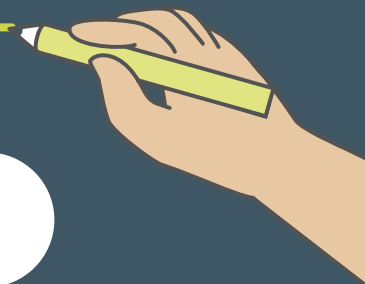


# TRANSFORMING THE HEALTH OF OUR POPULATION IN GREATER MANCHESTER

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**Progress and Next Steps**

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Good health is vital for confident, prosperous and ambitious places.

This is grounded in things many of us take for granted – good food, warm homes, decent jobs, close friends, open opportunities. We’re striving to create a place where such things are in place for everyone, so that our communities can thrive.

Working together – across organisational boundaries and with people and communities at the heart – is central. Building relationships, collaborating, listening and learning. Encouraging, supporting and challenging.

It’s fantastic to see how much has already been achieved. Our real challenge is to further develop and sustain this approach.



**DR CAROLYN WILKINS OBE**, GREATER MANCHESTER POPULATION HEALTH PROGRAMME BOARD CHAIR AND LEAD FOR SAFER AND STRONGER COMMUNITIES, OLDHAM COUNCIL CHIEF EXECUTIVE / CCG ACCOUNTABLE OFFICER.

For too long, too many people in Greater Manchester have faced serious poor health and deep-rooted inequalities.

Since taking charge of our health and social care in 2017, we’ve worked hard with a wide range of partners and our residents to reverse this situation. Our ambitious population health plan has pulled together national, local and regional funding to invest flexibly in innovative reform at pace and scale.

We are starting to see evidence that the tide is turning. More children are starting school ready to learn. Fewer adults are smoking. More are physically active and able to age healthily and independently.

But we are under no illusions that significant work remains. Only by working together, connecting the things which create good health and making this everyone’s business will we realise our ambitions and make Greater Manchester one of the best places in the world to grow up, get on and grow old.



**SARAH PRICE**, EXECUTIVE LEAD FOR POPULATION HEALTH & COMMISSIONING, GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP.

Health in Greater Manchester should and could be better, and there are unacceptable and unwarranted inequalities. As Directors of Public Health, we are working as a network to change this. We’re collaborating with local people and other partners committed to this common goal.

But success will truly come by looking even broader, and tackling the root causes of ill-health. So we’re focused on taking the opportunities of devolution to create joined-up, whole-system ways of working and put health at the heart of plans across our local areas and our city-region as a whole.



**LESLEY JONES**  
BURY COUNCIL DIRECTOR OF PUBLIC HEALTH,  
CHAIR OF GREATER MANCHESTER DIRECTORS OF PUBLIC HEALTH NETWORK.

# POPULATION HEALTH IN GREATER

## WE HAVE LONGSTANDING, DEEP-ROOTED CHALLENGES...

OUR PEOPLE DIE ALMOST TWO YEARS EARLIER...

Male life expectancy

77.8



compared to England average of 79.5

Female life expectancy

81.3

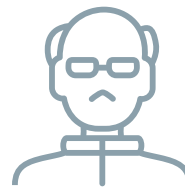


compared to England average of 83.1

17,200 preventable deaths

between 2015-17 – with all local areas above the national average rate

...AND GET SICK SOONER:



Male healthy life expectancy is

60.0

England average is 63.4

Female healthy life expectancy is

60.4

England average is 63.8



But in some areas of Greater Manchester that figure is:

below  
50

DEPRIVATION AND INEQUALITIES ARE WIDESPREAD:

Over 1 million of our residents live in areas among the 20% most deprived in England

That's 36.3% of the population, compared to an England average of 20.2%

NOT ALL CHILDREN HAVE THE BEST START IN LIFE:



12,000 children

(around 1 in 3) each year start school not ready to learn

MANY RESIDENTS ARE UNABLE TO CONTRIBUTE TO OR BENEFIT FROM OUR ECONOMIC GROWTH:

236,000

residents are out of work

150,000 of these are out of work for health reasons

TOGETHER THIS CREATES SIGNIFICANT ADDITIONAL DEMAND FOR OUR PUBLIC SERVICES:




£7bn gap

between annual income and expenditure

# MANCHESTER

## BUT THROUGH OUR INITIAL ACTIONS, THE TIDE IS STARTING TO TURN...

**Early years:**




In 2018, **200** more children started school with a good level of development, compared to 2017

**Smokefree pregnancy:**



An additional **250** smoke-free babies were delivered in the first year of our programme


**Under 5s oral health:**



**31,400** children are benefiting from supervised toothbrushing in schools and nurseries

**Making Smoking History:**

Around **46,500** fewer smokers in two years




Our prevalence rate is falling twice as fast as the national average

**Stable lives:**



Focused Care teams have brought positive changes to **over 1,800** households

**Physical activity:**



Around **67,000** more people were active in 2018 than in 2016


**Cancer prevention:**



Around **7,000** residents signed up to our network of cancer champions

**Nutrition and Hydration:**

**We've assessed more than 3,800 over 65s** in under a year – with over 90% of those at risk gaining or stabilising their weight



**Person and community centred approaches**

**Over 8,000** people have already benefitted from holistic, area-wide social prescribing programmes in our first five boroughs where they were introduced



# INTRODUCTION

## BECOMING ONE OF THE BEST PLACES IN THE WORLD

Our vision, as set out in the Greater Manchester strategy, is to make our city-region one of the best places in the world to grow up, get on and grow old.

We have many strengths to draw on to realise our ambition. Our vibrant towns, cities, communities and neighbourhoods. Our strong history of industry and creativity; of invention and innovation; of coming together for collaboration and co-operation; of pioneers, standing up for what they believe in and driving forward change. We're a home of top-class sport and some of the world's best culture. The UK's fastest growing economy. The birthplace of the NHS. A proud tradition of doing things differently.

But our place in the world depends upon the health of our population, and, when it comes to our health, things could be much better. For too long we've lagged behind other areas. People here die earlier and experience poor health younger. Deeply embedded health inequalities are blighting individual lives and straining our services.

Poor health has excluded too many local people from the many opportunities our rapidly growing city-region should present.

But these impacts reach far beyond the individual lives of thousands of our people. Poor health is threatening the development of our city-region as a whole.

As the Greater Manchester Independent Prosperity Review recently concluded...

“...poor health in some Greater Manchester communities, creating a barrier to work and to progression in work, provides an important explanation for why overall growth has been slow in the last decade. It explains why some communities have been unable to contribute or benefit more.”

