

Population Health Plan



2017-2021

summary

Greater Manchester
Health and Social Care Partnership

Greater Manchester's Population Health Plan

This is a summary of Greater Manchester Health and Social Care Partnership's new and ambitious plan to improve population health.

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What is population health?

Nearly three million people live in Greater Manchester. Population health means making things better for all of them, throughout their lives. It means tackling what causes poor health and providing the right help at the right time to stop health problems developing. It focuses on key points in people's lives when there is an opportunity to make a big difference to their mental and physical health.

Population health uses what every community has to offer, like networks, skills and voluntary groups. We want people to be more in control of their own health and able to make the most of local opportunities to live better.

Our plan aims to make the top-level goals in Taking Charge of our Health and Social Care (our overall five-year strategy) – ‘a reality for everyone’.

Our plan is about the population health of all 10 areas of Greater Manchester (Manchester, Stockport, Tameside and Glossop, Oldham, Rochdale, Bury, Trafford, Salford, Bolton, and Wigan) and will build on what's already going on in these communities.

We want to seize the opportunity devolution has given us to do things differently across the region – testing new ideas locally then applying them in a consistent and cost-effective way to the rest of Greater Manchester.

So our plan includes overall aims linked to existing and future work. Some of these are the result of national policy ideas to test new ways of providing preventative health care. Others expand on good practice that's already happening locally. Some of the work will have an immediate impact ('quick wins'), others will take time and lead to benefits in the future.

But what they all have in common is a strong evidence base – we know they can work. And they all involve different parts of Greater Manchester, and organisations of all shapes and sizes, pulling together for the benefit of us all.

This 'whole system' approach lies at the heart of population health. It means we won't do things in isolation. We'll break down the divides between different parts of our health and care services and work together to have the best and widest impact possible.

Population health in action: People power in Stockport

Stockport Together is about breaking down boundaries between organisations, working together, and encouraging communities to use their skills and knowledge to get involved in local health and care. People are helping to design services that meet local demand and creating support networks. Future plans focus on helping employers to offer healthier workplaces, diagnosing more health conditions without people having to go to hospital, building core health and care teams for each of the area's eight neighbourhoods, and more responsive community services so people spend as little time in hospital as possible.

Why is it important to Greater Manchester?

Our future success depends on the health of our population. But we lag behind other places and there are too many health inequalities within and between Greater Manchester communities that stop people getting the same opportunities to live well and healthily.

Poor health affects individuals and our economy. It costs the NHS and local authorities (and tax payers) more when people need urgent or long-term care for problems that could have been identified earlier, managed better, or prevented altogether.

We need to do things differently for lots of reasons. We want to adopt 'person and community-centred' approaches. The idea behind this is to get people in a specific area much more involved in their own health and care. We know this can have real benefits for individuals and their local area. This kind of approach reduces demand for hospital and other care services and contributes to better health and wider benefits for both children and adults. For instance, focusing on young children early in their lives means we can help them develop socially and emotionally so they're ready for school, improve their school attendance when they get there, and ultimately give them better chances of having a good job when they leave.

Facts and figures

Greater Manchester may be a great place to live and work for many, but people here die younger than in other parts of England, and we face a range of health challenges affecting everyone.

We have an ageing population. Too many older people end up in care homes because there aren't enough alternatives.

Tooth decay affects a third of five-year-olds in Greater Manchester.

Nearly one in five children is obese by the time they leave school.

Around one in three children does not reach a good level of development at age five years.

Among our adult population, 7.4% (more than 200,000 people) have a long-term health problem or disability that seriously limits their everyday life and this number is growing. These conditions account for half of all GP appointments and 70% of the time patients spend in hospital.

A big proportion of unemployment is linked to health and disability. Approximately 225,000 people in Greater Manchester claim out-of-work benefits, over half of these are due to a health condition.

However, less than a third of the problems people see their GP about actually require medical treatment. Most are related to wider issues, particularly in more deprived communities.

One in five people in Greater Manchester live in 10% of the country's most disadvantaged areas.

An estimated 200,000 low-income families rely on Working Tax Credit to keep out of poverty. We have one of the largest populations of asylum seekers and refugees. Homelessness is increasing, including rough sleeping.

