



Health and Wellbeing Board

Date: Wednesday, 18 March 2020

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension,
Manchester, M60 2LA

Access to the Council Antechamber

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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

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 22 January 2020.
- 5. COVID-19 - To follow**
Report of the Director of Public Health to follow
- 6. MHCC and MLCO Operational Plans** 11 - 20
Report of Executive Director of Strategy, Manchester Health & Care Commissioning (MHCC) , Executive Director of Strategy / Deputy Chief Executive Manchester Local Care Organisation (MLCO) attached
- 7. Manchester Healthy Weight Strategy 2020-2025** 21 - 70
Report of the Director of Population Health attached
- 8. Manchester's Approach to Prevention and Wellbeing Services – an update focused on social prescribing** 71 - 82
Report of the Director of Population Health attached
- 9. Collaborating for outcomes: Partnership Pilot - Maternity, LCO and Manchester City Council services** 83 - 102
Report of Manchester City Council, Manchester Local Care Organisation and Saint Mary's Midwifery Service attached

Information about the Board

The Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the health and social care services for Manchester. Its role includes:

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;
- providing advice, assistance or other support in connection with the provision of health or social care services;
- encouraging organisations that arrange for the provision of any health related services to work closely with the Board; and
- encouraging those who arrange for the provision of any health or social care services or any health related services to work closely together.

The Board wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the committee officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda.

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Agenda, reports and minutes of all council committees can be found on the Council's website www.manchester.gov.uk

Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
Level 3, Town Hall Extension, Albert Square
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Further Information

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

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Health and Wellbeing Board

Minutes of the meeting held on 22 January 2020

Present:

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Craig, Executive Member for Adults
Councillor Sue Murphy, Executive Member for Public Service Reform
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
Vicky Szulist, Chair, Healthwatch
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health
Bernadette Enright, Director of Adult Social Services
Michael McCourt, Manchester Local Care Organisation

Also Present:

Julie Taylor, Director of Strategy, Manchester Health and Care Commissioning
Keith Darragh, Deputy Director of Adult Social Services
Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation
Karin Connell, Work and Skills Lead, Work and Skills Team, MCC
Christine Raiswell, Programme Lead, Population Health Team
Councillor Joanna Midgley, Chair of Manchester Suicide Prevention Partnership
Barry Gillespie, Consultant in Public Health, MCC
Susan McKernan, Lead Pharmacist and Deputy Head of Medicines Optimisation
Andrew Maloney, Director of Human Resources and Deputy Chief Executive, GMMH
Jon Lenney, Manchester Local Care Organisation

HWB/20/01 Minutes

The minutes of the meeting held on 30 October 2019 were submitted for approval.

The Chair commented on minute number HWB/19/36 - Annual Reports of the Safeguarding Children and Adults Boards, with reference to publicity regarding child protection during 2004/05. Reference was made to the work being undertaken by the Council and Greater Manchester Police over the past two years, following concerns raised following a television programme broadcast in 2017. The Council Chief Executive and other Senior Management Team Officers had initiated a review of files in conjunction with GMP and then initiated a joint operation in April/May 2018. This was to identify victims involved and to offer and provide help and support resulting from of their experiences. Also, an operation was put in place to identify and pursue perpetrators and this operation is ongoing. Contact has been made with all but one of

the identified victims. GMP are continuing to pursue the perpetrators and have so far made two arrests. The Council's primary interests will be the ongoing support of victims as well as pursuing the perpetrators. Councillor Craig (Executive Member for Adult Health and Wellbeing), Paul Marshall (Strategic Director of Children's Services) and Bernadette Enright (Director of Adult Social Services) have all been involved in the operation.

The Chair also referred to minute number HWB/19/33 - North Manchester Strategy and reported that the Strategic Board concerned with the site development at North Manchester General Hospital (NMGH) had met twice and finalised a master plan for the site. The strategic case is due to be submitted to NHS England in January 2020 with a business case being finalised by November 2020. The Board was informed that major progress has been made on the preparations for the site. Furthermore, agreements on changing management arrangements at NMGH and other hospitals in the Pennine Acute Trust have been agreed on and will be initiated from 1 April 2020. From April 2020, Oldham, Rochdale and Bury will continue to be managed by Salford Royal NHS Foundation Trust and NMGH will be managed by Manchester Foundation Trust. This will give added certainty to staff and also further security regarding what the future is for these establishments. The Chair also made reference to the master plan for the NMGH site and the inclusion on the site for a psychiatric hospital.

Decisions

1. To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 30 October 2019
2. To note the update in respect of the above additional comments concerning HWB/19/36 - Annual Reports of the Safeguarding Children and Adults Boards.
3. To note the update in respect of the above additional comments concerning HWB/19/33 North Manchester Strategy

HWB/20/02 Manchester Locality Plan Refresh

The Board considered the report of the Executive Director of Strategy, MHCC which described the approach to developing the Manchester Locality Plan Refresh. This had been submitted to the Greater Manchester Health and Social Care Partnership Team (GMHSCP), as a draft on 29 November 2019.

The Locality Plan Refresh had been produced within the context of a maturing health and social care system, responding to both the GMHSCP Prospectus (March 2019) and the requirements of the NHS Long Term Plan. It also took account of success to date, and the need to ensure a continued focus on integrated working to achieve better health outcomes for people and build a financially sustainable health and care system in Manchester.

The Locality Plan Refresh reaffirms the ambition to create a population health system that put health at the heart of every policy, across the full spectrum of public services,

improving health and care outcomes for the people of Manchester, whilst ensuring financial sustainability.

The Director of Strategy, MHCC gave a brief presentation using sections of the Manchester Locality Plan 2019/20 Refresh and stated that, once the final draft is agreed, the Manchester Locality Plan 2019/20 Refresh will be available for the public to view online.

The Strategic Director of Children's Services welcomed the focus of the Locality Plan on Children's Services and suggested that it would be helpful for the Children's Board to receive the Plan to allow the Board to engage with the Children's Partnership to ensure the plan includes the work coming through the Partnership.

The Chair endorsed the forwarding of the Locality Plan to the Children's Board and suggested that in the new Municipal Year, the Health and Wellbeing Board takes the opportunity outside of a formal meeting setting to look at and consider its role as an accountability body for the next five-year period.

Decisions

1. To approve the final version of the Manchester Locality Plan Refresh 2019/20.
2. To forward the Manchester Locality Plan Refresh to the Manchester Children's Board.
3. To request officers to arrange for the Board to meet in the new Municipal Year to consider its accountability role for the next five-year period.

HWB/20/03 Winter Pressures

Consideration was given to the report of the Director of Adult Social Services, concerning an overview of progress made by Manchester Local Care Organisation (MLCO) against agreed winter planning priorities. The Deputy Director of Adult Social Services and the Chief Executive (Manchester Local Care Organisation) also addressed the Board on the report.

The report set out the progress that MLCO had made in delivering against agreed winter planning priorities to support the people of Manchester to receive the right care and support, in the right place and in a timely manner. The priorities are as follows:

- Establishment of a Control Room;
- Fully mobilise integrated discharge arrangements/teams;
- Roll out of discharge to assess;
- Market stabilisation; and,
- Data driven decision making.

The report also detailed how the partnership approach brought together key health and social care resources and included commissioners, primary care, mental health providers and acute providers. The paper described the work that had been, and

continues to be undertaken in conjunction with the three hospital sites in Manchester: Manchester Royal Infirmary; Wythenshawe; and North Manchester General Hospital.

The Director of Adult Social Services referred to work that had been done on Homelessness and those affected. It was reported that eight posts had been established to help support homeless people in hospital and ten temporary properties had been secured on Dalbeattie Street to enable permanent accommodation to be arranged. This arrangement had helped with avoiding hospital admissions for vulnerable service users with medical care needs.

The Chair commented that taking purely clinical approaches to certain issues is not always the best use of available health services and stated that over 80% of solutions to health improvement are non-clinical and with regard to homelessness it is both a cause of poor health and also a consequence of poor health and should be viewed in that context.

Board Members asked officers what the rate of discharge and readmission had been over the Christmas period. The comment was also made that it is important for an interim local approach for discharge arrangements with care providers to be in place in view of the Primary Care Network service consultation and the likely time to be taken for a national response to be made.

It was reported that figures on hospital discharge and readmissions were not yet available but will be circulated to Board Members. It was reported that the arrangements for discharge had been referenced in the report and an assurance was given that work is ongoing for an agreed set of standards for discharge arrangements.

A Board Member reported that Healthwatch had monitored the issue of inability of emailing patient records to care homes for the reason that there was no NHS email address and raised that this was still ongoing across the city. An assurance had been given that the issue would be addressed at the start of the year and would be monitored later in the year. The Director of Adult Social Services undertook to look into the matter.

Decision

To note the report.

HWB/20/04 Living Wage Accreditation

Consideration was given to the report of the Director of Workforce and Organisation Development, Manchester Health and Care Commissioning, concerning an overview of the living wage accreditation status of Board partner organisations. Accreditation as living wage employers and promotion of the real living wage to partners and suppliers has contributed to the development of a progressive and equitable city. The report set out various organisations that have achieved accreditation, namely Greater Manchester Mental Health NHS Trust (GMMH), Manchester City Council (MCC), Manchester Health and Care Commissioning (MHCC)/Manchester Clinical Commissioning Group (MCCG), Manchester University NHS Foundation Trust (MFT)

and Manchester Local Care Organisation (MLCO), and looked at areas for further collaboration around community and residential care, grant funding and personal/health budgets. Further to this, the Board considered an area of focus over the next year around how this will be delivered within MLCO over the coming year as the biggest identified area of overlap sits within the MLCO remit.

The Chair commented that employers paying the living wage is one aspect of good employment and a good employer, however more could be done by employers such as engaging with the Greater Manchester Good Employment Charter as a means of achieving good employment and in doing so supporting good health.

Decision

1. To note the progress made to date.
2. To commend the report to the respective partner organisations on the Board to continue to develop their individual real living wage accreditation plans and encourage the organisations to collaborate to support the development of high quality, integrated community and residential services.
3. To commend the report to the eighty-seven constituent GP Practices across the city.

HWB/20/05 Manchester Suicide Prevention Plan 2020 - 2024

Consideration was given to a report of the Director of Population Health that provided a final draft of the Manchester Suicide Prevention Plan 2020 - 2024. This was the second plan which built on the 2017-19 plan and had been developed in collaboration with a range of partners including people affected by suicide.

The Board noted that the Manchester Suicide Prevention Plan 2020 – 2024 would be formatted and available on the Council website from March 2020.

Councillor Midgley, Chair of Manchester Suicide Prevention Partnership, addressed the Board and informed the Board on the work of the Partnership which included the development of free training for school nurses and other health care staff across the city and further links with the Coroner for improved data. Reference was made to the refreshed plan which built on the model from the 2017-19 plan and incorporates:

- learning from local evaluation;
- feedback from a Greater Manchester Peer review exercise;
- a wider stakeholder event involving a range of partners and people with lived experience;
- a learning circle on children and young people's suicide led by Population health on behalf of Manchester Safeguarding Partnership;
- feedback from Health Scrutiny Committee (October 2019);
- discussions with the Manchester Suicide Prevention Partnership.

A Board Member referred to mental health services being provided through other means with the example given that university students were being supported through their university rather than engaging with mainstream mental health services.

Reference was also made to the need to recognise high school age children and the work of CAHMS Transformation Plan.

The Executive Member for Adults commented that the Plan is a good example of listening to the people of Manchester and putting the ideas and concerns received into policy and practice. In acknowledging the work of the Suicide Prevention Partnership it was noted that the Suicide Prevention Plan was distinct from other schemes but is not the only plan available. Other support and provision is available through broader integrated mental health services in the city. The Board was also informed that a large scale piece of engagement work will be taking place during the year which will involve the Council, MHCC and GMMH speaking to Manchester people for views on accessing and supporting good mental health.

A Board Member made the point that following the completion of suicide it was important identify, protect and support family members, friends and wider community affected.

The Chair thanked Councillor Midgley for attending the meeting and noted her work as Mental Health Champion Lead for the Council.

Decision

To approve the Manchester Suicide Plan and support its implementation.

HWB/20/06 Manchester Pharmaceutical Needs Assessment (2020-2023) Final Draft

Consideration was given to the report of the Director of Population Health. The Health and Wellbeing Board has the responsibility for producing the Pharmaceutical Needs Assessment (PNA). The PNA Steering Group has been leading the development of the next PNA for 2020-2023 on behalf of the Board. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require the Health and Wellbeing Board to consult on the content of the PNA for minimum of 60 days. The Health and Wellbeing Board previously agreed to the commencement of the consultation in August 2019. The report included an Executive Summary of the final draft of the PNA.

The Chair commented that there appeared to be sufficient pharmacies across Manchester to meet need across the city and asked officers to comment on the enhancement of pharmacy services.

It was reported that complaints had been received on the number of pharmacies in the city which is being addressed and has involved investment to develop, pilot and improve the services offered by community pharmacies.

Decision

To approve the final report for publication.

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

Report to: Manchester Health and Wellbeing Board – 18 March 2020

Subject: MHCC and MLCO Operational Plans

Report of: Executive Director of Strategy, Manchester Health & Care Commissioning (MHCC), Executive Director of Strategy / Deputy Chief Executive Manchester Local Care Organisation (MLCO)

Summary

This briefing note is presented to the Manchester Health and Wellbeing Board to outline the approach and progress to develop the MHCC Operational Plan for 2020/2021 and the MLCO Operating Plan for 2020/2021.

Recommendations

The Board is asked to note the approach to develop the MHCC Operational Plan and MLCO Operating Plan (2020/21) as described in the paper and the timescales for final publication of the plans.

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 MHCC Operational Plan and MLCO Operating plan have been developed to ensure all of the priorities are addressed.
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	

Contact Officers:

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Background documents (available for public inspection):

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

Introduction

- 1.1 This briefing note is presented to the Manchester Health and Wellbeing Board to outline the approach and progress to develop the MHCC Operational Plan for 2020/2021 and the MLCO Operating Plan for 2020/2021.
- 1.2 It is presented in anticipation of the finalisation of both plans that will be formally presented to the next meeting of the Health and Wellbeing Board.

Background

- 2.1 Since Summer 2019, planning leads from MHCC, MCC, MLCO and MFT have worked together to ensure that the business, corporate and operational plans across the health and care system are aligned, and that planning and business processes have as been streamlined as possible, minimising duplication that has existed in previous years.
- 2.2 The MHCC and MLCO plans have been developed to take account of relevant national and local guidance:
 - The NHS Operational Planning and Contracting Guidance for 2020/21 was published at the end of January, and sets out the operational, performance, and contracting requirements along with the financial information for 2020/21.
 - The Manchester locality plan has recently been refreshed and outlines the priorities for the Manchester system to deliver the GM Prospectus and GMCA White paper requirements.
- 2.3 The MHCC Operational Plan is developed on an annual basis. It describes the key priorities for the year across health and social care for MHCC and how MHCC plans to deliver its statutory requirements, comply with national guidance (across health and care) and deliver the Manchester Locality Plan.
- 2.4 The delivery of the plan is underpinned by the financial and contracting position which is similarly agreed on an annual basis between MHCC and providers across the system, and is currently taking place.
- 2.5 The Manchester Local Care Organisation (MLCO) has developed an Operating plan for 2020/2021 with partners across the Manchester system to understand the planning approaches and requirements of our key partners to inform the development of our Operating Plan and accompanying MLCO Financial strategy and budget Plan for 2020/21.
- 2.6 The MLCO approach has ensured that all local and national timescales, assumptions and expectations will be met and that our plan would be aligned to those of our partners.
- 2.7 The MLCO Operating Plan has been constructed to be a navigation document and is supported by detailed service plans delivered by our services in our

neighbourhoods, across 3 localities and citywide. It covers adults and children's community health services, adult social care services and the operational commissioning responsibilities that have and will transfer to the MLCO.

MHCC Operational Plan

- 2.8 Work to inform the 2020/21 Operational Plan commenced in the summer of 2019, with the initial review of the evidence funnel and assessment of key messages to inform the planning moving forward. This was followed by a comprehensive readiness assessment against the NHS Long Term Plan (LTP) Implementation Framework in August, and an assessment against the NHS Planning and Contracting guidance for 2020/21 in January.
- 2.9 The draft Operational Plan in full is currently being finalised, and is going to the MHCC Board in March for approval. The Plan on a Page 2020/25 is shown in Appendix 1. The Plan on a Page' describes our strategic priorities, their impact over a five-year period, and our means of achieving this through the main work programmes for 2020/21.
- 2.10 Four of the work programmes are termed 'catalyst' programmes. These will result in significant transformational change in both the way health and care will be delivered in Manchester in the future, and in the experiences and outcomes of people accessing those services.
- 2.11 In developing the plan, there has been engagement with the Strategy Committee, Executive Team, Senior Leadership Team, Clinical Leads, The Inclusion and Social Value Panel and also the Patient and Public Advisory Committee.

MLCO Operating Plan

- 2.12 The process to develop the MLCO Operating Plan 2020/2021 commenced in Summer 2019, following agreements with partners to deliver an aligned approach to planning across Manchester.
- 2.13 The process put in place assumed that:
- a final MLCO Operating Plan for 20/21 would be published by end March 2020, following development and agreement of the MLCO Partnership Board, MLCO Executive and the appropriate partner committees in March 2020;
 - the Operating Plan scope included community health services for children and adults, adult social care services and the mobilisation of new care models, as well as how the MLCO is operating and developing services in collaboration with wider partners to bring services together for people in places;
 - the Operating Plan in draft and final form would also need to move through the relevant partner governance processes;

- the Operating Plan for the MLCO would be informed by the national and local strategic context (NHS Long Term Plan and GM Prospectus, MCC corporate planning approach, the refresh of the Manchester locality plan), but would describe an approach to the delivery of the requirements as built from our service teams in the neighbourhoods and across our localities.
- 2.14 Following an agreement with our partners that the Adult Social Care business plan would be described as part of the MLCO Operating Plan and an understanding across the partners of the process we would take; we initiated an approach across the MLCO services delivered through neighbourhoods, locality or citywide to develop service plans for 2020/21 to be documented in either the neighbourhood, locality or citywide plans.
- 2.15 The approach taken by the MLCO can be summarised as:
- Three locality planning events (November) attended by staff from across community health, adult social care, primary care and mental health to reflect on the achievements and challenges of 2019/20 and outline service plans for 2020/21.
 - Development of draft neighbourhood, locality and citywide service plans (December 2019) with a requirement that neighbourhood plans were aligned to the emerging PCN delivery plans and the existing ward plans in each place.
 - All the plans were developed through the neighbourhood and locality partnerships and cover how the MLCO delivers services across our communities and with partners, such as primary care, housing, VCSE and discussions continued into the final quarter of 2019/20 to further iterate the plans. The neighbourhood plans were built from the plans developed during 2019/20.
 - The plans outline how they were developed and who was involved, as well as detailing achievements in the past 12 months, the work for the next 12 months and what corporate support our teams and services will need to deliver their plans.
 - Detailed financial planning discussions took place at the same time with partners to develop the budget strategy for the MLCO.
- 2.16 Draft service plans have informed and supported the development of the MLCO Operating Plan for 2020/21.
- 2.17 Final versions of all plans will be published by end March 2020.
- 2.18 The delivery of the plan is underpinned by a Financial strategy and budget plan for 2020/2021, which has been developed with and agreed by our system partners.
- 2.19 The proposed structure for the MLCO Operating Plan is detailed below, but it is proposed that this overarching document is a navigation document with key supporting appendices.

MLCO Operating Plan 2020/21: CONTENTS

The MLCO Operating Plan (2020/2021) has been designed as a navigation document to support the connectivity between our neighbourhood, locality and citywide service plans. The structure of our Operating Plan is:

1. The MLCO 2020/21 Operating Plan	<ol style="list-style-type: none"> 1. MLCO: In summary 2. CE foreword and introduction 3. The development of our Operating Plan
2. The MLCO: Context	<ol style="list-style-type: none"> 1. Vision, goals and outcomes 2. Strategic context: national, GM and the Manchester Locality Plan 3. Our operating model and service strategy
3. The MLCO: Our progress to date	<ol style="list-style-type: none"> 1. 2019/2020 achievements
4. The MLCO: Our plans for 2020/2021	<ol style="list-style-type: none"> 1. 2020/2021 priorities 2. 2020/2021 objectives 3. How we will measure and report impact
5. The MLCO: how we will measure impact	<ol style="list-style-type: none"> 1. 2020/2021 Financial strategy and budget plan 2. Performance Framework 3. Our governance
6. Our service plans 2020/2021	<ol style="list-style-type: none"> 1. Neighbourhood plans 2. Locality service plans: North, Central and South 3. Citywide service plans: Children's Community Health Services and specialist adult services

- 2.20 It will support MLCO staff and the partners with whom they work, to understand the context for the MLCO, share in the achievements and understand the challenges of the previous 12 months and have clarity on our priorities for 2020/21.
- 2.21 The Operating Plan will outline what we have delivered over the last 12 months, our priorities for 2020/2021, how we will deliver them and measure our impact.
- 2.22 Our priorities for the next 12 months are:
- A **population health driven approach** to service planning and delivery; supporting prevention programmes to improve the health of the people of Manchester.
 - **Consolidating and strengthening our neighbourhood approach**; supporting our 12 Integrated Neighbourhood Teams (INTs) to make an impact on their communities and continuing to integrate the operations of our community health and social care teams.

