

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

**Report to:** Manchester Health and Wellbeing Board - 9 March 2016

**Subject:** Health and Wellbeing Strategy refresh

**Report of:** David Regan, Director of Public Health

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**Summary**

The Health and Wellbeing Board has a statutory responsibility to develop and oversee a Joint Health and Wellbeing Strategy which responds to the health needs of the local population as set out in the Joint Strategic Needs Assessment. The existing strategy, agreed in 2013, has been refreshed to align with evolving programmes of work as well as the development of the Locality Plan to support Greater Manchester health and social care devolution.

**Recommendations**

The Board is asked to note the report.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	The Joint Health and Wellbeing Strategy is the overarching framework for reducing health inequalities and improving health outcomes in the city across each of these priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

**Lead board member:** All

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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.

## Introduction

1. The Health and Wellbeing Board has a statutory responsibility to develop and oversee a Joint Health and Wellbeing Strategy for the city. The strategy should respond to the health needs of the local population as identified within the Joint Strategic Needs Assessment. The existing Health and Wellbeing Strategy was produced in 2013 when the Health and Wellbeing Board was established.
2. The Health and Wellbeing Strategy forms part of the city's wider policy framework as set out in the Manchester Strategy. The Manchester Strategy was developed over the last year to replace the Community Strategy, and sets out the city's ten year vision to 2025.
3. In September 2015 the Health and Wellbeing Board discussed a refresh of the Health and Wellbeing Strategy. The refresh was developed in response to the Health and Wellbeing Board's Strategic Review and to align the board's strategic priorities with rapidly evolving plans for health and social care integration, linked to Greater Manchester health and social care devolution.

## Joint Health and Wellbeing Strategy refresh

4. The refreshed strategy outlines a ten year vision for the people of Manchester to be living longer, healthier and more fulfilled lives, moving from some of the worst health outcomes in the country to some of the best. The vision also underlines the shift that will take place towards the prevention of problems, accompanied by the transformation of the city's community based care system by integrating health and social care.
5. The strategic priorities have been updated to reflect evolving programmes of work across the city. As a ten year plan, the priorities are set out at a strategic level, with the detail on delivery sitting with the supporting programmes of work. The revised priorities are;
  - Getting the youngest people in our communities off to the best start
  - Improving people's mental health and wellbeing
  - Bringing people into employment and ensuring good work for all
  - Enabling people to keep well and live independently as they grow older
  - Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme
  - One health and care system – right care, right place, right time
  - Self-care
6. The priorities are substantively the same as those set in 2013, but have been updated and refreshed to align the strategy with developments over the last two years.
7. The strategic priorities illustrate the importance of a collaborative approach to health and wellbeing in the city. Several of the priorities will continue to be delivered in collaboration with other partners including the Work and Skills Board, Children's Board and Confident and Achieving Manchester Partnership

Board. Many of the priorities, in particular the enabling priorities which focus on self care and the health and care system, will be delivered through the Locality Plan.

8. The Health and Wellbeing Board discussed the draft refresh of the strategy at the September meeting. As part of this discussion members of the board requested that;
  - further work should be undertaken on the Joint Strategic Needs Assessment (JSNA) which underpins the Health and Wellbeing Strategy to ensure that this is a robust evidence base for the city. In the short term this was focused in particular on the Children and Young People's JSNA;
  - clear performance measures should be in place to record and track the progress of outcomes of the strategy; and
  - further work to be undertaken to finalise the refresh and to align this with the work on the Locality Plan, including communications and engagement.
9. Work on the Children and Young People's JSNA was brought forward following the meeting, and a detailed report on this work is included elsewhere on this agenda. It is proposed that work is brought forward during 2016/17 to further develop the Adults JSNA and Older People's JSNA. These will follow a similar process to the work on the Children and Young People's JSNA in that an initial paper will be brought to the board outlining the proposed topics before work is undertaken with partners.
10. The strategy includes a new approach to thinking about the outcomes that might be delivered through the work on each priority area. This approach, which has been mirrored in the Locality Plan, includes the development of a series of 'logic chains' that describe the golden thread running between the problems, proposed solutions and the potential outcomes, outputs and impacts. The intention is that the logic chains will help inform a high level outcomes framework for the board which underpins both the Health and Wellbeing Strategy and Locality Plan. The outcomes framework will also take account of the population health outcomes set out in the Greater Manchester Health and Social Care Devolution Plan ("Taking Charge of our Health and Social Care in Greater Manchester") which are;
  - START WELL**
    - More GM children will reach a good level of development cognitively, socially and emotionally.
    - Fewer GM babies will have a low birth weight resulting in better outcomes for the baby and less cost to the health system.
  - LIVE WELL**
    - More GM families will be economically active and family incomes will increase.
    - Fewer people will die early from preventable Cardiovascular Disease (CVD).
    - Fewer people will die early from preventable Cancer.

- Fewer people will die early from preventable Respiratory Disease.

**AGE WELL**

- More people will be supported to stay well and live at home for as long as possible,

11. Work is underway to explore the targets which will be most appropriate at a Manchester level to support Greater Manchester in achieving the ambitions to close the outcomes gap under these measures. Once the Locality Plan has been finalised the work on outcomes will be taken forward in more detail, and an outcomes framework will be brought back to the board later in the year. In addition to this level of reporting, each of the strategic priorities will report to the board at least once per municipal year, including a more detailed report of performance.
12. In view of the focus on communications around the listening phase for the Locality Plan, there was a light-touch approach to communicating the refresh of the Health and Wellbeing Strategy. This was done by way of publication on the Council's consultation page before the Locality Plan listening phase began. Comments and suggestions received as part of this have been included within the final version. Additionally, relevant feedback received as part of the Locality Plan engagement activity will be used to inform further development and delivery of the Health and Wellbeing Strategy.
13. One of the issues raised as part of this process was regarding ways in which the board can work with partners on areas which sit outside the board's main priorities. The proposed collaboration between the Health and Wellbeing Board and Manchester A Certain Future Steering Group on Health and Climate Change discussed elsewhere on the agenda is one example of new ways of working which the board may wish to consider in future.

