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MANCHESTER CITY COUNCIL

Health and Wellbeing Board

Date: Wednesday, 28 August 2019
Time: 10.00 am
Venue: Council Antechamber, Level 2, Town Hall Extension, Manchester, M60 2LA

This is a **supplementary agenda** and contains information that was not available at the time that the original agenda was published.

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Membership of the Health and Wellbeing Board

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Craig, Executive Member for Adults (MCC)
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)
Councillor Bridges, Executive Member for Children's Services (MCC)
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Dr Murugesan Raja GP Member (Central) Manchester Health and Care Commissioning
Dr Claire Lake Member (South) Manchester Health and Care Commissioning
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Jim Potter, Chair, Pennine Acute Hospital Trust
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Dr Tracey Vell, Primary Care representative - Local Medical Committee
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health
Bernadette Enright, Director of Adult Social Services
Dr Angus Murray-Browne, South Manchester GP federation
Dr Vish Mehra, Central Primary Care Manchester
Dr Amjad Ahmed, Northern Health GP Provider Organisation

Supplementary Agenda

1. Urgent Business
To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. Minutes 5 - 10
To approve as a correct record the minutes of the meeting held on 3 July 2019.

5. Transformation Accountability Board – Priority Themes 11 - 16
Report of Executive Director of Strategy, Manchester Health and Care Commissioning is attached.

6. Primary Care Networks – Implications for Manchester 17 - 34
Report of Medical Director, Manchester Health and Care Commissioning and Chief Medical Officer, Manchester Local Care Organisation is attached.

7. Draft Manchester Pharmacy Needs Assessment 2020-2023 35 - 46
Report of Director of Public Health/Population Health and the Consultant in Public Health is attached.

8. Draft Manchester Public Health Annual Report 2019 47 - 70
Report of Director of Public Health/Population Health and the Consultant in Public Health is attached.

9. Prevention Green Paper Consultation 71 - 78
Report of Director of Public Health/Population Health and Consultants in Public Health is attached.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Tuesday, 20 August 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

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Health and Wellbeing Board

Minutes of the meeting held on 3 July 2019

Present

Councillor Richard Leese, Leader of the Council (MCC) (Chair)
Councillor Sue Murphy, Executive Member for Public Reform (MCC)
Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)
Dr Ruth Bromley, Chair, Manchester Health and Care Commissioning
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
David Regan, Director of Public Health
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Vicky Szulist, Chair, Healthwatch
Paul Marshall, Strategic Director of Children's Services
Bernadette Enright, Director of Adult Social Services
Dr Vish Mehra, Central Primary Care Manchester

Also present

Karen Dyson, Voluntary and Community Sector representative
Peter Blythin, Director SHS Programme – Manchester University Foundation Trust
Michael McCourt, Manchester Local Care Organisation
Ian Williamson, Chief Accountable Officer, MHCC
Ed Haygarth, Troubled Families Coordinator
Jane Johnson, Virtual School Head

Apologies

Jim Potter, Chair, Pennine Acute Hospital Trust
Claire Lake, South Manchester Health and Care Commissioning

HWB/19/19 Minutes

Decision

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 5 June 2019.

HWB/19/20 Manchester Early Help Approach

The Board received a presentation submitted by the Strategic Director of Children and Education Services that described progress made in refreshing Manchester's Early Help approach. It described the positive impact an offer of Early Help could have and articulated future funding arrangements.

The Strategic Director of Children and Education Services referred to the main points and themes within the presentation which included: -

- A description of the Early Help Approach and the Our 10 Principles and Behaviours;
- A description of how this approach aligned with the Health and Wellbeing Board priorities and other strategic priorities;
- Who contributed to the Early Help Approach;
- Evaluation of the approach accompanied with a cost benefit analysis;
- Information on future funding and considerations; and
- The ask of the Health and Wellbeing Board.

Members also received an example from the Early Help Hub Manager (South) of early help and the positive outcomes achieved through the presentation of a case study and how the different agencies involved supported the person concerned and their wider family members.

The Chair invited comments from Board members.

In welcoming the presentation and Early Help Approach, a member commented and referred to the Primary Care offer and how this could be consolidated with the Early Help. The point was made that GPs already provide support for mental health, encouraging people back into work and have knowledge of families. Further information would be useful to help enhance information available to GPs. Reference to other work streams including criminal exploitation work and the connection with school absence, homelessness and family poverty with the point made that the work needed to be brought together.

The Chair referred to the work of Early Help moving into integrated neighbourhood teams and the need to simplify the co-ordination of services to make the process easier.

Officers reported that the relationship between Early Years and Early Help would be followed through a risk strategy model approach that would examine the background of the individual as they presented themselves. This approach would pick up what information had been recorded from past involvement to provide a way forward to work and support the individual and their family. With reference to criminal exploitation it was reported that a targeted approach would help to identify issues earlier in the school system through safeguarding links rather than at the presenting stage. Officers referred to Primary Care and reported that work is ongoing with GPs to help with early help assessments to identify and encourage Early Help. Other examples were given on Family Poverty strategy for poverty proofing families.

Decision

1. To note the report submitted.

2. To thank officers for the presentation given.

3. To note the comments and suggestions made.

HWB/19/21 Manchester – Promoting Inclusion and Preventing Exclusion Strategy

The Board received a report from the Strategic Director of Children and Education Services. The report was introduced by the Virtual School Head, who provided and overview on the progress with the development and planned implementation of a multi-agency Promoting Inclusion and Preventing Exclusion Strategy for Manchester. Noting that the objective of the strategy was to promote inclusion for all Manchester children and young people at every age and stage. It was reported that permanent exclusions had reduced from 153 to 83 demonstrating that the work undertaken had made a difference. The strategy would be launched formally in September 2019.

The Chair invited questions from the Board.

In welcoming the report, it was reported that there is a heavy link between rates of exclusions and levels of crime and reductions of exclusions clearly shows an impact on levels in crime. The Public Health Approach to Violent Crime Group had considered the evidence on exclusion and it was noted that early intervention was key.

Councillor Murphy referred to Adverse Childhood Experiences and the evidence gathered from work undertaken in Harpurhey. In recognising the value of the work, it was reported that funding had been agreed from partners to help develop a pilot scheme as part of the next phase of the scheme.

Members referred to the importance of data sharing protocols to help circulate information between partners to support a more holistic approach and prevent data barriers. In addition, officers were asked to ensure that young carers are included in the strategy.

The Chair welcomed the strategies (Early Help and Promoting Inclusion and Preventing Exclusion), and the approach being taken to properly identify and address the needs of young people. It was noted that the process will be difficult and will take time to become engrained but would ultimately make a significant difference to the lives of young people.

Decisions

1. To note and welcome the report submitted and the comments received.

2. To note that the national Timpson Review of Exclusions Report, the recommendations contained therein are welcomed and are reflected in Manchester's Promoting Inclusion and Preventing Exclusion Strategy.

3. To note the comments made on the final draft of Manchester's Promoting Inclusion and Preventing Exclusion Strategy.

4. To acknowledge that the provisional school exclusions data for 2018-19 shows a reduction in the use of permanent exclusion compared to the 2017-18.

5. To request a progress and impact report on the strategy in 6 to 12 months.

HWB/19/22 Manchester Locality Plan Update - MLCO Phase 2 and Strengthening Governance and Accountability

The Board received a report from the Chief Executive, Manchester Local Care Organisation and Chief Accountable Officer, Manchester Health and Care Commissioning that provided the Board with an update on the development of the Manchester Local Care Organisation (MLCO) and Phase 2.

The Chief Executive, Manchester Local Care Organisation and Chief Accountable Officer, Manchester Health and Care Commissioning referred to the main points and themes within the presentation which included: -

- Providing a description and context of the work of the MLCO in 2018/19, referencing the annual report; 'Our first year' that had been circulated to the Board;
- Noting that in the latter part of 2018 it had been agreed by commissioners that the commissioning and procurement of MLCO would be achieved through the production of a comprehensive joint business case and describing the progress to date to deliver this;
- Information on the Governance arrangements that would support MLCO to deliver phase 2; and
- Information on the MLCO business plan that would set out the MLCO response to the five overarching priority objectives to deliver against the 10 outcomes set by MHCC.

The Chair invited questions from the Board.

A member asked what impact primary care networks will have on the work of the MLCO and how this will be different from the integrated neighbourhood teams.

It was reported that Manchester is in a good position with the fourteen Primary Care Networks being well aligned to the integrated neighbourhood teams.

The Chair noted that in bringing services together it would not be possible to have co-terminosity and partners would need to work around to connect any mismatches within services. The Chair commented that the NHS had for a long time been stifled by hard purchaser /provider splits, however it appeared that co-operation and collaboration was now moving forward.

Decision

To note the report submitted, including the work delivered by MLCO in 2018/19 and the work that is underway to deliver MLCO Phase 2.

HWB/19/23 Adult Social Care Improvement Programme

The Board received a report from the Executive Director Adult Social Services that provided an overview of the Adult Social Care Improvement Programme, including progress to date and upcoming priorities.

The Executive Director Adult Social Services referred to the main points of the report which were: -

- Providing a background and context for the design of the Adult Social Care Improvement Programme, noting that the plan set out the complex, ambitious set of reforms that were needed to integrate services for residents;
- Detailed information on the various workstreams developed in response to the outcomes of diagnostic work;
- Information on the governance and monitoring arrangements;
- Resourcing and budget arrangements; and
- Progress to date and upcoming priorities.

The Chair welcomed the report and commented that the on the journey to service outcomes and financial sustainability the current position is behind that originally targeted in what had been a demanding programme of change. The point was made that in view of the creation of the LCO and the investment made in adult care, there was an importance to see the changes implemented taking effect on the ground between community and hospital settings within the next twelve months.

Decision

To note the report submitted and comments received.

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Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 28 August 2019

Subject: Transformation Accountability Board – Priority Themes

Report of: Executive Director of Strategy, MHCC

Summary

The Transformation Accountability Board (TAB) has reviewed progress on the delivery of the Manchester Locality Plan and concluded that more senior leadership focus is required on a number of key priorities. To that end, the format of TAB meetings has been refreshed to enable a clear focus on 7 Priority Themes. Each Priority Theme is sponsored by a Chief Executive/Accountable Officer and lead by an Executive Director Lead.

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 Locality Plan: Our Healthier Manchester seeks to deliver a transformed and sustainable health and care system that improves the health and wellbeing of the people of Manchester.
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: Dr Ruth Bromley, Chair MHCC

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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.

- The Locality Plan: Our Healthier Manchester (2016)
- The Locality Plan Refresh (2018)

1. Introduction

1.1 The Transformation Accountability Board (TAB) is responsible for the implementation of the Manchester Locality Plan: Our Healthier Manchester 2016-21). Over recent months it has reviewed progress on delivery of the Locality Plan milestones and recognised that if Manchester is to realise the ambition of the Locality Plan, it must expedite delivery and create the necessary conditions for change.

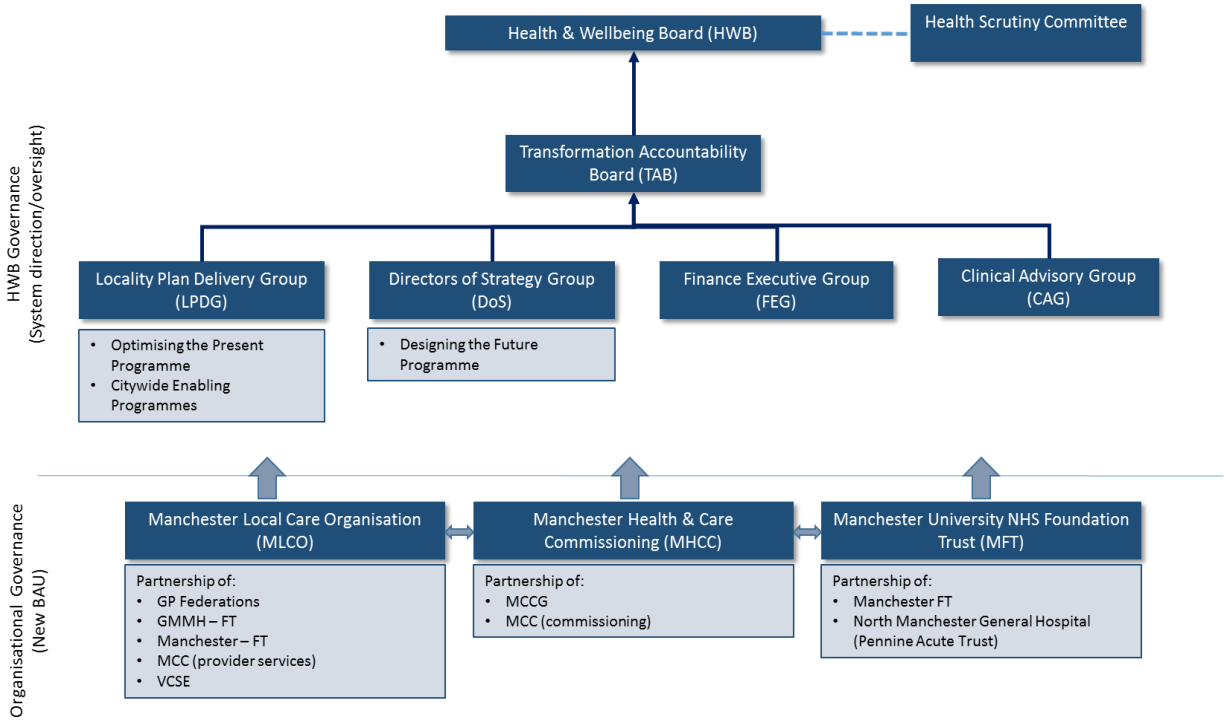
1.2 In order to expedite delivery, TAB members have identified 7 Priority Themes that will benefit from CEO/Accountable Officer sponsorship and Executive Director leadership, to ensure a focus on key priorities, actions and risk resolution across the Manchester system.