- Continue to ***design and deliver safe, effective and efficient services*** to people in our communities.
- ***Mobilising primary care leadership at the heart of the MLCO***; formalising the governance between primary care and MLCO to ensure joint working with the new Primary Care Networks.
- Playing ***a lead role in system resilience***; helping people get the right care in the right place with a community first ethos.
- Deliver the ***agreed phased approach to the increasing scope of the MLCO*** as an integrated health and care organisation; delivering public service reform in the place.

2.23 The final MLCO Operating Plan will be published at the end of March 2020 and formally launched at our all staff event on 21st April 2020.

Monitoring

- 2.24 The MHCC Operational Plan will be monitored and reported to the MHCC Executive Team on a monthly basis, and to the MHCC Board on a quarterly basis.
- 2.25 The delivery of the MLCO Operating Plan will be overseen and managed through MLCO governance, with regular reporting to the MLCO Partnership Board.

Next steps and recommendations

- 3.1 Health and Wellbeing Board is asked to:
- Note the approach to develop the MHCC Operational Plan and MLCO Operating Plan (2020/21) as described in the paper;
 - Note the timescales for final publication of the plans.

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Our Strategic Aims:

1. Improve the health & wellbeing of people in Manchester
2. Strengthen social determinants of health & promote healthy lifestyles

3. Ensure services are safe, equitable & of a high standard with less variation
4. Enable people & communities to be active partners in their health & wellbeing
5. Achieve a Sustainable system

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Our strategic priorities are...</p>	<p>Preventing & tackling health inequalities</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">As a result of delivering these priorities, we will...</p>	<p>Reduce the gap in health and wellbeing outcomes for people across the city. Improve children’s outcomes in their first 1000 days of life. Support people with health problems to be in work. Enable people to be confident in managing their own health and care. Enable people in mid to later life to live longer in good health. Reduce the number of people dying from preventable causes.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">The programmes through which our priorities will be delivered in 2020/21 are...</p>	<p>Adult Social Care Improvement Cancer Children’s and maternity Community bed based care * GP Digital Access* Learning Disability & Autism * Long Term Conditions Mental Health Outpatients Primary Care Population Health System Leadership (inc NM regeneration)* Urgent Care</p>
	<p>Transforming Community-based care</p>		<p>Have better co-ordinated services for people in their neighbourhoods that are responsive to their needs. Support people to live independently with a strengths-based approach across health and social care. Have safe and effective community-based care that supports people with the right care, in the right place at the right time to have a better quality life. Enable people to have more choice and control in how they interact with health and care professionals including through the use of new technologies. Have consistently high quality health and care services across the city.</p>		
	<p>Transforming Hospital-based care</p>		<p>Have consistently high standards in hospital based care. Have shorter waiting times for outpatients, diagnostics and treatment. Have co-ordinated acute services that meet both the physical and mental health needs of people.</p>		
	<p>Transforming the health and care system</p>		<p>Have a redeveloped North Manchester General Hospital site, improving health services for the population it serves and regenerating the area. Improve outcomes for people through integrated Primary Care, Community Care and Mental Health services in neighbourhoods. Have developed and improved our services for children and young people to maximise their life chances. Have a financially sustainable health and care system, which targets resources on the basis of population need.</p>		

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Appendix 1, item 6

*our catalyst programmes for 2020-2021

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Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 18 March 2020

Subject: Manchester Healthy Weight Strategy 2020-2025

Report of: Director of Population Health

Summary

This report provides an introduction to the Manchester Healthy Weight Strategy 2020-2025 which takes a strong partnership approach to tackling obesity in the city. The strategy has been developed across four key themes; Food & Culture, Physical Activity, Environment & Neighbourhoods and Support & Prevention, it has been informed by a wide variety of stakeholders and supports the Public Health England guidance 'Reducing obesity is everybody's business' (Public Health England 2018).

The Board will be asked to approve the strategy and all ten members to sign the Food Active 'Healthy Weight Declaration'. This is a nationally recognised pledge which will demonstrate our strategic commitment to this area of important work.

Recommendations

The Board is asked to:

- (1) Note the report
- (2) Approve the Healthy Weight Strategy 2020-2025
- (3) Sign the Healthy Weight Declaration

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	Ensuring children are fed healthily and have regular activity is critical in their formative development. The strategy seeks to reduce the number of children who begin school overweight or obese by intervening in early years, promoting breastfeeding and training health visitors in positive conversation about healthy weight at key contact times.
Improving people's mental health and wellbeing	Physical activity is renowned for the positive impact it has on an individual's mental health, this is a key strand of the strategy. Likewise obesity is linked to

	depression. The strategy seeks to address this through prevention and support.
Bringing people into employment and ensuring good work for all	Being a healthy weight supports access to employment and reduces absenteeism through obesity related ill health.
Enabling people to keep well and live independently as they grow older	Reducing isolation and supporting older people to access community settings advocating active travel is a key part of the strategy
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	The strategy identifies key vulnerable groups including low income families, care leavers and single parents who are particularly susceptible to obesity, and describes actions to support all family members across the life courses.
One health and care system – right care, right place, right time	Ensuring the right prevention and support is in place and that commissioned services support the local care model.
Self-care	The promotion of key public health messages around healthy eating, active travel and physical activity are throughout the strategy (e.g. active workplaces, good nutrition in 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.

1.0 Introduction

- 1.1 This report introduces Manchester's five year Healthy Weight Strategy.
- 1.2 The strategy has been developed over the previous ten months and follows the recent publication of the '*Marmot Review 10 Years on*' highlighting the increasing gap in health inequalities between the wealthiest and poorest communities, and the increase in preventable deaths in deprived areas.
- 1.3 Obesity challenges in the city that result from these health inequalities have been presented to both Health Scrutiny and Children's Safeguarding Committees previously, through our responses to food poverty, inactivity, preventable deaths and childhood neglect. These work streams are among the principal drivers for encapsulating this broad reaching work in a single strategy.
- 1.3 Public Health England guidelines have informed the content, methodology and development of this strategy. The 2018 report '*Making obesity everybody's business; A whole systems approach to obesity*' advocates an approach that addresses the overall 'obesogenic' environment, acknowledging that a broad spectrum of professionals and organisations are required to solve a multi-layered and complex issue requiring behaviour change in an entire population.
- 1.4 The strategy development has been led by Population Health who have facilitated the consultation and input from colleagues and partner organisations regionally and locally to achieve the draft strategy.

2.0 Background

- 2.1 Obesity is the greatest threat to the health of our country as we enter a new decade. Nearly a quarter of children in England are obese or overweight by the time they start primary school at age five and this rises to one third of children at age eleven. The North West region has the second highest childhood obesity rate in the country.
- 2.2 The strategy provides results from the annual National Child Measurement Programme (NCMP) from which our data is received. In Manchester, the prevalence of obesity in both Reception and Year 6 are significantly above the regional and national average. This figure had been increasing since 2014/15 but saw small reductions in 2018/19 compared to the previous year.
- 2.3 It is estimated there are 2000 severely obese primary school children in Manchester. 714 of these are morbidly obese, their life expectancy reduced by approximately seven years. Services that were commissioned to support overweight reception age children at the 91st Centile BMI (Body Mass Index) five years ago are now receiving children at age three years at the 99th Centile.

- 2.4 Interventions to support these children cannot be effective without a wider strategy to challenge the root causes of unhealthy weight such as food, neighbourhood and education.
- 2.5 This is however an all age strategy as demonstrated in the life course approach and adults are also vulnerable to unhealthy weight through sedentary lifestyles. Our Active Lives survey in 2018 demonstrated that two in three adults (63%) are overweight or obese, this is 1% above the national average.
- 2.6 Unhealthy weight in adults is a significant factor in common health problems; heart disease, diabetes, liver disease, sleep apnoea and cancer, with obesity responsible for 30,000 deaths in the UK each year. The societal and financial impact of obesity is outlined in the strategy.
- 2.7 Health inequalities are a key factor in unhealthy weight. As is outlined in the document there are particular vulnerabilities associated to deprived wards and particular demographic groups that the strategy seeks to identify and support, across the four strands of the strategy.

3.0 Strategy Development

- 3.1 The Manchester Healthy Weight Strategy 2020-2025 is built on four key themes.
- (i) Food & Culture
 - (ii) Physical Activity
 - (iii) Neighbourhood & Environment
 - (iv) Support & Prevention
- 3.2 These have been reference points for engaging the appropriate stakeholders giving focus for discussing and agreeing the required actions under each topic. Population Health have therefore undertaken wide ranging discussions in the production of this strategy.
- 3.3. Food bank providers, community allotment holders, voluntary sector organisations, schools and GM food sector organisations among many, have informed thinking around the culture of our consumption, the challenges of our lifestyle and consumer choices, access of healthy produce and upskilling residents in cooking and budgeting to lead healthier lives.
- 3.4 Manchester's ten year Sport and Physical Activity Strategy, launched in June 2019 by MCRACTive has been a key point of reference in informing debate and key actions in developing the Physical Activity element.
- 3.5 Growth and Neighbourhoods, Economic Regeneration and Registered Social Landlords have been integral to developing the neighbourhood element of the strategy using real life examples such as the Northern Gateway (Irk Valley/Rochdale Road corridor) to provoke wider discussions about the role of the built environment in facilitating obesity.

- 3.6 The Support & Prevention strand of the strategy will inform our future commissioned approach to weight management services. Health Visitors, Midwives, Weight Management Providers, Early Help and Early Years practitioners have informed our strategy. This is a pivotal area of the strategy given the link to childhood obesity and safeguarding as referenced in our Children's Neglect Strategy and the MSCB *Child F1* review.
- 3.7 An eclectic mix of partners were brought together on 8th January 2020 as Population Health hosted a Healthy Weight Strategy workshop for over seventy attendees at the Hough End Centre. Presentations included Dr Aisha Malik (NHS Entrepreneur and Clinical Lead Winning Hearts & Minds) and Dr Mars Skae (Lead Paediatric Clinician-Childhood Obesity, Royal Manchester Children's Hospital) demonstrating positive outcomes in behaviour change in North Manchester, and lessons learnt from a fellowship in the USA studying childhood obesity.
- 3.8 This event enabled wide-scale discussion and consultation around the required actions for the strategy, and that these were informed by the appropriate people. Feedback and images from the event were tweeted with the hashtag #ManchesterHWS
- 3.9 PPAG (Patient and Public Advisory Group) were introduced to the Strategy, with Population Health Officers attending the Forum to further consult on the document on 21st January.

4.0 Healthy Weight Declaration

- 4.1 This declaration has been developed by '*Food Active!*' a North West sub-division of the Health Equalities Group (HEG) funded by regional Public Health Teams. Food Active supports local authorities with evidence-based interventions to reduce sugar and promote healthy food while lobbying on a regional level for system changes and a clamp down on junk food advertising.
- 4.2 The declaration has been developed to be signed by Chief Executives, Directors and Lead Elected Members. Signing the Healthy Weight Declaration demonstrates the commitment of senior figures and the organisations they represent to promote healthy weight and improve health and wellbeing.
- 4.3 The declaration has also been used effectively by local authorities in the North West to promote strategic objectives for reducing obesity and to engage all stakeholders in the city in the whole system approach.
- 4.4 Our declaration lends directly from the Manchester Healthy Weight Strategy in outlining individual pledges for the city that we will commit to, to enable our population to live healthier lives.

5.0 Recommendations

5.1 Members are asked to

- (1) Note the report
- (2) Approve the Healthy Weight Strategy 2020-2025
- (3) Sign the Healthy Weight Declaration

Manchester DRAFT Healthy Weight Strategy

2020-2025

A whole system approach



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Foreword

Councillor Bev Craig, Executive Member for Adult Health and Wellbeing

The rising levels of obesity in Manchester are both an outcome, and cause, of social and health inequalities affecting the people living in our city. Obesity impacts negatively on the physical and mental health of adults and children, their employment and broader social opportunities and, ultimately, their life expectancy.

As Executive Member for Adult Health and Wellbeing, I wish to see this trend reversed so that our residents live longer free from illness and disability, that our children are healthy and school ready and that our young people are physically active, educated and able to achieve economic independence. Having a healthy weight and living in a neighbourhood that supports good food choices, opportunities for physical activity and access to the right support when needed is key to these successful outcomes.

This strategy outlines our commitment to reversing obesity and unhealthy weight in Manchester, utilising the 'Our Manchester' strengths based approach, building from the assets that already exist from the wide-range of partners who have contributed to the development of the Strategy. This is an opportunity to look at everything from transport to the built environment, parks and leisure facilities, and licensing and food outlets.

The recent report "Marmot Review 10 Years On" highlighted the damage of a decade of austerity on the health of our poorest communities, demonstrating an increasing gap between wealthy and deprived neighbourhoods. In Manchester we are determined to do everything we can to create the conditions to support individuals, families and communities to achieve their full potential.

Councillor Bev Craig
Executive Member for Adult Health and Wellbeing

Introduction

Manchester Healthy Weight Strategy 2020:2025

The 2020-2025 Healthy Weight Strategy sets our priorities and partnership approach to promote a healthy weight and tackle unhealthy weight in Manchester.

The World Health Organisation (WHO) regards obesity as one of the most serious public health challenges of the 21st century. Obesity has long been identified as a major problem within the UK. Being overweight or obese is associated with an increased risk of a number of common diseases and causes of premature death, including diabetes, cardiovascular disease and some cancers. The “Marmot Review 10 Years on” identifies that the highest preventable mortality rates (obesity related deaths for example) occur in the poorest areas, and that these rates have increased for people aged 45-49 years where social and economic conditions undermine health over the last decade.

Our children (0-19 years) are also increasing in weight, as our National Child Measurement Programme evidences the impact of poverty on the food choices and overall health of the poorest families. The Institute for Fiscal Studies predicts child poverty- living in a household with less than 60% of the average national income, will increase by over 6% by 2021. This will undoubtedly increase the risk of obesity, where in many families, this is generational.

This strategy sets out the vision and strategic objectives needed to ensure that everyone in Manchester is able to achieve and maintain a healthy weight across the life-course.

Our strategy aims to translate national policies into local action, whilst also meeting the needs of local people based on evidence of what works. It will outline a **whole systems approach** to tackle the elaborate nature of obesity. A whole systems approach encompasses ‘Health in All Policies’ and draws upon the many complex behavioural and societal factors that combine to contribute to the causes of excess weight and recognises the value of engaging with the local community and maximising local assets to achieve better results long term.

Manchester Healthy Weight Strategy 2020:2025

This strategy aligns with a number of key national strategies including *'Healthy Lives, Healthy People: A call to action on obesity in England'*, *'Childhood Obesity: A Plan for Action' Chapter 1 and 2'*, *Health Equity in England*, *The Marmot review 10 Years on'* and *'The NHS Long Term Plan'*. It also complements the following current Manchester and Greater Manchester strategies and documents:

- *Our Manchester: The Manchester Strategy (2016-2025)*
- *Our Healthier Manchester (2016-2021)*
- *Manchester Population Health Plan (2018–2027)*
- *Our Manchester, Our Children (2016-2020)*
- *Manchester Reducing Infant Mortality Strategy (2019)*
- *Manchester ACES Strategy (2019)*
- *Manchester's Park Strategy (2017–2027)*
- *Manchester Sport and Physical Activity Strategy*
- *Greater Manchester Strategy: Our People; Our Place (2017-2020)*
- *Greater Manchester Transport Strategy 2040*
- *Greater Manchester Moving Plan (2017-2021)*

We know that up to 80% of a population's health status is attributable to factors outside the health services. The successful delivery of these strategies will make a huge positive difference to health outcomes in Manchester, as they inherently address the social determinants of health.

The delivery of the strategy in Manchester will be based on a set of principles that embody the 'Our Manchester' approach namely:

- Person-centred: listening to what residents need and want and involving them in decisions and plans about their support
- Asset-based: building on people's strengths across the lifecourse and supporting them to be in control of the things that matter to them and help them stay healthy
- Collaborative: developing supportive relationships and connections with and between individuals, children and families, communities and health and care services

What we know

A healthy weight is a weight that promotes and sustains health relative to the height of an individual.

What is obesity?

- Overweight and obesity are terms which refer to an excess accumulation of body fat, to the extent that health and wellbeing may be impaired.
- Excess weight increases the risks of a number of chronic conditions including cardiovascular disease, diabetes, cancers, and joint problems.

Measuring Obesity in Adults

- There are various ways in which to measure different aspects of obesity. They include Body Mass Index (BMI), skin fold thickness, waist circumference, and waist to hip ratio.
- For adults, the most common method of measuring obesity is the BMI.
- BMI is calculated by dividing body weight (kilograms) by height (metres) squared
- It is important to note that it is not a direct measure of body fat mass or distribution, and BMI measures may be skewed by very high muscle mass.

Classification	BMI (kg/m ²)
Underweight	< 18.5
Normal	18.5–24.9
Overweight	25.0–29.9
Obese:	
Class I	30.0–34.9
Class II	35.0–39.9*
Class III	≥ 40.0

Notes. BMI, body mass index; WHO, World Health Organization.

*Morbid obesity can be defined as a BMI ≥ 40, or class II with significant comorbidities.

Manchester Healthy Weight Strategy 2020:2025**Measuring Obesity in Children**

- The method of assigning a BMI classification for children is different from that already described for adults.
- For children it is important to adjust for the continuous height and weight changes during normal growth.
- It is important when using BMI in children that age and gender appropriate growth references are used to correctly determine weight status.
-

In England, the UK90 Growth Reference chart is used to determine weight status. Clinical thresholds are defined as follows:

- **Healthy Weight** = BMI greater than **2nd** and less than the **91st** centile.
- **Overweight** = BMI equal to or greater than the **91st** centile
- **Obesity** = BMI equal to or greater than the **98th** centile.
- **Severe (extreme) Obesity** = BMI equal to or greater than the **99.6th** centile.

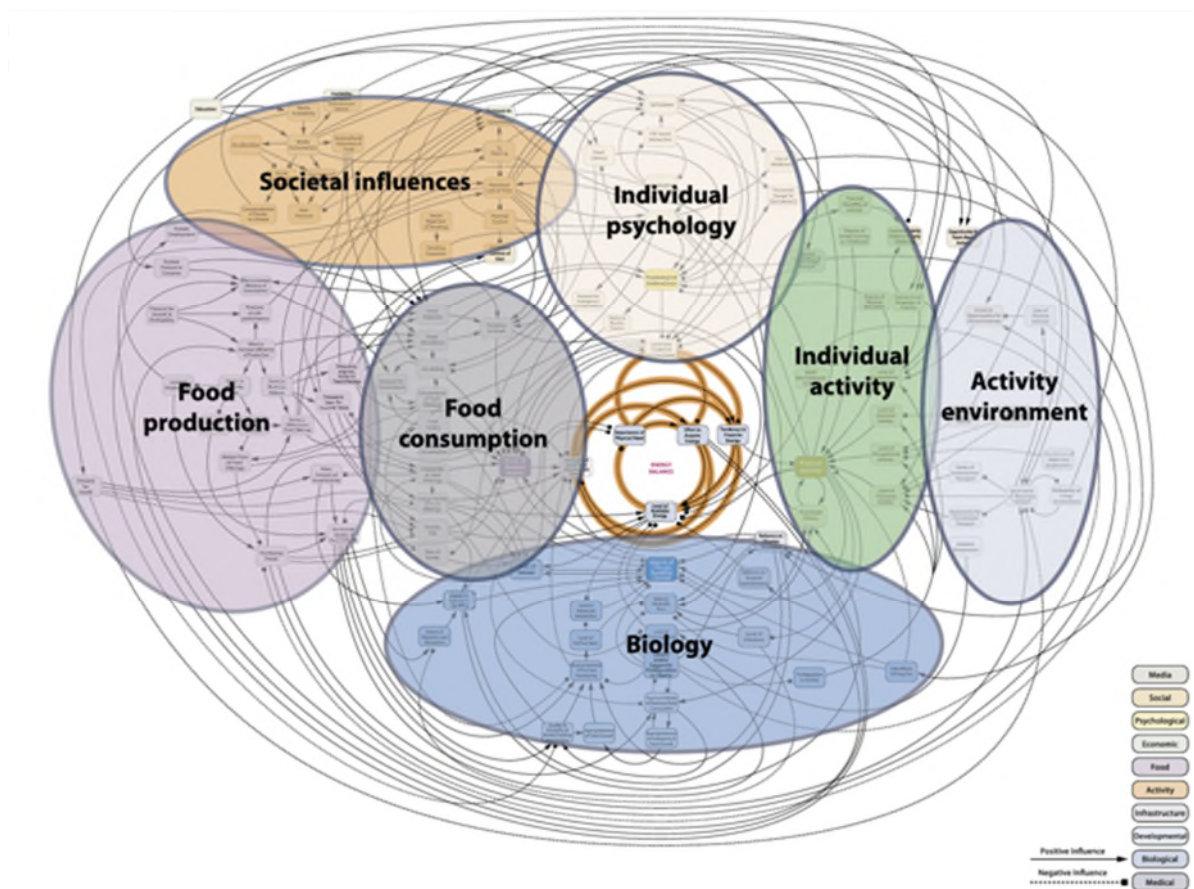
In Manchester, the mandatory National Child Weight Management Programme is place and children in Reception Year (age 4-5 years) and in Year 6 (age 10-11 years) are weighed and have their height measured in school.