**Next steps**

14. Following this meeting the refreshed Health and Wellbeing Strategy will be published on the Manchester Partnership website. Over the next few months work will be undertaken on the Joint Strategic Needs Assessment and outcomes framework as outlined above. As the new governance arrangements under the Health and Wellbeing Board become established over the next few months, there will also be a review of the most appropriate future support arrangements for the Health and Wellbeing Strategy and Joint Strategic Needs Assessment. This will include the role of lead board members for the strategic priorities.

**FINAL DRAFT**

**Manchester Joint Health and Wellbeing Strategy**

**2016 Refresh**

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## Introduction

The Joint Health and Wellbeing Strategy is the city's overarching plan for reducing health inequalities and improving health outcomes for Manchester residents. It sets out our ten year vision for health and wellbeing, and the strategic priorities which have been identified to support this vision.

The strategy is owned by Manchester's Health and Wellbeing Board, a collaborative partnership which brings together senior leaders from the city's Clinical Commissioning Groups and acute hospital trusts as well as the Mental Health and Social Care Trust, Manchester City Council, Macc and Healthwatch Manchester. The Health and Wellbeing Board has a statutory responsibility to understand current and future health and social care needs through the Joint Strategic Needs Assessment, to promote partnership working and integration, and to improve commissioning and delivery arrangements.

The 2016 refresh of the Joint Health and Wellbeing Strategy reflects the progress made towards achieving the objectives originally agreed in 2013, and responds to the rapidly changing context for health and social care. In particular, the refreshed Joint Health and Wellbeing Strategy is closely linked to the delivery of Greater Manchester health and social care transformation through Manchester's Locality Plan.

We have an ambitious ten-year vision for health and wellbeing, but recognise that our progress and priorities should be regularly reviewed. The Health and Wellbeing Strategy will therefore continue to be refreshed every three years, with the next refresh due in 2019.

## Context

Over the last decade Manchester was the fastest growing city in the UK, and forecasts suggest that the population will continue to grow over the next ten years. Population migration, both into and out of the city, is a significant factor in this growth. In contrast to the national picture, Manchester has a comparatively young population. Approximately 39% of the population are aged under 25, compared with around 31% in England as a whole and, if current trends continue, there will be increasing numbers of school age children living in the city. Generally, older people form a smaller than average proportion of the population in Manchester and the total number of people aged 65 and over is currently decreasing, set against an above-average number of young adults.

Data from the 2011 Census also shows that the population of Manchester has become more diverse in the last decade. Manchester is the only local authority outside London with residents in each of the 90 detailed ethnic groups listed in the Census and the School Census shows that there are around 190 languages spoken by pupils attending schools in the city. In some parts of the city, more than two-thirds of the population now classify themselves as coming from a non-White ethnic group. Around 45% of live births to women resident in the city are now to mothers born outside of the UK.

Despite the city's economic growth over the past decade, Manchester continues to suffer from significant levels of deprivation. Although one in five of Manchester's employed residents now works in a professional occupation, a disproportionately large number of residents are confined to low paid and part-time jobs. Manchester also has one of the highest rates of child poverty in the country with 33.9% of children aged under-16 living in poverty and many living in workless households.

This broader picture of Manchester's population sets the context for the health inequalities within the city. Although significant progress has been made in recent years, health outcomes for people living in Manchester remain among the worst in England, and both life expectancy and healthy life expectancy remain below the national average. A boy born in Manchester can only expect to live 77% of his life in good health compared with 87% for a boy born in the healthiest part of England. Similarly, a girl born in Manchester can only expect to live 71% of her life in good health compared with 84% for a girl born in the healthiest area of the country.

The life expectancy gap between Manchester and England can be largely attributed to three broad causes of death: circulatory diseases, cancers and respiratory diseases. The conditions in turn are closely associated with poor lifestyle. All the modifiable lifestyle factors that lead to poor health outcomes are highly prevalent in Manchester: high numbers of overweight or obese children, high recorded levels of drug misuse; high levels of alcohol use and of poor diets.

As well as the gap between health outcomes in Manchester and the rest of the country, there are also significant health inequalities within the city. Life expectancy is 8.8 years lower for men and 7.4 years lower for women in the most deprived areas of Manchester than in the least deprived areas.



**To find out more**

A more detailed health profile for Manchester, which provides data for each stage of the lifecourse as well as a detailed analysis of a number of health conditions, is available within Manchester's Joint Strategic Needs Assessment at [www.manchester.gov.uk/jsna](http://www.manchester.gov.uk/jsna).

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## **Strategic direction**

Manchester's vision for the health and wellbeing of its residents is closely aligned with our wider ambitions for the city over the next ten years.

### **The Manchester Strategy**

The Manchester Strategy sets out a ten year vision for Manchester as one of the top flight of world class cities by 2025:

- with a competitive, dynamic and sustainable economy that draws on our distinctive strengths in science, advanced manufacturing, culture, creative and digital business, cultivating and encouraging new ideas;
- with highly skilled, enterprising and industrious people;
- that is connected, internationally and within the UK;
- that plays its full part in limiting the impacts of climate change;
- where residents from all backgrounds feel safe, can aspire, succeed and live well; and
- that is clean, attractive, culturally rich, outward looking and welcoming.

In achieving this vision the Manchester Strategy is structured around five themes:

- A thriving and sustainable city
- A highly skilled city
- A progressive and equitable city
- A liveable and low carbon city
- A connected city

The Manchester Strategy includes a series of targets for the next ten years. These include an ambition to improve our health and wellbeing and to be more active as adults and children.

