced duplication and better coherence of offer to the client; and
- integrated services by redesigning the relevant commissions supported by the PH Grant to support the work very specifically those for drug and alcohol services which we will re-orientate collectively across GM, focusing onto the development of recovering communities and aligning them closely with the reform agenda.

We will extend a GM training programme to equip health professionals with the tools to open conversations with individuals about work and ensure that work is an element of treatment plans, a reinvigorated approach to helping businesses secure accredited (The GM Workplace Wellbeing Charter) and expansion of the behaviour change programme (piloted in 2013-2014) working with individuals with Long-Term Conditions to change attitudes about working with a LTC. WE will continue to work with PHE to deliver the first Public Health Strategy for Active Ageing in the Workplace.

[4.2 Understanding Benefit to DWP of scaled health intervention and working together on new funding flows](#)

GM analysis has found that public health services deliver cost savings to a number of public sector budgets - beyond the health care system. However, there are very few examples of where cross-departmental investment into public health services has been secured. GM would like to work with PHE at national level to create strong business cases for DWP and Department for Education investment in additional PH services.

For example, Greater Manchester has robust cost benefit analysis that demonstrates that DWP is the main beneficiary of Public Health Investment in Family Nurse Partnerships and the GM Early Years Delivery Model. Work will be undertaken to develop partnership agreement to the modelling and analysis.

5) Ageing Well

We recognise that a sustainable health and care system requires a fundamental change to the way we consider the opportunities and challenges of an ageing population.

[5.1 Greater Manchester Ageing Hub: creating age-friendly communities and environments](#)

Greater Manchester will create an Ageing Hub which is aligned with the priorities of Growth and Reform. This will be a collaboration between Greater Manchester local authorities (including the Age-

Friendly Manchester programme), New Economy, Public Health England, the Manchester Institute for Collaborative Research on Ageing (MICRA) at the University of Manchester and voluntary and community sector partners, which takes a holistic approach to ageing. This will enable us to build on the evidence base around ageing, gather best practice, scale up existing initiatives that work and pilot new and innovative solutions to the challenges and opportunities which ageing societies bring. The Hub will sit alongside wider Greater Manchester governance arrangements and will seek strategic relationships with national partners on ageing.

The Greater Manchester Hub will have a strategic focus on how urban environments can work with and for older people in order to support and facilitate people living longer, healthier lives. The centre will draw upon the experience of partners in emphasising the co-production of research and policy with older people. It will use a neighbourhood based approach to test initiatives which both challenge inequalities and strengthen economic growth and resilience, and build on the idea of Greater Manchester as a 'living lab', where we develop interventions, products and services. For example, the Centre of Excellence will explore the links between work and healthy lifestyles as people age. This will be a place-based collaboration between university, public and private sectors linking research and development with public service delivery. It will also provide a test-bed to support the development of a national Healthy Ageing / Ageing Well framework, which is being led by PHE and NHSE.

During the first year this work will focus on setting up the Hub. The framework for the Hub will be in place by November 2015. This will include priority themes, governance, working arrangements and national collaboration. Building on this a workplan will be put in place by April 2016, overseen by a core group. The core group will produce a scoping report which explores how ageing can be integrated across Greater Manchester strategies and plans and how the age-friendly approach can be delivered across Greater Manchester. The core group will also be charged with drawing on a range of funding streams, for example exploring funding opportunities with the Centre for Ageing Better.

5.2 Dementia Friendly Communities

We will raise the population awareness of Dementia on a Greater Manchester basis (buses, trams, etc) and take advantage of the great opportunity to work with larger employers (local and national) operating in Greater Manchester to raise awareness of how to provide better services for their customers with dementia, support staff with dementia (employment retention) and enable staff to be better carers and to manage caring responsibilities while staying in work.

We will develop a Greater Manchester Diploma in Care Home Nursing to value our care staff and enable them to deal with the complex inter-related issues they must manage with dementia clients.

We will explore opportunities for developing job share approaches between district nursing and care homes or intermediate care facilities. To improve retention of staff and better quality of care leading to fewer admissions to hospital and reduced costs.

Work with primary care services across Greater Manchester could be linked to the Dementia Knowledge and Skills Competency Framework with the intention of improving the quality of care received, the recognition of dementia at an earlier stage and a better support structure enabling people with dementia to live at home for longer.

During the development of this programme of work we will work closely with the GM Health and Care Devolution Early Implementation Priority of Dementia Care, led by Sir David Dalton.