These dual harms, to our people and our place, are why we are committed to achieving a radical upgrade in the health of our population, ensuring every one of our residents is able to realise their potential, unencumbered by poor health or lack of opportunity. Through this we will create a fully inclusive and rapidly growing economy, which everyone is able to contribute to and benefit from, and which firmly establishes Greater Manchester as one of the best places in the world to grow up, get on and grow old.



Photo: Marketing Manchester

## THE DEVOLUTION DIFFERENCE: TRANSFORMING THE HEALTH OF OUR POPULATION

In April 2016, following our historic devolution deal with the Government, Greater Manchester took charge of our health and social care.

We became the first, and still only, city-region with health and care devolution, making decisions locally about how to deliver the greatest, fastest improvement to the health and wellbeing of our residents.

We were empowered to develop detailed plans focused on our people and communities; to put in place new infrastructure which capitalises on local strengths and assets; and to strengthen relationships across our city-region - breaking down barriers between services and broadening our focus. This provided the bedrock for reforming our public services.

These new powers were accompanied by budgetary reforms. Health and social care were brought together through an innovative £6 billion devolution deal. An additional £450 million Health and Social Care Transformation Fund was agreed to support the development of a new health and social care system.

Our Greater Manchester Population Health Plan, published in 2017, set out how we would start to use these devolution opportunities to help everyone here have the best start in life, to live well and to age well.

Our bold and ambitious programme was backed by an initial £30 million Transformation Fund investment, which has since been supplemented by additional external funding.

By facing up to our biggest challenges and capitalising on our assets, it began tackling our significant long-term health conditions and deep-rooted inequalities.

Our focus on prevention and early intervention is being delivered through a life course approach – out of our belief that from pregnancy right through to ageing we have multiple opportunities to enhance future quality of life.

**The first section of this report (pages 10 to 40), coming midway through our population health plan’s initial five-year period, sets out the progress we have made so far in delivering these aims.**

Our population health plan, however, is only the start of realising our vision. The scale of the challenges we face and the potential rewards available through devolution mean we must do even more.

We are already going further and faster, and starting to put the health of our people at the heart of public policies and strategies across our city-region. But we can increase the scale and pace of change.

As a key part of ‘The Greater Manchester Model’ of public service delivery, we are creating “one public service”, a truly preventative and person-centred way of doing things.

This means placing health at the centre of how we develop our approaches to early years, education and skills, transport, housing, places and spaces, and jobs and businesses. We believe this seismic change in thinking is as radical as the creation of the welfare state and the NHS.

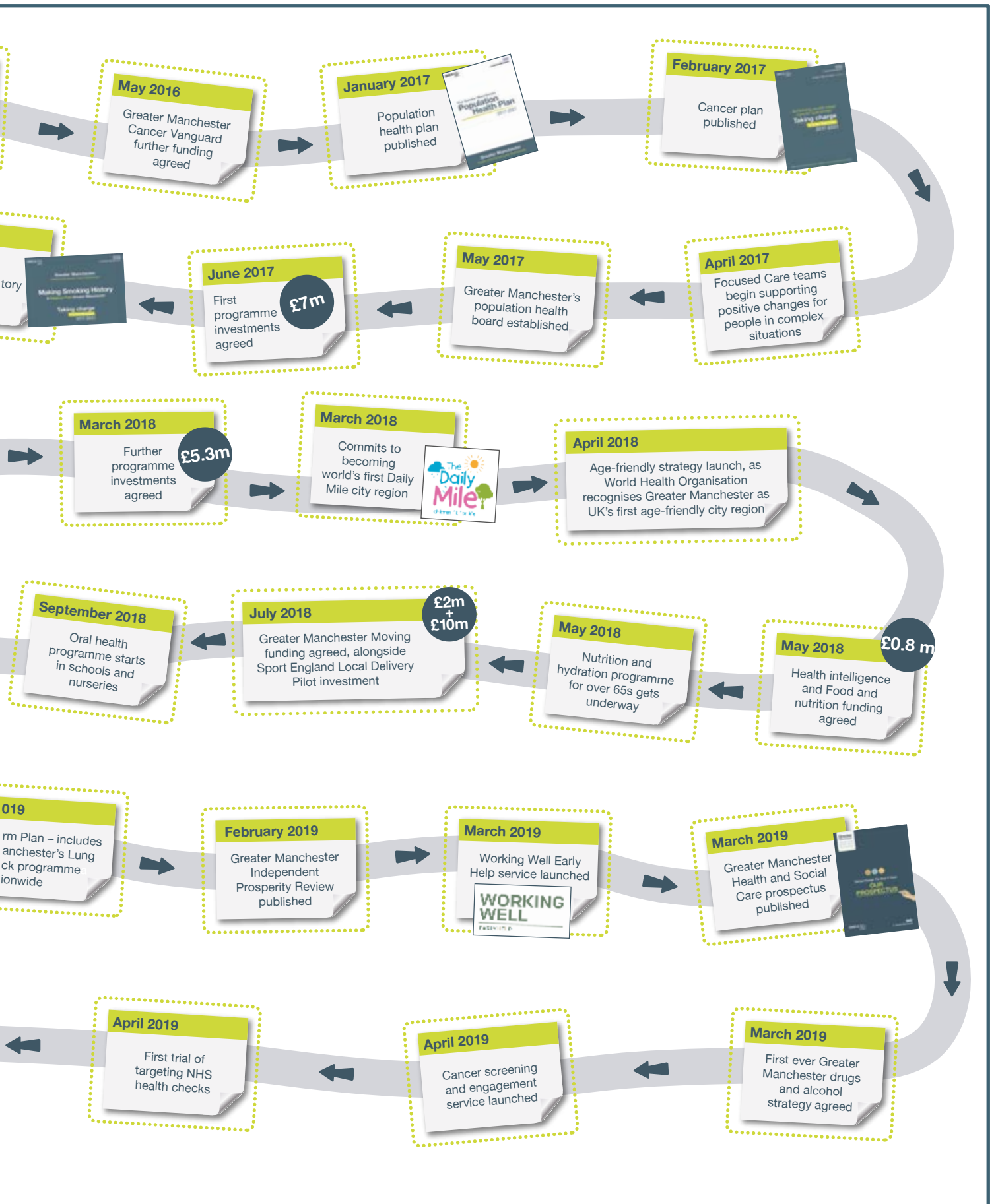
Only by putting population health at the heart of everything will we realise our big ambition – for our people to both demand better health and have the confidence to change their own lives.