Many people in Greater Manchester have unhealthy lifestyles:

- One in five adults smoke, including many under-20s and young mothers
- Almost a quarter regularly 'binge drink'
- Around a third do less than 30 minutes of physical activity a week
- Six out of 10 adults are overweight or obese

As well as harming individuals, these behaviours have a massive knock-on effect on families, communities, the wider economy and society as a whole.

- Smoking is estimated to cost £785 million on things like health and care treatment and lost productivity
- Harm resulting from alcohol, including crime and worklessness, costs approximately £1.2 billion. Hospital admissions for alcohol-related conditions in all 10 boroughs and cities of Greater Manchester are above the national average (which has doubled in the past decade and is continuing to rise)
- Having a higher than average inactive population costs local health services £26.7 million a year because long term conditions, like heart disease and diabetes, could be prevented by people becoming more active and making other lifestyle changes

Tooth decay affects a third of five-year-olds in Greater Manchester



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What do we want to happen?

Devolution gives us an opportunity to improve health right across Greater Manchester, something we've never managed before. We can do things differently based on real evidence of what works and rethink our way of doing things so everyone benefits.

We want to take an 'asset-based' or 'strength-based' approach, by helping people and communities come together to achieve positive change using their own knowledge, skills and 'lived experience' of the issues they encounter in their own lives. This is completely different to the traditional starting point for planning health and care services. So we asked what helps or stops us taking charge of our own health and what are the solutions, and do something about that. We don't just focus on people's problems, but what they have to offer, including local knowledge to find solutions.

We want to allow everyone to have more of a say over their health and care. We aim to make the most of carers, volunteers and people willing to work with us to design, test and deliver services, and support efforts to change behaviours and attitudes that are started by local residents and communities themselves. We want every individual to be more self-reliant and have stronger, more proactive relationships with their local community and health and care professionals,

through things like support groups and health coaching.

The intention is to make everything more joined up. Our aims have been agreed by the 37 organisations that make up Greater Manchester Health and Social Care Partnership. They link in to other Greater Manchester strategies, around transport and the environment for instance, which will also affect people's health.

Our priorities for the whole population support the local plans being developed by each of the 10 Greater Manchester areas. We can avoid duplicating efforts and instead add value by working hand in hand and using local knowledge and expertise to develop and test new ways of doing things.

We want to make the best possible use of different types of service in a more joined-up way, to make it easier for people to get health and care closer to home. There are things going on nationally that will help our population change for the better. The Healthy Living Framework, for instance, means neighbourhood services like pharmacies and opticians will give individual advice to their customers. Making Every Contact Count encourages health professionals to seize any opportunity to talk to people about improving their health.

Population health in action: Cancer champions

We've launched a campaign to sign up 20,000 volunteer 'cancer champions' so people who've been touched by the disease can share advice and support. This network is part of our pilot Health as a Social Movement programme, and will use digital communication opportunities to encourage mass citizen-led change.

What do people want?

Before we wrote our Population Health Plan, we asked 6,000 people from across Greater Manchester, and from all walks of life, what mattered when it came to health. This is what they told us:

- It's about the wider environment of how and where people live, things like transport, housing, education, crime and pollution.
- It's about connecting with other people who can offer support, motivation and role models, and stop harmful social isolation.
- It's about making mental health as important as physical health, especially giving people the confidence to make positive changes in their life.
- It's vital to consider (and value) the diversity of our population but at the same time tackle health inequalities.
- It's about everyone – including younger people and health professionals – being easily able to get the information they need, whether that's about services, lifestyle, local communities or anything else that affects health and wellbeing.

And nine out of 10 people told us they want a healthier lifestyle.

The plan reflects what local people say is important and focuses on what we believe can make most difference across our population during the three 'life course' stages – childhood (Start Well), adulthood (Live Well) and growing older (Age Well).

Starting well

Helping every child get the best possible start is not just good for them, it's good for everyone. People who have problematic childhoods achieve less educationally, earn less and are less healthy. So the cycle of health inequalities may be repeated, passed down to their own children.

Putting right harm done to young children's health and wellbeing (and the effect it has on them later in life) is harder – and costs more – than preventing it in the first place.

So our plan focuses on investing in 'Early Years' opportunities from before birth to the age of five to build firm foundations for life, including mental and physical health, social and communication skills and behaviour.

One of the main ambitions of our population health plan is to enable children – especially those from deprived and vulnerable groups – to reach a good level of development, physically, mentally, emotionally and socially.

We need to make sure we identify and tackle abuse, neglect, delayed development and special educational needs and/or disabilities as early as we can so a child gets the right support quickly.