Appendix II - Protecting Health of All Residents – Health Protection

GM working with the GMRF, LHRP and local system leaders will identify a programme of work in support of measures to enable the to;

- Build a resilient health protection system – contributing to GM’s role model status in the UNISDR Making Cities Resilient campaign;
- Understanding and mitigating current health protection risks to the GM economy and health and social care system, through developing and implementing a ‘Tackling Anti-microbial Resistance Strategy’ for Greater Manchester and undertaking a Sector-led Improvement of Outbreak Planning and Response;
- Working with PHE to maintain and transform GM’s health protection planning and response capabilities, building on the unique and successful integration following Public Health transition of Local Authority health protection and civil contingencies capacity and capabilities through the strengthening of the AGMA Civil Contingencies Resilience Unit (CCRU) function; and
- Embracing and fostering change and innovation to deliver quality improvement in infection prevention control, reduce impact of HCAs and achieve greater efficiency in the use of expert resources and assets, e.g. to accelerate development of the Greater Manchester Infection Prevention Control Confederation.

Appendix III – Early Implementation Priorities

- **Develop a common, evidence-based case for the ‘economics of prevention’** demonstrating the link between public health, employment and early intervention outcomes
- GM, PHE and NHSE will work to develop **new commissioning models for the national public health programmes covered by Section 7a**, to achieve better health outcomes and better value for money.
- **Practical Details of a unified public health leadership system.** The partners will bring forward proposals for the consideration of the board to take the necessary steps to secure the most effective joint working, co-design and co-presentation. This will require consideration of communication, working arrangements and governance
- **Reducing the Impact of Hypertension.** A priority for GM where the health gain would be most tangible and immediate. PHE national and local have existing involvement within GM and can focus on delivering prevention, detection and treatment to divert and reshape local programmes/ treatment pathways. This programme should be built around a scaled up approach to the most effective Health checks programmes (see below) and focus initially on reducing hypertension and prevention of diabetes. We will work across the conurbation to find the thousands of people missing from disease registers and deliver best practice clinical management and lifestyle support. The GM Primary Care Standards include all practices offering Health Checks and a 5yr coverage target.
- **Increasing the impact of Health checks:** We will consider a single scaled, high quality GM Health Check programme with an element in Primary Care and a sustainable community model to target those who do not readily access services.
- **Supporting Delivery of the GM Alcohol Strategy.** The parties to the GM Alcohol Strategy have agreed that the approach fits clearly within the MOU commitments to growth and public service reform. The Alcohol Strategy supports our shared vision, set out in the GM Growth and Reform Plan, to achieve sustainable economic growth and a sustainable health and care system, and ensure all residents can contribute to and benefit from that growth. The public health system will support the recommendations on;
 - liaison and diversion services & recommendation;
 - drug testing on arrest;
 - prison health services and ‘through the gate’ resettlement;
 - devolved and flexible approach to licensing, regulatory compliance and enforcement;
 - devolved powers to regulate alcohol advertising at the local level; and
 - securing as part of the wider devolution agreement a fifth licensing condition associated with harm to health.
- **Blue Light Collaboration.** Greater Manchester Police, Greater Manchester Fire and Rescue Service and North West Ambulance Service have combined to construct a new Community Risk Intervention Team. Currently the team is based at three locations; Wigan, Salford and South Manchester. The teams work closely with local integrated health and social care arrangements; their prevention activities are based on an agreed risk stratification tool. Teams not only assess for vulnerability to fire, crime, falls, isolation and general detractor of

health and wellbeing, they also respond on behalf of GMP and NWS to high volume low priority calls, thus freeing up 999 response teams to concentrate on emergency incidents. This team is the first of its kind within the UK. As a result of this agreement the work of the team will be extended across all ten boroughs of Greater Manchester, integrating directly with local health and social care plans.

- **Developing enhanced outbreak management and response arrangements** following the sector led improvement work commissioned by the GM Public Health Network
- Accelerating the learning across Greater Manchester from the **Well North pilot sites**, aligned to the learning from the GM public service reform programme of complex dependency. Public Health England have worked with Well North in a number of districts in GM and the learning needs to be cascaded across GM aligned to the GM Public Service Programme on Complex dependency.
- Supporting the implementation of the GM health and care devolution early implementation priority of **mental health and worklessness**. This will require building on the work led by GM Public Health Network and working directly with employers and through New Economy and the LEP.
- A joint programme of work to substantially improve the current **uptake of flu vaccination** in the eligible population. This work will help to show the way in which a unified public health leadership system needs to work with partners in primary care, NHS providers services, and social care providers and has the potential to make a significant contribution to addressing unplanned admissions to hospital over the winter period.
- The launch of a **GM Physical Activity Strategy** as a culmination of a partnership with Transport for Greater Manchester (TfGM) GM Sport, Association of CCGs. Sport England and Public Health England