**The second section of this report (pages 41-45) looks forward to how we’re building on our population health plan and fully using the opportunities of devolution to create a Greater Manchester population health system.**

# OUR POPULATION HEALTH JOURNEY







# PART ONE:

## THE GREATER MANCHESTER POPULATION HEALTH PLAN 2017-2021


Our population health plan was published in January 2017, setting out our bold and ambitious approach to delivering a radical upgrade to the health of our 2.8 million residents.

Rooted in the best available evidence of impact, and looking to achieve a balance of short, medium and long-term improvements, we committed to an initial 25 programmes of work which we believed would add most value to the priorities being delivered in our ten local areas.

The majority of these programmes focused on helping all of our residents to start life well, live well and age well. These are supported by reforms to

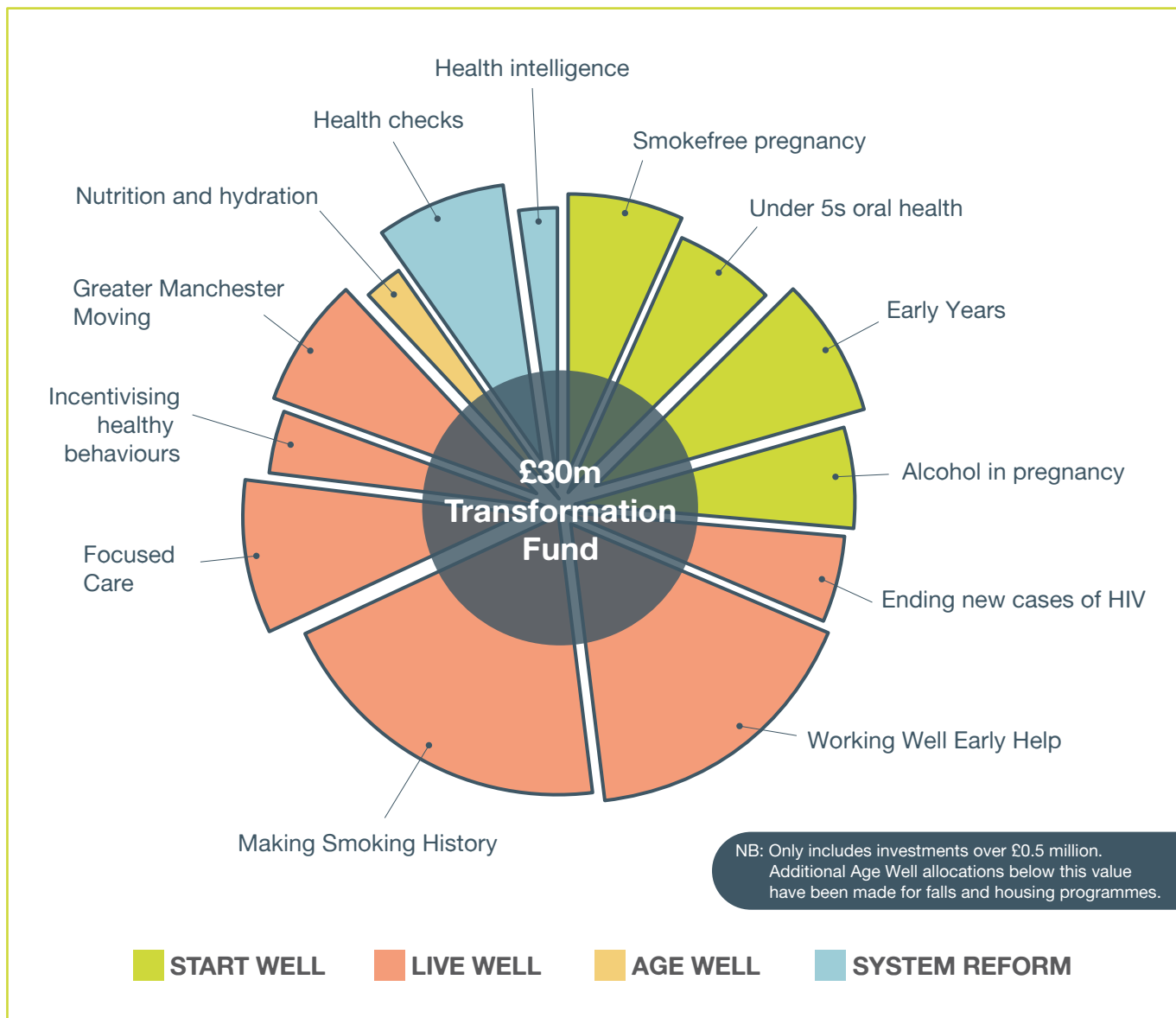
our health and care system which are facilitating our delivery and establishing a more unified, consistent approach. Underpinning our ambition is our goal of building connected and empowered communities, where people take control of and make decisions about their own health and look after themselves and each other. Person and community centred approaches are therefore at the heart of our plan.

### OUR INITIAL POPULATION HEALTH PROGRAMMES

<p><b>START WELL</b></p> <ul style="list-style-type: none"> <li>p14 EARLY YEARS</li> <li>p16 UNDER 5s ORAL HEALTH</li> <li>p17 SMOKEFREE PREGNANCY</li> <li>p18 ALCOHOL IN PREGNANCY</li> </ul>	<p><b>AGE WELL</b></p> <ul style="list-style-type: none"> <li>p31 NUTRITION AND HYDRATION</li> <li>p32 FALLS</li> <li>p33 HOUSING</li> </ul>
<p><b>LIVE WELL</b></p> <ul style="list-style-type: none"> <li>p19 DRUGS &amp; ALCOHOL</li> <li>p20 MAKING SMOKING HISTORY</li> <li>p22 GREATER MANCHESTER MOVING</li> <li>p23 FOOD, NUTRITION AND HEALTHY WEIGHT</li> <li>p24 WORKING WELL EARLY HELP</li> <li>p25 FOCUSED CARE</li> <li>p26 ENDING NEW CASES OF HIV</li> <li>p27 SEXUAL HEALTH</li> <li>p28 IMPROVING CANCER SCREENING AND PREVENTION</li> <li>p29 LUNG HEALTH CHECKS</li> <li>p30 INCENTIVISING HEALTHY BEHAVIOURS</li> </ul>	<p><b>SYSTEM REFORM</b></p> <ul style="list-style-type: none"> <li>p34 HEALTH CHECKS</li> <li>p35 SOCIAL VALUE</li> <li>p36 TRANSFORMING OUR WORKFORCE</li> <li>p37 HEALTH INTELLIGENCE</li> <li>p38 COMMON STANDARDS</li> <li>p39 HEALTH PROTECTION</li> </ul> <p><b>PERSON AND COMMUNITY CENTRED APPROACHES</b></p> 

## OUR INVESTMENT

Our Population Health plan was initially backed by £30 million of investment from the £450 million Transformation Fund agreed with NHS England to enable us to transform health and care in Greater Manchester.