### **Greater Manchester health and social care devolution**

The Greater Manchester health and social care devolution agreement will bring about a transformation in the integration of health and social care, with local control over the health and social care budget from April 2016. The scope of the agreement covers the entire health and social care system, including acute care, primary care, community services, mental health services, social care and public health. It also involves a framework for strategies on governance and regulation, resources and finances, the property estate, health education, workforce and information sharing and systems. Plans for the transformation of health and social care are set out in the Greater Manchester Strategic Plan "Taking Charge of Health and Social Care in Greater Manchester".

The delivery of the Greater Manchester devolution package is supported by Locality Plans for each of the ten districts which outline transformation plans for the next five years.

The Manchester Locality Plan sets out how transformation will be delivered in the city, underpinned by an ambition to 'add years to life and life to years'. The plan details the key transformations which are required to ensure that the health and care system in Manchester is financially and clinically sustainable over the next five years. By 2020 the Locality Plan will transform the health and social care system with;

- improved health and wellbeing outcomes;
- high quality, safe and clinically effective services meeting NHS constitutional standards;
- a balanced budget during the five years to 2020 and a strong footing for long term financial sustainability; and
- a social movement to self-care.

Financial sustainability is a vital part of this work. Devolution will enable Manchester to develop innovative solutions for financial sustainability, and will remove barriers to reform. The Locality Plan sets out plans for;

- radical scaling up of shared priorities across the acute sector at a Greater Manchester level;
- integrating primary, secondary, community and social services to take demand away from hospital/residential care into care at or near peoples homes;
- adoption of different payment methods and incentives so that resources can be moved around the system; and
- utilising the estate in a more effective way.

The Manchester Locality Plan is owned by the Health and Wellbeing Board, and forms part of the delivery arrangements for the Joint Health and Wellbeing Strategy.

## **Vision**

Our vision is that in ten years the people of Manchester will be living longer, healthier and more fulfilled lives.

We will have moved Manchester from some of the worst health outcomes in the country to some of the best, adding 'years to life and life to years'.

And we will have achieved a genuine shift in the focus of services towards prevention of problems, intervening early to prevent existing problems getting worse – transforming the city's community based care system by integrating health and social care.

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## How will we get there?

Health outcomes in Manchester cannot be improved without a collaborative approach to addressing health inequalities. Our strategic priorities therefore focus on prevention, and on programmes of work which support people to live longer, healthier and more fulfilled lives. Our priorities also outline the steps that we need to take to transform the health and social care system so that it is sustainable for the long term. This is accompanied by an outcomes framework which outlines the impact which our approach will have.

Our priorities are;

- **Getting the youngest people in our communities off to the best start**
- **Improving people's mental health and wellbeing**
- **Bringing people into employment and ensuring good work for all**
- **Enabling people to keep well and live independently as they grow older**
- **Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme**
- **One health and care system – right care, right place, right time**
- **Self-care**

We will also work collaboratively with public, private, academic and voluntary and community partners in the city to ensure that Manchester is a place where people can live healthy lives.

This will include;

- supporting high quality, well maintained green and blue spaces that are an integral part of all neighbourhoods, with access to parks and green spaces and safe green routes for walking, cycling and exercise;
- ensuring that there is good quality housing in clean, safe, attractive and cohesive neighbourhoods with good transport connections and access to affordable, secure supplies of energy;
- strengthening links with the city's sporting, leisure and cultural assets, supporting programmes for physical activity and arts and culture which promote good physical and mental health and wellbeing.
- supporting the city's academic health science system so that world-class research and innovation and new technologies benefit Manchester residents as they access health and care services.

## Getting the youngest people in our communities off to the best start

Our ambition is to improve life outcomes and promote independence for families.

Outcomes at the end of the Early Years Foundation Stage are a strong indicator of achievement at age 16 and are a key factor in later success and wellbeing. The number of children in Manchester achieving a Good Level of Development at Early Years Foundation Stage has increased from 46% in 2013 to 60.9% in 2014, but is still below the national average of 66%. Too many children in Manchester still begin school requiring additional support to engage positively with the learning environment and in order to accelerate their learning and achieve their potential.

Child health and wellbeing is a significant factor in early years development, and prevention of ill health begins before birth. The 2014 Child Health Profile indicates that the health and wellbeing of children in the city is generally worse than the England average, and 33.9% of children aged under-16 years are classed as living in poverty (compared to 19.2% nationally). The number of looked after children in Manchester is also greater than the national average. Levels of obesity continue to be high, with 12.4% of children under 5 classed as obese, rising to 24.1% among 10 and 11 year olds. In addition young children in the city have higher levels of tooth decay than nationally. Manchester also has a higher rate of smoking status at the time of delivery than nationally and a lower level of breastfeeding initiation.

Getting the youngest people in our communities off to the best start involves addressing the emerging needs of children in the early years through the Early Years Delivery Model – a partnership between health and Council services which delivers a universal offer for all newborns and their families - but also supporting all children, young people and their families early enough to bring about positive health and educational outcomes, and to promote independence. Through our Early Help Offer we will intervene early to tackle problems emerging for children and young people of all ages, and their families. The city's approach to getting our youngest people off to the best start are built around the Early Years Delivery Model and an Early Help offer that ensures all partners work together to support children, young people and their families at the earliest stage possible, providing the right level of support at the right time. This work is overseen by the Children's Board.