Appendix IV - Organisation of Devolved Public Health Capacity

- **GM will commission some public health interventions at a GM level to improve health that achieves additional impact complementary to that at borough level.** Many health issues are best understood and responses enabled at a GM scale; for instance, TB control, screening and immunization programme, sexual health, transport related health, alcohol and drug problems and NHS Checks.
- **GM will established a pooled budget to which all Councils contribute to commission GM local activity and a borough level budget for borough activity.** A GM budget is required to guarantee a sustained programme of GM level activity. Commitment should be to a minimum three year programme of activity. Each council would retain its remaining public health budget to deploy against the GM strategy action plan and local plans.
- **GM will confirm those Health protection functions to be commissioned and organised on a GM footprint with additional responsibilities.** The health protection system in GM has continued through several re-organisations and has demonstrated its appropriateness to need in Greater Manchester and its ability to organise and deliver a robust service at GM level. GM has a uniquely successful integrated emergency planning and response system as recognised by GM being awarded role model status with the UN Resilient Cities Programme.
- **GM will develop a single GM Public Health Strategy set of priorities and action plan in accordance with the principles and objectives of this agreement.** From a national perspective there is a uniform set of poor health indicators across GM and priorities for action that would be better addressed if individual districts agreed the priorities and coordinated action so that the priorities would be addressed in the same way, to the same proportionate level of investment and quantity of activity and in the same timeframe in each district across GM. There would however need to be opportunities to reflect variation and differential priorities between districts.
- **GM will ensure every district has** ready and effective access to all the necessary public health experience and skills. Public health expertise is spread relatively thinly and all of GM should have access to the skills required.
- **GM will maintain a public health professional presence in each council borough.** The transition of the public health function to local government has led to links with a wide range of council functions that would have been possible without the transition but would not have been as innovative or sustainable.
- **GM will set standard commissioning specifications for the large Scale Change Delivery of Healthcare Public Health.** Sharing of public health capacity across GM or within sectors in GM, again with managed deliberate intent, would enable better public health leadership on aspects of healthcare public health. Through the mobilisation of public health healthcare advice from all sectors to focus on supporting the NHS in GM to be sustainable, and make the business case for the orientating NHS to prevention and early intervention to prevention ie. the input to the commissioning of healthcare services in primary, acute, specialist and community service settings.
- **GM will ensure clarity of Public Health Leadership** with clear accountabilities and governance arrangements both to localities and the GM system. There needs to be unifying and clear public health leadership at both GM levels and localities, but this need not operate as a two tier system.

Appendix V – Public Health England Contribution

- **0-5 Pathway (Ante Natal and New Born).** Public Health England (PHE) will support a system-wide approach to maximizing access uptake and entrance to clinical pathways for pregnant women and young children (0-5) through multi-agency commissioning arrangements to maximize the screening and immunisation programmes, including delivery through primary care as part of co-commissioning.
- **Complex Families.** PHE will work with the Health & Justice system to support offenders released back into the GM area for resettlement, to support a holistic approach to their and their families' health and wellbeing. PHE will aim to test the new integrated offender health database 'Health and Justice Information System (HJIS)' to accelerate the development of integrated pathways and needs analysis, to ensure joined up packages of care and prevention services. PHE National Health & Justice team will work with GM to secure GM as an early adopter.
- **Supporting Behaviour Change at Scale.** PHE will provide support to enable GM to deliver behaviour change programmes at scale for key priorities such as Childhood Obesity, managing blood pressure and avoiding and controlling diabetes. Relevant PHE teams including the PHE Social Marketing team will be able to provide advice and guidance around the theory and practice of behaviour change. This could include the provision of insight and sharing best practice to maximize the impact of any local GM resource and avoid duplication of effort.
- **Supporting Early Implementation Priorities.** PHE will work with GM at a whole system level on the reduction of hypertension and access to health checks, focused initially on those areas of greatest need through PHE's healthcare public health function, aligning with the local GM public health system and workforces.
- **Digital and innovation.** PHE's Digital team will work with the local Academic Health Science System to rapidly design roll-out and evaluate digital approaches to supporting and health promoting and sustaining behaviours

This is not an exhaustive list and will need to be shaped over time. In addition the capacity and expertise support available from PHE needs to be prioritised across these and other work strands.