2. Background

2.1 The objectives of TAB, as specified in the Terms of Reference (agreed by HWB August 2017), are to: -

- Oversee, on behalf of the Manchester Health and Wellbeing Board, the implementation of the Manchester Locality Plan.
- Act as the conduit between the Manchester system and the Greater Manchester Health and Social Care Partnership. This will involve accounting directly to GM for the delivery of outcomes of the GM Investment Agreement; further negotiations around investment agreements over the lifecycle of the Locality Plan; and accounting to GM for securing financial and clinical sustainability.
- Act as the link, at a strategic level, between the health and social care system and the broader City Strategy ('Our Manchester').
- Be responsible for the development and deployment of the Manchester Investment Agreement.

2.2 The governance structure for the delivery of the Locality Plan is described below:



3. Priority Themes

3.1 The table below details the 7 Priority Themes and leadership arrangements:

Priority themes		CEO/Accountable Officer Sponsor	Exec Director Lead
1.	Complete the NMGH transaction	Mike Deegan	Peter Blythin
2.	MLCO – growth in scope and embed new models of care	Michael McCourt	Katy Calvin-Thomas
3.	Population Health – reducing health inequalities	Joanne Roney	David Regan & Sohail Munshi
4.	Digital capability and innovation	Michael McCourt	Under discussion
5.	Workforce	Ian Williamson	Sharmila Kar
6.	Mental Health transformation	Neil Thwaite	Liz Calder
7.	Financial sustainability	Ian Williamson	Claire Yarwood & Carol Culley

3.2 Starting in June 2019, highlight reports for each of the 7 themes have been received at each TAB meeting, as a major agenda item. The highlight report format sets out clear milestones for achievement during 2019/20, provides an update on progress, escalates risks and issues for the attention of TAB and identifies key decisions required from TAB.

3.3 In addition to the narrative Priority Theme highlight reports, work has been undertaken to identify a set of high-level performance indicators that will

provide a more quantitative view of the impact of the transformation programme. An agreed set of performance indicators was finalised at the August TAB meeting and will be reported in conjunction with the highlight reports at future meetings.

3.4 These changes have shifted the focus of TAB, increasing the visibility of the population health and mental health programmes and ensuring greater focus on becoming a financially sustainable system with the digital capability to operate effectively across the health and social care system.

4. Next steps

4.1 TAB members will embed the new reporting arrangements and focus on key priority themes, ensuring that they better support the delivery of Locality Plan milestones and enable a timely response to any areas of concern.

5. Recommendations

5.1 The Board is requested to note the report.

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Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 28 August 2019

Subject: Primary Care Networks – Implications for Manchester

Report of: Medical Director, Manchester Health and Care Commissioning
Chief Medical Officer, Manchester Local Care Organisation

Summary

This Report advises the Board of the introduction of Primary Care Networks (PCNs), and outlines progress on their establishment in Manchester, as well as wider implications for the City. In particular, the report focuses on how PCNs will fit into the development of integrated place-based care in neighbourhoods, and the Manchester Local Care Organisation (MLCO).

Recommendations

The Board is asked to comment on and 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	Primary Care Networks are designed to enable integrated place based care, and support growth in Primary Care capacity and effectiveness. As such, their development should contribute to delivery of all the priorities of the Health and Wellbeing Strategy
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	

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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.

1. NHS England Long Term Plan - available at https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

2. NHS England/British Medical Association (BMA) 5 year contract reform guidance - *Investment and Evolution: A five-year framework for GP Contract reform to implement the NHS Long Term Plan – available at* https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

3. Manchester's Strategy for Primary Medical Care – available at www.mhcc.nhs.uk/publications

4. Further more detailed NHSE/BMA guidance available at https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/

1. Introduction and purpose

The purpose of this Report is to advise the Board of the introduction of Primary Care Networks (PCNs), and outline progress on their establishment in Manchester, as well as wider implications for the City. In particular, the report focuses on how PCNs will fit into the development of integrated place-based care in neighbourhoods, and the Manchester Local Care Organisation (MLCO).

2. Background – The context for Primary Care Networks

The introduction of Primary Care Networks (PCNs) was initially identified within the NHS Long Term Plan[1]; and then followed up earlier this year by the NHS England (NHSE)/British Medical Association (BMA) GP 5 year contract reform document *Investment and Evolution: A five-year framework for GP Contract reform to implement the NHS Long Term Plan[2].*

The 5 year contract reform framework set out in *Investment and Evolution* includes the following elements:

- Seeking to address **workload issues** in Primary Care resulting from the workforce shortfall, with funding for new roles to be based within Primary Care Networks (PCNs):
- Funding for 70% of **new** roles including
  - Clinical pharmacists, applying from this year, 2019/20
  - Physicians associates, from 2020/21
  - First contact physiotherapists, from 2020/21, and
  - First contact community paramedics, from 2021/22
- 100% funding for social prescribing link workers, from this year 2019/20
- Networks being able to decide which provider organisation employs the additional staff; which could be a lead practice, GP Federation, or NHS provider
- Growth of nearly £1b in core contract services
- Recruitment and retention programmes including Fellowship schemes and training hubs
- Proposals for changes to pension arrangements.
- Resolving **indemnity costs** and coverage through a centrally funded Clinical Negligence Scheme for General Practice.
- Reforming the **Quality and Outcomes Framework (QoF)**, implementing the findings of a recent review; introducing Quality Improvement Modules for prescribing safety and end of life care, and replacing exception reporting with a more precise 'Personalised Care Adjustment'. Parts of the existing scheme have been retired, with other domains being reviewed during this financial year including heart failure, asthma and COPD, with mental health in 2021/11.
- Practices being entitled to a **Primary Care Network (PCN)** Contract, to support establishment of PCNs to cover footprints of 30,000-50,000; under a new Directed Enhanced Service (DES); which includes

[1] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

[2] https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

- Practice payments for participation in PCNs; equivalent to £14,000 for an average size Practice; as well as £1.50 per head of population (nearly £1m for Manchester) to support the PCNs' running costs
- Significant further investment in Network staff (as per workforce priorities identified above)
- Expectation of full national coverage by July 2019
- Every Network having an accountable Clinical Director (with attached funding at £0.25p per patient), and a Network Agreement between the constituent Practices
- Networks playing key roles in Integrated Care Systems (ICSs)[3], in order to dissolve the historic divide between primary and community services.

Further detail on PCNs, and analysis of their implications, is contained in below sections.

- PCNs supporting the development of a more integrated approach to **Primary Urgent Care Services,** including
  - The Extended Hours DES (previously delivered by individual Practices) coming under PCN arrangements as from 1st July, with the longer term intention of integrating the models for extended hours and enhanced (7 Day) access. This includes a whole population and digital offer for all patients by April 2021
  - NHS 111 direct booking into general practice nationally this year
  - GP activity and waiting time data, including patient experience, to be published, from 2021.

- Practices and patients benefiting from the move to '**digital first' -**
  - Additional national funding for PCNs through *GP IT Futures* programme
  - All patients having the right to digital-first primary care, including web and video consultations, by April 2021[4]
  - All patients having access to their full records by 2020, and being able to order repeat prescriptions electronically (for patients for whom it is clinically appropriate), from April this year
  - Practices to ensure at least 25% of appointments are available for online booking by this July
  - All practices offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom it is clinically appropriate, as a default from this April
  - All practices having an online presence, giving patients online access to correspondence; and no longer using facsimile machines
  - Practices expected to share data for digital services such as the NHS App, contributing to local Health and Care Record initiatives; and creating and updating care plans for all appropriate patients

[3] The term 'Integrated Care Systems' (ICSs) from the guidance refers to STP areas; hence locally the Greater Manchester Health and Social Care Partnership STP

[4] With a further expectation in planning guidance that CCGs work with practices to ensure that by April 2020 75% of practices are offering online consultations to their patients.

    - GP providers no longer being able advertise or host private GP services that would fall under the scope of NHS funded primary medical services
    - A review of out of area (OOA) registration and patient choice of digital first taking place in 2019, to take account of the growth of digital registration.
- Delivering **new services** to deliver NHS Long Term Plan commitments
- Ensuring national service specifications by April 2020 for
    - Structured medications review and optimisation
    - Enhanced health in care homes
    - Anticipatory care – as part of the ambition to '*dissolve the historic divide between primary and community medical services'.*
    - Personalised Care and
    - Supporting early cancer diagnosis
- Further national specifications in 2021 for
    - Cardiovascular disease (CVD) case-finding, and
    - Locally agreed action to tackle inequalities
- Reviews into Vaccination and Immunisation & Screening programmes.
- By 2020, Network dashboards being in place to show progress on metrics
- National *Network Investment and Impact Fund* to start in 2020 - an incentive scheme to focus on utilisation of NHS services such as A&E attendances, emergency admissions, referrals and prescribing; part of which is to be based on the principle of shared savings linked to performance.

- **Five year funding clarity**:
    - Resources for primary medical & community services to increase by over £4.5b nationally by 2023/24, & rise as a share of the NHS budget
    - Core contract growth by £978m over the same period; with the assumption that practice staff receive at least 2% increase in 2019/20
    - Pay transparency – publication of GP earnings above £150k pa.

- **Testing future contract changes** prior to introduction, with a testbed programme, evaluation and research.

3. The national vision for PCNs

PCNs have been established to enable provision of proactive, accessible, coordinated and more integrated primary and community care, and to improve outcomes for patients. They should be formed around natural communities based on GP registered practice lists, generally serving populations of around 30,000 to 50,000 registered patients.

PCNs should be small enough to still provide personal care valued by both patients and GPs, but large enough to have impact through deeper collaboration between practices and others in the local health (community and primary care) and social care system. They provide a platform for providers of care being sustainable longer term; and the foundation for Integrated Care Systems (ICSs).

4. The Manchester context

The guidance and proposed contract framework are, in general, very welcome, and in tune with Manchester's Strategy for Primary Medical Care[5], specifically with regard to the following:

- Recognising the historic under-funding of Primary Care, and the need to invest in the sector for the future, both in real terms, and also relative to the rest of investment in healthcare
- The need in particular to invest in Primary Care workforce; through new funding, development of skill mix and new roles, and recruitment and retention initiatives
- Support for the concept of Primary Care at scale, as developed in Manchester and across Greater Manchester; exemplified through the notion that Primary Care growth will be enabled through the PCNs – which in Manchester are seen as natural development of existing Neighbourhood arrangements
- Based on the principle that the framework should dissolve historic barriers between primary and community services, and improve integration
- Support for a range of digital initiatives, including online access & data sharing
- Developing an integrated system offer for urgent primary care, bringing together extended hours with enhanced access through PCNs in the neighbourhood model
- Proposals to introduce national specifications for a range of services which up to now are dependent on local initiatives & funding, such as enhanced care to residents in care homes, CVD case finding, & local action to tackle health inequalities.

PCNs were established with challenging timescales, in that national guidance came out in January (with further versions, detail & updates published over subsequent months), but have been assisted locally by the fact that we have a number of the building blocks in place to ensure relatively smooth and effective implementation, including:

- Manchester's Primary Care Strategy agreed and shared by key stakeholders, including MHCC, the Manchester Local Care Organisation (MLCO), Manchester's 3 Primary Care Federations (to which all the City's 88 Practices are signed up), and their umbrella body Manchester Primary Care Partnership (MPCP), with support also from Manchester Local Medical Committee (LMC)
- Strong Neighbourhood arrangements across the City, to which Practices have shown loyalty and support; creating a solid basis for the introduction of PCNs.
- Recent enhancement of the GP neighbourhood clinical leadership role, which provides a solid foundation for transition of some neighbourhood leads to take on roles as PCN Clinical Directors
- Agreement from organisations and system leaders across Manchester that
    - The 12 Neighbourhoods should act where possible as the basis of Manchester's PCNs;
    - The PCNs should link in to Manchester's integrated care arrangements through the MLCO; with Primary Care having a strong voice within the

[5] Available at www.mhcc.nhs.uk/publications

MLCO, through the Federations and the Neighbourhood leadership arrangements

- MHCC, MLCO and the Federations articulating a clear and joined up Manchester system view which has been communicated to the Practices. In addition, recent neighbourhood and all Practice meetings reinforced the system wide approach to implementing the guidance and putting in place effective PCNs across Manchester.

5. PCN establishment in Manchester

Whilst there is general agreement in Manchester that the 12 Neighbourhoods should act where possible as the basis of Manchester's PCNs, it should be noted that the guidance reinforces the view that PCNs should develop 'bottom up' from the Practices themselves.

As a consequence as from 1st July 14 PCNs have been established across the city, covering all 88 Practices, with assurance in place in relation to their Network Agreements. In most parts of the City the PCNs reflect existing neighbourhood boundaries, other than in relation to:

- A new City Centre and Ancoats PCN
- Robert Darbishire Practice in Rusholme forming a PCN, alongside its constituent Practices of New Bank (in Longsight) and The Whitswood, Alexandra Park.

For information, Appendix 1 contains a list of the PCNs, their constituent Practices, and Clinical Directors; with Appendix 2 a map of the city showing how networks align to neighbourhood arrangements.

6. Priorities for 2019/20

The priorities for PCNs for the rest of this financial year include

1) Establishment, including governance and assurance through their Network agreements.
2) Extended Hours - As part of their Network Agreements, PCNs are required to deliver Extended Hours; ensuring, unlike previous arrangements, full population coverage[6]. The exact model of Extended Hours delivery in each PCN may vary and can include:
    - All practices in a PCN offering extended hours to their own registered patients
    - A practice undertaking the majority of the extended hours provision for the PCN's population, with other practices participating less frequently
    - A practice offering extended hours to its own patients, with other practices sub-contracting delivery for their respective patients

[6] Note that 'extended hours' has traditionally been provided as a matter for choice by individual Practices, and is not to be confused with the hub based enhanced 7 day access service. Before 1st July around 2/3 of Manchester Practices delivered extended hours.