Strategic Priority	Nature of problem	Solution proposed	Key Programmes	Outputs	Outcomes	Impact
Getting the young people in our communities off to the best start	<p>Large numbers of children living in poverty with subsequent health inequalities and poor outcomes for physical and emotional health and wellbeing (e.g. obesity, poor oral health and high rates of accidental injury).</p> <p>Children lack readiness for school and are unable to reach their potential.</p> <p>The emerging needs of children, young people and their families not addressed early enough, leading to poor outcomes and reliance on statutory services.</p>	<p>Embed and expand Early Years Delivery Model 8 stage assessment process to support early identification of child and family need, improve access to services and build capacity for family resilience and independence.</p> <p>Embed refreshed Early Help Strategy to ensure early access, early identification and targeted offer of support.</p> <p>Embed Multi-Agency Levels of Need &amp; Response Framework</p> <p>Establish three Early Help Hubs in North, Central and South Manchester.</p> <p>Delivery of public health services for children and young people</p>	<p>Early Help Strategy</p> <p>Early Years Delivery Model</p> <p>Healthy Start</p> <p>Healthy Schools Programme</p> <p>Future in Mind</p> <p>Family Nurse Partnership</p>	<p>Increased numbers of workers working across multi agency teams</p> <p>Increased targeted support for access to universal services for children and families</p> <p>Increased number of Early Help assessments</p> <p>Increased numbers of children identified for intervention pathways</p> <p>Increased numbers children and families accessing parenting skills courses</p> <p>Increased number of children and young people using public health commissioned services</p>	<p>Increase in number of children that are assessed as being school ready</p> <p>Increase in number of children experiencing a co-ordinated, effective local offer</p> <p>Increase in number of children aged 0-19 years (25 for SEN) accessing early help and support</p> <p>Reduction in emergency hospital admissions for children</p> <p>Increase in rate of breastfeeding initiation and continuation</p> <p>Increase in uptake of childhood immunisations</p> <p>Reduction in number of children assessed as being obese</p> <p>Reduction in number of children with tooth decay</p>	<p>Narrow gaps in national in key indicators, including health and wellbeing outcomes for children.</p> <p>Improve emotional wellbeing of young children.</p> <p>Reduction in emergency hospital admissions for children.</p> <p>Reduction in childhood obesity.</p> <p>Children aged 5 years achieve a good level of development at least in line with national averages</p> <p>Attainment at KS1 improves in line with national average</p> <p>Reduced need for statutory intervention</p> <p>Achieve Good or better in statutory inspections.</p>

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<b>Strategic Priority</b>	<b>Nature of problem</b>	<b>Solution proposed</b>	<b>Key Programmes</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>Impact</b>
					Reduction in number of hospital admissions caused by injuries in children and young people Reduction in number of conceptions among girls aged under 18 Reduction in number of diagnosed sexually transmitted infections in young people	

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## Improving people's mental health and wellbeing

Manchester has high levels of poor mental health and wellbeing, which impact on the general health and aspirations of individuals and families as well as the city as a whole. Responding to this is central to improving health and full participation in the life of the city. Only a small proportion of mental ill health is dealt with in specialist mental health services, so a range of preventative and alternative responses is vital, and these responses should adapt to Manchester's increasingly diverse population. Good mental health and wellbeing is also important in suicide prevention – every suicide affects a number of people directly and indirectly and can have a devastating effect emotionally, spiritually and economically.

The 2011 Census indicates some of the factors likely to influence mental health in the city and the challenges in responding effectively. For example, 35.7% of households have no adults in employment and 23.1% of adults have no qualifications - this is linked to low income and lack of opportunity being risk factors for poor mental health. The increase in rented accommodation in the city over this period could also serve as a risk factor in view of the known links between insecurity of tenure and poor quality housing and poor mental health. Poor mental health in parents is a risk factor for poor mental health in children, as is social disadvantage. Unlike physical health problems it is common for mental health problems to start earlier in life.

Nationally one in six of the adult population experiences a common mental health problem at any one time. Based on local indicators it is likely that rates in Manchester are even higher. 18.7% of patients in north Manchester, 15.4% in central and 15% in south report moderate or extreme anxiety or depression, compared to 12% nationally. In north Manchester, 8% of patients report a long term mental health problem, with 6.6% in south and 5.7% in central compared to 4.5% nationally. It is estimated that between one in eight and one in ten Manchester adults are prescribed antidepressant medication.

There are strong links between mental health and physical morbidity. In particular, people with severe mental illness, such as schizophrenia, bipolar disorder and severe depressive disorder, have higher rates of morbidity and mortality than the general population. Research in Sweden and Denmark has shown that men live 20 years less, and women 15 years less, than the general population if they have a mental disorder. While some of the excess mortality is related to suicides and accidents, the majority of medical causes of death are preventable with timely treatment.

The reverse relationship also applies; people with long-term physical conditions are two or three times more likely to suffer poor mental health than the general population. There is now compelling evidence to suggest that psychiatric disorders have a strong relationship with cardiovascular disease, diabetes, respiratory diseases, stroke, HIV infection and some cancers.

Mental wellbeing is often summarised as 'feeling good and functioning well'. Good mental wellbeing is important across the whole population as it can help to prevent mental health problems occurring in the first place and can help people to manage existing mental health conditions and have a good quality of life. A survey of levels of

mental wellbeing in the Manchester population indentified a number of key barriers for the population in achieving good mental wellbeing. The survey makes the personal and social costs of low mental wellbeing clear, by correlation with personal and social relationships, health, lifestyles, how people feel about where they live, and economic status. Low mental wellbeing was more prevalent amongst those with lower educational attainment, those leading unhealthier lifestyles and those finding it difficult to manage their household income.

Our approach to improving mental health and wellbeing includes improved access to information, training and support for frontline staff and local communities and supporting asset building and community resilience so that service users and communities are more involved in their own care.