This Transformation Funding is only part of our overall investment in transforming the health, wealth and wellbeing of our 2.8 million residents. With our ambitions and initial actions as catalysts, we have successfully leveraged millions of pounds of additional public and private funding including:

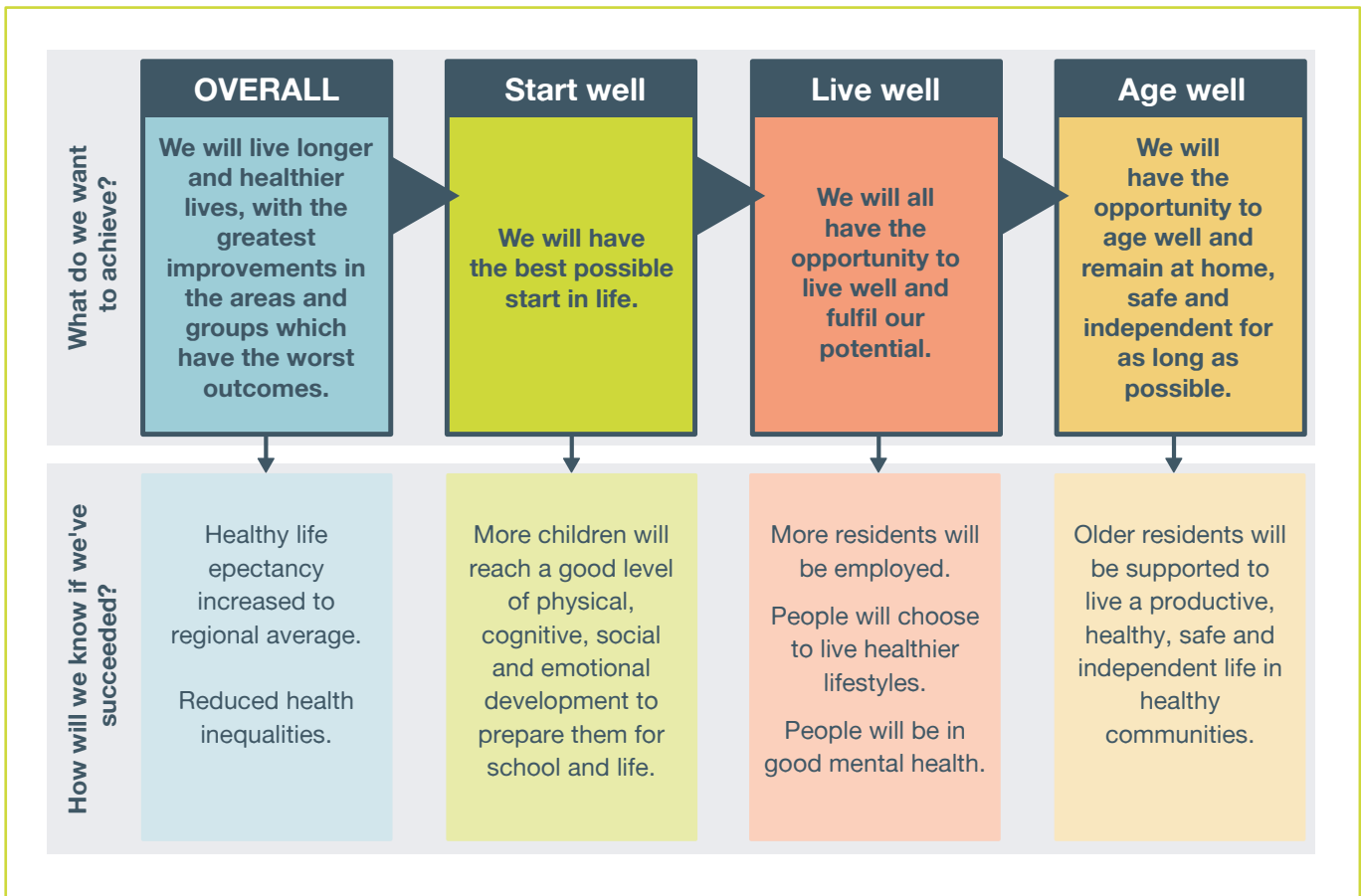
- £10 million from Sport England to support our ambition for more people to be physically active
- £4 million from Greater Manchester Combined Authority, the cross-government Work and Health Unit and European Social Fund to help people with poor health stay in or return to work
- £2 million, in partnership with the Greater Manchester Cancer programme, to roll out our innovative CURE programme across 6 further sites as a key component of our plans to make smoking history.

## OUR OUTCOMES

To ensure we are delivering our population health plan at the pace and scale we set out, we have developed a population health outcomes framework, co-designed with a wide range of health and social care, wider public service and academic partners.

This streamlines the thousands of measures that currently exist within our system. It focuses on the key outcomes which adversely impact upon the health and wellbeing of our population.

These key outcomes are summarised as:



We are now mid-way through the initial five-year period of our Greater Manchester Population Health Plan, 2017-2021.

Our plan includes a range of short-, medium- and long-term targets. Some of these we aim to achieve within the initial five-year period, and others beyond.

We are clear that reversing generations of poor health outcomes and deep-rooted inequalities won't happen overnight. Many of the results of the changes we are making will not be felt for years, or even decades, to come.

But we are making progress we are proud of, and starting to see signs that give us renewed optimism as we enter the second half of the first leg of our journey.

## OUR FOCUS ON PEOPLE AND COMMUNITIES

Communities, both place-based and where people share a common identity or affinity, have a vital contribution to make to health and wellbeing and the design and delivery of public services. Connected and empowered communities are healthy and prosperous communities.

Research has found that health services impact on as little as 10% of health and wellbeing, with the remaining 90% determined by factors such as housing, income, education, transport and our friends, families and communities, and individual behaviours.

Our population health plan therefore sets out

a vision for a health and care system based on person and community centred approaches – supporting wider health and wellbeing, focusing on the whole person, their life and circumstances.

Our aim is that all of our public services should routinely connect people with support, activities and groups in their community. These key assets have a vital role in helping to prevent and manage long-term health conditions, maintain independence and improve health and wellbeing.