Devolution makes it easier for Greater Manchester to join up all the services that can affect a child's start in life, including support for parents who face challenges like mental health problems, worklessness and poverty.

Our plan builds on the Greater Manchester Start Well Early Years strategy approved in summer 2016 and aims to make improvements in areas where Greater Manchester lags behind the rest of England.

We want to see:

- fewer babies with a low birth weight
- more breastfeeding
- fewer women and their partners smoking in pregnancy
- fewer overweight or obese young children
- reduce the number of decayed, missing and filled teeth
- fewer visits needed to A&E
- more children being vaccinated
- more children accessing good and outstanding early education
- improved parental mental health
- fewer children in care.

Our new approach is to more actively reach out to communities and start working with the families of young children as early as we can. When we identify a need for support, we'll do things quickly to stop the situation getting worse. Different organisations and professionals will work together to offer families the help that's right for them.

Our Early Years plan will track the development of young children and their families at eight key stages, from pregnancy to school.

The new way of working includes a range of locally available universal services available to all families and more specialist and targeted services linked to need. Whilst there is a Greater Manchester framework the response should be locally determined and be proportionate to need and the requirements of local residents.

Priority areas:

Parents who smoke

Smoking poses the biggest risk to the health of babies and young children. An organised, joint effort to reduce the number of women and their partners who smoke in pregnancy will save babies' lives and improve how children develop.

If parents quit before a baby is born, there's a higher chance they won't start smoking again and their children will grow up in a smoke-free home and that means they're less likely to start smoking themselves. Our plan is to identify pregnant women who smoke at their first antenatal visit, so they get the right support to give up as early as possible.

Poor oral health

Treating tooth decay in children costs Greater Manchester £19 million a year. Having bad teeth removed is the most common reason young children are admitted to hospital. Many go to A&E because of the pain. Tooth problems can cause discomfort and infection, and damage a child's confidence, so they may find it harder to sleep, talk, make friends, and go to school. This harms their ability to learn and develop.

There's a strong link between tooth decay and poverty, with poor diet increasing the risk of oral health problems. Oldham, Salford, Rochdale and Bolton are four of the country's 13 'priority areas' for child oral health.

Population health in action: Help for all parents

Health Visiting is a truly universal service available to all families regardless of perceived need. Investment in this service over recent years has seen a more than 50% increase in the Greater Manchester Health Visiting workforce. This means that more families than ever are receiving high quality, evidence-based assessments, support and guidance. The Start Well objectives seek to ensure that each child has a joined-up team working to support them.

Our plan is to raise awareness of the importance of oral health and help Early Years and dental services to work more closely together. This will be helped by better communication, training, data and information, along with evidence of what works so we do the right things to stop young children developing problems.

Key Start Well objectives

- Use information management technology (IMT) better to track children's development and take action when necessary
- Develop and carry out consistent activities across all parts of Greater Manchester to help pregnant women stop smoking
- Introduce oral health projects throughout the region like health visitors and school nurses giving out toothbrushes when they routinely check on under-fives
- Work with the review being led by directors of children's services in Greater Manchester to develop a clear 'early help' offer for all children aged 5-19

Living well

We want all adults in Greater Manchester to be healthier, more able to cope with difficulties they face and to feel more in control. We want to help people make the most of local opportunities created by economic growth and encourage them to change their lifestyles so we can stop the rise in long term conditions. We want to reduce health inequalities so every adult has the same chance of a healthy life.

To do this we must continue to move away from the complicated and fragmented ways we've done things in the past and work with all sorts of organisations to make a real difference to people's lives. For example, we're already joining forces with national bodies like Sport England and Greater Sport (Greater Manchester Sports Partnership) to tackle high levels of physical inactivity locally, and with charities to help those adults who need it most.

There is already plenty going on as part of other Greater Manchester strategies linked to what we've got planned, like improvements to sexual health services and alcohol awareness campaigns.

We want to do more to meet the health needs of especially vulnerable groups, like Traveller communities, homeless people, offenders, asylum seekers and refugees. Working together more closely and cutting across local boundaries will help us to do this.