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Strategic Priority	Nature of problem	Solution proposed	Key Programmes	Outputs	Outcomes	Impact
Improving people's mental health and wellbeing	High levels of poor mental health impacting on general health and aspirations of adults and other life stages, including children and older people	Improve access to information, training and support around maintaining good mental health for frontline staff, and local communities, increase training and educational activities around asset building and community resilience and ensure service users and communities are more involved in their own care.	Public Mental Health Programme Wellbeing Service	<p>Increased number of frontline staff and volunteers across health, social care and VCS attending training and development activities.</p> <p>Increased number of local people attending courses about maintaining good mental health</p> <p>Increase in amount of self help materials distributed or accessed via Mental Health in Manchester website</p> <p>Establishment of local community asset building networks to raise awareness of mental health issues</p> <p>Increase in number of care plans recording information on patient and user involvement in care planning</p>	<p>Increase in number of frontline staff and volunteers feeling more confident to support local people to maintain good mental health</p> <p>Improved awareness and understanding of mental wellbeing and how to maintain it among local people including among children and young people</p> <p>Stronger infrastructure for community asset building around health incl. and mental health</p> <p>Increase in number of people enabled to self care.</p> <p>Increase in people involved in their health and social care needs assessment and receiving a copy of their care plan</p> <p>Increase carers who have been offered/received a carers needs assessment</p>	<p>Increased independence, self-reliance and wellbeing of residents</p> <p>Improved mental health of residents</p> <p>Reduction in suicide rate</p> <p>Reduced barriers to behaviour change</p> <p>More confident and effective workforce across health, social care and VCS</p> <p>Culture change towards self care and emotional resilience in local communities</p> <p>Patients and service users more involved in their own care</p> <p>Better physical health of people with mental health conditions</p>

## **Bringing people into employment and ensuring good work for all**

People in work live longer, healthier lives. Being out of work can lead to poor physical and mental health across all age groups, with major impacts for the individual concerned as well as their partner and family.

Economic growth, and connecting local people to that growth, is a key priority of the Manchester Strategy. Full economic growth cannot be achieved without a healthy population, and equally a strong economy is essential if we are to realise the potential that employment has to improve the health and wellbeing of the local population. We need to focus not only on getting people into employment, but ensuring that those jobs support good health and enable career progression throughout the working life.

Manchester has some significant challenges in terms of its out of work population. As of February 2015 there were 51,859 people claiming out of work benefits in Manchester (including Universal Credit (UC) claimants not in work). The worklessness levels in Manchester have steadily fallen over the past three years, from 64,230 in February 2012. The proportion and numbers of residents claiming a health-related benefit has increased over the past year. 51.5% of those claiming sickness-related benefits in Manchester have mental health as the primary health condition, but we know that mental health problems will also co-exist with the primary claiming condition in other claimants. The second most common category of health condition is muscular-skeletal disorders.

Being out of work is associated with a 20% higher rate of preventable deaths, and those who are out of work long term experience a much higher incidence of psychological problems than those in work. Being out of work is also associated with higher rates of alcohol and tobacco consumption and lower rates of physical activity.

Getting back into work improves people's health and wellbeing, as long as it is good quality work. 'Good work' ensures that the health benefits of employment are realised and sustained. A healthy workplace is characterised by a safe and healthy working environment, clarity of expectation on staff, feedback on performance, and employees having some control and influence over their work. The business case for promoting and supporting employee health and wellbeing is well documented, with benefits including a reduction in employee turnover and increased productivity and engagement of employees.

Work must be adequately rewarded to support good health and wellbeing through a regular income at a level that supports people to achieve an adequate level of warmth and shelter, a healthy diet, social interaction and avoidance of chronic stress on individuals and families. Employers within the city can make a major contribution to the health and wellbeing by providing good quality work for Manchester residents.

Responding to these challenges requires a joint programme of work between the Health and Wellbeing board and the Work and Skills Board. This includes expanding health and work programmes, ensuring primary care commissioning supports work as a health outcome and organisational leadership of these priorities.

Strategic Priority	Nature of problem	Solution proposed	Key Programmes	Outputs	Outcomes	Impact
Bringing people into employment and ensuring good work for all	High prevalence of long term physical and mental ill health prevents individuals from getting back into, and sustaining work, which has a negative impact on the local economy and damages the life chances and health outcomes for Individuals, their families and the population as a whole.	Expansion of health and work programmes at Manchester and GM level, ensuring that primary care commissioning supports work as a health outcome and Health and Wellbeing Board (HWBB) organisational leadership for healthy work incl. payment of living wage and social value.	Manchester Strategy Manchester Health and Work Programme Working Well	<p>Increased number of people engaged in health and work programmes in Manchester</p> <p>Increased number of people referred by GP practices and mental health providers into health and work programmes</p> <p>Increased number of GP practices routinely recording and reporting employment status of patients</p> <p>Increased number of HWBB member organisations adopting recognised good practice in relation to workplace health</p> <p>Increased number of HWBB member organisations utilising commissioning and procurement processes to increase local benefit for Manchester residents with a health condition in line with Social Value Act</p>	<p>Increase in number of people going through health and work programmes who meet agreed programme outcomes*</p> <p>Increase in number of people referred into health and work programmes by GP practices and mental health providers who meet agreed programme outcomes*</p> <p>Increase in number of GP patients with an accurate employment status recorded</p> <p>Increase in appropriate referrals to health and work services by GP practices</p> <p>Increase in people with mental health issues employed by HWBB member organisations</p> <p>Increase in people from local communities employed by HWBB member organisations</p>	<p>Reduction in people claiming ESA</p> <p>Improved health and wellbeing status among people participating in health and work programmes</p> <p>Reduction in people falling out of work as a result of a health condition</p> <p>Increased social value accruing from work of HWBB member organisations</p>

\* Increased confidence levels in relation to obtaining employment; improvements in activation and self-care (including managing condition/symptoms, lifestyle, mental wellbeing); increased engagement in learning or skills activity and volunteering; securing and sustaining employment for 12 months.

## **Enabling people to keep well and live independently as they grow older**

Recognising that global and national patterns of demographic change will increasingly impact on Manchester, the city's age-friendly approach seeks to support healthy and active ageing as people move into older age.