Appendix VI – Enabling Priorities

1) Place-based Intelligence System - aligning Public Health Intelligence System alignment to wider growth and reform

A single unified public health leadership system in GM needs to deliver robust population level health intelligence that is demonstrably connected to health improvement and economic growth and employment. The objective for GM is a place-based intelligence function that combines growth, reform and health improvement in a single or interlocked intelligence function that drives the sustainability plan. The new function will provide customer insight, behavioural characteristics and modelling of population demand in clearly understood accessible formats. Work is required to describe the characteristics of the intelligence operating system, scope its remit, understand its form and function and way of working, and understand its relationship to local intelligence capacity.

An aligned public health intelligence system for Greater Manchester will work with the Health and Social Care Information Centre (HSCIC) to explore the possibility of rolling out the Hospital Episode Statistics (HES) extract service for public health across Local Authorities in Greater Manchester on a 'do once and share basis'

2) Developing the evidence base for GM Public Service Reform including Health and Care Reform

We will work with academic partners to develop, accelerate and promote rapid adoption of new and innovative programmes for improving health and wellbeing. We will build on opportunities to bring together AHSNs, PHE and the New Economy to support the evidence-base for proposed initiatives. This could include:

- work to design a flexible innovative evaluation framework for GM Devolution and support work on ROI; and
- the development of system wide work on mapping clusters of multiple behaviours. Clustering of multiple behaviors is very bad for mortality, 7 in 10 adults are likely to have 2 or more poor behaviors and poorer and less educated communities even higher.

The objective of this work is to provide a robust evidence base to move resource from later to earlier interventions, and to create the mechanisms to shift resource across public services using the GM Cost Benefit Analysis, particularly where early intervention can reduce cost to other national partners (e.g. DWP).

In particular we will work with partners to develop tools and techniques associated with reducing demand for public service, including:

- **customer insight**, using tools such as user panels, customer journey mapping, analysis of data sets, risk stratification, to build a clearer picture of how and why people engage with public services;
- **changing the relationship between citizen and state**, encouraging greater community cohesion and resilience, and changing public expectations;
- **investing in prevention and early intervention**, moving up-stream in interventions to avoid more costly down-stream, reactive interventions;

- **focusing on value and outcomes**, moving away from using cost and output as performance metrics as a way of reducing waste and eliminating excess provision;
- **Using behavioural science to inform interventions**, understanding and targeting behavioural drivers, segmenting user groups, using behaviour change techniques; and,
- **Designing and integrating services around the user** by involving users in the design and delivery of services, improving integration of delivery, co-production, increasing self-management, peer-to-peer support and community support.

3) GM Public Health Workforce Development

GM wishes ensure a joint approach to deliver a public health workforce in GM able to deliver the ambitions described in this MOU. This is important because:

- Greater Manchester analysis indicates that the skills and competencies in the PH work force have not kept up with the changes to public service provision particularly integration of services around families;
- there is also a lack of understanding about the skills that PH health trained workforce can bring to Local Authority service planning and improvement;
- recognition that GM needs to secure a balance between specialist and generic skills within the PH workforce – including public health nurses (HV, FNP and school nurses), consultants and directors – to deliver the Health and Social Care devolution requirements; and
- opportunity to review the PH curriculum and training content for GM as a precursor to further national work. Provides PHE with a space to explore training and composition of the future PH workforce.

4) Housing and Health

In recognition that the right home environment is essential to health and wellbeing, throughout life, GM partners will formally adopt the Housing Health, Social Care & Housing MoU signed by PHE, NHSE, Association of Directors of Public Health (ADPH) and Association of Directors of Adult Services (ADASS) and the Foundation Trust Network.

Public Health England and local GM public health leads will work with Housing Leads in GM to develop a programme of work that could include;

- A wider event/workshop/meeting to facilitate relevant GM partners to consider the MOU and identify the actions needed to achieve the vision;
- Support the development of subsequent plans & action e.g., through participation in task groups/advisory capacity;
- Enable an audit of homes, health and wellbeing across GM and of the 'housing sector' contribution; and
- Develop the capacity of elected members to understand the 'health, homes and care' connection and consider how they can make better use of existing local levers.

Appendix VII– GM Prevention and Early Intervention Board Position in GM Health and Care Governance Structure – Draft subject to development of GM governance.