The big issues in adult health Getting into work and staying in work

There's strong evidence that people in work live longer, healthier lives. Being without a job can lead to people having poor physical and mental health, not living for so long and needing more medical help. This obviously affects not just the person who's unemployed but their partner and family. And it can have a long-lasting impact on young people's health and ability to do well in their career when they do get a job. Returning to work after illness or injury is important to overall health and

Population health in action: Care of offenders

As part of our plans to tackle physical and mental health issues at every point in the criminal justice process, the local NHS and Greater Manchester's police and crime commissioner have together developed a way to make sure people get quick mental health support in police custody. We're the first area in the country to do this.

wellbeing too, as is ensuring that workplace conditions support good health.

In Greater Manchester, we have more people out of work due to a long-term condition than the England average, and more people on temporary sick leave. Mental health and problems with muscles and bones (like back pain) are the main reasons people claim sickness benefits. With the lifting of retirement age, we need to ensure that as many people as possible can be supported to live longer working lives.

So we are making work a priority in our population health plan. Greater Manchester has run a successful programme which has helped many people on benefits who've got health issues to return to work. But we need to tackle this issue on a much bigger scale to have the effect we really want.

We need to think bigger and be systematic in joining up health and care with attempts to tackle other things that affect people's health, such as housing and skills, and with employment support from partners like Jobcentre Plus.

This means making the most of key times when people are in touch with services – when they get given 'fit notes' for example –

to direct them to suitable help at the right time to stop health issues growing worse and get them back into work as quickly as possible.

Communities in difficulty

There are parts of Greater Manchester that face a number of big problems, such as unemployment and poverty, which make poor health more likely. Simply providing more health services doesn't always work – they have to be the right sort of services to tackle underlying issues. Looking at individual problems in isolation can mean support is broken into pieces. This may lead to those with chaotic lifestyles who need the most help struggling to find their way around services.

Instead we want to do things in a 'place-based' way. This would involve local organisations like health, the police, councils, housing and fire services, voluntary groups and others coming together to agree a clear plan with the person instead of sending them to lots of different types of support and services. Sharing information and taking time to understand what's behind the challenges someone faces and the strengths they have to offer makes it easier to tackle problems more positively and much earlier.

Population health in action: Getting fit for work

Most (86%) Manchester GP practices regularly refer people to the Manchester Fit for Work service. It acts quickly to support those in work, but off sick, to get prompt treatment for common problems like back pain and address other issues such as housing, social or debt problems which may be impacting on their ability to work. The service also advises on adjustments in the workplace and helps talk to the person's employer – anything that can stop work-related health problems getting worse. The national Fit for Work programme doesn't really meet local needs, so we want to build on the success of our own service. So far it is available in North, South and Central Manchester.

Population health in action: Focusing care on 'invisible' patients

The 'focused care' approach we've developed with the Shared Health Foundation charity - and so far introduced at eight GP practices in deprived areas of Greater Manchester - is aimed at 'invisible' patients who face a lot of problems, are late getting help for serious conditions, and turn up frequently but randomly at A&E. They need help to sort out the chaos in their lives that's harming their mental and physical health, but are often passed from pillar to post because they aren't eligible for other services. GPs can do little for them in a typical 10-minute appointment.

With focused care, the main responsibility for the patient still lies with their GP but other organisations and professionals get involved in discussions on how best to tackle issues like debt, homelessness or violence. The patient and their family get one-to-one, regular support from a special focused care worker to stick to the plans everyone has agreed.

At the heart of this are GP practices – often the first places people go for help. But GPs in the poorest communities are already under pressure dealing with the complex medical needs often found in these areas. They're in a good position to explore what's causing a patient's poor health but rarely have the time to do so.

Healthier behaviour

In spite of efforts to change behaviours nationally and locally, too many people in Greater Manchester have unhealthy lifestyles – smoking, drinking, poor diet and not enough physical activity. As well as causing immediate health problems, these can lead to long-term, serious conditions like diabetes, obesity, heart and lung disease and cancer.

And unhealthy behaviours like smoking and drinking are linked to health inequalities and poverty as well as being more common in deprived areas.

But we know most people want to change, particularly by being more active, eating healthily and tackling stress. And there's evidence that targeting certain groups (for example, people who do manual work) and ages (especially 40-60 year olds) presents key windows of opportunity to get adults more involved in their own health and prevent disease in later life.

We're building on best practice identified through national projects such as diabetes prevention that have already been adopted in Salford, Bury, Oldham and Rochdale. From April 2017, people right across Greater Manchester known to be at risk of developing type 2 diabetes will be invited to attend special courses about how to prevent it.