There are four key aspects to person and community centred approaches that we are adopting:



### Initial impacts

Eight of our local areas have now commissioned holistic, area-wide social prescribing programmes. Over 8,000 people have already benefitted across five boroughs.

By the end of 2018, over 2,000 personal health budgets were in place, helping people get NHS continuing healthcare at home.

Hundreds of staff and volunteers have received training to become confident and skilled in person-centred conversations.

## START WELL: EARLY YEARS

**We're working with partners to transform early years services, helping more children start school ready to learn and be able to realise their full potential.**

### Why is this important?

11,800 Greater Manchester children start school each year without reaching a good level of development. That's almost a third of new pupils already behind their peers.

This is harming their life chances and holding back our region's development. The 2009 Manchester Independent Economic Review highlighted early years as key to closing our skills and productivity gap. What happens in our children's first years can also impact on education, health and crime.

Analysis has found that each year of inadequate early years provision costs the city-region £18 million over 25 years – with almost a quarter picked up by public services.

### What are our aims?

We want every child in Greater Manchester to have the best start in life. This means that every child grows up in an environment that nurtures their development, derives safety and security from their parents/care givers, accesses high quality early years services and has a belief in their goals and their ability to achieve them.

We'll meet or exceed the national proportion of children reaching a good level of development by the end of reception by 2021. This would mean that approximately 1,300 more children each year start school ready to learn.

All of our early years settings will be rated 'good' or 'outstanding' by Ofsted. And all parents will have access to the support they need, at the time they need it.

70 fewer low birth weight babies will be born every year. Low birth weight increases the risks of death and developmental problems in childhood and is associated with poorer health in later life.

### How are we doing this?

Through a region-wide collaboration, we're developing a new school readiness programme. This will enhance services for all children and ensure everyone has access to the right level of support at the right time.

The programme builds upon our Greater Manchester Early Years Delivery model, launched in 2012. The model recognises the '1001 critical days' between conception and age 2. It includes universal and targeted pathways based on consistent, integrated age-appropriate assessments that promote early intervention and prevention.

We are collaborating through further work focusing on priority themes: delivering an evidence-based model, embedding best practice pathways, developing our workforce and enhancing the way we use data and technology.

Specific activities include:

- Developing Greater Manchester-specific standards and measures for school readiness
- Implementing an early years sector support model, with schools as system leaders
- Embedding best practice pathways in key areas including speech, language and communication, physical development and complex needs
- Improving the collection and use of data to better inform early years practices and the commissioning of services
- Supporting the sharing and scaling-up of existing best practice
- Creating a Greater Manchester Early Years Workforce Academy to deliver a high-quality training and development programme for early years providers. This will ensure more

**Lucy Powell MP**, Greater Manchester's political lead for school readiness:

"We have a big ambition to be the place in the UK where transforming life chances happens in the early years".



consistent skills and knowledge, with a particular focus on shared values, language and behaviours. It will also provide greater access to ongoing development and support through professional groups and services.

Shared accountability, leadership and collaboration is critical to achieving our ambitions.

School readiness is one of the seven priorities for action in the comprehensive Greater Manchester Children and Young People’s Plan, published in June 2018. The plan’s delivery is being overseen by a Children’s Board which brings together a wide-range of partners including political leads, directors of children’s services and representatives of Greater Manchester Police, Greater Manchester Combined Authority and the Greater Manchester Health and Social Care Partnership.

Our specific early years programme investment adds to significant spend on complementary initiatives, including oral health (see page 16), smokefree pregnancy (page 17), mental wellbeing and digital support.

### What have we already achieved?

We are beginning to narrow the gap between school readiness levels in Greater Manchester and the national average, with the benefits of our earliest activities starting to be felt.

In 2018, 11,800 children in Greater Manchester had reached a ‘good level of development’ by the end of reception. This rate of 68% is a substantial improvement in school readiness since 2013. It means that approximately 200 more children started school ready to learn compared with 2017.

And we’re seeing positive improvements for our disadvantaged children; outcomes for pupils eligible for Free School Meals have improved by 7 percentage points since 2015, narrowing the gap with the England average.

But we know that more needs to be done.

Our full programme will get underway this year, with the impacts seen over the years ahead as the children we engage reach school age.



## START WELL: UNDER 5s ORAL HEALTH



We're reducing tooth decay among under 5s in four priority areas where it has been persistently high for generations.

### Why is this important?

36% of five-year-olds across Greater Manchester have tooth decay. In some local areas this figure exceeds 50%, compared to an England national average of 25%.

Between 2014 and 2017, our hospitals extracted teeth from over 15,000 children at a cost to the NHS of around £1,000 a time. This contributes significantly to the £20 million spent each year treating preventable tooth decay in our children.

### What are our aims?

We'll reduce levels of tooth decay in under-5s, and thus the number of children needing decayed teeth removed under general anaesthetic and the costs of associated dental care treatment.

This will improve quality of life and narrow inequalities for thousands of our children – by

reducing pain, sleepless nights, missed school days, and days off work for parents.

### How are we doing this?

Building on local initiatives and working with partners, we've developed and invested in a new evidence-based programme focused in Bolton, Rochdale, Salford and Oldham – the four areas of Greater Manchester in NHS / Public Health England's national priority locations for improving children's oral health.

Introduced in September 2018, this complements local work to increase fluoride application to children's teeth, improve oral health education and make regular toothbrushing the norm.

Specific actions include introducing supervised toothbrushing every day in schools and nurseries; training and supporting a new network of dental champions in early years settings; working with health visitors to provide advice and toothbrush / toothpaste packs to new families; and improving access to quality dental services for all under-5s.

### What have we already achieved?

31,400 children in 722 early years settings across Bolton, Rochdale, Salford & Oldham are now benefiting from daily supervised toothbrushing. Schools and nurseries are reporting that, as well as preventing dental decay, this is bringing additional positive impacts for children's dexterity, learning, language development and school readiness.

In addition, health visitors have provided toothbrush / toothpaste packs to the families of 3,633 under-3s across these four priority areas.

Over 4,000 extra children have visited a dentist in these four boroughs since our programme began.



**Claire Stevens**, paediatric dentistry consultant, Manchester University NHS Foundation Trust:

“This new initiative is aiming to tackle the very real problems we face, with large numbers of young children experiencing significant tooth decay often before they even reach school age”



## START WELL: SMOKEFREE PREGNANCY



**We're halving the number of women who smoke while pregnant, protecting thousands of babies from the significant dangers of tobacco.**

### Why is this important?

In early 2017, more than 4,500 pregnant women across Greater Manchester smoked at the point of giving birth. That's 12.8%, or 1 in 8, of all new mothers.