Manchester has a smaller than average older population, but there are high levels of disadvantage and ill health among older people in the city. Life expectancy at the age of 65 in Manchester is below the national average.

Less than half of residents between 50 and state pensionable age in Manchester are in paid employment. The importance of people entering and remaining in good quality work to support good physical and mental health is outlined elsewhere in this strategy, and is also an important factor in supporting the city's economic growth.

The growth in the younger population in Manchester means that many of the city's older residents live in neighbourhoods alongside a larger number of transient younger populations, which are being developed to meet the needs of the growing younger population. This can lead to risks of social isolation and disadvantage for older residents. Modelling shows that people who experience social detachment in mid to later life are more likely to place higher demands on health, social care and housing services, be less productive and have a worse quality of life. Research also suggests that loneliness rates tend to be higher amongst older people who live in socially disadvantaged urban communities. These factors underline the importance of developing age-friendly neighbourhoods.

As people enter older age, they become particularly vulnerable to injuries suffered as a result of an accidental fall. Compared with England as a whole, Manchester has a higher rate of hospital admissions (and emergency hospital admissions) due to an unintentional fall in older people aged 65 and over, and this is an important indicator of the overall health of the city's older population.

Nationally, the number of older people living with dementia is growing significantly. According to 2014 estimates, less than two thirds (62%) of the estimated 3,650 people with dementia in Manchester had received a diagnosis of the condition from their GP. This means that a substantial number of older people in Manchester may be living with undiagnosed dementia. Figures released by Public Health England show that people with dementia in Manchester are likely to be admitted to hospital on a greater number of occasions each year compared with England as a whole.

Specific groups of older people are at greater risk of social isolation and loneliness, dementia and falling. These include, minority ethnic communities, older people in disadvantaged communities, older LGBT people, older men, and people living alone. This will be an important factor as Manchester's older population becomes increasingly diverse.

Workstreams to support these priorities will be delivered through the Age-friendly Manchester programme, Living Longer Living Better and the Dementia Strategy.

Strategic Priority	Nature of problem	Solution proposed	Key Programmes	Outputs	Outcomes	Impact
Enabling people to keep well and live independently as they grow older	High levels of disadvantage and ill health among older people in Manchester, characterised by high numbers of people with one or more long term conditions, who have fallen (or who are at risk of falling), are socially isolated and/or lonely; and have unidentified or poorly managed dementia.	Develop and support Age-friendly Neighbourhoods, commission a citywide falls service, improve the identification and management of dementia (particularly in primary care) and improve communication and engagement with older people.	Age Friendly Manchester Manchester Dementia Strategy Living Longer Living Better Ambition for Ageing	<p>Increased number of older people engaged in Age Friendly Manchester networks</p> <p>Increased number of people aged 50-64 years in employment and social activities.</p> <p>Increased number of older people referred to citywide falls service</p> <p>Increased number of older people participating in activities that reduce the risk of falls.</p> <p>Increased number of patients on dementia registers in primary care.</p>	<p>Reduction in unemployment rate among people age 50-64 years</p> <p>Reduction in numbers of hospital admissions for falls among older people</p> <p>Increase in dementia diagnosis rate in primary care</p> <p>Increase in patients with dementia receiving effective post-diagnosis treatment and care</p>	<p>Reduction in social exclusion among older people</p> <p>Increase in number of older people living independently and in good health</p> <p>Increase in life expectancy at age 65</p> <p>Increase in number of years of life lived free from disability (disability free life expectancy).</p>

## **Turning round the lives of Troubled Families as part of the Confident and Achieving Manchester programme**

Manchester's Troubled Families programme prioritises help and support for families with multiple issues or complex dependency, so that they can improve their lives permanently. Previously families had been engaged with lots of separate support providers and agencies, but despite this support and investment these families' problems had continued.

The Troubled Families approach therefore involves directing people to services with a strong track record of helping families turn their lives around. These services have a lead worker for the family who can help with access to support services in the right order and at the right time, whilst also getting to the root cause of the problems. They focus on the whole family and intervene early. The programme aims to ensure that all agencies supporting families with multiple problems work closely together and provide a better, more co-ordinated service.

Based on Manchester's success in demonstrating positive outcomes for all 2,385 families engaged in Troubled Families Phase 1, the second phase of the programme is engaging in a wider cohort including people with physical and mental health support needs. The programme criteria are;

1. Parents or children involved in crime or anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of health problems

Confident and Achieving Manchester is a programme of work to scale up and integrate areas of public service reform relating to complex dependency in the city, which includes the Troubled Families Programme and the Early Help strategy.

Troubled Families is one of the central themes of Greater Manchester's public service reform agenda and a key part of our ambition in Manchester to promote independence and improve residents' outcomes so that everybody living in Manchester can contribute to, and benefit from, the city's economic growth. We will continue to support a joined up approach to supporting Troubled Families through this programme with better integration of key partners and referral pathways (for example Accident and Emergency) and better access to health services.