As with other parts of this population health plan, working together across different organisations and areas is really important. For instance, local authorities could make

Population health in action: Coaching to tackle behaviour

The Being Well Salford project, delivered by the Big Life Centres charity, offers one-to-one or group health coaching to anyone who wants to make two or more healthy lifestyle changes. This could mean eating better, cutting down on smoking or drinking, being more active or tackling low moods.

Population health in action: Encouraging lifestyle change

We're developing a 'communities in charge of alcohol' project that will create a network of 'health champions'. This will help get local people more actively involved in improving their lifestyles. And we also plan to motivate people in other ways, like an interactive directory and digital platform that offers rewards for doing things like attending health screening. This could be linked to wider social media and online content for health champions to use.

more public places smoke-free or join with enforcement agencies to clamp down on sales of alcohol and cigarettes to young people and the trade in illegal tobacco. We want to work with Greater Manchester universities and trade unions to encourage more responsible attitudes to alcohol among students and workers.

We aim to develop the role of other health professionals, like pharmacists and dentists, in helping people change their behaviour. For instance, it makes sense for dentists to talk to patients about stopping smoking and harmful drinking because this can reduce the risk of mouth cancer.

We think building on the skills that Greater Manchester residents and communities already have to offer is a real opportunity to tackle unhealthy lifestyles. We also want to put responsibility for change firmly in people's own hands.

Cancer prevention and early detection

Cancer is a massive and growing burden on our health and care services. Every 30 minutes, someone in Greater Manchester is told they have cancer. There were 89,200 GP referrals for suspected cancer to hospitals in 2014/15. This is stressful and unpleasant for the patients, whilst being unsustainable for our health services.

We must seize the opportunity to help people change the lifestyle behaviours, particularly smoking, that cause four in 10 cases of cancer. Early diagnosis improves survival rates, so we want more people to go for bowel, breast and cervical screening.

We need to support our efforts with research that will give us a better understanding of what stops our population changing their behaviour and what motivates them. One way we aim to use what this new local research tells us is to refine a major campaign to promote bowel screening that we plan to create and run in partnership with Public Health England and Cancer Research UK.

Population health in action: Leading the way on cancer

The Christie in Greater Manchester is one of three specialist cancer centres that form the National Cancer Vanguard. As part of this it is developing and testing new forms of cancer care in our area, including aftercare services for breast, genitourinary (like bladder and prostate) and bowel cancers. We have a new Greater Manchester Cancer Board to oversee related activity and transform services so we're more geared towards preventing cancer and diagnosing it as early as possible. This is a chance for us to build on the cancer vanguard's work and other new ideas, like the Macmillan Cancer Improvement Partnership led by Manchester's three CCGs, which is trying out lung health checks for people at high risk of lung disease.

Even if we can't always prevent cancer, we can do more to stop it coming back (secondary prevention) with better local support for cancer survivors. Our plans for this include physical activity programmes tailored to the individual, mobile applications and digital platforms providing self-management information, and social support networks.

Tackling HIV

Nearly three people in every 1,000 in Greater Manchester have HIV. That's a lot more than the national average. In Salford and Manchester, the levels are high enough for the British HIV Association to recommend routine testing for all medical admissions and when people first register with a GP.

Treatment for HIV these days is very effective. But HIV symptoms are often missed, so not only are people being diagnosed late – when treatment is more expensive – there could be many others who don't know they have it. This not only affects their health and increases the risk of dying early, it means there's more chance they'll pass on HIV.

Our aim is to get rid of HIV within a generation by adopting methods being used successfully in similar areas to Greater Manchester and strengthening what we do here. This means working together across public, private and voluntary organisations and learning from similar challenges, like early diagnosis of hepatitis B and C.

We also want to make the most of our local communities' existing strengths and expand good practice in individual areas.

Key Live Well objectives

- Develop effective work and health support and help local areas to use it
- Test the focused care method more widely across deprived Greater Manchester communities
- Develop and test new ways to encourage self-care and healthy lifestyle changes
- Create 'wellness support', including a web portal, telephone advice and easier access to local services.
- Test different methods of cancer prevention, including public information campaigns to encourage people to change their behaviour and get screened
- Get experts to carry out research, profiling and evaluate campaigns of our local population to make future cancer prevention activity as effective as possible
- Evaluate and build on efforts to diagnose HIV earlier, increasing the uptake of HIV testing opportunities and develop new ways to target high risk communities.