- A provider providing the extended hours provision on behalf of all the practices.

Irrespective of the delivery model, the PCN needs to ensure that all network patients have access to a comparable extended hours service offer. As at time of writing, most PCNs are now delivering full population coverage, others are developing phased arrangements to the end of September, with a view that their full hours will be made up by the end of January 2020.

It is also planned that half day closing will be phased out across the city by the end of September 2019.

3) Workforce - PCNs are now focusing on their extended workforce growth, which in 2019/20 covers Clinical Pharmacists and Social Prescribing link workers. The majority of PCNs have indicated a preference to deliver the MHCC proposed offer for both Clinical Pharmacists, whilst for Social Prescribing Link Workers there is an intention to build on positive recent service developments in social prescribing across the city through the Be Well programme.

7. Networks and MLCO Neighbourhoods

Manchester's focus in terms of the integration of health and social care at a local place-based level has been through the neighbourhood arrangements. In the context of Bringing Services Together, MLCO is working with a range of partners in neighbourhoods to enhance the approach to integrating health and social care and addressing the wider determinants of health.

In this context, it is recognised that PCNs and neighbourhoods are not identical, but have very similar aims and in most cases similar geographies. Broadly neighbourhoods are focusing on the integration of health and social care, whilst PCNs are focusing on Primary Care service delivery, and how they deliver their requirements under the PCN DES.

There are and will be growing links between PCNs and neighbourhoods, and the ambition is to align where we can. It is also recognised that not all PCNs will move forward at the same pace, and may wish to approach delivery of their PCN DES requirements in different ways. In a number of neighbourhoods, PCN clinical leadership is the same as in the neighbourhood, demonstrating that the journey to convergence is well underway.

Some principles to which partners are working to ensure the PCN/neighbourhood alignment include the following:

- PCNs are seen as an integral part of the coordinated Neighbourhood approach in Manchester to improve population health
- There is a growing recognition across the City of the need to explore the development of a City Centre neighbourhood to meet the specific needs of patients and residents in the City Centre, and respond to the significant forecast population growth

- PCNs are working with GP Federations, MLCO and MHCC to align PCN and Neighbourhood governance and operating arrangements during 2019/20
- Whilst PCNs in year one are focused on establishment and the contractual requirements of the PCN DES, many are considering what needs to be put in place to meet the requirements in years 2-5. As PCNs are aligned to and working with partners in the neighbourhood, this provides a strong foundation from which to build and work together to deliver local priorities and the DES requirements.PCN Clinical Directors and GP neighbourhood clinical leads are being supported and enabled to work together as cohesive new clinical leadership group across the city
- Both PCNs and neighbourhoods are being supported to see themselves as part of the broader Manchester Bringing Services Together programme.

8. Primary Care Networks and MLCO Governance

The MLCO Prospectus outlines the intention behind the establishment of an LCO to 'bring together a range of community based health, care and prevention services organised around general practice with 12 locality neighbourhoods across the city, so they can focus on the local population and individuals needs more effectively.'

Since its establishment, the LCO has been working to ensure that primary care was at the heart of its operation and has built relationships with practices through existing infrastructure, such as the GP Federations and MHCC neighbourhood arrangements.

As such, MLCO has been working with colleagues in MHCC and the GP Federations to ensure a joined up approach when working with practices and developing the MLCO model of integrated health and social care in the place.

The approach has been to work with and build from the strong foundations in Manchester and this included the arrangements practices had established to work together at a neighbourhood level.

Practices have been engaged in the development of MLCO's neighbourhood approach from the beginning, through the Federations and then through the development of the GP neighbourhood lead roles (a critical role in our Integrated Neighbourhood Leadership teams); the development and optimisation of neighbourhood partnerships (chaired by the GP neighbourhood leads); and the development of the 2019/20 Health and social care neighbourhood plans. They will also be critical to the successful development and delivery of the coordinated care pathway through the delivery of Multi-Disciplinary Teams (MDTs) and Multi Agency Meetings (MAMs) in each neighbourhood.

Following the publication of the NHS Long Term Plan and the clear intention to 'dissolve the historic divide between primary and community health services', the MLCO in partnership with the Federations and MHCC has continued to implement the planned integration at a neighbourhood level through the Integrated Neighbourhood Team (INT) programme and the neighbourhood arrangements and governance.

The MLCO Executive team, alongside MHCC, met with those PCNs that did not directly align to existing neighbourhood geographies to ensure that interfaces with the community health and social care services would be managed appropriately. In the case of the Robert Darbishire PCN, this crosses 2 neighbourhood geographies and the PCN has identified a lead to be part of both arrangements. MLCO has agreed with all PCNs that it will work through any issues on a pragmatic basis and to date, there have been no issues.

Discussions have started with the City Centre PCN to identify how MLCO and other partners can support the development of neighbourhood level working for our residents in the City Centre. From an LCO and wider system perspective, this will be supporting the resilience, sustainability and development of the primary care offer in the City Centre.

The approach has acknowledged the time that PCNs have needed to establish themselves legally, and supporting practices being able to remained engaged in neighbourhood level working through the GP neighbourhood leads and the neighbourhood partnerships.

MLCO and MHCC have met with the PCN CDs to clarify roles in the system, and how PCNs can be supported through the neighbourhood infrastructure in the delivery of their DES requirements; which from year 2 of the DES require PCNs to develop approaches in collaboration with partners from across the system.

The CDs have requested that MLCO and MHCC work together to clarify the vision and strategy for the future working of neighbourhoods and PCNs; therefore, in partnership with the Federations an approach will be proposed that the PCNs and Neighbourhoods can refine and agree; building on the principles outlined in section 7 of this paper.

The MLCO neighbourhood governance and infrastructure can facilitate this approach and in some cases is already working to address some of the requirements that service specifications will outline, such as the development of enhanced health in care homes and anticipatory care.

In terms of accountabilities, Primary Care Networks are accountable to NHS England via delegation to MHCC, whilst the PCN Clinical Directors are responsible to the PCN practices themselves. GP Neighbourhood Leads are responsible to both MHCC and MLCO. As stated, across the city some PCN CDs are also the GP Neighbourhood Leads who are part of the Integrated Neighbourhood Leadership Team. In the cases where both roles are not being undertaken by the same GP there is a close working relationship in place to ensure PCN and neighbourhood priorities are aligned.

This Neighbourhood Leadership Team, which consists of an Integrated Neighbourhood Team Lead, GP Neighbourhood lead, Nursing lead, Social care lead, Mental Health lead and Health Development Coordinator is also responsible for Neighbourhood Provider Partnership Groups and neighbourhood plans.

Each Neighbourhood has a health and social care plan for 2019/20 aligned to the MLCO strategic framework, these have been developed into Plans on a Page. The

Neighbourhood Partnerships are accountable to the Locality Provider Partnerships which in turn are accountable to MLCO Executive.

It is also proposed to establish a citywide Primary Care leadership group, to enable PCN CDs and Neighbourhood Leads to work collectively with MLCO, MHCC and other partners at a city wide level; the first meeting of this forum is due to take place in the early Autumn and will intially focus on how the PCNs and neighbourhoods can converge to be a fully aligned approach.

9. Scope of MLCO contracts: Primary care

As the MLCO goes live, contracts for a number of enhanced primary care services are due to transfer into MLCO from MHCC; specifically:

- 7 day services
- Out of hours services
- Enhanced care to care homes

A multi-agency design group including primary care leads has been established to develop a scope and vision for how these services (currently managed and operated independently) can be brought together into an integrated primary and urgent care service model. PCN CDs have been included in this design approach to support the proposed contract transfer, given that longer term responsibility for delivering an integrated urgent and primary care offer will fall to the PCNs. Whilst Walk-In Centre services are not included in the contract transfer, they are in the scope of the design work.

From April 2020 it is also proposed that Primary Care Locally Commissioned Services/Primary Care Standards move into MLCO. MHCC will lead on the development of this approach in partnership with MLCO, PCNs and federations; and the opportunity to deliver through PCNs or neighbourhoods will be considered.

10. Moving forward to 2020 and beyond

2019/20 has been considered as a transition year for PCNs. Now that they are established and in place, they can start to consider their requirements and priorities for 2020 and beyond; including

- Further extended primary care staffing offers:
    - Physicians associates, from 2020/21
    - First contact physiotherapists, from 2020/21, and
    - First contact community paramedics, from 2021/22
- Delivery of services under proposed national service specifications, in areas including:
    - Structured medications review and optimisation;
    - Enhanced health in care homes;
    - Anticipatory care;
    - Personalised care; and

- Supporting early cancer diagnosis.
- In addition, considering further national specifications from 2021 for CVD case finding, and locally agreed action to tackle health inequalities.
- Their approach to integrated Primary Urgent Care Services**;** and how, working with MHCC and MLCO, they can best align extended hours with enhanced (7 Day) access; ensuring the whole population and digital offer by April 2021.

11. For decision

The Board is asked to comment on and note the Report.

Primary Care Network configurations - July 2019			
GP PCN	**Label**	**Name**	**List size Jan 2019**
Clayton, Beswick and Openshaw **Clinical Director/Neighbourhood lead - Dr Nouman Khan, Florence House Medical Practice**	**26**	Drs Hanif And Bannuru	6,269
	27	Eastlands Medical Practice	5,246
	28	The Mazhari & Khan Practice	2,803
	33	Five Oaks Family Practice	9,215
	34	Cornerstones Family Practice	7,065
	35	Lime Square Medical Centre	6,065
	36	Florence House Medical Practice	9,824
		Total:	**46,487**
Ardwick and Longsight **CD Dr Huma Ghauri, Ailsa Craig Practice and Dr Tony Gu, Vallance Centre (role share) - Separate Neighbourhood lead**	**37**	Drs Ngan & Chan	9,843
	38	Dr Cunningham & Partners	6,940
	47	Surrey Lodge Group Practice	8,365
	48	Longsight Medical Practice	4,754
	49	Dickenson Road Medical Centre	7,395
	52	Ailsa Craig Medical Practice	10,852
	53	Parkside Medical Centre	5,054
	39	Drs Chiu, Koh & Gan	6,343
		Total:	**59,546**
Cheetham Hill and Crumpsall **CD/Neighbourhood lead Dr Mobeen Shahbaz, Collegiate Medical Centre**	**4**	The Neville Family Medical Centre	4,329
	6	Parkview Medical Centre	6,339
	7	Artane Medical Centre	1,455
	11	Wellfield Medical Centre	10,207
	12	Jolly Medical Centre	4,079
	18	New Collegiate Medical Centre	14,059
	19	Cheetham Hill Medical Centre	12,060
	21	Queens Medical Centre	3,951
		Total:	**56,479**
West Central Manchester **CD Dr Jon Hopwood, Ashville Surgery, and Dr Anthony Larkin, Alexandra Practice – Separate Neighbourhood lead**	**54**	Ashville Surgery	9,622
	55	The Range Medical Centre	7,867
	60	Chorlton Family Practice	15,667
	61	The Alexandra Practice	5,892
	63	Wilbraham Surgery	4,412
	64	Corkland Road Medical Practice	7,301
	66	Princess Road Surgery	5,120
		Total:	**55,881**
City Centre and Ancoats **CD Dr Gerry O'Shea,**	**29**	City Health Centre	13,153
	30	New Islington Medical Centre	6,181
	31	Urban Village Medical Practice	10,537

Primary Care Network configurations - July 2019			
GP PCN	**Label**	**Name**	**List size Jan 2019**
Urban Village Medical Practice - Separate neighbourhood configuration		**Total:**	**29,871**
Didsbury, Chorlton Park and Burnage **CD/Neighbourhood lead Dr Oliver Atkinson, Cornishway Group Practice**	**71**	David Medical Centre	4,451
	74	Merseybank Surgery	2,724
	75	Didsbury Medical Centre - Dr Whitaker	14,028
	76	Kingsway Medical Practice	6,040
	77	Barlow Medical Centre	15,197
		Total:	**42,440**
Withington and Fallowfield **CD Dr Abigail Gallagher, Bodey Medical Centre - Separate Neighbourhood lead**	**65**	Bodey Medical Centre	16,674
	68	Mauldeth Medical Centre	6,288
	69	The Borchardt Medical Centre	10,389
	70	Al-Shifa Medical Centre	2,785
	72	Burnage Healthcare Practice	2,381
	73	Ladybarn Group Practice	10,732
	64	Fallowfield Medical Practice	2,328
		Total:	**51,577**
Gorton and Levenshulme **CD/Neighbourhood lead Dr Dominic Hyland, Ashcroft Surgery, and Dr Vish Mehra, West Point**	**41**	West Gorton Medical Centre	6,921
	43	Gorton Medical Centre	8,405
	45	Mount Road Surgery	8,064
	57	Levenshulme Medical Centre	7,882
	58	West Point Medical Centre	7,370
	59	Ashcroft Surgery	8,086
	62	Hawthorn Medical Centre	5,156
		Total:	**51,884**
Higher Blackley, Harpurhey and Charlestown **CD/Neighbourhood lead Dr Sobia Kashif, Conran Medical Centre and Dr Ajay Karigiri, The Avenue Medical Centre**	**1**	Beacon Medical Centre	4,054
	2	The Avenue Medical Centre	10,386
	3	Dam Head Medical Centre	2,790
	5	Charlestown Medical Practice	4,069
	9	Valentine Medical Centre	11,043
	13	The Singh Medical Practice	3,851
	14	Conran Medical Centre	6,676
	15	Willowbank Surgery	1,780
	17	Fernclough Surgery	1,989
		Total:	**46,638**
Miles Platting, Newton Heath and Moston **CD/Neighbourhood**	**8**	Hazeldene Medical Centre	6,783
	10	Simpson Medical Practice	5,649
	16	St George's Medical Centre	7,012
	20	Newton Heath Medical Centre	6,744