Manchester Healthy Weight Strategy 2020:2025

Causes of Obesity

Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture.

- The Foresight Report (2007) presents an obesity system map that illustrates over 100 variables directly or indirectly affecting energy balance. (The key 7 themes are illustrated below)
- At its root, obesity is caused by an energy imbalance: taking in more energy through food than we use through activity. Long term excess energy consumption relative to an individual's energy use leading to an accumulation of excess fat.
- The multiple determinants of obesity mean that to tackle it requires coordinated action across society.¹



¹ (Foresight. Foresight Report: Tackling Obesity, 2007. Government Office for Science. London. October 2007)

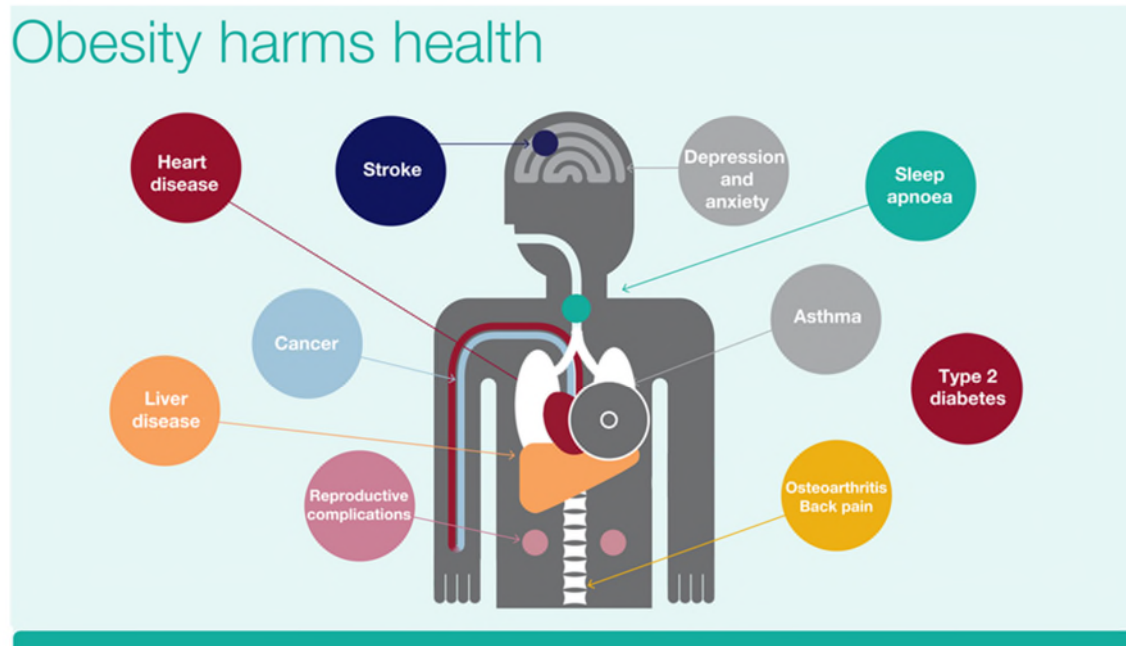
Manchester Healthy Weight Strategy 2020:2025

What is the impact ?

The impact of obesity can be felt at an individual and societal level.

Health impact

- The risks to health from being overweight and/or obese are well recognised.
- It is estimated that obesity is responsible for more than 30,000 deaths each year.
- On average, obesity deprives an individual of an extra nine years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death.²
- The most common health problems associated with obesity are outlined below:



² (Comptroller and Auditor General, *Tackling Obesity in England, Session 2000-01, HC 220, National Audit Office, February 2001*; Committee of Public Accounts, *Tackling Obesity in England, Ninth Report of Session 2001-02, HC 421, January 2002*.)

Manchester Healthy Weight Strategy 2020:2025

Individual impact



Obesity harms adults



Less likely to be in employment



Discrimination and stigmatisation



Increased risk of hospitalisation



Obesity reduces life expectancy by an average of 3 years

Severe obesity reduces it by 8-10 years



Obesity harms children and young people

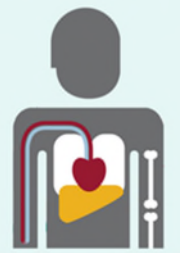


Emotional and behavioural

- Stigmatisation
- bullying
- low self-esteem



School absence



- High cholesterol
- high blood pressure
- pre-diabetes
- bone & joint problems
- breathing difficulties



Increased risk of becoming overweight adults

Risk of ill-health and premature mortality in adult life

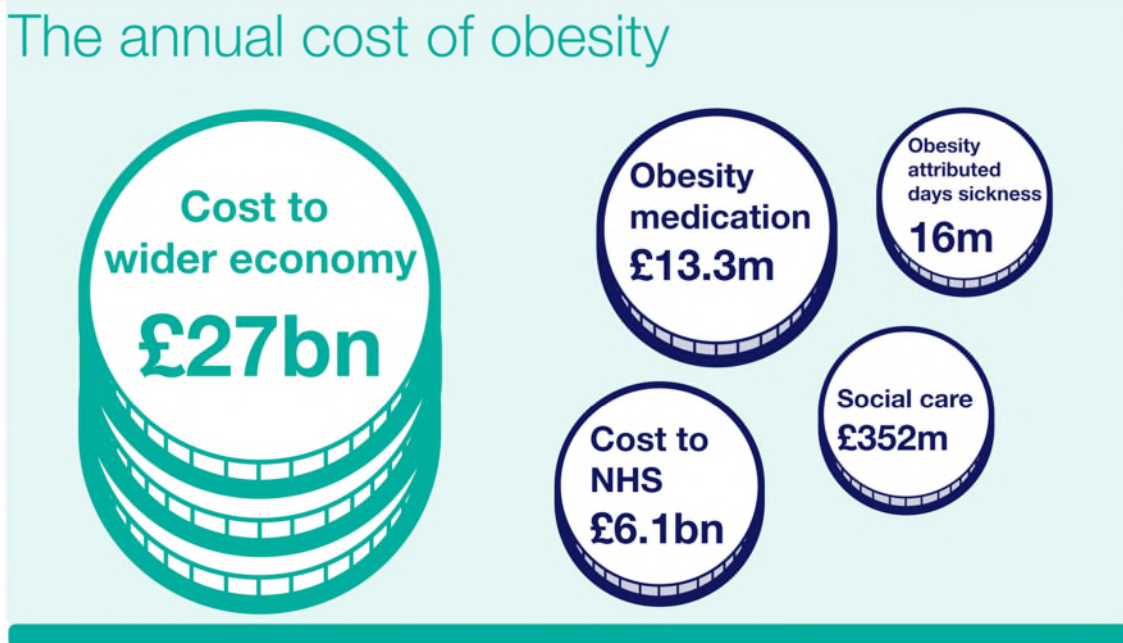
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³ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Financial impact



Public Health
England



- There are significant health and social care costs associated with the treatment of obesity and its consequences, as well as costs to the wider economy arising from chronic ill health.
- The NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion/year.⁴
- There is evidence that obesity may reduce the wage levels of those in employment and that obese people are less likely to be in employment than people of a healthy weight.^{5 6 7}
- There is no current data on the costs to the NHS or society of childhood obesity.

⁴ (Foresight. *Foresight Report: Tackling Obesity*, 2007. Government Office for Science. London. October 2007)

⁵ (Morris, S. *Body Mass Index and Occupational Attainment*. *Journal of Health Economics*, 2006. 25:347-364),

⁶ Eriksson, J., Forsen, T., Osmond, C. and Barker, D. 2003. *Obesity from Cradle to Grave*. *International Journal of Obesity*. 2003. 27:722-727)

⁷ (NHS Digital, *Health Survey for England, 2017* <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Manchester Healthy Weight Strategy 2020:2025*Local costs*

- In Manchester it was estimated that the costs of disease related to overweight and obesity during 2015 was £185.1million.⁸
- The Spend and Outcome Tool produced by Public Health England shows the relationship between spend and outcomes enabling comparisons across public health interventions to be made. Manchester has a relatively high spend on children's physical activity but is not getting better outcomes as measured by obesity. This tells us that we need to change our approach and use our resources in a different way.

⁸ (Department of Health (2008) *Healthy Weight, Healthy Lives: Toolkit*)

Where are we now?

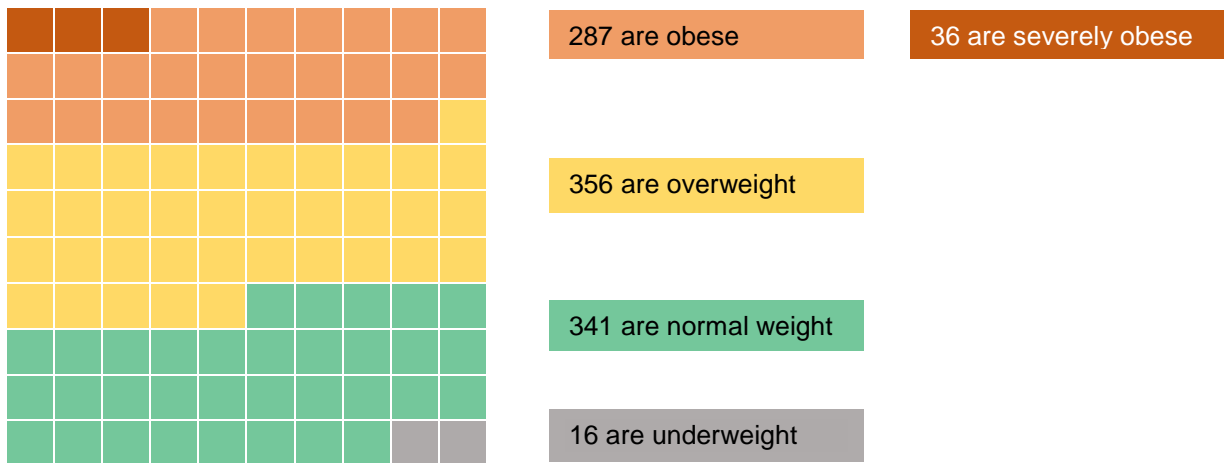
National Picture

*In England, **overweight** is now the average weight.*

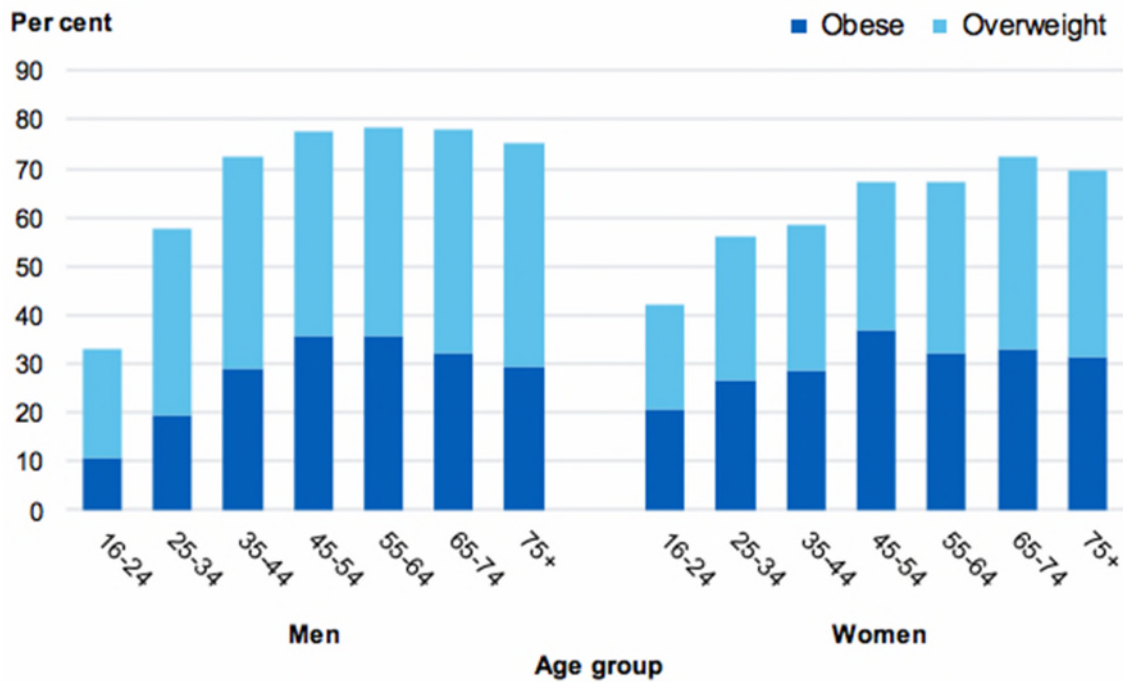
Adults

Out of every 1,000 adults in England...

of which



Prevalence by age and gender in England



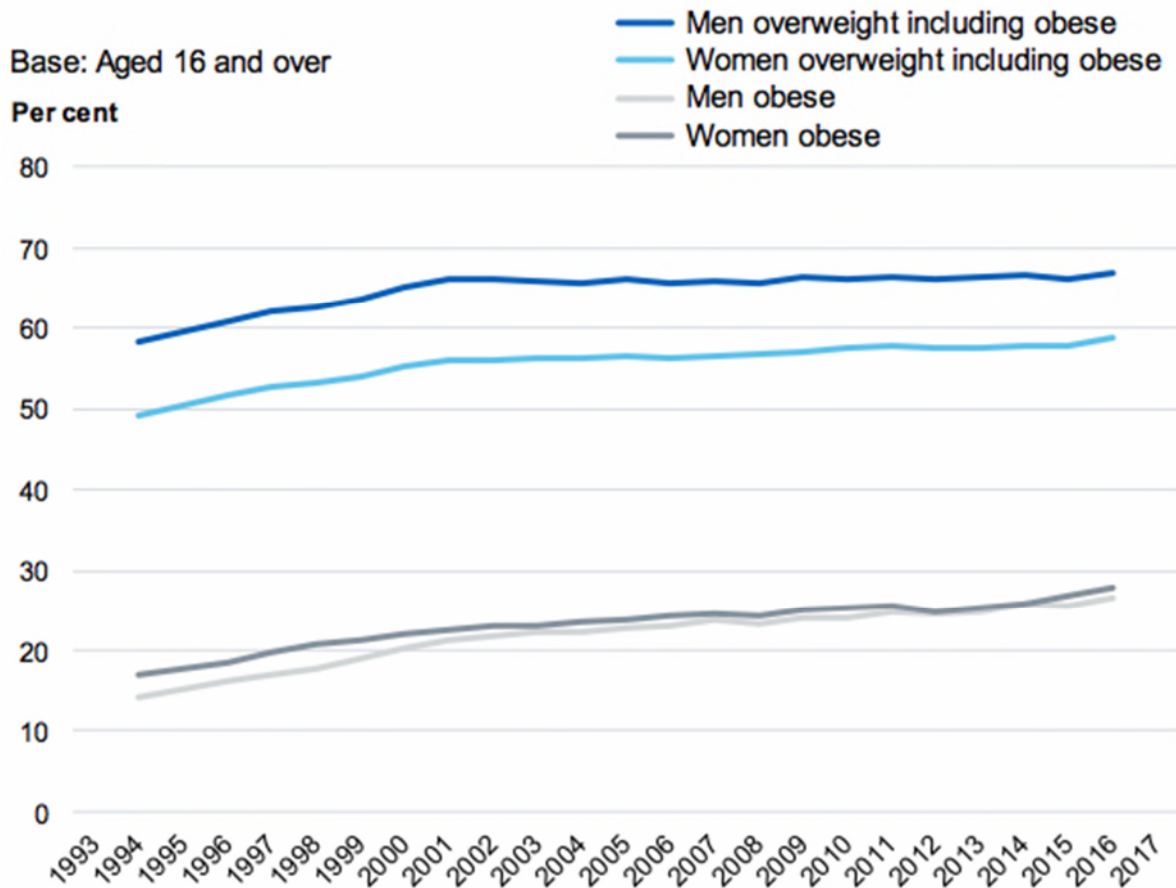
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⁹ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Manchester Healthy Weight Strategy 2020:2025

- In England, obesity prevalence increased steeply between 1993 and around 2000, and there was a slower rate of increase after that.
- The prevalence of obesity has generally fluctuated between 23% and 27% from 2003 to 2016. In 2017, it was 29%; higher than in recent years.
- Severe obesity has also increased since 1993, with 2% of men and almost 5% of women morbidly obese in 2017, compared with fewer than 0.5% of men and just over 1% of women in 1993.

Adult trend in overweight and obesity, 1993-2017 (three year moving average)



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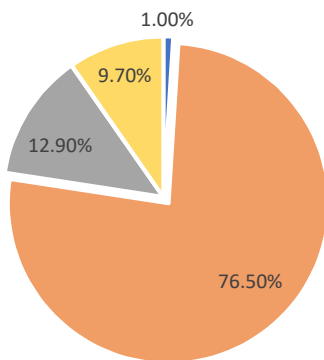
¹⁰ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Manchester Healthy Weight Strategy 2020:2025

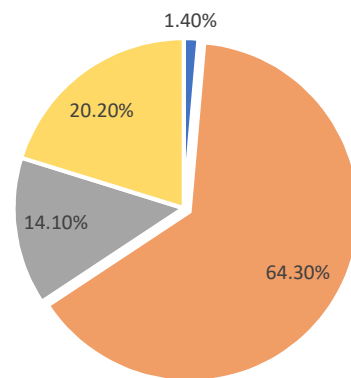
Children

- The latest National Child Measurement Programme (NCMP) data (2018/2019) reveals that 9.7% of Reception age children (age 4-5) were obese, with a further 12.9% overweight.
- These proportions were significantly higher among Year 6 children (age 10-11), with 20.2% being obese and 14.1% overweight. ¹¹

NCMP (2018/2019) (Reception) England



NCMP (2018/19) (Year 6) England

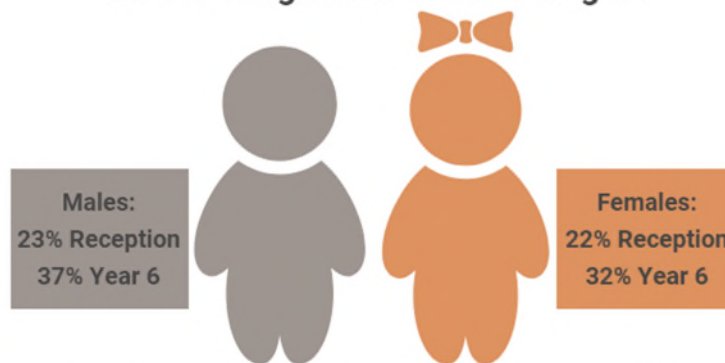


■ Underweight ■ Healthy Weight ■ Overweight ■ Obese

■ Underweight ■ Healthy Weight ■ Overweight ■ Obese

*In England, **boys** are more likely to be overweight and obese than girls.*

In England, boys are more likely to be overweight and obese than girls

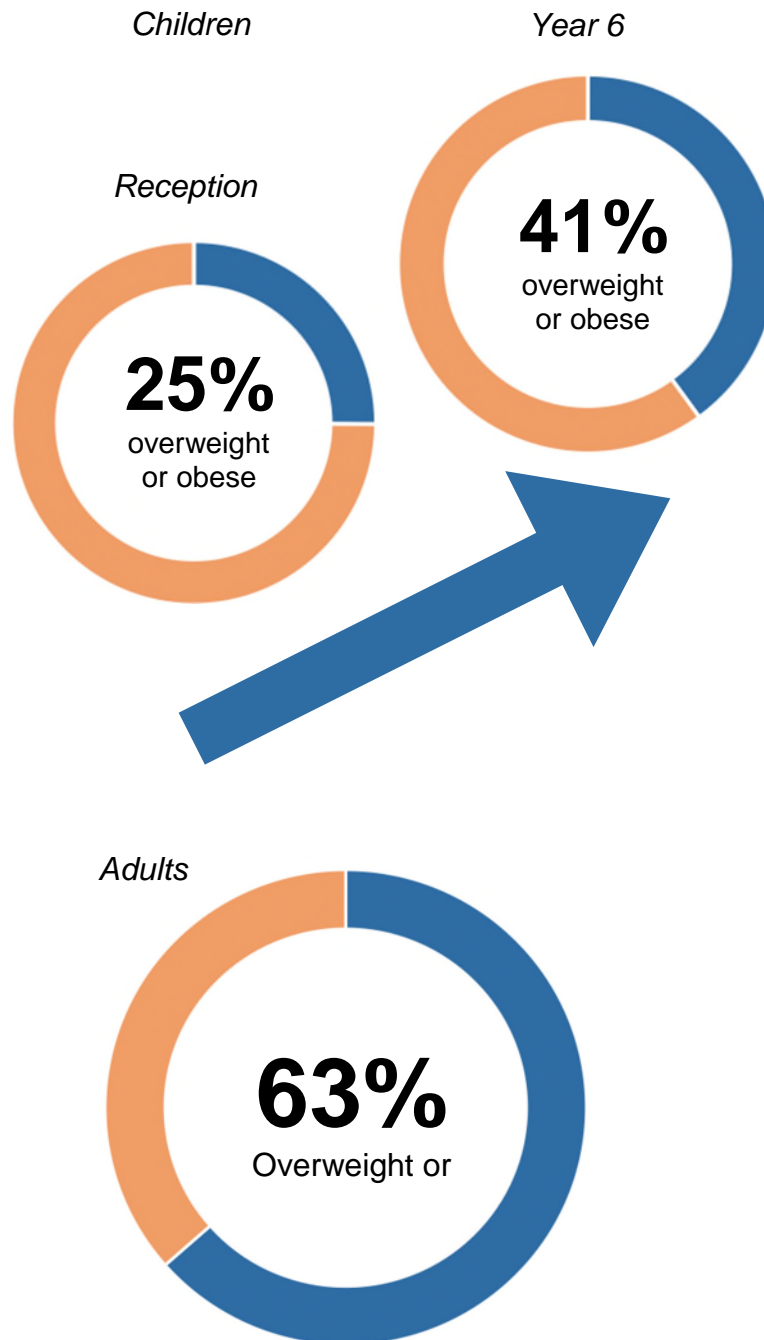


Source: NHS Digital, National Child Measurement Programme England, 2018/19

¹¹ (NHS Digital, National Child Measurement Programme England, 2018/19 school year)

Manchester Healthy Weight Strategy 2020:2025

Local Picture



12 13

Manchester is consistently significantly higher than the national average for overweight and obesity at reception, year 6 and in adults.