Ageing well

Our ambition is for Greater Manchester to be a good place to grow old. We want ageing to be viewed positively and for people in later life to stay well and healthy in their own homes for as long as possible.

There is plenty happening already. Greater Manchester has been chosen as a European Innovation Partnership on Active and Healthy Ageing reference site. This recognises how

Population health in action: Easier access to testing

Manchester-based LGBT Foundation is working with local health equalities charity BHA and public health and sexual health teams to provide HIV testing in the community, including local venues like churches.

much we've done already to work together across Greater Manchester to help older people stay active and healthy. The national Centre for Ageing Better is helping fund the work of the Greater Manchester Ageing Hub, which brings together different organisations' skills and knowledge about old age. Salford Royal NHS Foundation Trust and the Haelo innovation centre are together focusing on improving the experiences of local people with dementia and their carers. The Greater Manchester Centre for Voluntary Organisation is leading a project to test community based solutions to reducing social isolation and creating age-friendly neighbourhoods.

Our population health plan is particularly focused on changeable issues associated with getting older that we know health, social care and housing services can do something about. But our work also recognises how problems like poverty and inequality build up over a lifetime and can mean some people face the physical and emotional health issues connected with ageing earlier than others.

The big issues in older people's health

Housing

Providing the right kind of homes - and more of them - is a priority for Greater Manchester for many reasons, including the need to accommodate our ageing population.

Poor housing has a massive impact on people's health at any age, but those who are older, disabled or have a long-term condition are generally affected most.

Living in cold, damp or otherwise inadequate accommodation can contribute to a wide range of problems, including heart disease, stroke, bad circulation, breathing difficulties, flu, hypothermia, falls and injuries, poor mental health, rheumatism and cancer.

A better home environment has many benefits. People are less likely to need help from health and social care services and, if they do have to be admitted to hospital, a suitably adapted, safe, warm and dry home means they can leave hospital and are likely to recover more quickly.

But often people aren't able to choose where they live. And as they get older especially, they may not be aware of the different types of housing (often combined with care) available or the help on offer that will make it easier to live independently.

Half of our local areas already offer handperson services to do small jobs as well as carrying out bigger repairs and adapting properties so they're suitable for disabled and older people. Good examples include Manchester Care and Repair, Bolton Care and Repair and St Vincent's Homecare and Repair.

We want to take this further and develop a form of home improvement agency (HIA) to test in parts of Greater Manchester Having one type of HIA would make it easier for health and care professionals to know where to refer people who need help with their housing.

The HIA could be linked to other kinds of support, like advice on benefits and housing options, assistive technology (such as emergency alarms), falls prevention, the Greater Manchester Low Carbon Hub's energy efficiency initiatives and the fire service's Safe and Well checks. And it may help us target people most in need - for instance, those with health conditions made worse by poor accommodation.

Population health in action: Salford's simple solution

A mixed team of professionals in Salford – including dieticians and Age UK – has come up with an easy way to spot when older people aren't eating properly. The PaperWeight Armband measures the person's upper arm and flags up possible weight and muscle loss problems. The armband isn't at all intrusive or uncomfortable, and has proved to be a good way to start a conversation about food and nutrition and what advice, information and support they might find helpful.

The team has also developed e-learning and other materials on how to use the PaperWeight Armband. It's already being adopted in other parts of the country and we aim to make it available across Greater Manchester with the help of our colleagues in Salford. This is a great opportunity to apply the same simple method across healthcare, social care and voluntary services, delivered as part of routine contact with older people. It may also be promoted at community events or other occasions that target older people, like flu clinics.

Nutrition and hydration

Malnutrition and dehydration pose a major risk to older people's health. Not eating or drinking properly can make it harder for someone to move around, make them unsteady on their feet, affect healing and recovery, and have an impact on mental alertness and energy levels.

But both malnutrition and dehydration often go unnoticed, and aren't diagnosed and treated until they've become serious conditions. Older people who live in their own homes are particularly at risk.

And those who need support at mealtimes or have to follow a special diet, whether they live in residential care or in the community (with home care help), are also vulnerable.

We're making it a priority in our population health plan because although it's a recognised issue in parts of health and social care (like hospital admissions and residential care homes) and there are pockets of work locally focusing on food and nutrition, we want to raise awareness of it more consistently across Greater Manchester. This is an opportunity for working more closely together that we shouldn't miss, especially because of the positive impact better nutrition and hydration can have both on individuals and the health and care system.