Primary Care Network configurations - July 2019			
GP PCN	**Label**	**Name**	**List size Jan 2019**
lead Dr Himanshu Dubey, Hazeldene Medical Centre	**22**	Droylsden Rd Family Practice	4,387
	23	Brookdale Surgery	2,341
	24	Whitley Road Medical Centre	6,683
	25	Victoria Mill Medical Practice	2,631
		Total:	**42,230**
Hulme, Moss Side and Rusholme **CD Dr John Littler, Cornbrook Medical Practice** **Separate Neighbourhood lead**	**32**	The Docs	7,757
	40	Cornbrook Medical Practice	12,925
	42	The Arch Medical Practice	18,867
	46	Manchester Medical	7,522
	56	Wilmslow Road Medical Centre	4,922
		Total:	**51,993**
RDP **CD – Dr Mohiuddin Miah (HMR) and Victoria Tolliday, ANP (A&L), both The Robert Darbishire Practice.** **Separate Neighbourhood configuration**	**44**	New Bank Health Centre	6,024
	50	The Whitswood Practice	4,026
	51	The Robert Darbishire Practice	24,155
		Total:	**34,205**
Wythenshawe **CD/Neighbourhood lead Dr Binoj Nair, Bowland Medical Practice**	**83**	Bowland Medical Practice	7,794
	84	RK Medical Practice	4,851
	85	Benchill Medical Practice	9,657
	86	The Maples Medical Centre	8,559
	87	Peel Hall Medical Practice	9,184
	88	Cornishway Group Practice	9,313
	89	Tregenna Group Practice	6,540
		Total:	**55,898**
Northenden and Brooklands (Wythenshawe) **CD/Neighbourhood lead Dr Paul Wright, Northenden Group Practice**	**78**	Northern Moor Medical Practice	4,033
	79	Woodlands Medical Practice	3,226
	80	Northenden Group Practice	10,087
	81	The Park Medical Centre	5,243
	82	Brooklands Medical Practice	5,973
		Total:	**28,562**

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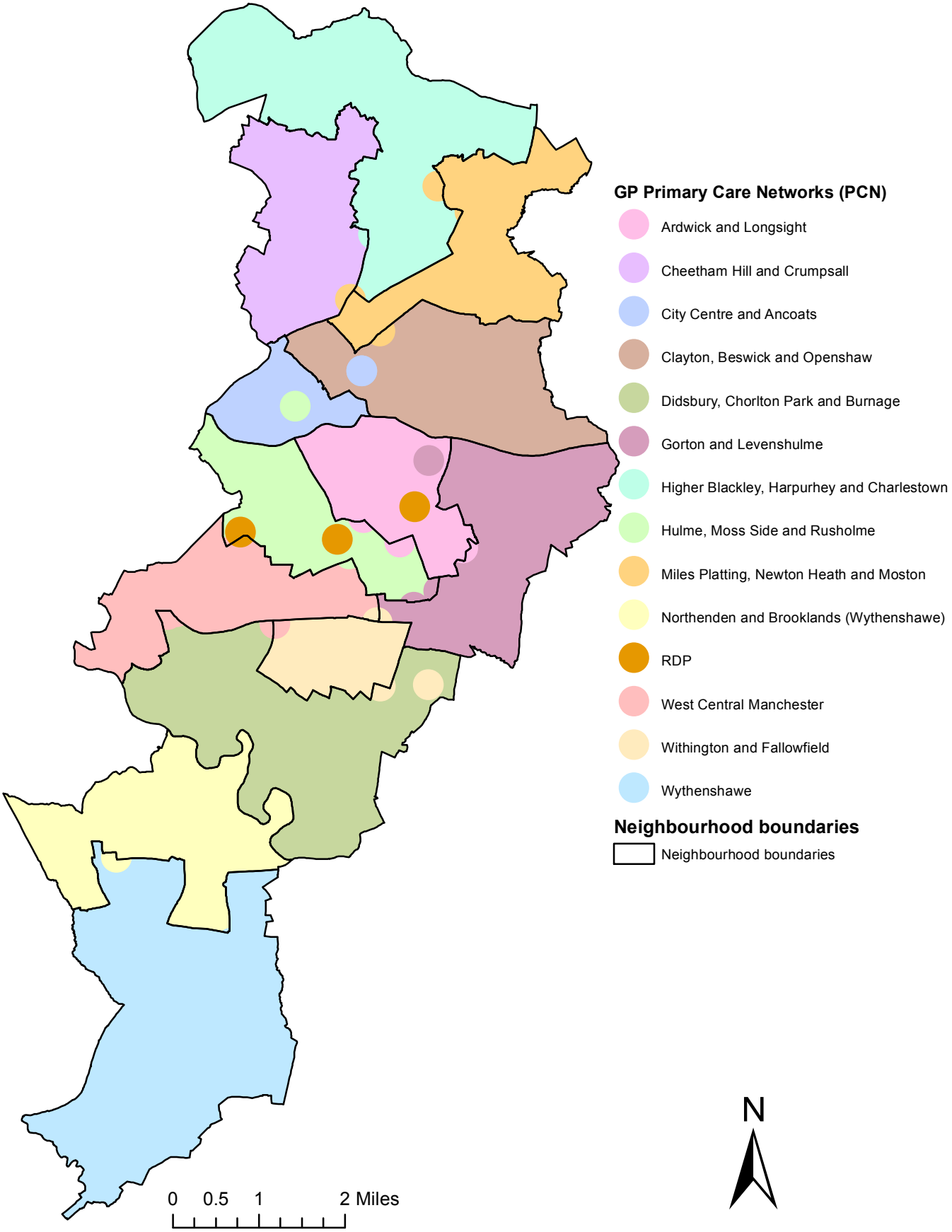
Primary Care Networks (PCN) as at 30th June 2019



Produced by Population Health and Wellbeing, MHCC

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Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 28 August 2019

Subject: Manchester Pharmaceutical Needs Assessment (2020-2023)

Report of: Director of Population Health/Public Health
Consultant in Public Health

Summary

The provision of pharmaceutical services falls under the National Health Service (Pharmaceutical and Local Pharmaceutical services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA). The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB).

The PNA steering group has been leading the development of the next PNA for 2020-2023 on behalf of the HWB Board. This report includes the Executive Summary of the draft PNA (Appendix 1). Due to the length of the draft PNA (and the associated appendices), the full documentation can be found at:-

https://www.manchester.gov.uk/pna

The regulations state that the HWB must undertake a consultation on the content of the PNA and it must run for minimum of 60 days. It is therefore proposed that that the consultation period for the Manchester PNA runs from Monday 2 September until Friday 1 November 2019.

Recommendations

The Board is asked to:

1. Agree to the consultation starting on 2 September 2019; and
2. Receive the final version of the PNA in January 2020.

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 PNA ensures that the provision of pharmaceutical service meet the needs of Manchester residents across the life course. It ensures that there is appropriate access to pharmaceutical services for Manchester residents, and allows residents
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	to receive appropriate advice and treatment for self care.
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	

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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.

Manchester Draft Pharmaceutical Needs Assessment 2020-2023 available via https://www.manchester.gov.uk/pna

1. Introduction

1.1 The Health and Social Care Act 2012 transferred responsibility to develop and update the Pharmaceutical Needs Assessment (PNA) from Manchester Primary Care Trust to Manchester Health and Wellbeing Board (HWB). NHS England has responsibility for the application process and the management of pharmacies compliance with their terms of service. The PNA informs the application and decision making process, however, NHS England have the responsibility for approving or rejecting new applications.

2. Background

2.1 The provision of pharmaceutical services falls under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations cover the production of the Pharmaceutical Need Assessment (PNA), the application and decision making process for opening pharmacies and also details the term of services for pharmacies, dispensing appliance contractors and dispensing doctors.

2.2 The PNA looks specifically at the current provision of pharmaceutical services in Manchester. It determines whether these pharmaceutical services meet the needs of the population. The current PNA runs to 31 March 2020. The purpose of Manchester PNA is summarised below:

i The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractors, or applications from existing pharmaceutical provides to change their regulatory requirements.

ii The PNA will help work with providers to target services to the areas where they are needed.

iii The PNA will inform interested parties of the PNA and enable collaborative work to plan, develop, and deliver pharmaceutical service for the residents of Manchester.

iv The PNA will help inform commissioning decisions by local commissioning bodies

2.3 NHS pharmaceutical services include:

i Essential services which all community pharmacies must provide- dispensing of medicines and appliances, promotion of healthy lifestyles, disposal of unwanted medicines, support for self care.

ii Advanced services which community pharmacies can choose to provide and require extra accreditation.

iii Enhanced services which are commissioned by NHS England area teams to meet local need. These include flu vaccination, minor ailment services, support to residents and staff in care homes.

2.4 Public health services may be commissioned by local authorities from pharmacies including emergency hormonal contraception, chlamydia screening, supervised consumption of methadone and needle exchange services.

2.5 Clinical Commissioning Groups may also commission pharmacies to support local delivery of services, including the monitoring of long term conditions.

2.6 Currently there are 135 pharmacies distributed across the City providing a range of services.

3. Statutory requirements of the PNA

3.1 The PNA is a report on the local needs for pharmaceutical services. It is used to identify gaps in current services or improvements that could be made to current or future service provision. The specific content of the PNA is set out in schedule 1 of the NHS (pharmaceutical and local pharmaceutical services) Regulations 2013.

4. Local arrangements for producing the next Manchester PNA

4.1 A steering group has been formed to provide governance and expertise to facilatate the producton of the next PNA which will cover the period 2020- 23 (see Executive Summary and contents attached as Appendix 1). The group was established in March 2019 and was led by the Manchester Health and Care Commissioning Medicines Optimisation team with appropriate representation from pharmacists, the Local Pharmacy Committee (LPC), Greater Manchester Health and Social Care Partnership (GMHSCP) and the Population Health Team.

4.2 An initial consultation exercise has been carried out with members of the public and community pharmacists.

4.3 The regulations stipulate that the HWB must undertake a consultation on the content of the PNA. The consultation period must run for a minumum of 60 days and this is planned to run from Monday 2 September until Friday 1 November 2019. The regulations also state that the following must be consulted:

- Local Pharmecutical Committee;
- Local Medical Committee;
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- Any local pharmaceutical service pharmacy in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;

- Healthwatch;
- NHS Mental Health Trusts;
- NHS Acute Trusts;
- Local CCGs;
- NHS England; and
- Neighbouring Health & Wellbeing Boards.

4.5 Finally, after the end of the consultatation on the 1 November 2019 comments will be considered and the final document will be presented to the HWB in January 2020 in advance of formal publication on 1 April 2020.

5. Recommendations

5.1 The Board is asked to:

- Agree to the consultation starting on 2 September 2019; and
- Receive the final version of the PNA in January 2020.

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Appendix 1

Manchester Health and Wellbeing Board Draft Pharmaceutical Needs Assessment 2020-2023

Executive Summary

1.0 Introduction

From 01 April 2013, Manchester Health and Wellbeing Board (HWB) has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

The PNA aims to identify whether current pharmaceutical service provision meets the needs of the population. The PNA considers whether there are any gaps to service delivery.

The PNA may be used to inform commissioners, such as clinical commissioning groups (CCG) and local authorities (LA), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended ('the 2013 Regulations'). The relevant NHS England Local Offices (LO) will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA.

The City of Manchester covers an area of approximately 116 square kilometres with a population of 545,501, giving a density of 47 persons per hectare (based on the Office for National Statistics mid-2018 population estimates).

Manchester is a city of change, the birthplace of the industrial revolution, and the powerhouse of the north-west region. The city boasts several key drivers that help sustain the economic growth of the area. These include its world-class universities, a knowledge-based economy, a thriving city centre, a skilled workforce, and Manchester International Airport.

Despite this Manchester has a higher proportion of working-age residents claiming Employment Support Allowance (7.7%) compared to the England average (5.4%). It also has some of the poorest health in England. Within its own boundaries, people die younger and experience higher levels of illness in some parts of the city than others.

1.2 How the assessment was undertaken

This PNA describes the needs for the population of Manchester. It considers current provision of pharmaceutical services across 12 neighbourhoods in the Manchester HWB area (see section 4).

The PNA uses the current system of Manchester ward boundaries to create 12 clear neighbourhoods.

This approach was taken because

- These neighbourhoods reflect ward areas already in use by Manchester City Council,
- The majority of available healthcare data is collected at ward level, and
- Wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The PNA includes information on

- Pharmacies in Manchester and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users;
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC);
- Relevant maps relating to Manchester and providers of pharmaceutical services in the HWB area;
- Services in neighbouring HWB areas that may affect the need for services in Manchester;
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Manchester City Council, Manchester CCG and NHS England.

1.3 Results

Manchester currently has 135 pharmacies providing a range of essential services, advanced services, enhanced services and locally commissioned services on behalf of Manchester City Council, Manchester CCG and NHS England.

Of those pharmacies, 22 are 100 hour pharmacies and eleven are distance selling or wholly mail order (internet) pharmacies.

There are no dispensing doctors within Manchester, however, there are two dispensing appliance contractors (DACs) who provide access to dispensing and services associated with appliances for some patients.

60% of pharmacy contractors said that they were able to dispense all types of appliances.

The draft PNA has concluded no gaps in pharmaceutical services have materialized. This is clearly demonstrated by the following points;

- Manchester has 25 pharmacies per 100,000 population, which is higher than the Greater Manchester and England averages;
- Manchester has fewer prescription items dispensed per pharmacy per month than the Greater Manchester and England average;
- The majority of residents live within one mile of a pharmacy;
- The majority of residents can access a pharmacy within 15 minutes, either by walking, public transport or driving;
- The location of pharmacies within each of the 12 neighbourhoods;
- The number and distribution of pharmacies within each of the 12 neighbourhoods and across the whole HWB area;
- The choice of pharmacies covering each of the 12 neighbourhoods and the whole HWB area;
- Over 85% of patients surveyed have a preferred pharmacy that they use regularly;
- Over 80% of patients surveyed are aware there are pharmacies in Manchester that open early mornings, late nights and weekends;
- Manchester has a choice of pharmacies open a range of times including early mornings, evenings and weekends;
- Manchester pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.4 Consultation

The PNA process requires a minimum 60 days statutory consultation period to take place. This will ensure pharmaceutical providers and services, which support the population, are recognised. Manchester's HWB consultation will run from 01 September 2019 until 01 November 2019.