¹² (NHS Digital, National Child Measurement Programme England, 2018/19 school year)

¹³ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Manchester in numbers.....

- Highest obesity rate (11.9%) at reception in Greater Manchester
- Second highest obesity rate (26.2%) at Year 6 in Greater Manchester
- Second highest obesity rate (26.2%) at Year 6 in the North West of England



Rates of recorded overweight and obesity are

Rising in Adults and Children

faster than the national average.

	Adult	Year 6	Reception
2017/2018	63%(62%)	41%(34.3%)	25.1%(22.6%)
2015/2016	60.7%(61.3%)	40.2%(34.2%)	24.9%(22.1%)

**(UK average in brackets)*

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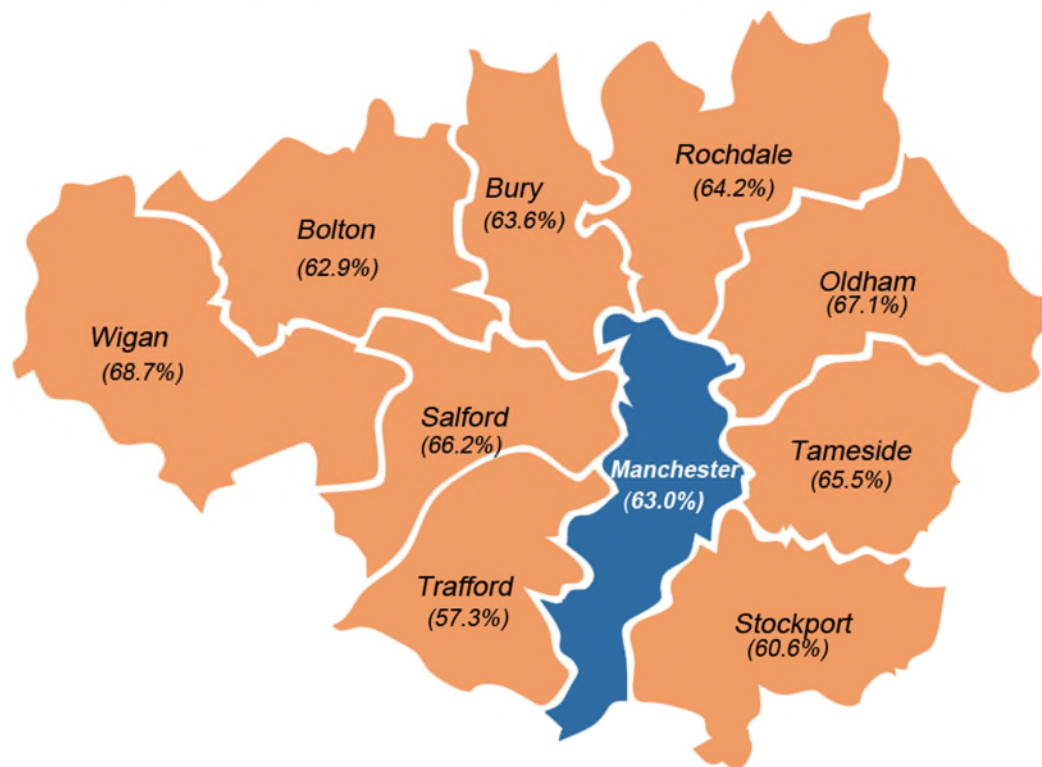
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¹⁴ (NHS Digital, National Child Measurement Programme England, 2018/19 school year)

¹⁵ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

Manchester Healthy Weight Strategy 2020:2025

Greater Manchester Prevalence of Overweight and Obesity in Adults (2017/2018)



Manchester Health Profile



The level of **excess weight** (overweight and obesity) (63%) is higher than the national average (62%)



The level of **physical activity** (67.8%) is higher than the national average (66.3%)



Proportion of adults meeting the recommended '5-a-day on a 'usual day' (47.6%) is lower than the national average (54.8%)



Proportion of **five year old children free from dental decay** (57%) is worse than the national average (76.7%)



The proportion of women '**Breastfeeding at 6-8 weeks**' (40%) is lower than the national average (47.3%)

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¹⁶ (NHS Digital, Health Survey for England, 2017 <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>)

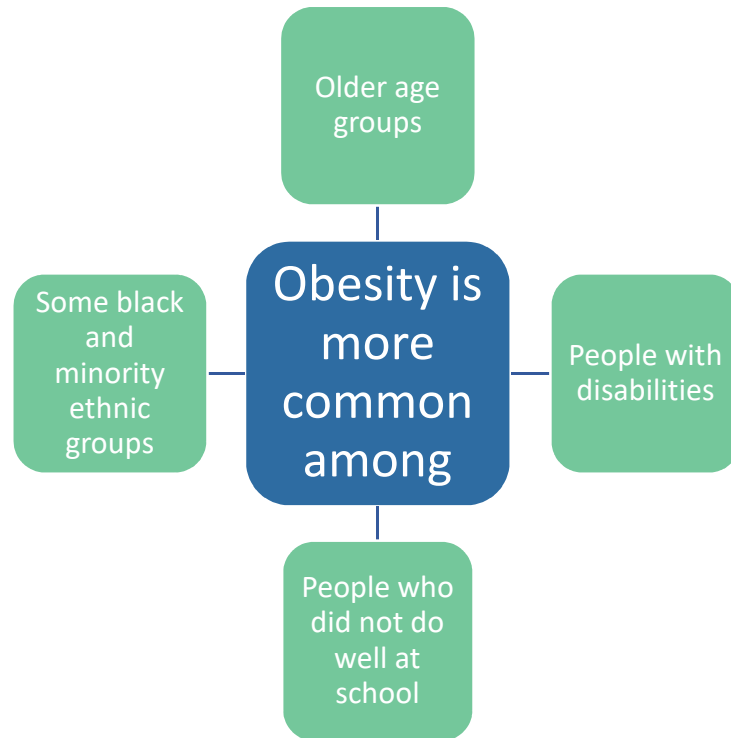
¹⁷ Active Lives survey, Sport England (Public Health England) 2019

¹⁸ National Dental Epidemiology Programme for England 2016/2017

Manchester Healthy Weight Strategy 2020:2025

Inequalities

Excess weight in adults is not equally distributed among social groups.

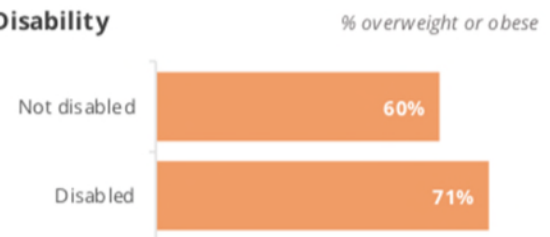


National Picture

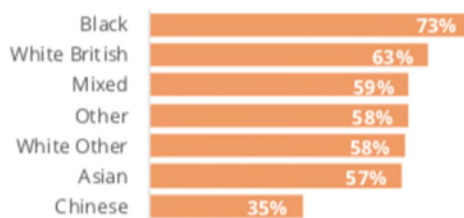
Deprivation



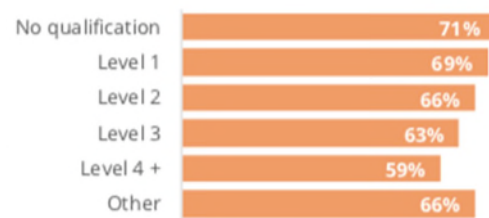
Disability



Ethnicity



Qualifications



19

¹⁹ Active Lives Survey data 2017/18, extracted from (Public Health England)

Manchester Healthy Weight Strategy 2020:2025

- Inequalities in health outcomes between the most affluent and disadvantaged members of society are well established, deep-rooted and have proved difficult to change. The 'Health Equity in England: Marmot Review 10 Years on' shows that this gap has widened in the previous decade. Obesity is no different, with a strong relationship existing between deprivation and prevalence of obesity, and a greater likelihood of being an unhealthy weight due to an individual's place of residence.
- Individuals from lower socioeconomic backgrounds have been shown to have diets rich in low cost energy dense foods,²⁰ participate less in sports and physical activity²¹ and have lower weight control awareness.²²
- The Marmot Review²³ highlighted that focusing resources solely on the most disadvantaged will not necessarily reduce health inequalities sufficiently. He suggested that actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage - 'proportionate universalism'.

²⁰ Lu N, Samuels ME, Huang K (2002) Dietary behavior in relation to socioeconomic characteristics and self-perceived health status. *J Health Care Poor Underserved* 213:241–57

²¹ Stamatakis E. Physical activity (2004). In: Sporston K, Primatesta P, eds. *The Health Survey for England 2003, Cardiovascular Disease*. London: The Stationery Office, 2004.

²² Wardle J, Griffith J (2001) Socioeconomic status and weight control practices in British adults. *J Epidemiol Community Health*; 55:185–90

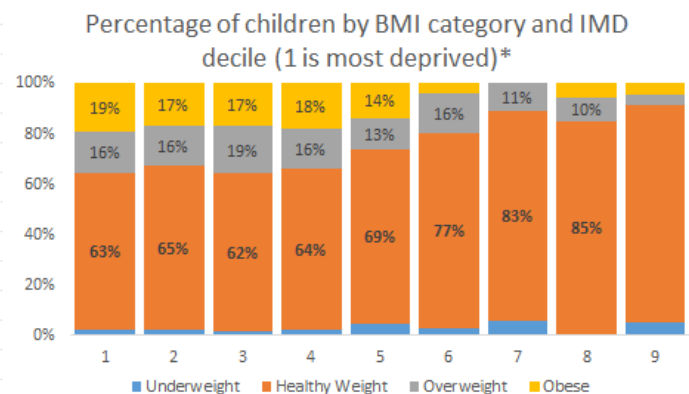
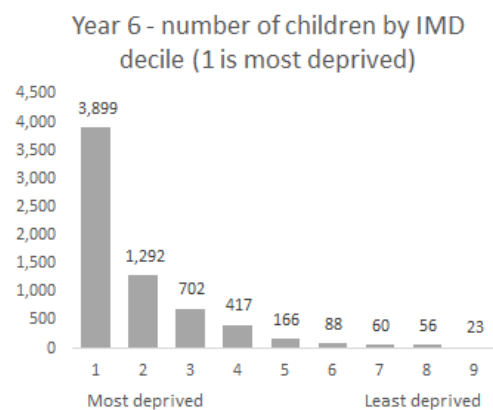
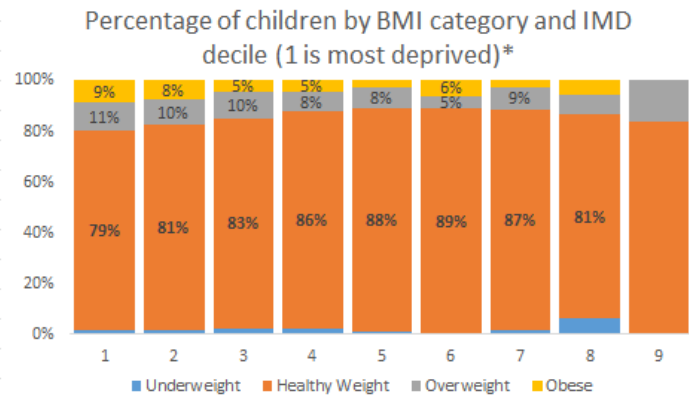
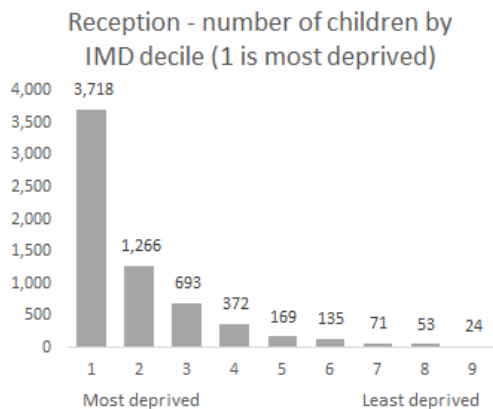
²³ Marmot M, Allen J, Goldblatt P et al (2010) *Fair society, healthy lives: strategic review of health inequalities in England post 2010*. London: Marmot Review Team

Manchester Healthy Weight Strategy 2020:2025

Local Inequality Picture

Deprivation

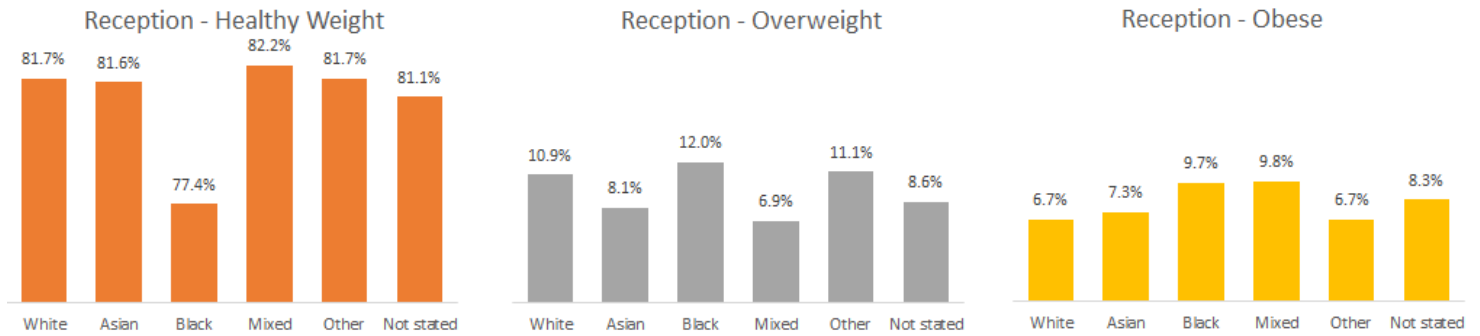
In 2018/19 in Manchester, most of the children weighed and measured as part of the National Child Measurement Programme lived in Lower Super Output Areas (LSOAs) that were amongst the most deprived 10% in the country (57% for children in Reception and 58% for children in Year 6). These children had the lowest percentage who were at a healthy weight, and the highest percentages who were overweight and obese in Reception. At Year 6, this was slightly different with children from slightly less deprived areas having greater percentages who were overweight and obese but the most deprived areas still had very high levels in comparison.



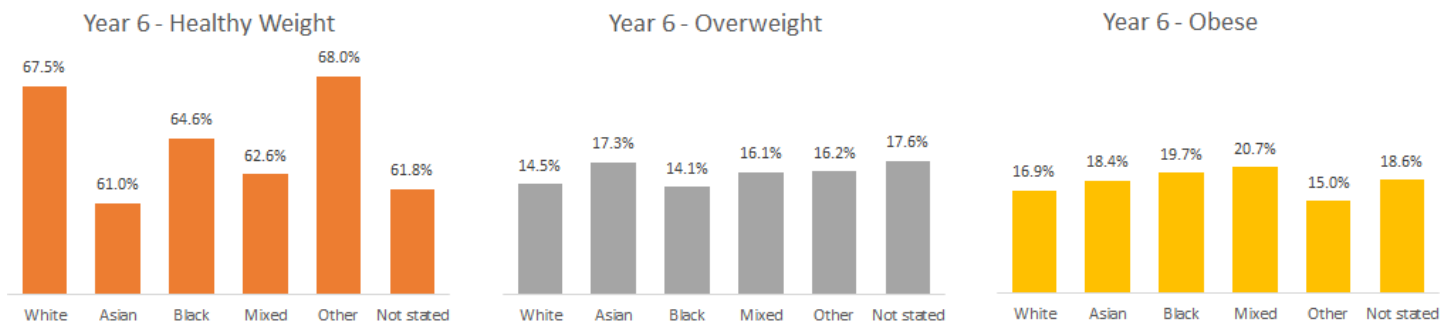
Manchester Healthy Weight Strategy 2020:2025

Ethnicity

Ethnicity is another factor that affects inequalities in Manchester. At Reception in 2018/19 Black children had the lowest percentage who were healthy weight and the highest percentage who were overweight. Children with a mixed ethnic background had the highest percentage who were obese.



At year 6, differences by ethnic group were slightly different in 2018/19. Asian children had the lowest percentage who were at a healthy weight, and amongst the highest percentages who were overweight. Children with a mixed ethnic background had the highest percentage who were obese. The differences by ethnic category in the percentages who were overweight appear much less in Year 6 than at Reception.



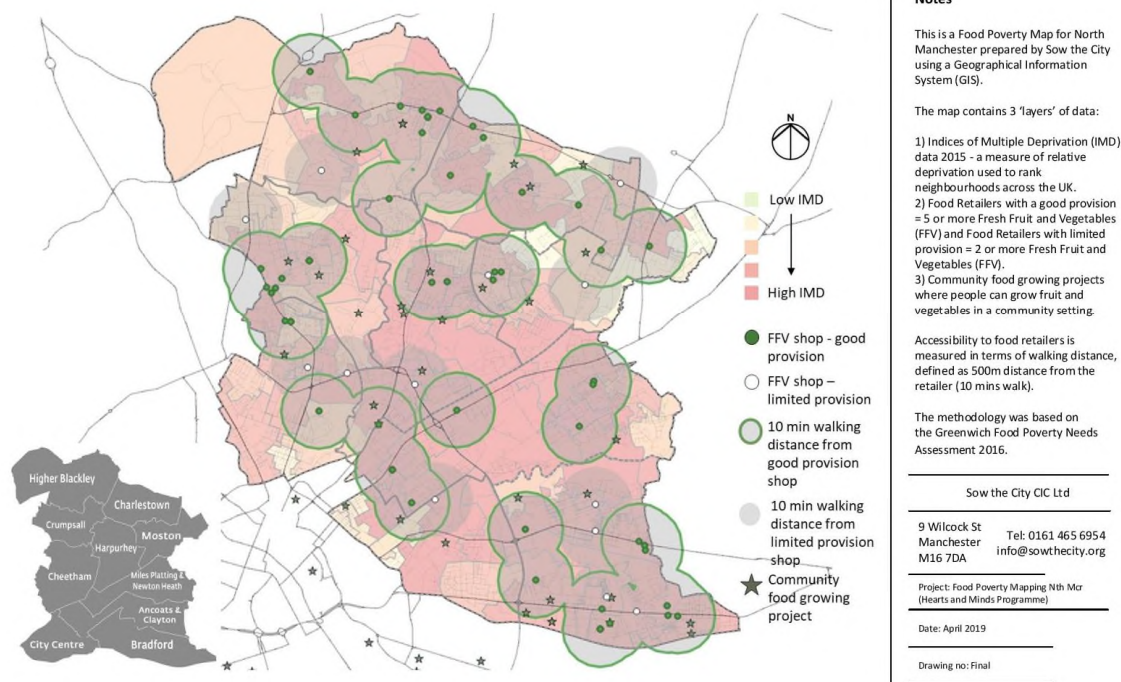
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Food Poverty

Inability to access healthy and affordable food.