Smoking is the biggest modifiable risk to a child during and after pregnancy. It is a significant cause of miscarriage, stillbirth and early infant deaths. Additional potential impacts include sudden placenta rupture and stroke and heart disease in mothers, and birth defects, obesity and asthma in children.

### What are our aims?

We will reduce the number of women who smoke while pregnant by more than half – to 6% by 2021. This would mean over 5,000 additional babies being born smokefree.

This is part of a wider NHS Saving Babies' Lives care programme, through which we aim to reduce stillbirths by 20% by 2021.

It also supports our wider Making Smoking History programme's aim of reducing our smoking rates by a third by 2021 (see page 20).

### How are we doing this?

We have introduced the proven "babyClear" model through which smokers who are expecting are provided advice and help to quit. Maternity staff and stop smoking advisors are receiving additional training and support to ensure that all expectant parents are monitored for dangerous levels of carbon monoxide and, where appropriate, offered advice and support to quit smoking.

We're also working with local universities to train

the next generation of midwives on the importance of supporting women to stay smokefree during pregnancy.

In many areas we are also offering an innovative package of additional support and incentives to stop smoking and stay quit up to at least their child's first birthday. This is available to people who are most likely to struggle to stop smoking.

### What have we already achieved?

By early 2019, a year on from introducing our programme, the proportion of mothers known to be smokers at the time of giving birth has reduced to 11.7%. An additional 250 smokefree babies were delivered in the first year of our activities.

This rate of mothers known to be smokers at the time of giving birth is falling here faster than for England as a whole. The gap has closed from 1.8% to 0.8% in just over a year.



**Charlotte and Harry**, residents, Bury:

"Finding out I was pregnant, we were like, 'We need to stop smoking, now'. I definitely tell people to seek out any health services to aid them. We wouldn't have done it without them"

## START WELL: ALCOHOL IN PREGNANCY



**We're becoming a world-leader in reducing alcohol in pregnancy, with an ambition to end all new cases of Foetal Alcohol Spectrum Disorders.**

### Why is this important?

Drinking during pregnancy brings a range of risks - such as the baby being born early or with a low birth weight, which increases the risks of childhood mortality, developmental problems, and poorer health in later life.

A significant number of children are thought to be born each year in Greater Manchester with Foetal Alcohol Spectrum Disorder (FASD), a lifelong disability caused by being exposed to alcohol in the womb. They are significantly more likely to be diagnosed with conditions including ADHD, autism and depression, and are at increased risk of having a disrupted education and coming into contact with children's services and the criminal justice system.

The majority will not be correctly diagnosed, and therefore not receive the support they need.

### What are our aims?

We aim to become a world leader in reducing and responding to the impacts of drinking alcohol during pregnancy.

Our ultimate goal is to end all new cases of Foetal Alcohol Spectrum Disorders. We'll do this by

raising awareness of the avoidable damage and establishing the clear and simple fact – that there is no safe time or safe amount to drink during pregnancy.

### How are we doing this?

As part of our overall drugs and alcohol strategy (see page 19), we're investing in a pioneering new approach to reducing alcohol in pregnancy.

Expectant mothers and their partners will receive guidance and support throughout their journey to parenthood – when planning, while pregnant, and after giving birth. We're also reaching out to people at risk, such as those likely to have an unplanned pregnancy.

These actions are supported by new training across our health and social care workforce. In addition, a major public awareness campaign will raise awareness of the harms and encourage all would-be parents to go alcohol-free and make every trimester a #drymester.

We are starting off in four areas, learning as we go. Subject to the success of our initial programme and the availability of additional investment, we then aim to roll this out further across our region. We'll share our evidence and insight on a national and global stage so others can benefit far beyond our ten boroughs.

### What have we already achieved?

Our full programme launched in May 2019. We have already trained 100 members of staff to deliver interventions to reduce alcohol exposed pregnancies.

Through an initial project in Tameside, the numbers of pregnant women testing positive for alcohol consumption fell from 34% to 5% by their 15-20 week appointment.



**Raja Mukherjee**, consultant psychiatrist, Foetal Alcohol Spectrum Disorder Service, Surrey and Borders Partnership NHS Foundation Trust:

“This programme is really exciting and a beacon for other areas to model”

## LIVE WELL: DRUGS & ALCOHOL



We're making it everybody's business to tackle the impacts of drugs and alcohol and create a place where everyone can be safe from their harms.

### Why is this important?

Alcohol causes almost 400 deaths, 1,000 cancer diagnoses and 22,000 hospital admissions a year in Greater Manchester. The rate of deaths is 50% higher than for England.

Over 15,000 children live with alcohol dependent adults, 165,000 with at least one parent who binge drinks, and 11,000 with a drug dependent adult.

Our city-region has seen a 74% rise in drug related deaths over the last 10 years.

Alcohol harm costs our public services £1.3bn a year – that's almost £500 for every resident.

### What are our aims?

We want to improve wellbeing, safety and prosperity by reducing the harms caused by drugs and alcohol.

But we are realistic in our ambition. We have a far bigger problem than most other places in England, so are focused initially on closing the gap. This alone is an enormous challenge.

### How are we doing this?

We've worked with partners and people affected by drugs and alcohol to develop our first ever combined drugs and alcohol strategy. This sets out how we will use the opportunities of devolution to make drugs and alcohol everybody's business, by transforming services and support and encouraging people to behave safely and responsibly. Its actions and commitments are focused in six priority areas:

- Prevention and early intervention
- Reducing drug and alcohol related harm
- Building recovery in communities

- Reducing drug and alcohol related crime and disorder
- Managing availability and accessibility
- Establishing diverse, vibrant and safe night time economies.

Alongside this, we have undertaken the region's biggest ever engagement around the impact of alcohol in our communities and the views of local people. The Big Alcohol Conversation explored the scale of nature of alcohol-related harm and people's appetite for change. The results will inform an 'Ambition for Alcohol' setting out actions we could take, co-designed by our residents and businesses.

### What have we already achieved?

The Greater Manchester Drugs and Alcohol Strategy was approved in March 2019 and implementation is underway.

More than 5,000 people joined in the Big Alcohol Conversation. Independent evaluation found significant changes in awareness of alcohol-related harms, appetite for change and feelings of ability to make a difference among people who engaged with the campaign.