1.5 Draft conclusions for update in line with consultation responses

Taking into account the totality of the information available, the HWB considered the location, number, distribution and choice of pharmacies covering the whole of Manchester's HWB area that provide essential and advanced services during the standard core hours to meet the needs of the population.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion within the lifetime of this PNA.

Based on the information available at the time of developing this PNA, no current gaps have been identified;

- In the need for essential service provision during and outside of normal working hours;
- In the provision of advanced and enhanced services;
- In the need for pharmaceutical services in specified future circumstances;
- In essential services that if provided either now or in the future would secure improvements, or better access, to essential services;
- In the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services;

- In respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

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Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 28 August 2019

Subject: Manchester Public Health Annual Report 2019

Report of: Director of Public Health/Population Health Consultant in Public Health

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Summary

As part of the statutory role of the Director of Public Health there is a requirement to produce an annual report on the health of the local population. This report can either be a broad overview of a wide range of public health programmes and activities or have a focus on a particular theme. The 2019 report has a focus on the first 1,000 days of a child's life, from conception through to the age of 2 years old.

Recommendations

The Board is asked to:

i) Note and comment on the final draft of the report; and
ii) Support the recommendations listed in the final section of 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 first 1,000 days is a key component of the best start strategic priority, however, we know that the benefits of a good start will be realised across the life course and will therefore impact positively on all seven strategic 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	

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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.

Manchester Public Health Annual Report 2019

The first 1,000 days

This report is dedicated to the memory of Dr Sally Bradley, Director of Public Health for the City of Manchester from 2007-2009.

Sally was tragically killed, along with her husband Bill, in the terrorist attack in Colombo, Sri Lanka on 21st April this year.

Sally was passionate about public health and tackling health inequalities and did so many great things throughout her public health career.

She secured additional investment for preventative services for children and young people in Manchester that are still in operation today.

Sally was also a great advocate for getting the basics right, such as the uptake of childhood immunisations. We owe it to Sally to continue to do our very best for the children of Manchester.

David Regan
Director of Public Health

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Foreword

We know how important the first stages of a child's life are and, as Executive Member for Children & Schools, I am pleased that the 2019 Public Health Annual Report is focused on 'The first 1,000 days.'

Many families face huge challenges and whilst we have much to be proud of in our city, we also know that health outcomes for children could be much better.

All the evidence is clear that supporting families and children at the earliest opportunity leads to the best outcomes. If we get it right in these early years we can make a big difference - getting children starting school ready to learn and with better health as they grow.

We have an ambition that every child can grow up to be safe, happy, successful and healthy. This report describes some of the excellent programmes now being delivered and also highlights some of the key challenges we face.

Councillor Garry Bridges
Executive Member for Children & Schools

To help children get the best start in life we must also create the conditions that enable parents, families and carers to have greater control over their lives. In line with the Our Manchester approach we are focusing more on what matters to residents living in our diverse and vibrant communities, building on the strengths and assets that already exist.

As Executive Member for Adults Health and Wellbeing I not only want to see our residents live longer but also live more years free from illness or disability.

This then lays the foundations for good health across the life course with healthy parents, carers and grandparents better able to play a key role in supporting efforts to make those first 1,000 days the best that they can be.

Councillor Bev Craig
Executive Member for Adults
Health and Wellbeing

Introduction

Sir Michael Marmot clearly articulated that giving every child the best start in life was an imperative to improve health outcomes and reduce inequalities in later life.

He further evidenced how the first 1,000 days are truly critical to child development and that if a baby's development falls behind the norm during the first years of life, it is more likely to fall even further behind in subsequent years than to catch up with those who've had a better start.

This year as we approach the 10th anniversary of the Marmot Review, my annual report describes what we are doing in Manchester in relation to the first 1,000 days. The follow up to this landmark review and the findings from the Marmot City Region work now underway, will inform our local plans going forward.

The report is structured around the story of a young couple, the challenges they face, the services and people that can support them and the steps we are taking to make sure appropriate strategies are in place.

The report reflects the Our Manchester behaviours integral to the delivery of all our work, and also accords with efforts to Bring Services Together for People in Places. This is particularly relevant for the first 1,000 days, where the effective integration and co-ordination of frontline services at a neighbourhood level is key to breaking the cycle of health inequalities.

I do hope that you find the information contained in the report useful.

David Regan
Director of Public Health

In 2018 there were an estimated 37,768 (45,240) children aged 0-4yrs in Manchester, accounting for 8.3% of the population.

Within the city, the proportion of the population aged 0-4 ranges from 11% of the population in Gorton South ward to around 1% of the population in the City Centre wards.

The 0-4 population is forecast to grow by 14.3% (1.4% a year) between 2018 and 2028.

The ‘first 1,000 days’ begins *every* day in Manchester

The first 1,000 days is the time from conception until a child is two years old. During this time of rapid growth, a baby’s brain is shaped by their early experiences and interactions.

When a baby’s development falls behind the norm during the first years of life, they are more likely to fall even further behind in subsequent years than catch up with those who had a better start.

It is essential that babies, mums, dads and the wider family receive the support needed to have ‘the best start in life’.

The first 1,000 days is included in citywide strategies and plans and is a priority area for all organisations.

The Manchester Population Health Plan 2018-2027 includes our ambition to:

- Reduce the rate of infant deaths
- Reduce the rate of mothers smoking in pregnancy
- Reduce the proportion of low birth weight term babies
- Increase the breastfeeding rate
- Reduce the number of children (0-4) admitted to hospital with dental decay
- Increasing the proportion of children who are ready for school

Preconception and pregnancy

The health of a would-be parent is an important factor in the preconception stage. Smoking, drug and alcohol use, poor nutrition or an unhealthy weight can all create difficulties in pregnancy and present significant risks to an unborn child. Smoking and obesity during pregnancy can contribute to an increased risk of miscarriage, premature birth, low birth weight and sudden unexpected death in infancy.

Antenatal care includes identification of potential risk factors to women and their babies. Support services offered in Manchester include weight management for obesity, the Vulnerable Baby Service, support for substance misuse and advice on stopping smoking.

Midwives carry out carbon monoxide testing with all pregnant women and refer women who smoke for advice and specialist support to help them quit.

Partners are also involved with the aim of ensuring that pregnant women and households, where babies and children live, are “smoke free”.

Better Births- Maternity Services

Every child deserves the best start from the very first moments of life and every parent, or parent-to-be, should feel confident they are receiving the highest standard of support and care. Manchester organisations work hard to make all our maternity services as safe, kind and personal as possible for everyone using them.

The Greater Manchester Maternity and Newborn Plan is based on the national 'Better Births' maternity review.

As part of the plan we will:

- Promote safe and effective maternity and newborn care
- Give women more choice and services personalised to them
- Increase continuity of care with women seen by the same health care professionals during their pregnancy
- Ensure babies and families that need neonatal care have access to the best possible service
- Provide parents with the postnatal care they need for their new family
- Give more recognition to and better treatment for mental health issues that arise during and after pregnancy

More recently, new national planning guidance has emphasised the improvements needed in maternity care. Manchester maternity providers are now working toward the national target that 35% of women should be booked on to the maternity pathway.

To complement this work the 'Fifteen Steps for Maternity Challenge' is a service user led approach that will contribute to improving the experience of using maternity services in Manchester.

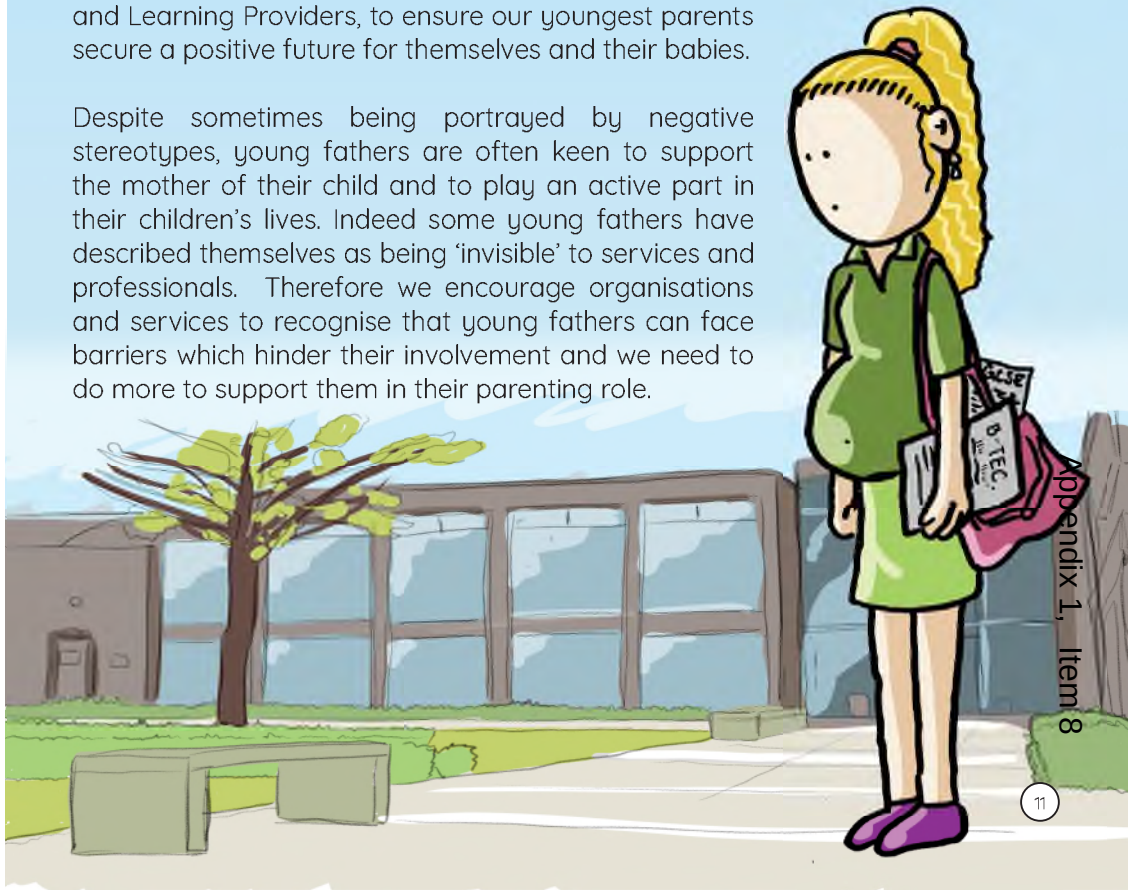
Teenage Pregnancy

Over the last decade we have achieved a significant reduction in the rate and number of Uunder 18 conceptions in Manchester. Whilst many young parents manage very well, others face a range of challenges.

The difficulties young parents may face compared to their peers without children and those who become parents at a later age include; increased risk of social isolation, economic hardship, lower attainment in education and less access to employment and training opportunities. The key to making a difference is to ensure that dedicated, coordinated and sustained support is in place. Our partnership approach, developed over a number of years, focuses on building confidence, skills and aspirations.

In 2019/20, we will appoint a citywide Teenage Parent Support Coordinator to work alongside specialist midwives to improve our support offer. They will also work with Early Years, Early Help, Supported Housing and Learning Providers, to ensure our youngest parents secure a positive future for themselves and their babies.

Despite sometimes being portrayed by negative stereotypes, young fathers are often keen to support the mother of their child and to play an active part in their children's lives. Indeed some young fathers have described themselves as being 'invisible' to services and professionals. Therefore we encourage organisations and services to recognise that young fathers can face barriers which hinder their involvement and we need to do more to support them in their parenting role.



‘Get your checks and immunisations done!’

At 12 weeks screening and immunisations are offered to pregnant women to protect the health of the mum and baby.

The 12 week scan identifies the baby’s gestation and provides the mother with an estimated delivery date. It also checks that the baby is growing in the right place and developing well. Some abnormalities can be detected at this scan.

The 20 week scan enables health professionals to identify any conditions where the baby may need treatment or surgery after they are born. In a very small number of cases more serious conditions are found and the mother, her partner and loved ones will receive specialist support and advice.

All eligible pregnant women in England are offered screening for infectious diseases, some inherited conditions and for any anomalies of the developing fetus. Women already known to have HIV or hepatitis B will receive early specialist appointments to plan their care in pregnancy.

Pregnant women are offered flu vaccination at any stage of pregnancy as they have a higher chance of developing complications if they get flu. There is also more risk of the baby being born prematurely or with a low birth weight and even potentially stillbirth or death. In 2018/19 only 44.8% of pregnant Manchester women had their flu vaccination against a national ambition of 55%. To increase uptake, midwives have now started to offer vaccinations in the antenatal settings.

Pregnant women are also offered Pertussis (whooping cough vaccine) from 16 weeks gestation. The uptake of the Pertussis vaccine in Manchester is 69.8% compared to 71.7% for England. The aim is to achieve a target of 75% uptake in line with the new national ambition.

Think Family

‘It takes a village to raise a child’ is a famous proverb that highlights the importance of the wider family and local community in helping children to grow up in a safe and healthy environment.

It is estimated that 97% of parents rely in some way on their wider family and trusted others to provide childcare. This could be grandparents, aunts, uncles or older brothers and sisters. Good neighbours and friends can also have a positive influence on a child’s life, helping them develop key relationships.

Manchester encourages a ‘Think Family’ approach, to co-ordinate services that meet the needs of families.