- Having limited money for food after paying for other household expenses.
- Living in areas where food choice is restricted by local availability and lack of transport.
- Lacking knowledge, skills, cooking equipment or space necessary to prepare healthy meals.

Food Poverty Map for North Manchester



- A number of areas in North Manchester were identified as 'Food deserts'. A food desert being an urban area in which it is difficult to buy affordable or good-quality fresh-food.
- Smaller retailers tended to focus on ready meals/confectionary with long shelf-lives and ability for larger mark-ups.
- In June 2019 Greater Manchester Poverty Action identified 130 registered food banks in Greater Manchester.²⁴

²⁴ Greater Manchester Poverty Action (2019) Food Poverty Action Plan for Greater Manchester 2019-2022, Available at: <https://www.gmpovertyaction.org/wp-content/uploads/2019/10/GMPA-Food-Poverty-Action-Plan-Summary-October-2019.pdf>

Whole Systems Approach

Tackling obesity is everyone's business – there is no single individual, group or organisation that can do this alone.

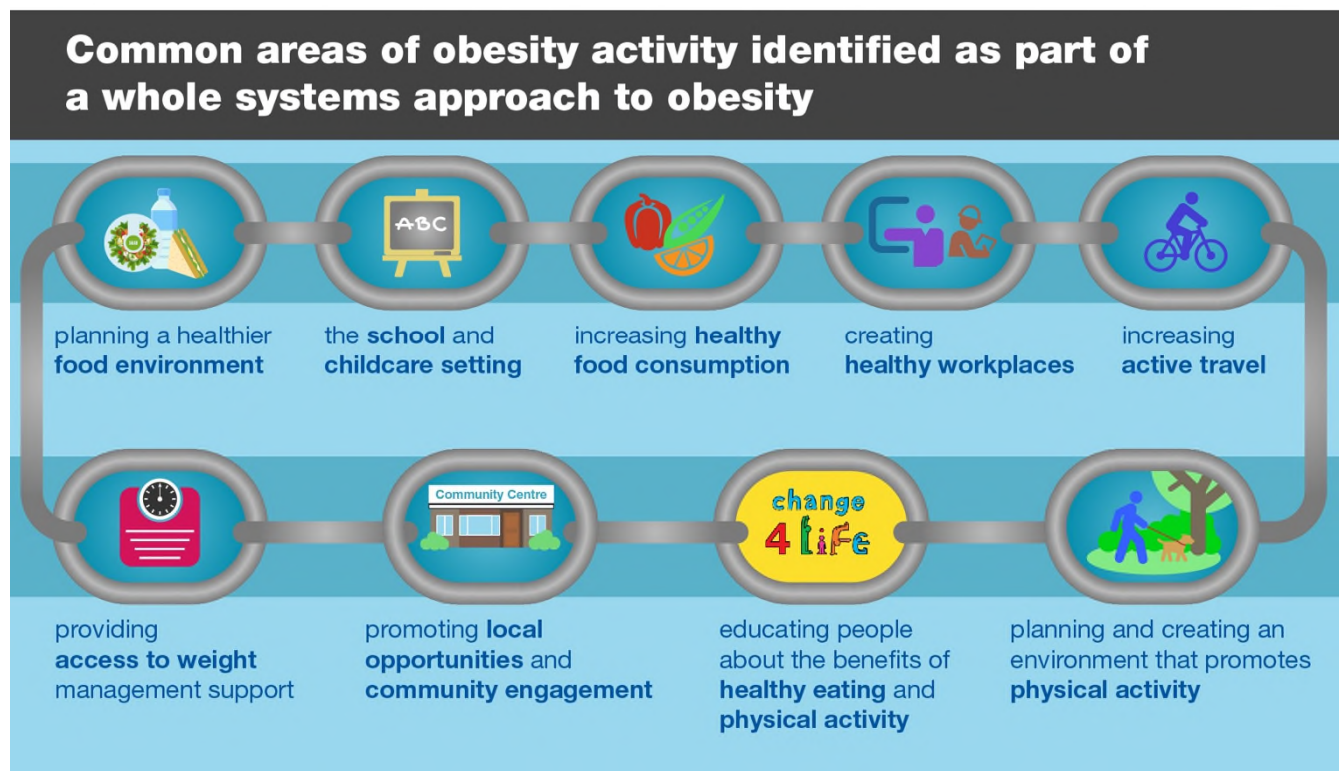
- Obesity is the result of a complex web of interlinking interactions and influences across the entire system.
- In order to tackle obesity effectively we need an approach that involves the whole system, with action at the individual, environmental and societal level.
- 'A Whole Systems Approach to Obesity' brings all stakeholders together in partnership to develop and agree on a shared plan of action.
- In order to create a culture in which a healthy weight is the default for everyone, a wide range of different interventions, at different levels within the obesity system, are required.

Partnership: the key to success



Manchester Healthy Weight Strategy 2020:2025

- We believe that partnership truly is the key to success when it comes to tackling obesity.
- Strong communication and partnership working will enable a more comprehensive, holistic, better coordinated and therefore more effective package of measures to be developed and delivered.
- In development of this strategy several new partnerships have been created and existing ones nurtured.



Strategy

Our vision is to create an environment and culture where all people of Manchester have the opportunity and are supported to eat well, be physically active and achieve and maintain a healthy weight.

Aim

- To reverse the rising trend of overweight and obese children and adults in Manchester utilising a whole systems approach.

Cross Cutting Themes

- The healthy weight strategy is structured around four strategic themes, these themes are derived from the multiple determinants of obesity from the Foresight report.²⁵
- Each theme recognises objectives needed to achieve our vision.
- The themes are interlinked and activity is needed in all areas to give us the best chance of supporting people to have a healthy weight.



²⁵ (Foresight. Foresight Report: Tackling Obesity, 2007. Government Office for Science. London. October 2007)

Manchester Healthy Weight Strategy 2020:2025

Strategic Objectives and definition

Food & Culture

“Reduce food poverty, challenge our consumer culture, understand the social and emotional links to food and support change in behaviours”

- Reduce food poverty in Manchester and make healthy affordable food the easy option.
- Challenge our consumer culture and the way we eat, reducing high fat and sugar intake
- Promote lifestyles around work, home and school that support a healthy lifestyle
- Upskill individuals to grow, shop or cook, gaining the skills for themselves and their families to live healthily
- Increase awareness of the relationship between adverse childhood experiences and trauma and food consumption

Physical Activity

“Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.”

- Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.
- Ensure an affordable sport and leisure offer that covers the whole life course from baby yoga to health walks
- Promote active travel (Walking, Cycling etc)
- Expand physical activity on referral to support social prescribing models

Environment & Neighbourhood

“Ensure that the built and natural environment is developed to promote and enable physical activity and healthy food choices”

- Work together in partnership to counter obesogenic development in planning applications
- Work towards reduction in unhealthy food provision eg) takeaways, milkshake bars, burger vans etc
- Ensure community safety to allow streets and neighbourhoods to active places
- Facilitate active travel in local transport plans

Prevention & Support

“Commission services and develop partnerships that enable identification and early intervention for vulnerable children and adults”

- Deliver accessible community weight management provision across the life course
- Ensure health & social care professionals can recognise signs of unhealthy weight and have strength-based conversations.
- Reduce the number of children or adults requiring clinical or surgical intervention
- Ensure safeguarding of vulnerable individuals

Manchester Healthy Weight Strategy 2020:2025

Life-course approach

- Achieving our strategic aim across the four cross-cutting delivery themes requires action across the entire life course.
- This evidence-based approach supports targeting specific interventions at each of the key life stages.
- Each key life stage presents opportunities where support could be tailored and interventions targeted to the different needs of individuals and families at the different stages in their lives:

1. Pregnancy and first year of life

- Increasing & supporting breastfeeding
- Weaning and introducing healthy food choices
- Equipping midwives and health visitors with the resources to start positive conversations about healthy weight at key contact visits.

2. Early years and pre-school

- Encouraging active play and physical activity for the whole family
- Accessing the local Early Years offer.
- School readiness; Parenting support and Early Help to reduce obesity at reception age.

3. Young children (Key Stage 1 & 2)

- Developing taste and experiencing a wide range of food.
- Promoting physically active travel (e.g. walking to school)
- Increasing the capacity of School Nursing and School Health to enable more contact with overweight and obese children.
- Participation in physical activity in and out of school.

4. Young people (11-19yrs)

- Understanding food and nutrition, developing independent skills to support healthy choices
- Promoting physically active travel (e.g. walking to school)
- Increasing the capacity of School Nursing and School Health to enable more contact with overweight and obese children.
- Participation in physical activity in and out of school.
- Food and drink on offer in schools support healthy choices.

Manchester Healthy Weight Strategy 2020:2025

5. Adults (20-65yrs)

- Supporting families out of food poverty and low cost/high fat convenience food.
- Key Public Health messages on the impact of alcohol and smoking.
- Active workplaces enabling staff to lead healthier lifestyles
- Healthy lifestyles promoted through further and higher education establishments.
- Promoting physically active travel
- Advice from surgeries and pharmacies on healthy weight particularly to population groups at more risk.
- Preconception advice to women tailored to groups at risk of obesity.
- Neighbourhood offer of physical activity and weight management support for whole families

6. Older people (66+yrs)

- Reducing isolation to support physical activity
- Equip care professionals with the capacity and knowledge to support weight management particularly following change in health condition
- Support older people to access community settings, cookery and growing clubs
- Supporting older people out of food poverty
- Ensure good nutrition in residential care accommodation

7.

- By using the life course approach we can support people during significant transition points in their lives. These key life stages present an important opportunity for targeting interventions. As described in *Inequalities* (Page 21) particular individuals are prevalent across these stages that are more vulnerable to becoming obese:

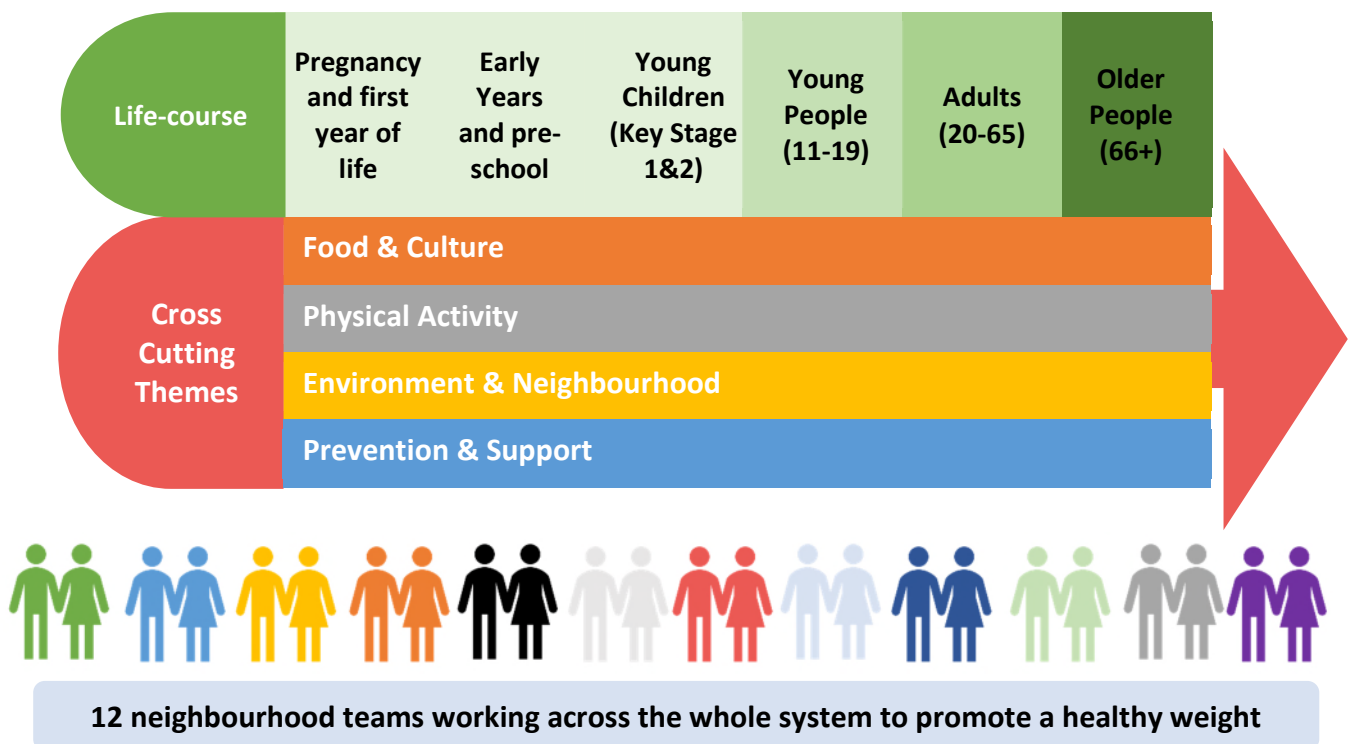
- Low income families, particularly children
- Children from families where at least one parent is obese
- Care Leavers
- Single Parents
- Individuals of Asian, particularly South Asian origin
- Adults with economic stability and sedentary employment
- People with a physical disability
- People with a learning disability
- People with a mental health condition
- Older people who are unemployed

Manchester Healthy Weight Strategy 2020:2025**Neighbourhood approach**

- We are committed to empowering local communities to take action to promote a healthy weight.
- We understand that local neighbourhoods are made up of different population groups and will have different requirements. What is needed in North Manchester, for example, may not be the same as the priorities for South Manchester and there will be differences at a smaller, neighbourhood level.
- We aim to utilise the local knowledge and relationships which have been developed in the Manchester Integrated Neighbourhood Teams (INTs) to help deliver and shape healthy weight work in partnership with local people.
- Empowering INTs and communities to lead local action in their own area, will be most effective to influence behaviour at a community level.
- We also acknowledge the importance of our voluntary sector and recognise the major role they have in supporting local communities to improve their health.

Delivering the Strategy

- Achieving our strategic aim requires action across the life-course from conception to older age with a particular focus on early intervention.
- Our integrated neighbourhood teams will be crucial in the successful delivery of our four key cross-cutting themes.
- Signing of the local Healthy Weight Declaration will help towards a city-wide commitment to the strategic plan.
- A Healthy Weight Steering Group will be established to oversee the delivery of the strategy and will include a broad network of stakeholders that have a role in promoting healthy weight.
- As successfully evidenced from the Amsterdam Healthy Weight Programme, strong senior leadership will also be crucial in order to drive action.
- We are committed to normalising the conversation about weight and providing clear and consistent messaging to our population.



Food & Culture



What you said were the key issues ?



- *Many residents don't have the knowledge or equipment to prepare a healthy meal.*
- *Food banks largely offer lower quality processed food.*
- *Fast-food is marketed better than healthier options.*
- *Many residents believe it is cheaper to eat takeaway food regularly than to prepare healthy food at home.*
- *Childhood experiences with food influence current habits and practices.*
- *More deprived areas of Manchester have higher number of fast-food outlets and and lower availability of affordable healthy food options.*
- *It is much easier to eat unhealthily than it is to eat healthily.*

Strategic Objectives:

“Reduce food poverty, challenge our consumer culture and change behaviours”

What things we are doing now

- **Breastfeeding-Friendly Manchester** is a city-wide scheme established to encourage breastfeeding in public places. Over 100 businesses and public spaces in Manchester have registered and have appropriately trained staff to welcome breastfeeding mums.
- **Manchester School Health Service** delivers education and programmed activities for schools in Manchester on healthy eating and healthy lifestyles. They offer food and drink policies for school meals and lunchboxes and deliver the National Child Measurement Programme in identify support needs at an early stage.

Manchester Healthy Weight Strategy 2020:2025

- **Southway housing food trust** facilitate the volunteer-run '*Quids In*' food club membership which offers subsidised food including fresh and chilled items for households who are receiving Housing Benefit or Universal Credit in South Manchester.



- **Growing Manchester** is a community food growing support programme that helps individuals and communities to access the support they need to develop successful food growing projects in their local area.
- **The bread and butter thing** is a sustainable membership model that helps local businesses redistribute their food surpluses to low-income families who are in need. Through 27 hubs they supply food to over 7000 registered families in Greater Manchester.
- **Real Food Wythenshawe** is a Lottery-funded urban food project that aims to inspire the people of Wythenshawe about food and to help residents to learn to grow their own food and to cook from scratch.

What else we will do

- I. Through **Greater Manchester Food Poverty Alliance** we aim to support communities to plan and adapt to the challenge of food poverty and help address structural and economic issues that underlie food poverty, such as the benefits system, unemployment and precarious and low-paid employment.

Manchester Healthy Weight Strategy 2020:2025

- II. From September 2020 it will become compulsory to include health and wellbeing education in the Personal, Social, Health and Economic (PSHE) curriculum in all state primary schools. This will create an important opportunity to help schools to shape and co-create positive policies and resources on food and culture.
- III. Develop and implement a communications campaign targeting the priority population demographic (young mothers from lower socioeconomic backgrounds) to increase breastfeeding rates.
- IV. Work with our licensing and planning departments at the council to improve the criteria new businesses are required to meet to open fast-food outlets in the city. Supporting businesses which aim to offer fresh, sustainable and healthy produce.
- V. Increase opportunities and support existing initiatives which focus on educating residents how to cook and prepare nutritious food.
- VI. Work in partnership with the **Trussell Trust** and other providers of emergency food to help to improve the nutritional quality of the food parcels offered to residents in need.
- VII. Support the **Manchester Food Board** in developing strategies and actions that ensure all Manchester residents have access to healthy and sustainable food.
- VIII. Promote the **Growing Manchester** scheme and the numerous sites, to families across the city, to maximise the dual benefits of having access to fresh healthy food while having physical activity.

Physical Activity



What you said were the key issues ?



- *Lack of awareness of the available options in the local area.*
- *Lack of available swimming pool access.*
- *Feeling afraid to go for walks in certain parks and areas due to safety concerns.*
- *The cost of activities like '5-A-Side' Football was too expensive.*
- *Lack of knowledge regarding what exercises to do and how much.*
- *Lack of confidence to undertake physical activity in public.*

Strategic Objective:

“Increase opportunities for physical activity in all daily lives, reducing sedentary behaviour.”

What things we are doing now

- Manchester is a key partner in the **Greater Manchester Moving** initiative and is committed to encouraging all residents to get moving and adopt 15 minutes of physical activity every day.
- **Fit-tastic** in Wythenshawe offers a range of inclusive programmes for people of all ages and backgrounds to promote physical activity and healthy living.
- **Be Active Manchester** (BAM) is a city-wide project delivered by Big Manchester. Working with voluntary sector agencies a family based approach is utilised to increase physical activity predominantly in wards at most need.
- **MCRActive** utilise 800+ publicly accessible sport and leisure facilities across Manchester to promote physical activity.

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- **Manchester Active Ageing Programme** has shown great success at offering outdoor and indoor activities for over 55's, ranging from "*A brew, loo and something to do*" to "*Canal-a-size*".
- **BUZZ** – one of Manchester's Health and wellbeing services offers a physical activity referral service (*PARS*) that helps people living with long term health conditions to increase their levels of physical activity in a safe and structured way. This is now being piloted as an Under 18's model.

What else we will do

- I. Through **MCRActive** we have committed to launching an innovative online resource in Spring 2020. This aims to provide a single-point of access for all programmed sport and leisure activities across the city, including booking facilities.
- II. Through **MCRActive** we aim to increase pool access to people from all backgrounds and ages across the city.
- III. We aim to collaborate with the with the local care organisation (LCO) and 12 integrated neighbourhood teams in order to better embed physical activity interventions and management services into the Manchester neighbourhoods.
- IV. We aim to launch and adopt an annual Manchester Physical Activity Month. *#MoveForMay*. In doing this we aim to replicate the success of popular awareness months such as 'Movember' to create a buzz to raise awareness and promote physical activity.
- V. Offer support to further develop and educate community champions who have strong local engagement in the community.