We also want to help older people themselves be much more aware of malnutrition and dehydration, as well as their families, carers and the health and care professionals they come into contact with. This includes promoting a better understanding of groups most at risk, like people living on their own, those who are recently bereaved, or who have memory or reasoning difficulties.

Falls and fractures

Preventing falls in older people is one of our priorities because of the massive impact falls can have – not just serious injury (including 'fragility fractures' of the pelvis, wrist, upper arm or hip that indicate osteoporosis or 'brittle bones') but loss of confidence, anxiety, increased isolation and reduced independence.

Falls trigger over 40% of admissions into nursing and residential care. Hip fractures caused by falls are the commonest reason older people need emergency surgery and a quarter of these injuries require long-term care. So they are traumatic for the individual and also put a lot of pressure on health and social care services and budgets.

Falls prevention is already a priority for every Greater Manchester local area. It's an issue we need to tackle together, including working

with care homes, physical activity providers, hospitals and other services that provide care for urgent health problems. We'll also work with experts like the National Osteoporosis Society on what's most effective.

Because of their far-reaching impact, we need to look at preventing falls in the same way we try to prevent other long-term conditions. We want to stop them happening as often and reduce the severity of injuries when they do.

The right sort of physical activity can help older people build strength and balance so they're less likely to fall – some recognised therapeutic exercise programmes can halve the risk. But it can be a challenge to get people to carry on with these exercises once they've recovered from a fall or injury. We want to train instructors – who could come from therapy or exercise backgrounds – and work with local areas to offer more activity classes designed to prevent falls.

Having one fragility fracture doubles the risk of breaking another bone, often within a year. So we need to focus on diagnosing and treating underlying osteoporosis, which weakens the bones, and addressing the possibility of further falls.

There are already fracture liaison services in hospitals, but we want to see more of them closer to home, like the extended community fracture liaison service (FLS) in Wigan. They usually involve a specialist nurse who acts as co-ordinator and a doctor who's an expert in bone disease.

They look across GP practices, community care and hospital care (like outpatient clinics and emergency departments) to identify older patients who've had a fragility fracture and/or been diagnosed with osteoporosis. Then the FLS offers each patient whatever support is most suitable for them, including assessment, treatment (like medication), telephone advice, and referral to the local falls prevention service. Staying in touch with a patient's GP

and keeping a database record of people who use the service makes it easier to monitor their progress long term.

Key Ageing Well objectives

- Learn lessons from local home improvement agencies to develop and test out a comprehensive GM model for health improvement agency (HIA)
- Build on Salford's work to develop, test and roll out a way to tackle malnutrition and dehydration
- Use the findings from Wigan's fracture liaison service (FLS) and national guidelines to develop a type of Greater Manchester FLS to try out in local areas.

How will we do all this?

We want to develop a clear way of improving population health across Greater Manchester that makes the most of our workforce and their specialist skills, and can stand the test of time. Everyone needs to come together and make a contribution. Devolution is already enabling us to share our knowledge and skills throughout Greater Manchester - and we can build on that.

We're ready to remove barriers and change the traditional methods and culture of health and care so that we understand what people have to offer and learn from carers, patients, families and volunteers. They are all valuable and we need to use them more.

For our plan to work we have to rethink the role of population health and change things to make it happen. We aim to create new leadership, governance and delivery arrangements so it's clear who is responsible for what when it comes to achieving our population health goal.

The cost of population health change

We want to move away from previous ways of doing things that have focused on individual organisations and separate areas of spending. Devolution means we can use pooled budgets for activities both in local areas and across Greater Manchester. Working in a joined-up way and providing standardised core services is much more economical.

Our plan identifies how we'll draw on the expertise of New Economy Manchester, which works to deliver policy, strategy and research and help the whole of Greater Manchester grow stronger, particularly with things like

evaluation and developing an evidence base.

This means we will carry out 'cost benefit analysis' of each new initiative to ensure it is financially worthwhile and sustainable. Wherever we can, we'll make the most of the various local and national pots of funding available, such as the Work and Health Innovation Fund, Life Chances Fund, Social Impact Bonds, Better Care Fund and Greater Manchester Health and Social Care Transformation Fund. At the same time we'll try to 'future proof' what we do so that it won't be affected by funding cuts or changes at a later date.