**Baroness Beverley Hughes**, Greater Manchester's Deputy Mayor for Policing, Crime, Criminal Justice and Fire:

“We want to be a place where everyone can be safe from the harms caused by drugs and alcohol. Reducing these harms is central to improving the safety, wellbeing and prosperity of our city-region”

## LIVE WELL: MAKING SMOKING HISTORY

**We're reducing the number of smokers in Greater Manchester by a third – at a pace and scale greater than any other major global city.**

### Why is this important?

In 2016, 18.4% of Greater Manchester adults smoked, compared to 15.5% across England. This equated to around 393,000 smokers in our city-region.

One in two smokers will die from a smoking-related illness. An estimated 4,500 of our residents die from smoking-related causes every year - that's around 13 people a day having their lives cut short, many of them in middle age. Many more are living with chronic health conditions linked to their smoking.

Smoking is the biggest single driver of health inequalities. Almost 88,000 of our households below the poverty line include a smoker.

### What are our aims?

We're inspiring and supporting a third of smokers to quit by 2021. Reducing our smoking rate to 13% would mean 115,000 ex-smokers and would close the significant gap between Greater Manchester and England rates. As well as vastly improving the health of our population, our ambition could lift more than 34,000 households and 62,000 people out of poverty.

Longer-term, we aim to reduce the percentage of population who smoke to 5% by 2027.

We have specific targets for groups where impacts are particularly high, including routine and manual workers and pregnant women (see page 17).

### How are we doing this?

Our uniquely ambitious five-year strategy aims to Make Smoking History. Building on a proven World Health Organisation model, this features seven key components:

- Grow a social movement for a Tobacco Free Greater Manchester
- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit

- Warn about the dangers of tobacco
- Enforce tobacco regulation
- Raise the real price of tobacco

Our approach includes innovative programmes like 'swap to stop', offering free e-cigarette starter kits to help people change from tobacco, and 'CURE' which provides support and stop-smoking medication to all smokers when they are admitted to hospital.

Alongside such new approaches to tackling tobacco addiction, we are also investing in impactful mass media campaigns to remind people why they should stop smoking and give them the motivation to try to quit. These are combined with actions to change social norms - such as creating more smokefree public spaces and growing a social movement of residents ending tobacco harms. In addition we're tackling illegal tobacco and securing better regulation of the sale of tobacco products.

### What have we already achieved?

Recently published official data showed the rate of residents who smoke had fallen to 16.2% in 2018, from 18.4% in 2016. This represents around 46,500 fewer smokers since our programme began.

The proportion of people who smoke is falling twice as fast here as it is across England as a whole. This has seen the gap between England and Greater Manchester prevalence rates fall from 2.9% in 2016 to 1.8% in 2018.

In October 2018, the CURE programme was launched at Manchester's Wythenshawe Hospital. This programme is the first of its kind in the UK and is based on a successful initiative in Canada. It aims to treat all smokers for their tobacco addiction when admitted to hospital for any reason, with initial stop-smoking advice followed up by access to ongoing support both while in hospital and after being discharged.

In its first six months, CURE identified 2,393 smokers admitted to Wythenshawe Hospital. 96%



of these (2,297 people) were provided with brief advice and an initial intervention from the admitting team, and 61% (1,401 people) had a specialist assessment with the CURE team.

589 people supported by the CURE team had stopped-smoking four weeks later – this rate of 42% is significantly higher than the National Institute for Health and Care Excellence (NICE) performance target for specialist stop-smoking services of 35%.

The initial ‘swap to stop’ pilot ran in Salford in spring 2018. This enabled 1000 smokers living in deprived areas to access free e-cigarette starter kits, alongside local stop-smoking support. 614 participants completed a four-week follow up consultation; 63% (383 people) were validated to have stopped smoking. Over half of these were in routine and manual occupations.

For the period of the pilot, the number of people recorded in Salford as having quit smoking increased by nearly 300% compared to the same quarter the previous year. This showed that the offer and promotion of the free e-cigarettes significantly increased demand for stop-smoking services, particularly by residents from the most deprived groups.

In February 2018, the ‘Don’t Be The One’ mass media campaign highlighted that smoking kills one in two smokers. Campaign evaluation found that around a third of Greater Manchester smokers took some kind of quit-related action.

A subsequent large-scale insight research project provided us with more in-depth knowledge about local smokers than ever before. This helped to develop a new brand identity – You Can Stop Smoking. An associated ‘exsmoker’ campaign began in March 2019, featuring real voices and stories to provide positive and hard-hitting messages to bolster smokers’ confidence and motivation to quit.



**Professor John Britton**, Director of the UK Centre for Tobacco and Alcohol Studies:

“CURE is an example of true leadership in delivering smoking treatment services in secondary care”

## LIVE WELL: GREATER MANCHESTER MOVING



As the UK's first 'walking city-region', we're making walking a normal part of everyday life and supporting 75% of people to get active.

### Why is this important?

Inactivity is the fourth leading cause of early deaths. More than a quarter of our adults, over 756,000 people, and 4 in 5 of our children do insufficient exercise to benefit their health.

Regular physical activity can help prevent chronic diseases such as heart disease, diabetes and cancer.

More activity can also improve mental health, reduce stress, increase self-esteem, strengthen friendships and community relationships, and improve our air quality.

Inactivity also costs our economy £325 million. 15 million days a year are lost through sickness across the North West – with active workers taking far fewer sick days.

### What are our aims?

We're becoming the UK's first walking city-region – encouraging everyone regardless of age, ability or circumstance to get moving for 15 minutes every day.



This contributes to our overall target of decreasing the number of adults doing less than 30 minutes of moderate activity a week. We ultimately aim for 75% of residents to reach this amount.

This will improve the health and wellbeing of our residents, reduce health care costs and lead to a cleaner, greener city by reducing car use.

### How are we doing this?

We're creating an unprecedented moving culture, to make walking a normal part of everyday life. Underpinned by our investment, this is beginning a social movement, with a network of champions and new opportunities, resources and incentives. This includes embedding the Daily Mile in our schools, workplaces and wider communities.

Our approach is a key part of a comprehensive Greater Manchester Moving plan, delivered with GreaterSport, Greater Manchester Combined Authority, Sport England, and hundreds of partners and communities.

This is supplemented by additional funding from Sport England as a local delivery pilot area, to test and explore new measures. Greater Manchester is also investing in infrastructure, introducing more than 1,000 miles of new cycling and walking routes to create the UK's largest joined-up walking and cycling network.

### What have we already achieved?

Around 67,000 more people were active in 2018, compared to two years previously. This is a fall in inactivity rates of 1.7% - compared to a national reduction of 0.5% in the same period.

45% of our primary schools – almost 400 schools with an estimated 110,000 pupils – join in the Daily Mile. More than three extra schools a week got involved in the past year.