Manchester Healthy Weight Strategy 2020:2025

- VI. Work with our wider partners to create city environments that promote active travel and opportunities for wider physical activities in our residential neighbourhoods and green spaces.

- VII. Utilise the expertise of our specialist Sport & Exercise Medicine specialists in the city to triage, risk assess and prescribe exercise in our residents with the most challenging and complex needs.

Environment & Neighbourhood



What you said were the key issues ?



- *Lack of well-lit public spaces.*
- *Hygiene concerns due to dog fouling in public parks and spaces.*
- *Lack of maintenance of current outdoor facilities especially running tracks.*
- *Lack of 'community' presence and engagement in areas of North Manchester.*
- *Ensuring new housing developments are inclusive and have facilities for exercise.*
- *Ensuring existing communities are continued to be improved and developed and not 'left behind'.*

Strategic Objective:

“Ensure that the built and natural environment is developed to promote and enable physical activity and healthy food choices”

What things we are doing now

- **'Beelines'**- Transport for Greater Manchester's proposal to develop a city-wide cycling and walking network made up of more than 1,000 miles of routes.
- Engaging with the whole system on the planned development of new large residential developments such as Northern Gateway, Eastern Gateway and Great Jackson Street.
- Working towards the vision of **Manchester Park Strategy 2017-2027** of Manchester's parks being vibrant, active places, reflecting and complementing the diversity and activity in the local community.

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What else we will do

- I. Develop an agreed quality standard for parks that is appropriate for different types of parks.
- II. Bring together all information about the city's parks and facilities so that their use can be maximised.
- III. Develop inclusive facilities and activity programmes across selected parks for all age groups and underrepresented groups, such as people with an impairment.
- IV. Ensure that new developments support sustainable transport, and that our town centres are well connected.
- V. Work with partners to review licensing and location of unhealthy food outlets (e.g. hot food takeaways, milkshake bars burger vans) particularly near schools.
- VI. Through **Transport for Greater Manchester** we will offer genuine alternatives to the car for travel across the wider city region, with good orbital connections between town centres. This will include the purchase of new trams and expansion of the tram line and the addition of £160m of new walking and cycling infrastructure across the city.
- VII. Seek to balance advertising messages across our Public Transport network, to promote healthy food options.
- VIII. Support workplace policies and programmes that deliver effective preventative and early intervention approaches for employees, such as healthy lifestyle programmes.
- IX. Support **Manchester University NHS Foundation Trust (MFT)** to lead by example through the healthy enhancement of food and drink provision for patients, staff and visitors, within canteens, vending and retail outlets on NHS sites.

Prevention & Support

What you said were the key issues ?



- *Preventing any future obesity-related deaths.*
- *Reducing the number of children starting school with an unhealthy weight.*
- *Difficulty accessing current weight management services.*
- *Inadequate follow-up care post completion/discharge from weight management interventions.*
- *Significant differences between parents' perceptions of child's weight and actual child weight status.*
- *Inadequate consistency on healthy eating and physical activity advice across different services.*
- *Emotional eating and food addiction as coping method for trauma or poor mental health*

Strategic Objective:

“Commission services and develop partnerships that enable identification and early intervention for vulnerable children and adults”

What things we are doing now

- **Integrated Infant Feeding Service** in North Manchester offering infant feeding clinics, drop in sessions and a home visiting service.
- **Health Visiting Service** - monitoring baby growth and providing advice on weaning, healthy eating and physical activity for young children.
- **School Nursing Service** - delivering the NCMP programme in Manchester (>90% take-up) including the identification of children at an unhealthy weight, and support and signposting to interventions.

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- **The Healthy Weight Project** is delivered by Manchester NHS Foundation Trust within the School Health Service team. It is an intensive one to one intervention which manages reception children identified as severely obese (≥ 99.6 centile) by the NCMP.
- The **Tier 2 Adult Weight Management Service** is a referral scheme provided via the *Be Well* Social Prescribing Service. This is targeted at adults and offers 12 weeks free attendance at Slimming World at any one of two hundred sessions in the city. It is also available to 11-15 year olds, where a parent attends the group.
- **Tier 3 Adult Weight Management Service** provided by *MoreLife* utilises a multi-disciplinary therapeutic (MDT) approach to manage adults with a BMI of 35 or above in a 12 month intensive programme.

What else we will do

- I. Develop, remodel and commission weight management provision city-wide for adults and children, delivering services that support referral pathways for overweight and obese individuals, at Tier Two (BMI<30), Tier Three (BMI<35) and at the 96th centile and above.
- II. Prioritise resourcing our Early Years and School Health Service workforce. Build capacity in the **Healthy Weight Project** to expand the BMI criteria of children included in the service and reduce unhealthy weight in pre-reception age, targeted healthy weight intervention at 0-5 Years.
- III. **Reduce the number of children requiring clinical referral** to Endocrinology at 99th centile (morbid obesity), through continued development of our Obesity Safeguarding Pathway, ensuring that all professional stakeholders are engaged.

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- IV. Work with our partners in the neighbourhoods who are offering support to adults with **adverse childhood experiences (ACEs)** to develop an integrated approach to include weight management support and advice
- V. Commission intensive multi-disciplinary intervention that can respond to complex individuals and respond to emotional and addictive behaviours related to weight such as **Tier 3 Weight Management** .
- VI. **Improve the interface between Children's Health and Children's Social Care** to support those children at highest risk, where parental neglect and lack of engagement in intervention is a continued cause of obesity.
- VII. Engaging non-statutory organisations such as private nurseries and schools and academies to ensure they are meeting the same level of standards for nutrition, physical activity time and support for maintaining a healthy weight.
- VIII. Train our workforce in raising sensitive and difficult conversations about weight in key contacts (e.g. home visits, clinic appointments) that are strength-based and support having a healthy weight.
- IX. Increase resources in the school nursing service in order to improve the early recognition and management of children who are overweight and obese especially in high risk areas of Manchester.
- X. Promote the development of and actively support existing initiatives and interventions focused on reducing overweight and obesity in Black and Ethnic minority residents.

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Monitoring the strategy

- In conjunction to the strategy we will adopt the Food Active Healthy Weight Declaration Monitoring and Evaluation Toolkit which demonstrates the range of preventative and management interventions required to meet the strategic objectives.
- This will support the priorities identified in this strategy to be defined by specific measurable and accountable actions, allowing impact and progress to be monitored. This will also support deep dive and case study.
- The resources required, milestones, and timescale for achievement will be agreed by the Healthy Weight Steering Group. This group will be led by Manchester Health and Care Commissioning and Manchester City Council and will involve all key partners across all four strands of the strategy.

How will we know if we have made a difference?

- We will utilise indicators from the national Public Health Outcomes Framework (PHOF).
- The PHOF includes health improvement indicators that will demonstrate the progress being made towards a reduction in excess weight at a local level and include:

Relevant PHOF Indicators:

- 2.02 - Breastfeeding rates at initiation and 6-8 weeks
- 2.06 - Child excess weight in 4-5 and 10-11 year olds
- 2.11 - Fruit and vegetable consumption
- 2.12 - Percentage of adults classed as overweight or obese
- 2.13 - Proportion of physically active and inactive adults

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- Additional specific local outcome measures, key performance indicators and qualitative outcomes will be utilised where applicable using the Food Active Healthy Weight Declaration Monitoring Tool.
- Healthy Weight pathways will be jointly embedded by Health and Social care partners with identification and referral routes understood by professionals across the city.

Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 18 March 2020

Subject: Manchester’s Approach to Prevention and Wellbeing Services – an update focused on social prescribing

Report of: Director of Population Health

Summary

This report provides an overview of current social prescribing provision in Manchester within the context of the Prevention Programme, and outlines the high level plans for the future development of prevention and wellbeing services in the city, through the 2021 Wellbeing Model.

The report provides information on:

- The national and local strategic context for social prescribing
- Information on how social prescribing is being delivered in Manchester
- Plans for further developing prevention and wellbeing provision through the Wellbeing 2021 model

Representatives from Big Life who deliver social prescribing services in Manchester will attend the meeting and deliver a presentation that includes video case studies of residents who have used the service. The development of the model has been considered and supported by the Manchester Health Scrutiny Committee on 4 February 2020.

Recommendations

The Board is asked to:

- (1) Note the contents of the report
 - (2) Endorse the approach to developing prevention and wellbeing support provision through the 2021 Wellbeing Model
-

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 Programme works across the life course (from youngest to oldest) to: 1) Support residents in strengthening the social determinants of health -
Improving people’s mental health and wellbeing	
Bringing people into employment and	

ensuring good work for all	<p>employment, finance, housing and social connectedness</p> <p>2) Support the adoption of healthy lifestyle choices - physical activity, nutrition, smoking cessation and emotional wellbeing</p> <p>3) Improve the quality of life, health outcomes and life expectancy of people with long-term conditions - identifying long-term conditions early, proactively managing long-term conditions</p> <p>4) Optimise the health of people with long term conditions - enhancing standards of clinical care, supporting the mental health and social needs of people with these conditions</p> <p>5) Use asset-based, personalised and holistic approaches to enable self-care.</p>
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.

Introduction

- 1.0 Development of Manchester's five year Prevention Programme began in 2016. The aim of the programme is to enable Manchester's Local Care Organisation (MLCO) to take a community-centred and asset-based approach to delivering care, and promote health and wellbeing for residents of the city, working through the MLCO's 12 Neighbourhood Teams. This will enable more people to have the knowledge, skills and confidence to manage their own health and care, and reduce demand on health and care services, whilst promoting community resilience and improving health outcomes.
- 1.1 The development of a coherent citywide social prescribing model is one of the core components of the Prevention Programme. This aims to give people who access health and care services, a link to social and non-medical support within the community to address the social determinants of health.
- 1.2 The purpose of this report is to provide the Board with an overview of the current progress in establishing and delivering citywide social prescribing provision. It also outlines the future plans for development of social prescribing within wider prevention and wellbeing approaches from 2021 onwards.

Background

2.1 Strategic context

- 2.1.1 In recent years there has been an increasing focus on the role of communities in promoting health, and the opportunities for developing prevention and wellbeing support through community-based, integrated, primary care-led approaches; including social prescribing as a 'high impact action' to increase capacity within primary care¹.
- 2.1.2 The current NHS Long Term Plan (2019) includes a commitment to building an infrastructure for social prescribing within primary care, supported by resources for Primary Care Networks (PCNs) to develop social prescribing link worker roles within their multi-disciplinary teams.
- 2.1.3 The Greater Manchester Population Health Plan (2017) also sets out a vision for a health and care system that is based on person and community-centred approaches, supported by a strategy for Person and Community Centred Approaches (PCCA) which includes a focus on social prescribing as an integrated part of localities' health and care systems.
- 2.1.4 Manchester's Population Health Plan (2017) sets out a ten year plan for reducing health inequalities and improving health outcomes for the city's residents, including a priority of supporting people, households, and communities to be socially connected and make changes that matter to them to improve their health and wellbeing. This is reflected in and supports the objectives of the MHCC and MLCO Operational Plans.

¹ NHS Five Year Forward View (2014), NHS General Practice Forward View (2016)

2.1.5 A programme of Person and Community Centred Approaches (PCCA) has been established to support delivery of the Our Healthier Manchester Locality Plan across the health and care system, overseen by the Manchester PCCA Programme Collaborative, which brings together leaders from across the system to facilitate cross-working and identify and act on opportunities to progress these approaches. The PCCA programme includes the Prevention Programme work streams of social prescribing and community-centred approaches.

2.2 The health of Manchester's population

2.2.1 The health of people living in Manchester remains among the worst in England, with a high number of preventable deaths and significantly lower than average life expectancy at birth. The risk behaviours that lead to poor health outcomes (obesity, physical inactivity, smoking, alcohol misuse) are highly prevalent in Manchester. Health inequalities in the city linked to deprivation are estimated to give rise to at least £300-320m in economic losses and £53m in costs to the NHS per year². Surveys indicate low mental wellbeing in the population, associated with employment status, poor general health and a higher prevalence of diagnosed medical conditions³. Preventable long term conditions result in high levels of primary care use and expenditure on unplanned care and are projected to rise with the ageing population.

2.2.2 The recently published Marmot Review – 10 Years On (University of London Institute of Health Equity, 2020) provides a stark assessment of the fact that the last decade in England has been marked by deteriorating health and widening health inequalities. The review finds that improvements in health have stalled, and links this to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health. The social gradient – the impact of deprivation on life expectancy and healthy life expectancy – has become steeper, with inequalities more pronounced between and within regions of England. The report makes recommendations for national action to address health inequalities and the social determinants of health, including prevention and early intervention; these would strengthen the local work currently underway as outlined in this report.

2.3 Manchester's Prevention Programme

2.3.1 The Prevention Programme aims to make a significant mid to long-term impact on the health of Manchester's population, by reducing the occurrence of the mental and physical long-term conditions that lead to poor health outcomes and quality of life, and impact on the capacity and costs of the health and care system. This can be achieved by supporting changes to lifestyles and behaviours and, more significantly, by addressing the social determinants of health and intervening in the early years of life. This can only be achieved by

² Based on losses estimated for England in the Marmot Review (2010) and extrapolated to the Manchester population

³ North West Mental Wellbeing Survey for 2012/13

working more effectively with the groups, organisations and services best placed to have an impact on these areas.

2.3.2 The Prevention Programme has three delivery work streams:

- Neighbourhood Health and Wellbeing Development, which aims to enable the leadership teams of the 12 MLCO Neighbourhoods to develop and implement neighbourhood plans that (i) make the most of local assets to target local needs and (ii) are co-produced with local community groups and residents. This is supported by 12 Health Development Coordinators.
- Community Links for Health, which aims to embed a coherent citywide social prescribing model to enable community-based health and care practitioners (initially focusing on primary care) to quickly and easily introduce patients to a social prescribing hub where social prescribing link workers and health coaches work with referred individuals to understand their strengths and goals and support them to connect to sources of community-based support to address social determinants and improve health
- Community Capacity Building, which aims to support neighbourhoods and voluntary and community sector groups and organisations to develop approaches that will support the prevention programme objectives and strengthen communities to support health and wellbeing.

3. Prevention and wellbeing services – social prescribing

3.1 Background

3.1.1 Social prescribing is a means of enabling health and social care services to refer people to a range of local, non-clinical support, often provided by voluntary and community sector organisations. The approach is commonly targeted to primary care settings, in response to the capacity issues arising from the proportion of time GPs spend dealing with non-medical issues such as housing, unemployment and debt. It seeks to address people's needs in a holistic way, by taking into account social determinants that influence health, and supporting individuals to take greater control of their own health and wellbeing. Targeting these approaches at the groups who are most at risk as a result of health behaviours or social circumstances will reduce the inequalities in health between the most and least deprived areas.

3.1.2 Social prescribing services in the UK have developed independently and organically over recent years, however most are based on a similar model, which has three core components: a single point of contact for referrals, a social prescribing workforce providing support to individuals, and connection to a range of local community-based activities, groups and sources of support

3.1.3 Established social prescribing services across the country have reported a range of outcomes for individuals, communities and local health and care systems, including:

- improvements in individuals' physical and/or mental health and wellbeing, social connections, ability to manage their own health; and other positive benefits such as reduced isolation/loneliness
- increases in access to a range of community-based sources of support, stronger connections between health and care services and communities/VCSE sector, and improved opportunities for asset-based community development to support health and wellbeing
- reductions in use of primary, acute and secondary healthcare services and savings in health and care system costs

3.2 Social prescribing in Manchester

3.2.1 The Prevention Programme is a 5 year programme, which was originally intended to become operational in 2016/17, and include a single citywide social prescribing service. However due to different funding sources and timescales, there has by necessity been a phased approach to establishing the Prevention Programme, including the social prescribing infrastructure for the city. Early implementation began in north Manchester, initially Greater Manchester Mental Health Foundation Trust provided the Be Well – North social prescribing service (beginning in December 2017) and the Big Life Company provided the Be Well – Central and South social prescribing service (beginning in November 2018). Following a recent tender process, the Big Life Company will now provide a citywide service.

3.2.3 The citywide social prescribing model for Manchester includes:

- A single point of access ('social prescribing hub') for primary care practitioners (GPs and others) and other health and care workers to refer patients to, by EMIS, phone or secure email
- Initial strength-based assessment of referred individuals' non-medical needs to establish whether they require support from the service; if no support is required the service can provide signposting to appropriate sources of other support
- Allocation to a named key worker (community link worker or health coach) providing support at varying levels of intensity depending on the individual's needs, which may include social determinants (e.g. employment, housing, money), health behaviours (e.g. weight management, alcohol use), and supporting people to connect with local groups and networks or other specialist services.
- Intensive work-related health support for people who are employed and need support to stay in work whilst managing a health condition, or who are unemployed and need support to return to or move closer to employment, delivered through specialist partners operating as part of the Be Well service.
- Individuals can remain connected to the service for a follow-up period, in case they require further support to help them sustain the progress made during their initial involvement with the service

3.2.4 The social prescribing model for Manchester is based on a set of principles that embody the 'Our Manchester' approach, these are:

- Person-centred: listening to what people need and want and involving them in decisions and plans about their support
- Asset-based: building on people's strengths and supporting them to be in control of the things that matter to them and help them stay healthy
- Collaborative: developing empowering supportive relationships and connections with and between individuals, communities and health and care services

3.2.5 To date, Be Well services have received over 10,700 referrals for support (mainly from primary care services) and supported over 7,800 individuals to address social and health issues and connect with sources of community support. The vast majority of primary care practices (97%) are now actively referring their patients to Be Well. Feedback from service users indicates that over 80% of individuals who have received support say that it has improved their physical and mental health and wellbeing.

4. Future developments – prevention and wellbeing services

4.1 Be Well service

4.1.1 As outlined above, social prescribing services in Manchester are already receiving referrals and providing support for high numbers of patients, particularly given the relatively short time they have been in operation. As one of Manchester's Transformation Fund New Models of Care, there is an ambitious plan for the scale and reach of the Prevention Programme over its first five years of operation. To achieve this, commissioners and providers are working closely together to further increase the number of referrals to social prescribing services, and the uptake of support by referred patients. An action plan for this has been developed, which includes:

- Development and maintenance of relationships with primary care and Integrated Neighbourhood Teams;
- Extending referral pathways for social prescribing to other services, including Health Visiting and the VCSE "host" organisations for Be Well;
- Strengthening the approach to initial engagement with patients, including resources for referrers;
- Using multiple methods for establishing contact with referred individuals;
- Communications to clarify differences between social prescribing and other 1-1 support services (e.g. care navigation)

4.1.2 Initial operational delivery of social prescribing services indicates that individuals referred to the Be Well services are more complex than was anticipated in the modelling carried out during the development of the Prevention Programme. This impacts on service capacity and caseloads for Be Well, as more time is required to work with more complex patients who require higher intensity support. It is also being reported by Be Well providers that there are often limited options in terms of other non-medical holistic 1-1 support for patients who are too complex for Be Well services. Commissioners will continue to monitor these issues to inform future developments.

4.2 Prevention Programme

- 4.2.1 An evaluation of the Prevention Programme will run for the duration of the programme; an independent organisation (SQW) has been commissioned to carry this out. The evaluation is based on a ‘theory of change’ approach and will consider a range of outputs, outcomes and impacts for the programme and its component parts, for individuals, communities and the wider health and care system. The evaluation is due to report in March 2021, with SQW providing interim updates to the Prevention Programme Steering Group to inform ongoing programme development.
- 4.2.2 The voluntary community and social enterprise (VCSE) sector is an integral component in the successful delivery of social prescribing provision, which is contingent on being able to connect individuals to local groups and sources of support in order to achieve sustainable change and improved health and wellbeing outcomes. A time-limited piece of work has just begun to model the impact on the VCSE, to support a robust approach to building capacity to support social prescribing in the longer term.
- 4.2.3 MHCC has recently agreed to establish a Social Prescribing Development Fund to create and sustain a local infrastructure of community assets and provision that addresses health and social needs identified by Manchester’s social prescribing service. The fund will specifically be used to address the needs, preferences and demands which local people present to the Be Well service, in order to recognise the increased demand on VCSE services as a result of social prescribing, and is intended to supplement but not replace core funding for the sector. It will also provide an opportunity for addressing gaps in community provision in particular neighbourhoods, using data and intelligence gathered by the Be Well service.

4.3 Primary Care Networks (PCNs) – social prescribing link workers

- 4.3.1 In the 2019 Long Term Plan, NHS England committed to building the infrastructure for social prescribing in primary care by providing additional resource to PCNs to recruit social prescribing link workers as part of their multi-disciplinary teams. The majority of Manchester PCNs are working with the Big Life Company to recruit link workers aligned to current Be Well provision.