Strategic Priority	Nature of problem	Solution proposed	Key Programmes	Outputs	Outcomes	Impact
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	<p>Worklessness in Manchester above core city and national average.</p> <p>Higher than average number of residents with low skills levels.</p> <p>Higher than average number of Looked After Children (LAC).</p> <p>High number of residents using targeted services</p> <p>A higher prevalence of mental health conditions, alcohol and drug misuse and long term health conditions are key factors that contribute to a relatively small number of families making multiple and frequent contacts with different public bodies across the city, incl. social care, health services and the criminal justice sector.</p>	<p>Scaling up Troubled Families including those at risk of becoming complex.</p> <p>Sharper focus on employment as key route out of 'complexity'.</p> <p>Controlling entry through integrated front door, MAPSH.</p> <p>Multi-agency assessment and case allocation.</p> <p>Coherent early help e.g. Early Help Coordinators, Tier 1 key workers and Tier 2 specialist support.</p> <p>Greater integration of services through Local Integration Teams.</p>	<p>Troubled Families Programme</p> <p>Confident and Achieving Manchester Programme</p>	<p>Increased number of Early Help Assessments (EHAs)</p> <p>Increase in number of EHAs undertaken and leading to action plans / TF interventions</p> <p>Increased number of key workers, incl. staff from partner organisations</p> <p>Increase in number of flexible Tier 2 services available.</p>	<p>Reduced number of Troubled Families</p> <p>Reduced number of new TF families identified each year</p> <p>Reduced number of workless households</p> <p>Reduced number of ESA/IB claimants</p> <p>Reduction in youth and adult offending</p> <p>Reduction in antisocial behaviour</p> <p>Improvement in skills levels</p> <p>Reduction in number of mental health service users</p> <p>Improved school readiness and attendance</p> <p>Reduced safeguarding needed</p>	<p>Residents more independent, resilient, school ready and economically active.</p> <p>Improved mental health of residents</p> <p>Reduced drug and alcohol misuse</p>

## **One health and care system – right care, right place, right time**

Manchester has a large population living within a relatively small geographical area and a complex system of health and care services. Currently Manchester's health and care system has more emphasis upon reactive care than other parts of the country. This draws resources away from more preventative approaches, and can perpetuate poor health outcomes.

With high levels of ill health and the resulting impact upon quality and length of life in Manchester, it is vital that the health and care system is best placed to respond to people's needs. The system also needs to be able to play its part in tackling the root causes of poor health outcomes.

Living Longer Living Better is the city's programme for transforming the community based care system by 2020. The One Team - Place Based Care Model will see existing social care services, community primary and secondary health care services, and community mental health services, integrate on a neighbourhood 'place' level, working toward shared outcome goals. Place is defined geographically and the intention is to have 12 neighbourhood teams within the City, each covering a population of approximately 40,000-50,000. It may not be practical to deliver some aspects of the model at such a local level, for example where services require highly specialist infrastructure and/or staff. For this reason some services will also be established for the three Clinical Commissioning Group areas, as well as some citywide services. Services will be provided at the most local level possible. Where services are delivered on a larger scale they will be geared towards supporting local teams. A wide range of services will be delivered through the One Team model in the future, including intermediate care and reablement, care management, urgent care first response, district general hospital functions, community mental health, primary care, residential, nursing and home care.

The One Team Place Based Care Model will shift the focus from:

- Organisation to place
- Disease to person
- Service to system
- Reactive to proactive care
- An unaffordable system to progressive upstream investment

Strategic Priority	Nature of problem	Solution proposed	Key Programmes	Outputs	Outcomes	Impact
One health and care system for Manchester – right care, right place, right time (Intermediate Care and Reablement / Integrated Neighbourhood Teams and Urgent Care First Response) <sup>1</sup>	The health and care system is focused on reactive care at the expense of prevention and early intervention which, combined with high levels of ill health in the population, has an impact on the quality and length of life for local people and draws resources away from more preventative approaches. The delivery of health and social care is not sufficiently integrated and the workforce that provides it is fragmented and lacking in capacity and capability.	Ensure that health and social care providers work as a more integrated system within the city and across GM as a whole, with a greater focus on prevention, early identification of ill health and more proactive, joined-up care through services delivered primarily in the community by a more confident workforce with appropriate skills and competencies in collaboration with voluntary and community sector providers. Centralise specialist hospital services across GM to create a greater concentration of	Living Longer Living Better / One Team Healthier Together Primary care 7 day access	Increased number of patients receiving appropriate care through an integrated team Increased number of health and care professionals working as part of an integrated team Increased number of outpatient clinic sessions delivered in the community Increased number of GP practices offering extended opening hours Increased number of appointment slots available Increased number of events or services delivered in partnership with voluntary and community sector providers Increased number of people having an agreed shared care plan Increased number of	Reduction in A&E attendances Reduction in avoidable emergency hospital admissions Reduction in non-elective admissions and other high cost interventions Reduction in length of stay in hospital Reduction in number of delayed discharges Increased amount of health and social care activity delivered in the community Reduction in patient waiting times for non-urgent care (diagnostic tests etc.) Reduction in readmissions to hospital Reduction in safety incidents linked to uncoordinated multidisciplinary working and serious and untoward errors in urgent care	Reduction in disability and mortality from causes considered amenable to healthcare Reduction in spend on acute hospital care and overall cost of urgent care Increase in proportion of spend on services delivered in the community Improvement in patient and carer experience of community-based services Improvement in quality and safety of community-based services Increased participation of patients, carers, family members and local people in care assessment and planning and designing health and care services Increased effectiveness and satisfaction of workforce

<sup>1</sup> Urgent Care First Response (UCFR) is the urgent care component of One Team

Strategic Priority	Nature of problem	Solution proposed	Key Programmes	Outputs	Outcomes	Impact
	<p>The urgent care system is characterised by duplication, overlap and high use of expensive care. There have been numerous initiatives over the years seeking the dual “holy grails” of reducing non elective admissions and A&amp;E attendances</p>	<p>expertise and infrastructure and ensure clinical skills are maintained for relatively infrequent episodes of acute inpatient care. Develop a new model of urgent care to ensure that the system is simple for patients and referrers to navigate, remove duplication and overlap and reduce the use of high cost reactive services</p>		<p>people receiving a multi-disciplinary assessment using an appropriately validated tool and appropriate people screened using frailty tool Increased number of patients appropriately referred to and discharged from IC&amp;R service Increased number of referrals dealt with within agreed response times Increased number of people treated in line with commonly agreed standards for urgent care Increased number of patients whose care is managed over the telephone Increased number of patients accessing urgent primary care</p>	<p>Increase in number of people able to live at home following discharge from IC&amp;R Reduction in permanent admissions to residential/nursing care Improvement in level of independence based on validated frailty tool scores Increase in staff satisfaction and reduction in staff turnover. Increase in the number of people supported to die in their place of choice Reduction in healthcare acquired infections (HCAI) All Manchester urgent care services and pathways are included in 111 directory of service</p>	<p>Increase in health-related quality of life for people with long term conditions and their carers Increase in people feeling independent and able to manage their long term conditions in their own homes Reduction in residential/nursing provision Improved experience of palliative/end of life care More efficient commissioning and provision of urgent care services Improved patient and referrer satisfaction Increase in people in control of their own condition and self reliance Improved equity of access for people with protected characteristics and other groups Reduction in duplication of urgent care services</p>

## Self-care

The delivery of health and social care services and programmes of work which promote health and wellbeing are a vital element of this strategy. However, we cannot achieve our ambitions unless we also promote and support self-care.