The ‘Think Family’ initiative was introduced in 2008 to work with families experiencing multiple and complex problems. The basis of the approach is to:

- identify families at risk of poor outcomes and to provide support at the earliest opportunity
- meet the full range of needs within the family that staff are supporting or working with
- strengthen the role of family members to provide care and support to each other
- provide a co-ordinated wrap around offer from key agencies

The ‘Think Family’ approach underpins all our core services to children and adults, particularly to those experiencing multiple and complex problems. This approach is now an integral part of the Early Help Strategy to improve the health and wellbeing of families.

Early Help - Family Intervention

Providing the right support at the right time is essential in meeting the 'Our Manchester, Our Children: Children and Young People's Plan'. This places children at the heart of the city, and ensures that they will grow up safe, healthy, happy and successful, arriving at school ready to learn, with increased life chances and with the necessary skills and support for future independence.

Early Help is about intervening early to tackle problems emerging for children, young people and families and it focuses on providing preventative support before issues become more complex and entrenched. By establishing networks within communities, individuals and families can build greater resilience that leads to a sense of wellbeing. Interventions can include universal support (e.g. referral to a local group) or targeted work specifically undertaken for a family's individual need.

Early Help approaches promote and develop community and family assets, building on strengths to be able to better respond to day to day challenges and difficulties. It is a collaborative approach, not a service. Referral for support is to one of the city's three Early Help Hubs, where the right support is offered from a variety of agencies. This can include;

- Access to benefits and entitlements
- Signposting to local services
- Physical or mental wellbeing support
- Referral to perinatal support or a local Children's Centre

Family Poverty Strategy

Manchester has high rates of child poverty with 45.4% of children under 16 living in poverty (63,427 children) after housing costs. The End Child Poverty Coalition estimates Manchester has the 8th highest proportion of children living in poverty in the UK (2019). In 10 out of the 32 wards in the city more than half of children were estimated to be living in poverty. The Institute for Fiscal Studies has also predicted that the number of children living in poverty will rise sharply by 2020, in part due to planned benefit reforms affecting families with children.

The Manchester Family Poverty Strategy aims to ensure that every child in Manchester has a safe warm home, stable parenting, regular healthy meals, access to healthcare and a family income above 60% of national median. Work is focused on the following areas:

Sustainable Route out of Poverty - raising awareness of affordable childcare for parents; identifying 'vulnerable' groups and the offer of a route into work; liaising with the large anchor institutions, such as NHS organisations and Manchester City Council, and promoting flexibility in working conditions.

Focus on the Basics – tackling the Poverty Premium whereby low income families pay more for everyday items; developing awareness raising campaigns and provision of bespoke support such as fuel vouchers for families facing disconnection; addressing food poverty by developing targeted resources, like food pantries and food bank expansions; support for the purchase of white goods.

Boosting Resilience and Building on Strengths - supporting work to 'poverty proof' structures, particularly in schools, as this will lead to a better understanding of the barriers faced by pupils from low income families; developing communication campaigns and asset mapping tools; improving intelligence and targeting by engaging with residents to understand need; and deliver support based on needs.

A family made up of Mum, Dad and an 11-month-old child came to Manchester from overseas. Mum was pregnant and had a traumatic unplanned birth at home, assisted by Dad. An outreach worker from the local Sure Start Centre and a midwife made a joint home visit and encouraged Mum to attend the Sure Start Centre for a baby play session and the healthy child drop-in clinic.

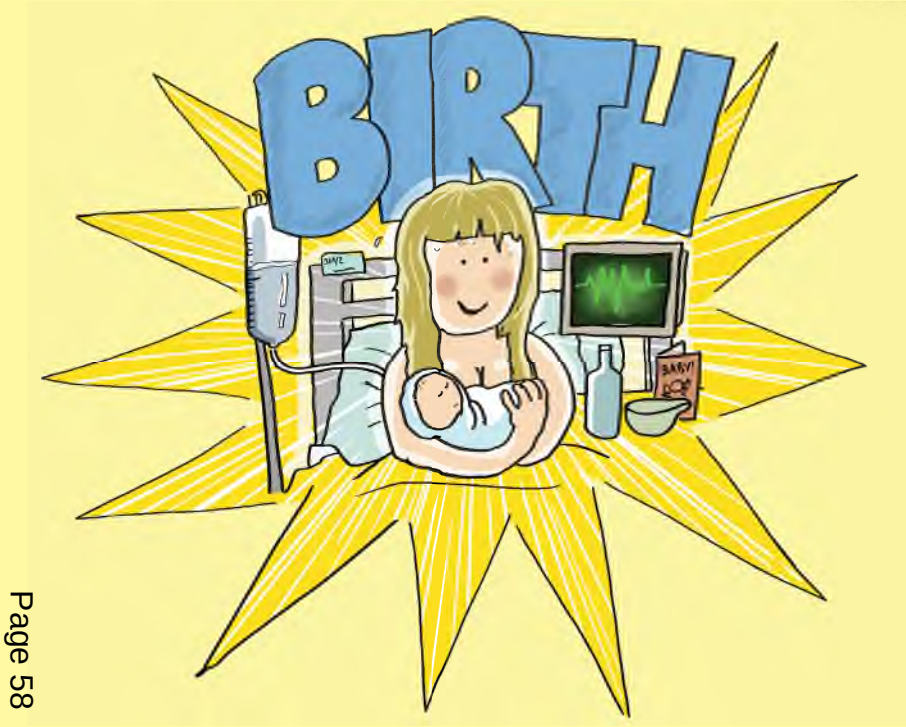
The family were living in a small, dark and damp private rented flat. Dad was working very long hours. Mum had social anxiety and found it difficult to leave the house and the 11-month-old baby had few toys, little space to play and was upset due to Mum's anxieties.

The outreach worker built up a good relationship with the family and worked with the health visitor and midwife to complete an Early Help Assessment.

Emotional, health, social and practical support for the family was organised. This included access to the local Children's Centre services, housing advice, support to attend hospital appointments for diagnosis and treatment for Mum's postnatal depression and toys for the children.

The family now live in a more suitable house. Mum is happier and attends regular outpatient review appointments with a psychologist. Mum feels able to do things under her own initiative and can contact her outreach worker if needed. Both children are now meeting their learning and developmental health milestones, so they are on track to be ready to learn. Mum said: "Thank you for being there for me and my children and being so supportive. So very thankful, especially for you (outreach worker) and my health visitor."

Birth



After approximately nine months the next phase of the first 1,000 days begins.

In 2017, 7,629 babies were born to Manchester residents and the child population is estimated to rise each year between now and 2023, with new births and new arrivals in the city.

Whilst most babies are born without complications, around 60,000 babies are born prematurely in the UK every year. This means that 1 in every 13 babies born in the UK will be born before 37 weeks of pregnancy.

All newborn babies in Manchester receive screening that includes a physical examination (eyes, heart, hips, testes and hearing loss) and a blood spot test for nine rare health conditions.

Healthy Start Vouchers are free for eligible families to spend on milk, fresh or frozen fruit, vegetables, infant formula milk and free vitamins. Midwives and health visitors can advise on where the vouchers can be exchanged with local retailers and pharmacies.

Reducing Infant Mortality

Infant mortality is deaths that occur in the first year of a child's life. It is linked to the health of the population and the wider social, economic and environmental determinants of health - such as poverty, housing and homelessness. Following a long period of year-on-year reductions, Manchester has seen a worrying increase in rates since 2011–13. It is hoped that this increase has started to tail off but the most recent unpublished figures have yet to be validated.

To tackle this we have developed the **Manchester Reducing Infant Mortality Strategy** (2019-2024). The aim is to reduce the rates of infant mortality, improve the health and wellbeing of pregnant women, mothers and infants and provide compassionate support for families that are bereaved following the loss of a baby.

We recognise the complexity of the work required and we will work collaboratively to deliver actions under the following themes:

- Quality, safety and access to services, including increasing awareness of the importance of antenatal care, identifying gaps in antenatal health education and increasing early booking into maternity services
- Maternal and infant wellbeing, taking a fresh look at maternal obesity, supporting pregnant women to stop smoking and support for breastfeeding
- Addressing the wider determinants of health by working with housing providers and the private rented sector to ensure housing is safe and warm and meets basic standards for mum, baby and the family.
- Safeguarding and keeping children free from harm, including education on safe sleeping, additional support for those most vulnerable, Independent Domestic Violence Adviser services to support pregnant women experiencing domestic abuse and implementing the ICON education programme to reduce abusive head trauma across the city.
- Providing support for those bereaved and affected by baby loss, taking a system-wide approach to making things as easy as possible for bereaved families. This includes training and building confidence in the workforce to talk about bereavement and increasing knowledge about bereavement services to improve access.

Health Visiting Service

The Manchester Health Visiting Service is an essential front-line service for the first 1,000 days enabling each Manchester baby to have the best start in life. Manchester partners have committed to funding additional University places for health visitor trainees in October 2019. This will in time increase the number of newly qualified health visitors in the city, reducing caseloads and making Manchester one of the best places to be a health visitor in the region.
Health visitors are registered nurses or midwives with specialist additional qualifications in child, family and public health. Their role is to offer information and support to families through the early years, from pregnancy and birth to primary school. In partnership with the Midwifery Service, health visitors will begin to visit pregnant mothers at between 28 and 36 weeks.

Within a fortnight of a child being born the Manchester Health Visiting Service will contacts the family again and make a visit to see the parent and child at home. This is an opportunity for parents to discuss the health and wellbeing of the whole family and the developmental progress of the child. The health visitor provides support, advice and information about local services and drop in sessions for children and families.

The health visitor also provides the Personal Child Health Record, or **'Red Book'** as it is more commonly known. This book is the family's own personal record which can be brought along to all future child health appointments. Every family in the city has access to the Health Visiting Service, and staff are based in Children's Centres, community buildings and GP surgeries.

Health visitors are part of the wider team of Council early years staff, voluntary sector workers, midwives and other health professionals who implement the Early Years Delivery Model (EYDM).

New born infant screening

Health Visitors will visit the home and conduct a range of screening tests to check the health of a child and identify conditions that are treatable but may not be clinically evident in the newborn period. Tests include weighing and measuring the child and taking a small blood sample, known as the heel prick test, from the child.

Low birth weight babies

Low birth weight babies are those who are born weighing less than 2,500 grams or 5 pounds, 8 ounces. A full term baby weighs on average 3,600 grams or 8 pounds. This may be sometimes due to smoking or alcohol use in pregnancy. In cases where a baby is at a significantly low birth weight, there will be a delay in hospital discharge as the baby may need to receive incubation or intravenous feeding.

Mental Health

A loving and secure relationship with a parent or carer supports a child's emotional wellbeing and development, enabling them to develop positive relationships with others. Most parents expect to feel happy, excited and positive through maternity but it is also natural to feel sadness or anxiety and this may lead to feelings of stress and poor mental wellbeing.

Perinatal mental health problems are those which occur during the first 1,000 days and can have a long-standing effect on a child's development. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated it can have significant and long lasting effects on the mum and her family.
Midwives and health visitors are trained to recognise signs of poor mental health and to refer for support where a family is struggling to cope.

Newborn Behavioural Observation (NBO) and Neonatal Behaviour Assessment Scale (NBAS)

The Manchester Health Visiting Service uses the NBO and NBAS tools with parents to help them to observe and understand how their baby is communicating with them.
Manchester's specialist Mental Health Health Visiting Service also provides additional interventions including therapeutic targeted baby massage and non-directive counselling (listening visits), for mothers with mild to moderate perinatal mental health problems.

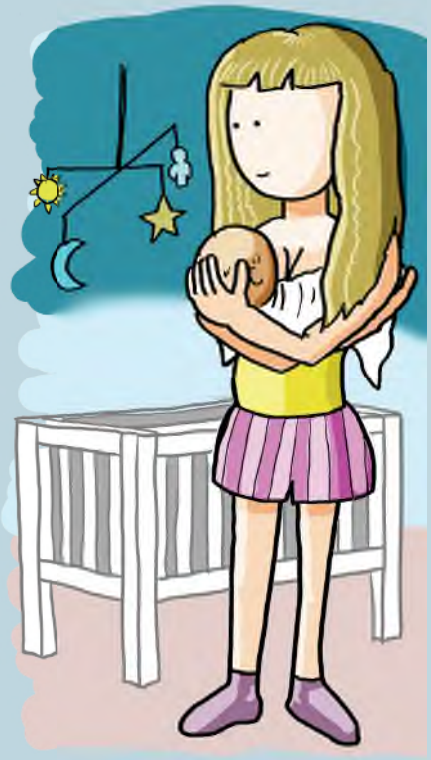
Infant Perinatal Mental Health Pathway

In Manchester we are developing a specialist perinatal mental health pathway for the city as part of a Greater Manchester programme of work. This includes four elements:

- Inpatient Mother and Baby Unit (Andersen Ward) at Wythenshawe Hospital for women who may be experiencing maternal post-natal depression, psychosis or an exacerbation of existing mental health difficulties.
- Specialist perinatal community mental health teams with particular skills and knowledge in nursing mentally ill women,
- Fast access to Increasing Access to Psychological Therapies (IAPT) services for parents
- The Parent Infant Mental Health offer delivers evidence based programmes and interventions to infants and their families delivered by partner agencies

Infant Feeding

Breastfeeding is important to child development and has long-term benefits for mother and baby.



Breastfeeding rates (2018/19) in Manchester at 6-8 weeks after birth are 43.4%. This is still below the England rate of 46.2%.
Manchester's Infant Feeding Group aims to improve infant feeding and increase rates of breastfeeding. It is a partnership that includes the Population Health Team, Health Visiting and Midwifery Services, Early Years and Primary Care.

The Group has been instrumental in developing the **Breastfeeding-Friendly Manchester** campaign to encourage more women to breastfeed in public places. They have developed a number of key priorities, increasing volunteer peer support across the city; improving knowledge and support from GPs on infant feeding issues; and encouraging employers to support staff returning to work who wish to continue breastfeeding.