4.4 2021 Wellbeing Model

- 4.4.1 The Prevention Programme is a 5 year programme to establish the infrastructure needed to embed person and community-centred ways of working within the MLCO’s developing Integrated Neighbourhood Teams and other associated services. Outcomes and impact of prevention initiatives and approaches on population health take time to be seen although benefits for individuals can be achieved sooner. The modelling for the development of the Prevention Programme indicated that benefits to our communities and to the health and care system would start to emerge from 3-5 years of the

programme becoming operational. The programme became fully operational towards the end of 2018/19, and Integrated Neighbourhood Teams became fully operational in 2019.

- 4.4.2 The Prevention Programme is based on good quality evidence of the approaches that will yield good outcomes for the health and wellbeing of Manchester's population, and continuous reflection and learning are central to the delivery of the programme. This allows the programme to be developed to continue the trajectory for improving population health outcomes across the health and care system that has been established, and to do so in a sustainable and long-term way.
- 4.4.3 The 2021 Wellbeing Model (see Appendix 1) sets out the next stage of development of prevention and wellbeing approaches for Manchester, building on the successes of the Prevention Programme, and learning from the delivery of that programme to date. It is a framework for services and approaches to improving the wellbeing of Manchester's residents, based on the level of support people need to look after their own health and wellbeing. Included within the model, is a focus on integrating approaches to prevention and wellbeing service provision, particularly those that address behavioural risk factors e.g. weight management, smoking, physical activity. These will be delivered within a comprehensive model that supports individuals at all levels of need, underpinned by a focus on the social determinants that influence individuals' health behaviours.
- 4.4.4 There are 5 levels of support within the model, depending on the circumstances and needs of individuals, with the majority of people only needing lower levels of support and a smaller number of individuals with more complex needs requiring more intensive support. The model aims to provide a framework for system-wide approaches in a range of settings, including:
- Good quality health and wellbeing information in accessible formats giving self-care advice that individuals can follow for themselves.
 - Community-centred approaches to health and wellbeing at a neighbourhood level and within communities of interest
 - Social prescribing approaches to connect people to community support and support the health and care system to develop these approaches
 - Person-centred wellbeing support providing holistic and integrated responses to a range of risk behaviours
 - More intensive support for people with complex needs, co-ordinated across a range of health, social care and other services
- 4.4.5 Development of the 2021 Wellbeing Model is currently in its early stages, however a number of design and delivery principles have been established. These will underpin the future development of the model and its component parts. The model is intended to:
- Be strength-based, person-centred, holistic and integrated
 - Provide continuity and a long-term approach to prevention and wellbeing provision that is sustainable and creates social value

- Focus on communities and the people who live in them – to develop capacity and assets, to enable involvement, participation, and co-production; and to ensure services are neighbourhood-based (where appropriate) and accessible to all
- Take a ‘whole family’ approach across the whole life course, recognising that individuals live within systems, responding to the transitions between life stages, and considering the impact of changing populations
- Give parity to mental and physical health and wellbeing, and address the causal factors that can compromise both of these and impact on lifestyle behaviours (e.g. social circumstances, childhood experiences)

4.4.6 Further development of the model over the coming year will include

- Mapping current provision and population health and support needs and identifying how these can be developed within the Wellbeing Model framework
- Stakeholder, resident, service user and community engagement plans to support co-production of a model that reflects the strengths, needs and views of the population
- Finance strategy and business case development to secure necessary support to implement the model to continue delivery of the Population Health Plan objectives towards 2027

5. Recommendations

5.1 The Board is asked to:

- (1) Note the contents of the report
- (2) Endorse the approach to developing prevention and wellbeing support provision through the 2021 Wellbeing Model

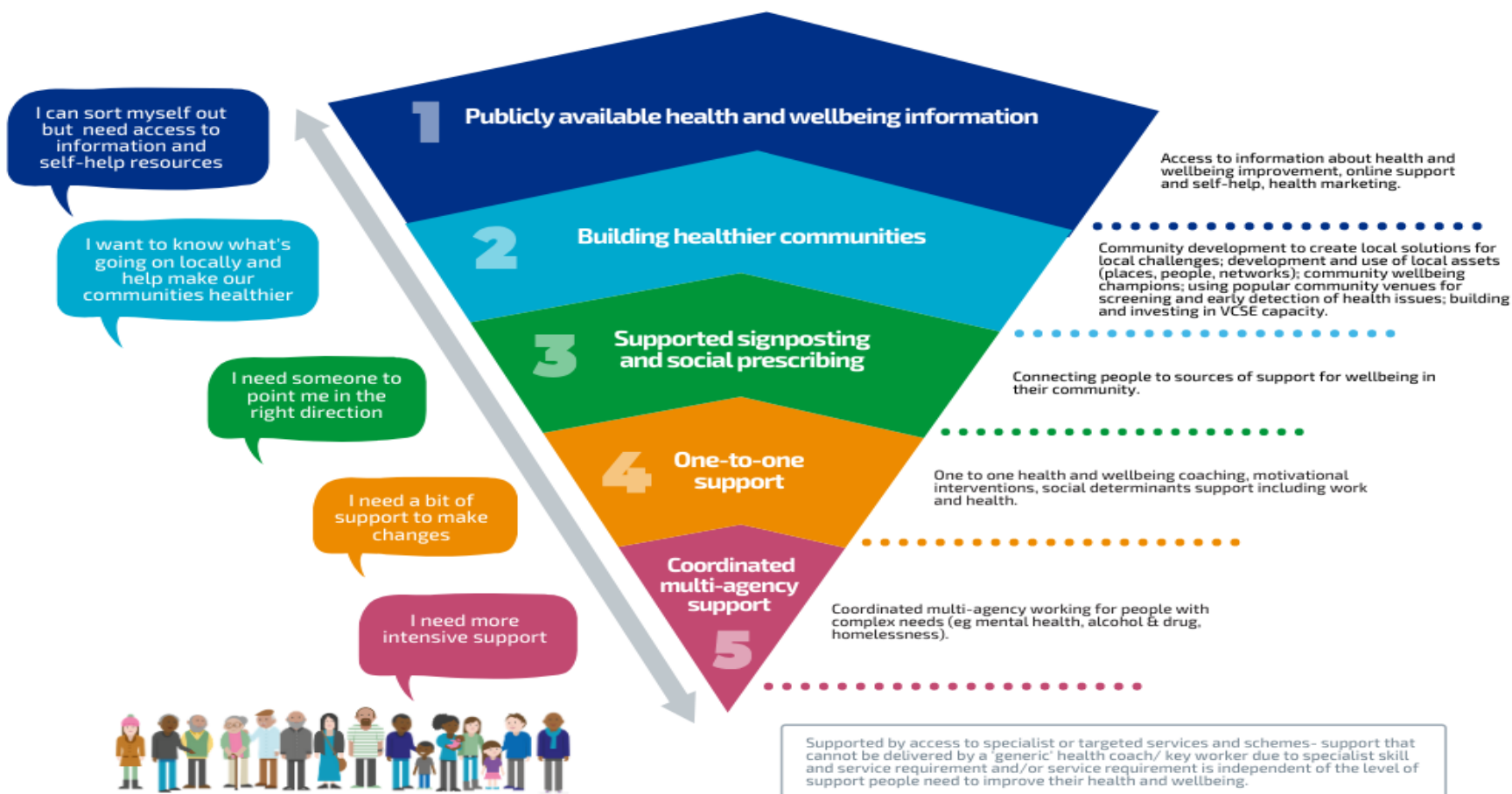
Appendix 1 – 2021 Wellbeing Model

Manchester's wellbeing model for 2021

Wellbeing - the state of being comfortable, healthy or happy (Oxford Dictionary)



Leading local care, improving lives in Manchester, with you



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

Report to: Manchester Health and Wellbeing Board – 18 March 2020

Subject: Collaborating for outcomes: Partnership pilot Maternity, LCO and Manchester City Council services

Report of: Manchester City Council, Manchester Local Care Organisation and Saint Mary's Midwifery Service

Summary

This report provides an update on the partnership work undertaken to strengthen relationships and collaboration across Manchester City Council's Early Years and Early Help Services and the Local Care Organisation's Children's Community Health Services and Saint Mary's Midwifery Service. To develop a strengthened partnership approach across these services, a practical pilot has been scoped that would inform future relationships between these services.

Recommendations

The Board is asked to support the delivery of the pilot in 2020/21 following consideration at Children and Young People's Scrutiny Committee on Tuesday 3 March 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	This pilot contributes towards the first priority of Manchester's Population Health Plan – improving outcomes in the first 1,000 days - by increasing partnership working across Maternity, LCO, Early Years and Early Help services.
Improving people's mental health and wellbeing	By strengthening partnership working, across these services this pilot will contribute towards the better coordination and earlier identification of support for families, which could positively impact on 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	The aim of this work is to test approaches that will support one health and care system in services that work with children. Building on the work undertaken with Adults Services, this work will focus on services for children and families, learning what works to inform future working relationships that support the right care, right time and right place.
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. Introduction

- 1.1 In Manchester the Local Care Organisation (LCO) runs NHS Community Services and Adults Social Care Services in the city. This has provided significant opportunities to increase joint working across the 12 neighbourhoods and tailor services to best respond to the needs in these neighbourhoods. From a Local Authority perspective, this has initially focused on Adults Social Care Services. More recently, opportunities for collaboration within services for children, particularly around the critical first 1,000 days, has been explored.
- 1.2 This presentation provides an overview of the work to date, the process undertaken and next steps for the work.

2. Context

- 2.1 Within Local Authority Children's Services, the Children's Locality Programme has embedded changes to how services are organised internally. Enabling Local Authority services to work in more integrated, multi-agency, place based teams. This has provided the internal blue print to enable stronger, place based, partnership working with LCO Services in neighbourhoods.
- 2.2 Over the past 8 months, strategic relationships across the children's health and social care system have also been strengthened by the establishment of the multi-agency Start Well Board. Start Well represents the critical first 1,000 days period, a strategic priority for the city recognised in the Population Health and Care Plan. This Board has multi-agency representation from leaders across MLCO Children's Community Health, Local Authority, Maternity, Population Health, VCSE and Education services and represents a significant area of relationship building and partnership work across the first 1,000 days.
- 2.3 More recently, opportunities to increase collaboration across Local Authority and Health services was explored at the Collaborating for Outcomes for Children workshop, followed up by the Integrating Health and Social Care Workshop led by David Williams, Director of Delivery for Health and Social Care Integration in Glasgow. Following these workshops, senior Officers from across the partnership agreed to progress further collaboration within childrens services through a practical approach of testing increased partnership working.

3. Developing the pilot

- 3.1 A multi agency Task and Finish Group comprised of members of the Start Well Board who represent services from Maternity, MLCO Children's Community Health, City Council's Early Years and Early Help Services and MHCC Public Health have scoped a pilot to develop partnership working.
- 3.2 The design of the pilot has been intentionally collaborative. Rather than taking a single service approach, a thematic area that cuts across each service has been identified of reducing smoking in families. Reducing smoking in

pregnancy and reducing smoking in the family home / smoke free homes is a priority across services and links services in the hospital to services in the community.

- 3.3 Once the theme had been identified, services looked at the key interactions between families and services along the critical first 1,000 days time period. This highlighted potential opportunities where a more consistent approach across professionals could be beneficial. It also highlighted potential touchpoints that could be strengthened between hospital services and services that work with families in the community. The suggested pilots therefore responds to potential opportunities at key transition points between services where a more 'joined up' approach would benefit children and families.
- 3.4 Partnership working in this pilot means that services are providing a consistent approach regardless of the service they work for. Rather than focusing on service structures and formal arrangements, the pilot has been shaped around a priority that links Maternity Hospital services into Community Health and Early Years and Early Help services based in neighbourhoods. Learning from this pilot will inform the future approach to integrated working across these services.

4. Next steps

- 4.1 A data driven approach will be taken to identify the most appropriate neighbourhood or neighbourhoods to test this approach. Utilising data from services and Population Health to identify neighbourhoods with high smoking prevalence.
- 4.2 Following this, the partnership Task and Finish Group will meet again in March 2020 to plan the pilot including workforce development and training across the partnership workforce. This will be linked to and informed by engagement with families and residents.

An enhanced partnership that collaborates to improve children's outcomes

Page 87

'Integration must be about much more than the structures that support it. The behaviours of [...] members and officers of the parties must reflect these values. It is only by improving the way we work together that we can in turn improve our services and the outcomes for individuals who use them.'

Integration between Glasgow City Council and NHS Greater Glasgow and Clyde, Feb 2018

Appendix 1, Item 9

Date: 12/02/20

**REFORM &
INNOVATION**

Organisational Vision and Priorities

“Our Manchester – building a safe, happy, **healthy and successful future** for children and young people. ...that partners across the city **work together** with children and young people to improve people’s lives. ...developing and embedding **new ways of working...** along with **genuine co-production.**”

Our Manchester, Our Children: Manchester’s Children and Young People’s Plan 2016-2020

Page 88

“**Working together** to enable every child to have the **best health possible.** Community Health Services, together we make a difference.”

Children’s Community Health Services Directorate Strategy 2015 – 2020

“...every woman has access to information to enable her to make decisions about her care... she and her baby can access support that is **centred around their individual needs and circumstances.**

...staff to be supported... in organisations which are well led and in cultures which **promote innovation, continuous learning, and break down organisational and professional boundaries.**”

Better Births: Improving Outcomes for Maternity Services in England

Appendix 1, Item 9

A common purpose and aim to test proof of concept

Following the session on the 19th November 2019 a task and finish group was established to develop an approach to test strengthened partnership working across Maternity services, Children's Community Health, Early Help and Early Years services to inform future relationships, by:

- Identifying a **thematic** approach using **one issue** where partners can work together differently
- Enabling and empowering the **workforce** to make changes
- Improving **outcomes** for children across the system

The group has met three times to date and has taken an Our Manchester approach, putting service boundaries aside and focussing on the needs of residents and families to identify opportunities to improve outcomes, rather than service structures and governance.

Locality Programme: Guiding Principles

Work to date has aligned to the principles of the Children's Services Locality Programme:

- Our Manchester behaviours underpin integrated working
- Focus on person (child and family) centred outcomes across all sectors
- Improved communication and joint working; removing duplication
- Strengthen relationships to support practitioners to work effectively together
- Develop seamless access to services for children and their families to receive a timely and 'right' intervention
- Engage our workforce to engender investment/ownership
- Deliver of a safe effective and efficient service

These principles will be tested across the Partnership to develop a shared set of principles around partnership working including defining relationship between commissioning and service providers.

Timeline: Senior leadership & Task & Finish Group sessions

(19th)
Collaborating for
Outcomes for
Children Workshop

Nov 19

(3rd)
Integrating Health and
Social Care session
with David Williams

Dec 19

✓ (13th)
1st Task & Finish
Group Meeting

Jan 20

✓ (24th)
2nd Task &
Finish Group
Meeting

✓ (3rd)
3rd Task & Finish
Group Meeting

Feb 20

Overview of current
partnership working
& future ideas: Start
Well Board, Thrive,
Hertfordshire Model

Jointly agreed

- ✓ Co-design shared vision
- ✓ Adopt thematic approach to a shared Health and Social Care objective (ie. obesity) and shape services around this
- ✓ Develop by working group

Learning from David
Williams, Director
Health & Social Care
Integration, Glasgow

Jointly agreed

- ✓ Identify shared areas, common features and common purpose that enable us / require us to work together
- ✓ Enabling and empowering the workforce to make a cultural change

Jointly achieved

- ✓ Identified shared strategic priorities and common purpose
- ✓ Identified potential thematic area
- ✓ Strengthened partnership working
- ✓ Explored wider service determinants that required joint consideration

Jointly achieved

- ✓ Extended membership
- ✓ Mapped pathway and support services
- ✓ Identified potential windows of opportunity to develop pilot on smoke free family / homes
- ✓ Explored feasibility for linking key messages from pilot into professional record: Maternal Health Record
- ✓ Identified new Ways of Working in partnership and enablers

Jointly achieved

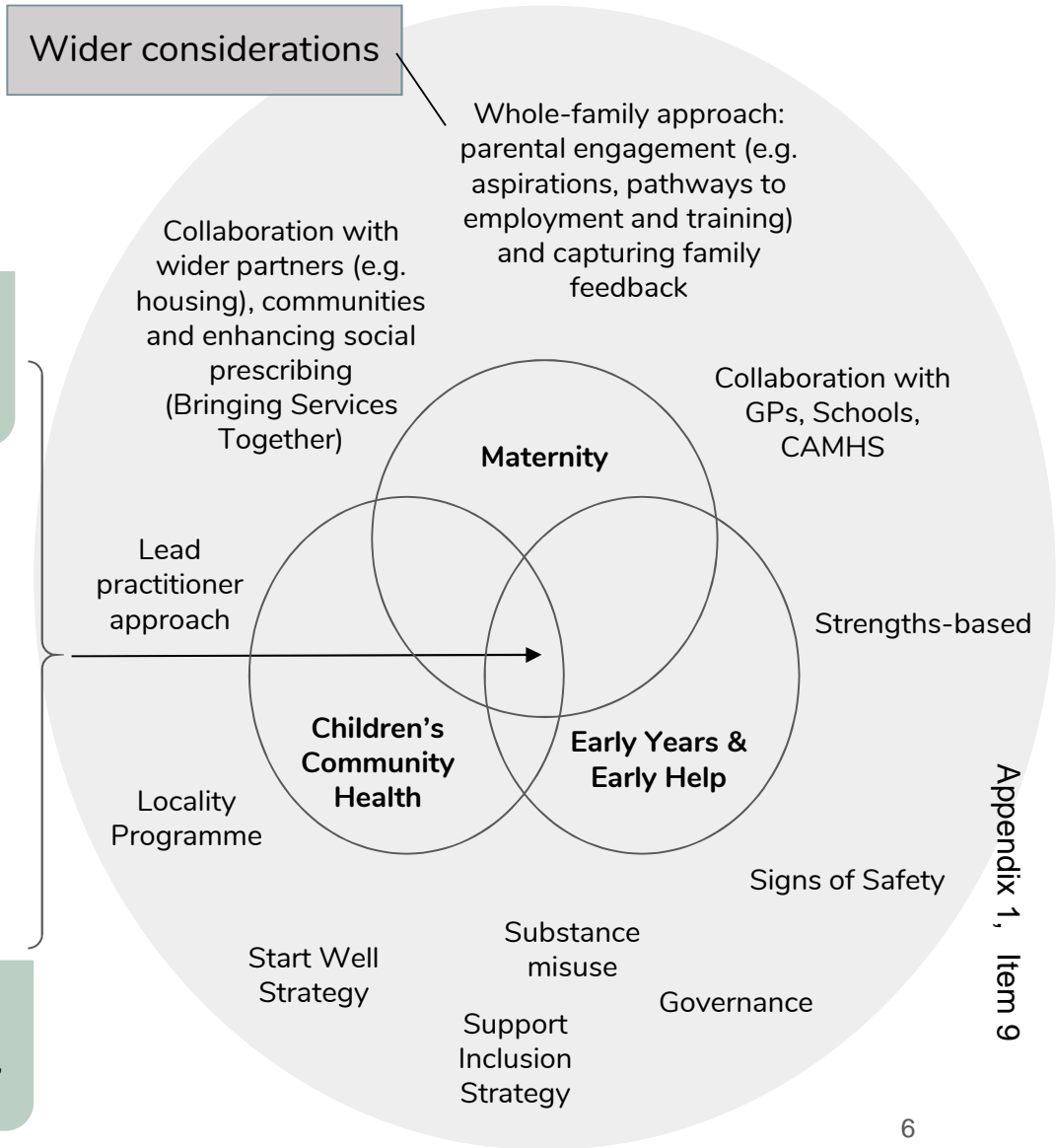
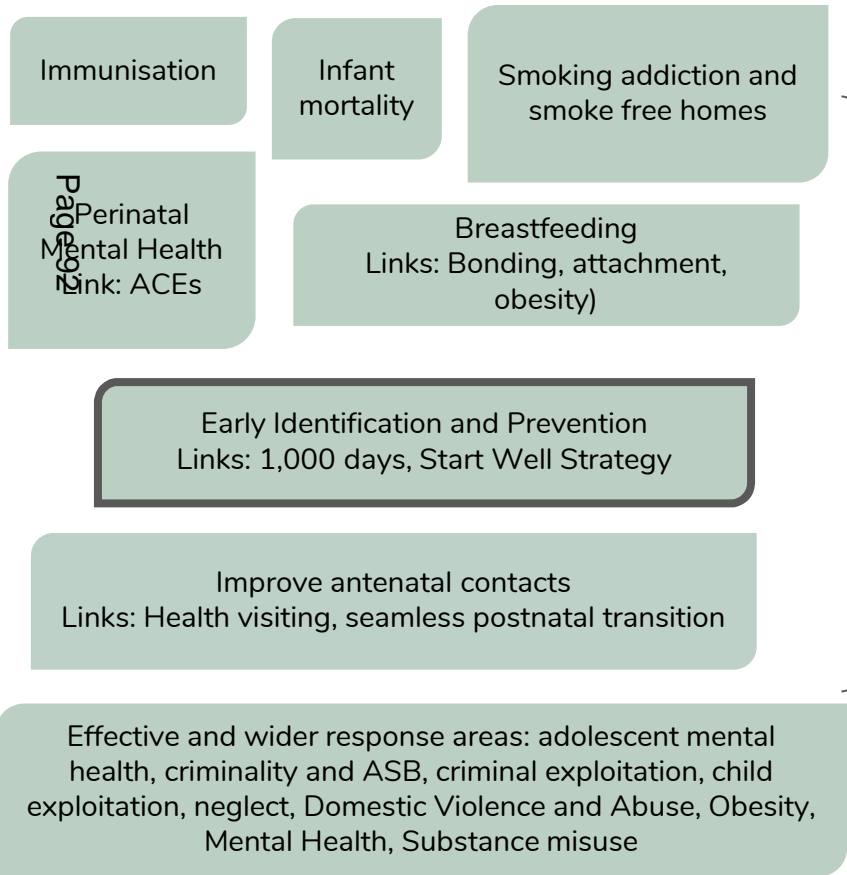
- ✓ Explored learning from GM Smoking in Pregnancy Programme
- ✓ Agreed training and cross service workforce development incl..Very Basic Advice (VBA)
- ✓ Explored options for place based or cohort pilot
- ✓ Explored feasibility for linking to PHE: Maternal Health Record pilot
- ✓ Developed logic model

Appendix 1, Item 9

An agreed set of priorities

Agreed shared areas of focus/priorities

Agreed initial priority was to focus on smoking addiction



Improving outcomes and long-term health conditions: Tobacco Addiction

Case for Change : Impact on Manchester residents

- Reducing smoking in pregnancy is the single most important factor in reducing **infant mortality**, with most infant deaths occurring in the first 28 days in Manchester.
- Smoking is the single largest cause of **health inequalities** in Manchester. Manchester has above-average rates of smoking in all age groups and the highest premature mortality rate in the country for the three major smoking-related conditions: lung cancer, heart disease and stroke.
- Alongside health effects of smoking, a small scale report undertaken by Early Help in 2013 showed the impact of smoking on **budgeting and finances**. Since 2013, price of cigarettes have increased significantly which has led to an increase in the illegal tobacco market.
- Reducing smoking and creating smoke free homes is a **significant strategic priority** for the health and social care system in Manchester. Featuring within the Manchester Population Health Plan, Reducing Infant Mortality Strategy, Saving Babies Lives and Manchester's Tobacco Plan.