Sharing and using learning

Fundamental to our population health plan is understanding what will make most difference to people's lives. So we'll test and evaluate every new approach, develop a solid business case setting out why we should expand individual activities and learn lessons from what's been done before and what's happening in different local areas. We need to share information and intelligence between different organisations so that everyone can work together closely and effectively.

We want to ensure that the population health activities we decide on for Greater Manchester are agreed by all the organisations involved to give them the best chance of working well in the long term.

Consistent but flexible services

Our plans for change include a more straightforward, more joined up way to design and buy ('commission') things that will improve population health, thinking about how these all come together to affect individuals and families at neighbourhood level.

Population health in action: Realising people's value

The aim of the national Realising the Value project is for health and care to help people get the knowledge, skills and confidence to be more active in managing their own health. In Salford, social enterprise Unlimited Potential and 'community anchor' charity Inspiring Communities Together have developed activities like Salford Dadz, where fathers in areas with a lot of challenges can find positive role models, share problems and improve their children's wellbeing and their own.

We're developing a commissioning plan and consistent specifications so that we buy the best and most appropriate services, which may be provided by specialist voluntary, community and social enterprise groups. We need them to be flexible enough to meet local needs, but we must also commission services efficiently, like Greater Manchester-wide screening and immunisation programmes (especially where there are limited numbers of staff available to provide these).

Adding value

We're looking at how best to spend public money on things that offer more 'social value' and benefit everyone. In the long term, this could mean people rely less on public services. We want to build the idea of 'social value' into our health and social care culture and policies, including through training and service design.

And as a major employer – responsible for 18% of jobs in Greater Manchester – health and care needs to be a positive role model for workplace health, helping our own staff to stay healthy and act as 'health champions' in their local communities.

Involving people

We intend the voluntary, community and social enterprise (VCSE) sector to play a central role in leading and delivering radical population health solutions, especially by helping to mobilise communities and networks that support people on their own terms.

Making the most of the huge resource offered by local people and the neighbourhoods they live in is at the heart of the 'person and community-centred' way of thinking essential to our population health plan. It's all about people doing more to support each other and their wider community. These methods may range from 'peer support' for those with long-term conditions to everyday community activities like gardening clubs and local sports teams.

We want to offer different ways for people to get more involved, based on individual needs and wishes. Some might work in partnership with their carers and health and social care professionals to draw up a tailored plan of what will help them most. Others may have personal budgets, giving them control over money allocated to their health and care, or 'social prescriptions' to use services and groups outside formal health and care. People from local communities may act as 'health trainers' and 'community navigators' to help others find services that are right for them.

What happens next?

This is only a summary – the full population health plan outlines our specific goals and details of how we intend to achieve them.

Our immediate priority is to establish a core team to drive changes set out in the population health plan. A programme will be created to organise, direct and ensure delivery of the work.

We are already delivering several key projects to help improve the health of the people of Greater Manchester. In particular, we are doing a lot of work around supporting communities to prevent cancer and improving health for children in their early years. From April 2017, we will also be seeking funding in order to roll out programmes to help older people eat more healthily and drink more water, improve dental health for our children, reduce smoking in pregnancy and finally roll out at scale the 'Focused Care' model across other deprived parts of GM which will help us to find those patients most in need and then help them access appropriate care via their Primary Care and Community teams.

However, there are lots of other issues identified in the plan we need to focus on, so we are developing and refining plans to tackle them. We will then agree how these plans will be funded and roll them out towards the end of the year and beyond.

The plan includes some longer-term goals too, such as strengthening the relationship between arts activities and health and care.

The next version of our population health plan is likely to particularly focus on everyone having the right home environment, because we know what a big difference housing makes to health and wellbeing.

The second part of the new population health planning process will also pay more attention to children and young people and helping them develop well. We know that three-quarters of adult mental health problems begin before someone is 18 and that only a quarter of young people get the right mental health support.

To begin with we'll be looking at the 5-19 age group, especially working with the education system to identify pupils who are struggling. Schools, colleges and universities have told us what they want to see in their local areas, including work with community organisations to offer a strong support network for children and young people and more focus on helping whole families to develop the strength to tackle issues. We plan to then set priorities to improve the lives of 19-25 year olds.

As well as helping people into work, we'll be exploring how to support local employers so that they protect the health of their staff and enable them to develop skills and progress in their career, which has been proved to aid long-term good health.



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