The Integrated Infant Feeding Service for North Manchester was commissioned in 2018 to increase the uptake of breastfeeding, support women to continue to breastfeed and respond to other infant feeding difficulties. It includes a home visiting service, one to one support, infant feeding clinics, peer support in the early weeks and drop-in clinics. The service has helped to increase breastfeeding rates in north Manchester and improved infant feeding support.

Free Formula Milk for HIV Positive Mums

This year the Population Health Team introduced a new scheme to provide free formula milk and equipment to women in Manchester who are HIV positive. The scheme is administered by George House Trust, a local charity supporting people living with HIV, who also offer other wellbeing support to mums. Mums can also access additional feeding support from the Health Visiting Service. The scheme is open to any woman who is HIV positive with an infant aged up to 12 months, regardless of income.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that happen in childhood and include:

- neglect (physical and emotional)
- abuse (physical, emotional and sexual)
- household challenges (having a parent who experiences domestic violence, a household member who is an alcoholic or using illicit drugs, a household member with a mental illness, parental separation or divorce or a household member in prison).

ACEs not only have the potential to cause harm to children but also affect people's lives as adults. Children experiencing ACEs without having a positive buffer, such as a nurturing parent or carer, are more likely to experience health problems such as asthma, poor growth and frequent infections, as well as learning difficulties and behavioural issues.

In the last year, the Population Health Team and partners commenced a 12 month place based pilot in the Harpurhey ward of the city. We have trained over 600 staff from a variety of organisations to be ACE aware and trauma informed, supporting them to use an ACE informed approach in their everyday work. We have also introduced ACEs recovery group work with parents and their children.

We are encouraging deeper conversations between staff and children, young people and their parents or carers living with ACEs. They are then able to highlight their experiences, acknowledge the impacts and build resilience by working on their strengths. In this way we can mitigate against the impact of people living with past ACEs and prevent ACEs in future generations.

We are already seeing positive results from the ACEs pilot in Harpurhey, including a reduction in challenging behaviours and fewer exclusions in schools who have adopted an ACEs informed approach. We have also secured partnership funding to expand this work into other neighbourhoods in the city over the coming year.

Oral Health

At an individual level whether a child experiences dental decay depends on three factors- how often they eat or drink sugar; their use of fluoride (e.g. from toothpaste or fluoride varnish) and how prone their teeth are to decay (individual factors). At a population level dental health is strongly associated with deprivation. Therefore work being done to reduce child and family poverty and improve living conditions will have a positive benefit for oral health. Manchester has invested in a comprehensive range of evidence based dental health programmes to improve dental health and reduce inequalities including:

The Oral Health Improvement Team works with early years workers, school staff and community health staff to deliver oral health education and promote better self care and good oral health behaviours. The Team primarily focus on children under 11 years of age and this work commences during the first 1,000 days.

The Buddy Practice Scheme has been in place since 2016 with the aim of increasing attendance at dentists among pre-school children and their families. This local programme links primary schools with local dentists to improve access to dental care and provide fluoride varnish twice yearly to children's teeth. The programme has been running for 5 years and is well respected.

Supervised Tooth Brushing Programme so that children in early years settings and schools regularly brush their teeth with fluoride toothpaste. This gets fluoride on the teeth and also develops good tooth brushing habits in young children, making it easier for parents to ensure children clean their teeth at home.

Health Visitors provide oral health packs and advice to parents and carers ensuring that messages about weaning, healthy eating, brushing teeth and visiting a dentist are embedded. The Chief Dental Officer is encouraging parents and carers of all children to visit a dentist by the time they are 12 months. The mandated health visiting check is another opportunity to reinforce this message.

Early Years

The Early Years Offer for the city has been developed in three parts:

- an Early Years Delivery Model (EYDM) with the City Council working in an integrated way with health partners and other providers;
- access to good quality, accessible and affordable childcare and early learning places across Manchester; and
- ensuring families are connected to a targeted family offer, delivered by Sure Start Children's Centres through the revised Sure Start core purpose

The Early Years Delivery Model (EYDM)

Manchester is below the national average when it comes to the proportion of children who are 'school ready', measured by the percentage of children achieving a good level of development at the end of reception year. The latest data for 2017/18 shows that 66.9% of eligible children had reached a good level of development at the end of the Early Years Foundation Stage, compared with 71.5% of eligible children across England. In Manchester, we want to see a year on year increase in school readiness to reduce the gap between England and Manchester within five years.

Children with a good level of development at age 5:

- Are able to communicate their needs and have a good vocabulary
- Are able to take turns, sit, listen and play
- Are able to socialise with peers and form friendships
- Are able to recognise numbers and quantities in the everyday environment
- Are independent in eating, getting dressed and going to the toilet
- Have developed motor control and balance for a range of physical activities
- Have received all their childhood immunisations
- Have good oral health
- Are well nourished and a healthy weight.

The EYDM is supporting work to increase school readiness by increasing the effectiveness of universal early years services. It takes a system wide approach and involves partnership working between midwives, health visitors, nursery nurses, early years practitioners and others such as speech and language therapists and the Children and Parents Service (CAPS).

The EYDM has a whole-family eight stage pathway from pre-birth to the last term before the child's fifth birthday. It supports the early identification of need, ensuring the right interventions are put in place to support school readiness. Since 2015, all babies born in Manchester have had access to the first five stages of the EYDM. The model aligns with the Healthy Child Programme (0-19) and uses the Ages and Stages Questionnaire (ASQ3) as the main assessment tool to identify any additional support that is needed. The ASQ3 is a parent-led assessment which helps to identify children and families requiring more targeted interventions. If a need is identified by the ASQ3 then additional support is offered through a variety of evidence based pathways, including the Communication and Language Pathway; the Parenting Pathway and the Parent Infant Mental Health Pathway.

The 8 stages are:

Stage One - Pre-birth	Midwifery Health and Social Assessment Health Visitor Antenatal Assessment	Before 12 weeks, 6 days 28 weeks
Stage Two - New Birth Visit	Health Visitor visit	10-14 days after birth
Stage Three - 2 months Visit	Ages and Stages Questionnaire (ASQ3) and Maternal Mental Health Assessment	2 months
Stage Four - 9 month assessment **Stage 4b - Targeted offer**	Ages and Stages Questionnaire (ASQ3) Targeted Twos pathway to give additional support to families where needed	9 months 18 months
Stage Five - Two Year Review	Ages and Stages Questionnaire (ASQ3) and Early Years Foundation Stage Health Visitor and Early Years Provider	24 Months
Stage Six - On entry to nursery (universal 3 and 4 year old provision)	Ages and Stages Questionnaire (ASQ3) and Early Years Foundation Stage Early Years Provider	24 Months +
Stage Seven - On entry to Reception in school	Ages and Stages Questionnaire (ASQ3) and Early Years Foundation Stage Early Years Provider and receiving school	3-4 Years
Stage Eight	Early Years Foundation Stage Profile and Ages and Stages Questionnaire	Undertaken by school within the last term before the child's 5th birthday

Early Years Outreach Workers

The outreach worker role involves working in partnership with health visitors to support the delivery of targeted interventions. They have an important proactive role in following up missed appointments and working with parents and carers at risk of disengaging to ensure they receive their free early education and practical support. The outreach workers contribute to WellcComm screening, a recognised speech and language toolkit, and Early Help Assessments. The workers carry an average case load of 12 children and link with the Early Help Hubs to support the step down process between different types of services.

Interventions to support progress

Evidence-based interventions are offered to children and families identified as making less than expected progress in child development, with a particular focus on communication, language and parental attachment. Additional support is given to address other barriers to achieving success such as or the take up of free childcare and early learning. The current range of services and programmes include:

- The Healthy Child Programme (health and development reviews, health promotion, parenting support, screening and immunisation programmes)
- Speech and Language Therapy
- Child and Parent Service (CAPS)
- New Born Behaviour Observation (NBO) and Neonatal Behaviour Assessment Scale (NBAS)
- Ages and Stages Questionnaire (ASQ3)
- Beck Depression Inventory (BDI-II) - assessment of mental health
- Beck Anxiety Inventory (BAI) - assessment of mental health
- Eyberg Child Behaviour Inventory (ECBI) - assessment of disruptive behaviours
- Parent Stress Index - screening for stress in parent child relations
- Care Index - mother and baby interaction measure
- WellcComm screening tool and WellcComm activities - speech and language toolkit
- Solihull Approach - supporting parents to understand and respond to their child's behaviour
- Every child a talker - language development
- 3-4 year old childcare
- Incredible Years Parent Training Programmes - for parents, children and teachers
- Video Interactive Guidance (VIG) - building parenting skills and confidence
- Pre School Psychology Clinics

Keeping children safe
‘Safeguarding is everybody’s business’.

Safeguarding means protecting a child’s right to live in safety, free from abuse and neglect. It is about working together to support children and young people to make decisions about the risks they face in their own lives and protecting those who lack the capacity to make these decisions.

Abuse can happen to a child or young person at any age and can occur to children from any background. Abuse can happen because of the way adults or other children and young people behave towards a child. It also results from adults failing to provide proper care for the children they look after. It is often defined as physical, emotional, sexual abuse or neglect.

Manchester Safeguarding Children Board (MSCB) brings together a number of agencies across the city to ensure a joined up approach to safeguarding. From September 2019, partners will continue to work together under the new Manchester Multi-Agency Safeguarding Arrangements.

One of the main objectives of the revised arrangements is to ensure effective joint leadership across the three statutory partners, Manchester Clinical Commissioning Group (Manchester Health and Care Commissioning), Manchester City Council and Greater Manchester Police. This will also enable emerging safeguarding issues to be properly and quickly addressed and an example of this approach is described next.

In Manchester a recent addition to the City’s Neglect Strategy has been the establishment of the Multi-Agency Obesity Pathway. More children are presenting at school in reception year as overweight and in some cases obese. Obesity in childhood is complex. It can be the result of a number of factors including poverty, lack of physical activity, Adverse Childhood Experiences (ACEs) and in some cases parental neglect.

The implementation of the Pathway will mean social workers, health visitors, school nurses and other professionals are trained in the use of an assessment tool and enable them to refer children and families to weight management support services.

Return to Work

Access to good quality, accessible and affordable childcare

Manchester benefits from a mixed economy of high quality, accessible childcare for children from 0-5 years of age.

Over the past two years the percentage of good and outstanding Ofsted registered provision has increased, with 97% of group childcare now classed as ‘Good’ or ‘Outstanding’. The Manchester Childcare Sufficiency Assessment had identified pockets of the City where pressure on daycare places was most likely to be felt and plans to address these pressures have been developed and are currently being implemented.

The promotion of the entitlement of 2 year olds to early learning funding is a key priority as it will contribute to plans to increase the proportion of children who are school ready. To date, the take up rate of this funding in Manchester is 67% of the eligible cohort which is similar to the national average of 68%. ‘

A similar approach has accompanied the roll out of other funding streams targeted at 3 & 4 year olds, such as the Early Years Pupil Premium (EYPP) funding and the 30 hour free childcare offer available from September 2017. EYPP funding is available for childcare settings to invest in improving the early learning experience and environment and the 30 hour funding is intended to support working families with the costs of childcare. Currently, online eligibility checkers are being developed for all funding streams to further promote and encourage access to available resources.

Supporting breastfeeding

It is important that mums returning to work who want to continue breastfeeding are supported to do so by their employer. This support includes flexible working arrangements which allow for reasonable paid time to breastfeed and the provision of suitable facilities to breastfeed or express and store breast milk.

The Population Health Team are working with HR colleagues at the City Council to develop a model of best practice and the Corporate Estates team to assess whether Council buildings are conducive to enable staff to breastfeed.

Accident Prevention

Unintentional injuries, especially in and around the home are a leading cause of death and a major cause of ill health and disability for children under five. The accident rates are much higher in more deprived areas. The specific causes that are more likely to result in severe injury or death are:

- Choking
- Falls from furniture
- Tap water scalds
- Burns from food and hot drinks
- Poisoning from medicines

In Manchester rates of emergency admissions associated with these causes are higher than the national average, most significantly for falls from furniture (more than double) and burns from food and hot fluids (four times more).

This year, the Population Health Team have worked with the recently commissioned Accident Prevention and Unintentional Injury Prevention Service to develop a local action plan. This involves work with key partners such as the National Child Accident Prevention Trust, Royal Manchester Children's Hospital, North West Major Trauma Unit, Greater Manchester Fire and Rescue Service and the Manchester Local Care Organisation. This has enabled the Early Years and Children's workforce to get accident prevention messages out to parents, carers and young people. In addition there is a strong partnership approach to support the work of Road Safety, Water Safety and Trading Standards teams.

In Child Accident Prevention Week 2019, Manchester highlighted the risk of household poisoning and provided information resources to over 2,000 parents containing important home safety messages. An assessment of seasonal risks (e.g. swimming in canals, rivers and reservoirs in summer) is also reviewed to help deliver public safety messages at the most appropriate time.

2 Year Review

A young child will soon begin to develop relationships beyond the family home, interacting with other children in childcare settings.

On reaching the age of 2, children will be ready for another health and development review. This may take place at the local Children's Centre or baby clinic, with the health visitor undertaking the review sometimes with a nursery key worker, outreach worker or other key professional in attendance. Mum or Dad will have been asked to fill in the ASQ-3 Questionnaire before their appointment and the review will cover the following:

- speech, language, hearing and vision
- movement and general motor skills
- growth, eating habits and activity levels
- behaviour management
- good sleeping habits
- tooth brushing
- the child's safety

This review is particularly important, but unfortunately uptake has been lower than we would like it to be in Manchester and only 66% of parents took up the review in April 2019. We recognise that after the first 1,000 days many parents may feel sufficiently capable of managing and no longer require support. However, these vital skill checks can serve to identify any hidden development needs before starting school. Therefore we have recently launched a promotional campaign in children's settings to encourage all parents to take up their two year review.