Self-care involves individuals taking personal responsibility for their own health and wellbeing, from the daily choices which they make about their lifestyle and behaviours, through to managing symptoms and long term conditions.

Supporting people to self-care involves empowering people with the confidence and information to manage their own health through education, information and community involvement. Effective support for a culture of self-care can in turn lead to a new relationship between patients and communities and the health and care system, and change the nature of demand on health services.

There is an emerging body of evidence about the benefits of enabling self care for patients, the public and health and social care organisations. These benefits include;

- Reducing hospitalisation
- Reducing health care resource use
- Reducing impact of a condition on absence from work
- Increased knowledge of health conditions and their management
- Improved experience of people using services
- Improved clinical outcomes
- Improved quality of life

Evidence is already available about the impact of a self-care approach in Manchester. For example, initial work generated through the North Manchester Integrated Care Programme and Public Health Manchester has focussed on the development of a training programme, "Enabling Self Care" for frontline staff, with follow-up learning for participants in changing their practice. Practitioners who have completed this training and benefited from ongoing support describe the transformation that can occur in working relationships and patient's lives as a result. The City also has learning from evidence based programmes such as the Manchester Health Trainers and Expert Patients programme, which indicates that people can be supported to become active participants in their own care and, in some cases, to become role models for others.

Enabling self care requires a partnership between providers of health and social care, patients and the public, and forms part of the Living Longer Living Better Programme.

Strategic Priority	Nature of problem	Solution proposed	Key Programmes	Outputs	Outcomes	Impact
Self-care	The health and social care system does not consistently support people to self care leading to problem focused care based more on professional assessment rather than patient's goals, poorer health and wellbeing outcomes and a greater reliance on statutory services.	Improve access to information, training and support around enabling self care for frontline staff, and local communities, increase training and educational activities around asset building and community resilience and ensure patients and service users more involved in their own care.	Living Longer Living Better	<p>Increased number of frontline staff and volunteers across health, social care and VCS attending training and development activities.</p> <p>Increased number of local people attending courses about enabling self care and improving personal resilience</p> <p>Increase in amount of self help materials distributed or accessed via "Connect to support", "Support and Help Manchester" "Choose Well" and other partner websites.</p> <p>Establishment of local community asset building networks to promote and enable self care</p> <p>Increase in number of care plans recording information on patient and user involvement in care planning</p>	<p>Increase in number of frontline staff and volunteers feeling more confident to support people to self care.</p> <p>Increase in number of people able to self care and manage their long term conditions</p> <p>Stronger infrastructure for community asset building around health</p> <p>Increase in people involved in their health and social care needs assessment and receiving a copy of their care plan</p> <p>Increase in carers who have been offered / received a carers needs assessment</p> <p>Reduced prevalence of lifestyle risk factors</p>	<p>Increased independence, self-reliance and wellbeing of residents</p> <p>Reduced dependence on health and social care services</p> <p>Reduction in use of hospital services</p> <p>Reduction in absence from work as a result of long term conditions</p> <p>Increased knowledge of health conditions and their management</p> <p>Improved experience of people using services</p> <p>Improved clinical outcomes</p> <p>Reduction in impact of long term conditions on quality of life</p> <p>Reduced barriers to behaviour change</p> <p>More confident and effective workforce across health, social care and VCS</p> <p>Culture change towards self care and emotional resilience in local communities</p> <p>Patients and service users more involved in their own care</p>

## **Delivering the strategy**

Manchester's Health and Wellbeing Board is accountable for the delivery of the Health and Wellbeing Strategy. The board will oversee the delivery of individual programmes of work, and will refresh the strategic priorities every three years.

Many of the priorities set out in the strategy will be delivered through the Locality Plan, which is Manchester's plan for delivering health and social care transformation. These priorities are;

- Improving people's mental health and wellbeing
- Enabling people to keep well and live independently as they grow older
- One health and care system – right care, right place, right time
- Self-care

Some of the strategic priorities will be delivered collaboratively with other partnership boards through the Manchester Partnership - including the Children's Board, the Work and Skills Board and the Confident and Achieving Manchester Partnership Board. These priorities are;

- Getting the youngest people in our communities off to the best start
- Bringing people into employment and ensuring good work for all
- Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme

## **Manchester's Joint Strategic Needs Assessment**

The Joint Health and Wellbeing Strategy is informed by Manchester's Joint Strategic Needs Assessment (JSNA), which is a compendium of evidence about the city's health needs. It is a key resource for partners in the city to support strategic decision making, inform commissioning decisions, and as a resource for funding applications. The JSNA process encapsulates a multi-agency approach to the collation, analysis, presentation and publication of data, research and intelligence.

The JSNA has detailed information about health needs in the city structured around the lifecourse areas;

- Children and Young People (including a substantial refresh of data in 2015/16 and 26 separate chapters from pre-conception and pregnancy through to infancy, early years and adolescence)

- Adults

- Older People

The JSNA is available at [www.manchester.gov.uk/jsna](http://www.manchester.gov.uk/jsna)

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