Current provision:

- There is current a GM Smokefree Pregnancy Programme operating across Manchester which is a gold standard programme that has had a positive impact on Smoking at the Time of Delivery statistics, which have decreased to below the national average. In addition a new smoking addiction service is due to start in April 2020 this provides support for residents in the community.
- Although smoking rates in Manchester have decreased, every neighbourhood is above the national average.
- Although smoking at the time of delivery has reduced there are a high number of women who will restart after finishing the programme.
- Messages about Smoke Free Homes are not consistently understood across professionals.

Raising awareness of smoke free homes across professionals and increasing uptake and engagement with the commissioned support services presents potential opportunities to take a whole system, partnership approach through a thematic area.

Proof of concept

Proof of concept : Smoke Free Family

Aim: to test an improved, partnership approach that builds on and strengthens work already taking place across maternity, health visiting, early years and early help services. Developing a pilot that touches on each service, targeting a point where working together will improve the offer for families and improve outcomes.

Thematic area identified so far as a potential cross cutting priority area; tackling smoking to create smoke free homes.

As part of the partnership approach, the pilot will link and signpost to the new **Manchester Tobacco Addiction Treatment Service** once this service 'goes live' April 2020. Complementing the current gold standard, GM Smoking in Pregnancy programme.

The future pilot will involve **joint workforce development and training**. Including a **trauma informed** approach via (Adverse Childhood Experiences), for more targeted cohort alongside, **Very Basic Advice** module to support effective behaviour change techniques around reducing smoking. Alongside this the GM Smoking in Pregnancy Programme lead has offered to provide all professionals on Baby Clear key messages.

'Smoke free home / Smoke free family: Will involve a **whole family approach** to ensure a smoke free home environment for babies and young children.

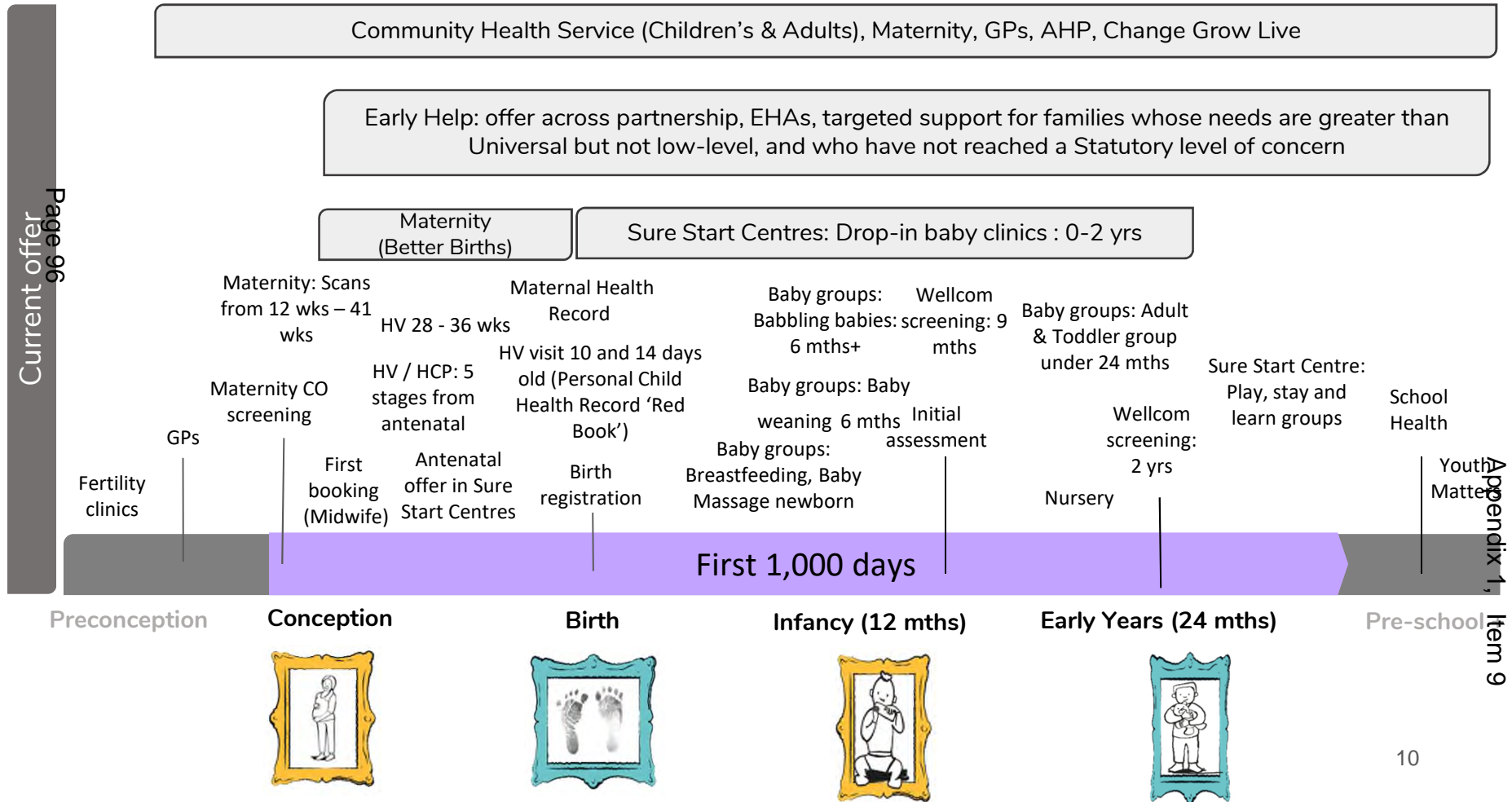
This will include an **Our Manchester approach** including working with dads-to-be, significant others and family friends. Buzz Service has offered to undertake engagement specifically with dads. This will inform the approach to identify the ways of working or approach that might best engage dads in the pregnancy and stopping smoking. This could also be expanded to other members of the extended family e.g. grandparents.

Cohort: The pilot will have a narrow focus to begin with, starting small to test and learn, potentially:

To target specific neighbourhood where there is higher than average smoking rates, where pregnant women have been referred to the Smoking in Pregnancy Programme and identify Sure Start Centres within that Neighbourhood.

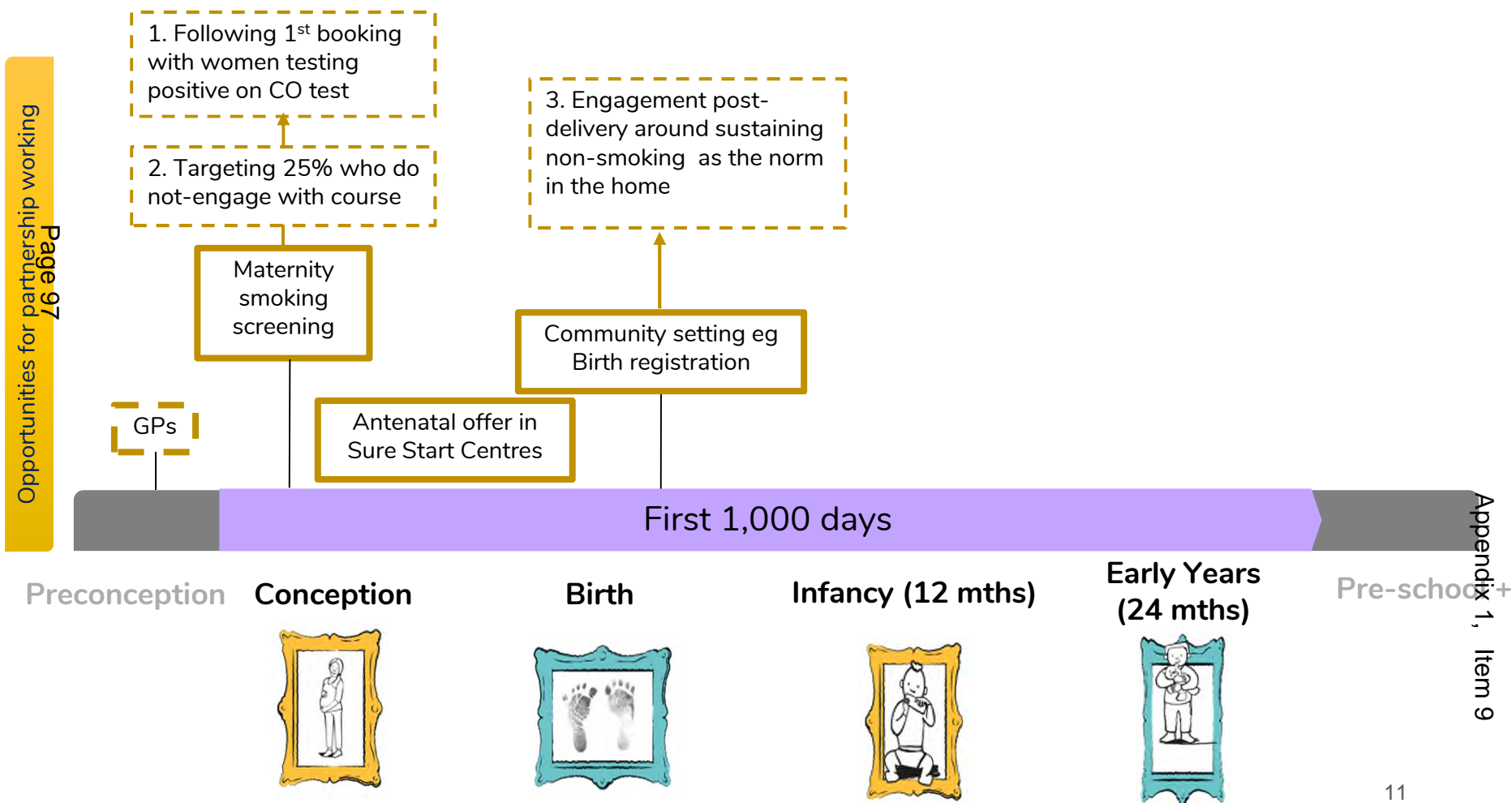
Current pathway

The group shared the current 'touchpoints' where services will interact with families, the pathway below demonstrates some of the many interactions between services and families during this time. This also highlighted some of the key transition points between services and the potential opportunities to take a more joined up approach across services.



Approach to test and develop and embed a more collaborative and partnership approach to improving children's outcomes.

Three potential points, along the first 1,000 days current pathway, have been identified to test a strengthened partnership approach:



Potential benefits

First Booking

25% non-engagement with Smoking in Pregnancy Programme

Sustainability post-delivery

Partnership workforce development

Our Manchester approach collectively adopted

Improved reach of service and engagement with families

Strengthened trusted relationships through Partnership working

Early Years

Engagement with dads, wider family and friends

Broader and better informed evidence base

Joint messaging and communications across services

Midwifery

Increased connectivity into Targeted interventions

Whole system approach to thematic area

Health Visiting

Early Help

Increased access to community offer

Our Manchester approach
Trauma informed ACE's workforce

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Appendix 1, Item 9

Partnership pilot: Smoke Free Family Logic model (examples used

are illustrative)

Opportunities / aims:

- test an improved partnership approach that builds on and strengthens work already taking place across maternity, health visiting, early years and early help services in a neighbourhood
- add value to the work of the current Smoking in Pregnancy offer alongside the introduction of the newly introduced Tobacco Addiction Service (April 2020) with support and interventions aimed at whole-family approach to develop smoke free families
- develop universal and targeted offer from point of First Booking / first scan where working together will improve the offer for families and improve outcomes

INPUTS

- Multi agency Task and Finish Group
- Senior Multi agency strategic Support and Challenge group providing feedback
- Critical friends, Public Health commissioning providing feedback

Once Neighbourhood identified:

- Surestart Centre
- Maternity service
- Children's Community Health Service (Health Visiting, School Nurse)
- Buzz
- Integrated Neighbourhood Team Lead
- School
- GP

ACTIVITIES

- Delivery of training and workforce development to all relevant staff identified within this Neighbourhood. To include, Baby Clear / Very Basic Advice.
- Development of short course to be provided in Children's Centres to engage families that includes smoke free homes messaging alongside other key developmental messages to encourage behaviour change.
- Engagement activity with dad's to be and wider family members to inform approach
- Develop methodology to capture impact

OUTPUTS

- Joint workforce development and training plan for services in a neighbourhood
- Engagement approach with Dads / significant others
- Short course for families involving multi agency input into key messages that includes smoke free homes to encourage behaviour change.
- Key learning about a partnership approach that adds value to maternity, health visiting, early years and early help, to inform future models of working.

Draft - Further detail TBA, dependant on preferred option.

OUTCOMES – what we measure

- Workforce in neighbourhood trained in key messages, including smoke free homes and Very Basic Advice
- Workforce understand offer & confident in key messages
- Families engaged with short course that includes smoke free homes messages.
- Increased uptake in the Smoking in Pregnancy Programme
- Increase in numbers of smoke free homes
- Increase in Tobacco Addiction Service referrals for wider family members [TBC]

Draft - Further detail TBA, dependant on preferred option.

IMPACTS - potential wider impact

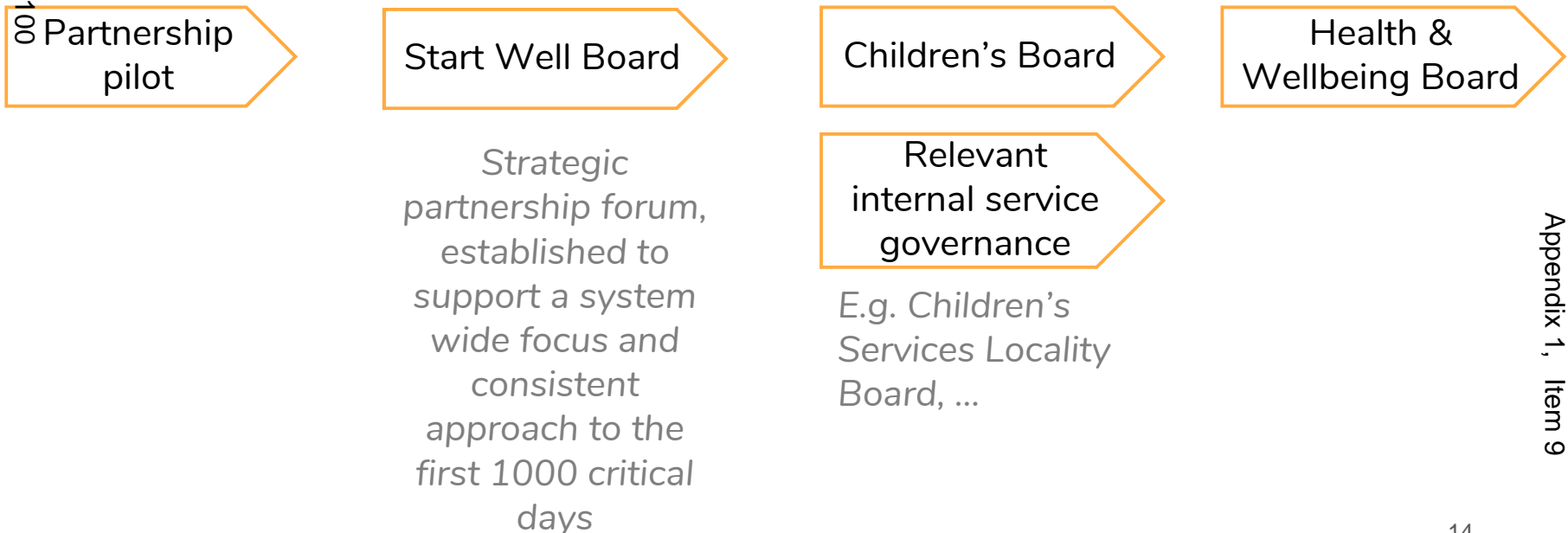
- Improved partnership working in a neighbourhood
- Earlier identification of families who might need support
- Workforce across partners trained consistently
- Business processes across partners are strengthened to supplement the Smoking in Pregnancy Programme and facilitate wider support offer
- Trend developing in smoke free families and communities
- Preventing avoidable hospital admissions

Proposed Governance Arrangements

Learning from the future pilot will help to inform future governance and accountability. This learning will be reported into the strategic partnership forum of the Start Well Board. This Board can respond to key learning and system challenges highlighted from the pilots with a collaborative citywide approach.

In addition to this, learning from the pilots can be communicated to each organisations relevant internal service governance.

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Appendix 1, Item 9

Key learning: Partnership co-production

Achievements through partnership co-production

- Multi agency Task and Finish Group includes representation from Maternity, Children's Community Health, Early Years and Early Help. New relationships have been built and strengthened from the Task and Finish Group.
- Developed a shared agreement of advantages of working in partnership and identified potential areas to test this.
- Gained insight into how service delivery can be more effective through system-wide collaboration. More opportunities for co-production will be developed by partners.

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Lessons learned

- Timescales have been extremely tight. This has placed restrictions in terms of involvement of clinicians whose contribution and knowledge would be invaluable to developing an approach.
- Further time could be spent understanding and developing a shared purpose and priorities with all relevant stakeholders. This would also support building stronger relationships and trust.
- Work has not yet involved any front line or residents engagement on approach, this is partially due to timescales but also approach. This could be something to explore for future pilots.
- Clarity around roles and interface between providers and commissioners and where collaboration sits.

Appendix 1, Item 9

Next Steps:

March - April 2020:

- Identify place focus and cohort: 6th March 2020
- Agree measures of success and key milestones - 6th March 2020
- Engagement with parents, residents in March/April via focused collaboration
- Develop an agreed Leadership and Accountability framework
- Partnership planning session - mid March 2020

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Following April: Indicative timescales included below, will be informed by input from the partnership

- Undertake pilot (potentially 6 month period)
- Identify key learning to inform future approaches and outcomes
- Develop integrated programme of activity based on learning from pilot, data and evaluation

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