Book Prescribing and Read Manchester

Read Manchester is a campaign by Manchester City Council and the National Literacy Trust to promote reading and boost literacy throughout the city. One of the aims of the campaign is to support young children through Bookstart, the provision of free books before school, and other activities.

Health visitors have been working with Libraries and Read Manchester staff to pilot an early years books on prescription scheme. This encourages parents to join a local library and borrow books to share with their children from a specially chosen list of titles.

Start Well Board

The Start Well Board has now been established to support a system wide consistent approach to the first 1000 days. The Board includes representatives from all health and social care partner organisations and the community and voluntary sector. The Board reports to the Children and Young People's Board and will build on the excellent work already taking place across Manchester. The Board will develop a programme of work based on Manchester's Reducing Infant Mortality Strategy, the Population Health Plan and other strategies with the aim of:

- Improving health outcomes
- Ensuring children are ready for school
- Ensuring a good level of development throughout early years
- Reducing infant mortality
- Reducing inequality

In 2019/20 one of the key priorities for the Board will be to ensure that the work on the first 1,000 days is fully embedded in Bringing Services Together (BST) for People in Places.

In addition, the Board will contribute to the Early Help/Early Years workstream of the Children's Locality Model Programme. This programme is currently being implemented across Manchester and reflects the geography of the 3 Early Help Hubs, 12 neighbourhoods and 12 schools and early years clusters.

Finally, the Board will play a vital role in driving forward our ambition for Manchester children to have a safe, happy, healthy and successful life.

Recommendations

To improve health outcomes in the first 1,000 days and throughout life, based on this report I would like to propose the following five recommendations:

1. Manchester Health and Care Commissioning working in partnership with the City Council and the Manchester Local Care Organisation should prioritise the training, recruitment and retention of health visitors in Manchester.
2. Work should be accelerated to fully integrate the early years workforce, strengthening relationships with early years providers and schools as part of the Children's Locality Model and Bringing Services Together for People in Places.
3. A sustainable funding model for the roll out of the Adverse Childhood Experience (ACEs) Programme should be agreed by commissioners.
4. Working with the Greater Manchester Health and Social Care Partnership, implement a joint plan to increase childhood vaccination uptake in line with national ambition targets.
5. The findings from the Marmot City Region work should be considered by the Health and Wellbeing Board and other partnerships in Spring 2020 to inform the refresh of local strategies and plans.

Glossary and Definitions

Childhood Immunisations - Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise. Most are delivered via injection. Each routine childhood vaccination has its own schedule for delivery and may be delivered through one dose or topped up with booster injections. Immunisations cover the following vaccine preventable communicable diseases:

- Tetanus.
- Polio.
- Pneumococcal infections.
- Diphtheria.
- Meningitis C.
- Whooping cough.
- Hib (Haemophilus influenzae type b).
- Hepatitis B.
- Rotavirus.
- Measles, mumps and rubella (MMR).
- Flu.

Vaccination Schedule (Early Years)

8 weeks	6-in-1 vaccine, a combined vaccine given as a single jab to protect against 6 separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio, Haemophilus influenzae type b (known as Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children), and hepatitis B Pneumococcal (PCV) vaccine Rotavirus vaccine MenB vaccine
12 weeks	6-in-1 vaccine, second dose Rotavirus vaccine, second dose
16 weeks	6-in-1 vaccine, third dose Pneumococcal (PCV) vaccine, second dose MenB vaccine, second dose
1 year	Hib/MenC vaccine, a combined vaccine given as a single jab to protect against meningitis C (first dose) and Hib (fourth dose) Measles, mumps and rubella (MMR) vaccine, given as a single jab, first dose Pneumococcal (PCV) vaccine, third dose MenB vaccine, third dose
2 to 9 years	Children's flu vaccine (annual)

Glossary and Definitions (continued)

Conception - conception statistics are estimates of all pregnancies of women usually resident in England and Wales. Figures are derived from combining numbers of maternities and abortions using information recorded at birth registration and abortion notification. Maternities are pregnancies that result in the birth of one or more children, including stillbirths; abortions are pregnancies terminated under the Abortion Act (1967).

Excess Weight - Children are classified as having excess weight if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

General Fertility Rate - The number of births divided by the population aged 15-44 years, multiplied by 1,000 to give the birth rate per 1,000 females aged 15 to 44 years
Icon stands for:

I = Infant crying is normal and it will stop
C = Comfort methods can sometimes soothe the baby and the crying will stop
O = It's ok to walk away if you have checked the baby is safe and the crying is getting to you
N = Never ever shake or hurt a baby

Infant Mortality Rate - The number of infant deaths aged under 1 year that were registered in the year, divided by the number of live births in the year, multiplied by 1,000 to give a rate per 1,000 births

Low Birthweight - Live births with a recorded birth weight under 2500g where the birth was at 37 weeks or later, divided by the total live births where weight was recorded and the birth was at 37 weeks or later.

Poverty - The End Child Poverty estimates are a combined estimate of survey and area level income data that is closer to the true level of child poverty (defined as below 60% of median income) than purely income based measures such as from HM Revenue and Customs. The estimates are produced by the Centre for Research in Social Policy.

School Readiness - Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all children completing EYFS. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.

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Finally, I would like to take this opportunity to thank all of the organisations, frontline staff, volunteers, families/carers and residents who live in our local communities, who all want the best possible start for children born and brought up in Manchester.

MANCHESTER CITY COUNCIL

Manchester Health & Care Commissioning
A partnership between Manchester City Council and NHS Manchester CCG

Manchester Local Care Organisation
Leading local care, improving lives in Manchester, with you

'What happens in these early years, starting in the womb, has lifelong effects'

Sir Michael Marmot 2010

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Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 28 August 2019

Subject: Prevention Green Paper Consultation

Report of: Director of Public Health/Population Health Consultants in Public Health

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Summary

This report provides a very brief overview of the Prevention Green Paper, issued for consultation on 23 July 2019, and the opportunity for the Health and Wellbeing Board to contribute to the consultation response.

Recommendations

The Board is asked to:

i) Note the report; and
ii) Respond to the consultation as set out in section 3.3

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 Prevention Green Paper relates to all seven strategic 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	

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Background documents (available for public inspection): None

1. Introduction

1.1 The Prevention Green Paper was published on Monday 22 July 2019 and received limited media coverage because of the pending announcement of the new Prime Minister the following day.

1.2 The Secretary of State, Matt Hancock, has retained his role in the new Government and the Department of Health and Social Care are encouraging responses to the Green Paper by 14 October 2019.

2. Structure of the document

2.1 The document has three chapters and the Executive Summary is provided below:

Executive Summary

Chapter 1. Opportunities

The 2020s will be the decade of proactive, predictive, and personalised prevention. This means:

- targeted support
- tailored lifestyle advice
- personalised care
- greater protection against future threats

New technologies such as genomics and artificial intelligence will help us create a new prevention model that means the NHS will be there for people even before they are born. For example, if a child had inherited a rare disease we might be able to diagnose and start treatment while they are still in the womb, so they are born healthy.

Using data held by the NHS, and generated by smart devices worn by individuals, we will be able to usher in a new wave of intelligent public health where everyone has access to their health information and many more health interventions are personalised.

In the 2020s, people will not be passive recipients of care. They will be co-creators of their own health. The challenge is to equip them with the skills, knowledge and confidence they need to help themselves.

We are:

- **Embedding genomics in routine healthcare** and making the UK the home of the genomic revolution
- **Reviewing the NHS Health Check** and setting out a bold future vision for NHS screening
- **Launching phase 1 of a Predictive Prevention** work programme from Public Health England (PHE)

Chapter 2. Challenges

Over the decades, traditional public health interventions have led to significant improvements in the nation's health.

Thanks to our concerted efforts on smoking, we now have one of the lowest smoking rates in Europe with fewer than 1 in 6 adults smoking. Yet, for the 14% of adults who still smoke, it's the main risk to health. Smokers are disproportionately located in areas of high deprivation. In Blackpool, 1 in 4 pregnant women smoke. In Westminster, it's 1 in 50.

Obesity is a major health challenge that we've been less successful in tackling. And clean air will continue to be challenging for the next decade. On mental health, we've improved access to services. In the 2020s, we need to work towards 'parity of esteem' not just for how conditions are treated, but also for how they are prevented. On dementia, we know 'what's good for your heart is also good for your head'. A timely diagnosis also enables people with dementia to access the advice, information, care and support that can help them to live well with the condition, and to remain independent for as long as possible.

The new personalised prevention model offers the opportunity to build on the success of traditional public health interventions and rise to these new challenges.

The NHS is also doing more on prevention. The Long Term Plan contained a whole chapter on prevention, and set out a package of new measures, including:

- all smokers who are admitted to hospital being offered support to stop smoking;
- doubling the Diabetes Prevention Programme;
- establishing alcohol care teams in more areas; and
- almost 1 million people benefiting from social prescribing by 2023 to 2024.

These measures will help to shift the health system away from just treating illness, and towards preventing problems in the first place.

We are:

- **Announcing a smoke-free 2030 ambition**, including options for revenue raising to support action on smoking cessation.
- **Publishing Chapter 3 of the Childhood Obesity Strategy**, including bold action on: infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. In addition, driving forward policies in Chapter 2, including ending the sale of energy drinks to children.5
- **Launching a mental health prevention package,** including the national

launch of Every Mind Matter.

Chapter 3. Strong foundations

When our health is good, we take it for granted. When it's bad, we expect the NHS to do their best to fix it. We need to view health as an asset to invest in throughout our lives, and not just a problem to fix when it goes wrong. Everybody in this country should have a solid foundation on which to build their health.

This is particularly important in the early years of life. Most children are born into safe and loving homes that help them develop and thrive. But this is not always the case. We must help all children get a good start in life.

This 'asset-based approach' should then follow through to other stages of life, including adulthood and later life. It's difficult to live a fulfilling life if you're worried about money, live in cold or damp conditions, or feel cut-off from those around you.

At national level, we will lay the foundations for good health by pushing for a stronger focus on prevention across all areas of government policy. At local level, we expect different organisations to be working together on prevention. This means moving from dealing with the consequences of poor health to promoting the conditions for good health and designing services around user need, not just the way we've done things in the past.

We will:

- Launch a new health index to help us track the health of the nation, alongside other top-level indicators like GDP.
- Modernise the Healthy Child Programme.
- Consult on a new school toothbrushing scheme, and support water fluoridation.

Conclusion

The commitments outlined in this green paper signal a new approach for the health and care system. It will mean the government, both local and national, working with the health and care system, to put prevention at the centre of all our decision-making. But for it to succeed, and for us to transform the NHS and improve the nation's health over the next decade, individuals and communities must play their part too. Health is a shared responsibility and only by working together can we achieve our vision of healthier and happier lives for everyone.

2.2 It is evident that Chapter 1 reflects some of the personal interests of the Secretary of State (e.g. precision medicine), Chapter 2 presents a traditional public health approach in relation to lifestyles whilst Chapter 3 does acknowledge the wider determinants of health (e.g. early years, work and health).

2.3 The link to the full document is provided below:

https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s

2.4 Throughout the document there are a series of consultation questions and these are listed below under each of the sub-headings:

- **From life span to health span**

Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?

- **Intelligent health checks**

Do you have any ideas for how the NHS Health Checks programme could be improved?

- **Supporting smokers to quit**

What ideas should the government consider to raise funds for helping people stop smoking?

- **Eating a healthy diet**

How can we do more to support mothers to breastfeed?

How can we better support families with children aged 0 to 5 years to eat well?

- **Support for individuals to achieve and maintain a healthy weight**

How else can we help people reach and stay at a healthier weight?

- **Staying active**

Have you got examples or ideas that would help people to do more strength and balance exercises?

Can you give any examples of any local schemes that help people to do more strength and balance exercises?

- **Taking care of our mental health**

There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

- **Sleep**

We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

- **Prevention in the NHS**

Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

- **Children's Oral Health**

What should the role of water companies be in water fluoridation schemes?

- **Musculoskeletal conditions**

What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

- **Creating health spaces**

What could the government do to help people live more healthily:

- In homes and neighbourhoods
- When going somewhere
- In workplaces
- In communities

- **Active ageing**

What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

- Support people with staying in work
- Support people with training to change careers in later life
- Support people with caring for a loved one
- Improve homes to meet the needs of older people
- Improve neighbourhoods to meet the needs of older people
- Other

(Please expand on the reasons for your choice)

- **Prevention in wider policies**

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health?
Please describe a top 3

- **Value for money**

How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

- **Local action**

What more can we do to help local authorities and NHS bodies work well together?

- **Sexual and reproductive health**

What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

- **Next steps**

What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

3. Health and Wellbeing Board response to the consultation

3.1 The Association of Directors of Public Health (ADPH) have given a cautious welcome to the publication of the Green Paper. The ADPH have acknowledged that there is a small window of opportunity to influence the prevention policy of the current Government. They are encouraging every Local Authority area to provide a detailed response to the consultation.

3.2 It is likely that the Office of the Mayor of Greater Manchester will submit a response on behalf of the Combined Authority and it will be important to ensure consistency with local responses. However, given the population health challenges faced by Manchester it is proposed that the Manchester Population Health Team co-ordinates a Manchester system wide response on behalf of the Health and Wellbeing Board.

3.3 The organisations represented on the Board are encouraged to discuss the Green Paper in their respective meetings, forums and networks and send any responses to the Director of Public Health/Director of Population Health (DPH) via Vicky Schofield, Business Support for the Director of Population Health, at the email address below by 30 September 2019:

v.schofield@manchester.gov.uk

3.4 The DPH and his team will then collate all of the responses and the Manchester submission to the Government will be signed off by the Chair of the Health and Wellbeing Board in advance of 14 October consultation.