**Elaine Wyllie**, former head teacher and founder of The Daily Mile said:

“It's wonderful to see The Daily Mile being championed across Greater Manchester in all settings from nursery and primary schools, to workplaces”

## LIVE WELL: FOOD, NUTRITION, HEALTHY WEIGHT



We're transforming our food environment to make healthy choices easier, more available and more affordable.

### Why is this important?

Poor diet has been found to be the behavioural risk factor with the highest financial impact on the NHS – with related ill health costing the UK £5.8 billion a year. Excess weight and high blood sugar are two of the greatest risk factors for ill health, while overall more than half of the 24 most influential disease risk factors are linked to diet.

This burden is expected to grow even further, with diet and nutrition related health problems – such as type 2 diabetes, obesity and chronic kidney disease – increasing.

Around two-thirds of our adults are overweight or obese. And with more than 1 in 3 ten- and eleven-year olds overweight, our childhood obesity rates are among the worst in the country.

Food poverty is a real and growing problem here too. This has links to broader social issues such as unemployment, school readiness and 'school holiday hunger'. A positive approach to food has the potential to bring people together, reduce social isolation, help people build life skills and strengthen individual and community resilience.

### What are our aims?

We're looking to capitalise on the opportunities of devolution to start to change our approach to food. Ultimately, we aim to create a system which is less damaging to physical health, wellbeing and equality.

There are many benefits this could bring – from improving people's diets and access to fresh fruit and vegetables, to growing local food co-operatives and boosting community participation.

We also aim to reverse our high levels of obesity, particularly in childhood.

### How are we doing this?

Our first step is undertaking a detailed review of all aspects of food in our city-region. This is identifying opportunities and priorities and setting out how our new approach can have the most impact. Potential areas we're exploring include

legislation, procurement and workforce health and wellbeing.

We're working with a wide range of partners, including from the voluntary, community and social enterprise (VCSE) and social housing sectors. Together we'll develop a Good Food Strategy to support better diets, nutrition and health.

We're not starting from scratch. We already have a large number of quality projects and initiatives across our communities, and the Good Food Greater Manchester food board.

We'll build on these by establishing a new body to strengthen collaboration and drive forward the strategic leadership needed to embed food across our social and political landscape.

We'll start to tackle obesity by identifying existing best practice and priorities for healthy weight in childhood. This will contribute to a dedicated Greater Manchester Obesity Strategy. An early key area of focus will be to establish healthy NHS premises.

### What have we already achieved?

Our initial strategic review is nearing completion, allowing us to identify and then implement our detailed approach.



## LIVE WELL: WORKING WELL EARLY HELP



We're helping thousands of people at risk of long-term unemployment because of their health, boosting their chances in life and our region's economy.

### Why is this important?

Being out of work can lead to poorer general health, worsened mental health, increased likelihood of dying earlier, decreased physical activity and greater alcohol and tobacco use.

More than 150,000 working-age residents are not in employment due to a health condition. That's almost two in three out-of-work adults .

Local adults with long-term health conditions are nearly 13% less likely to be in work than those without.

Almost half a million 'fit notes' were issued by our GPs to people off work sick for more than seven days in 2016/17.

98% of our businesses are Small or Medium Enterprises (SMEs). The vast majority have no occupational health or employee assistance programmes.

### What are our aims?

Over the next three years, we aim to support 11,000 adults who are newly unemployed or in work but at risk of losing their employment due to a health condition.

We will support our region's SMEs to retain staff and better manage health in the workplace, by testing how best to 'fill the gap' in occupational health and wellbeing services.

We also aim to reduce the burden of statutory sickness processes on our GPs.

By joining doctors, employers, Jobcentre Plus advisors, individuals and support services to take

early action in partnership, we aim to change how health and employment services work together.

### How are we doing this?

We've provided over half of the funding for the brand new Working Well Early Help Service, which we launched in March 2019. This is the largest ever NHS investment in local employment support and adds a prevention programme to Greater Manchester's successful 'Working Well' approach.

The first service of its kind in the country provides residents with ill health up to six months of individually tailored support from a dedicated caseworker. The early intervention focuses on the crucial point when people are first starting to be at risk of falling out of employment or are newly out of work.

Working Well Early Help also provides local businesses with advice and support on employment and health issues, helping them retain staff and access services they may not otherwise benefit from. This includes testing a new approach to complement existing 'fit notes' with accompanying guidance to help boost each employee's health, attendance and productivity.

### What have we already achieved?

In its first three months, Working Well Early Help engaged almost 200 residents.

The wider family of Working Well programmes have so far assisted more than 20,000 unemployed people with health conditions to move towards work.

**Andy Burnham**, Mayor of Greater Manchester:

"Supporting people with health conditions to stay in work or get back to work rapidly is key. This not only helps them and their families but it is essential to support and grow our economy"



## LIVE WELL: FOCUSED CARE



**We're helping people with extreme poor health in complex situations to lead more stable lives and overcome barriers to accessing services.**

### Why is this important?

90% of health and wellbeing is determined by factors such as housing, income, education, relationships and behaviours. Complex and chaotic situations can leave people trapped in a downward spiral – with their problems impacting on their health which in turn adds to the instability in their lives. This can result in serious and multiple long-term health conditions, worsened inequalities and dependence on health and care services.

These situations – more typically found in areas of severe deprivation - can significantly increase the volume and complexity of work for General Practices and wider primary care. Patients with complex needs often access services in crisis, where the cost is highest to the person and the system.

But many people's situations bring with them significant barriers to seeking support.

### What are our aims?

We're helping thousands of residents in deprived communities to find more stability in their lives.

We're supporting individuals and their families to overcome complex health conditions and their impacts, and to deal with the situations in their lives which contribute to them.

As well as improving the health of many residents with the poorest outcomes, we aim to see improvements in their overall life chances – greater independence, better housing, reduced debt, improved safeguarding, increased screening and vaccination, and secure employment.

Our support will also reduce the additional demands placed on primary care services,

particularly General Practice and their staff and volunteers, by people who require more than a prescription to fix their problems.

### How are we doing this?

We've provided funding for new Focused Care practitioners who work alongside GPs and other health and care professionals to provide an alternate 'whole person approach' to responding to people's complex health needs and the life pressures which heighten them.

Working alongside patients and staff in communities of particularly high deprivation, these practitioners are supporting GP teams to engage with local people and services and help unpick complex situations in people's lives. They provide clinical, practical and social support to bring stability and help overcome barriers to accessing regular services.

Many people they support have physical and mental health issues and face challenges such as addiction, domestic violence, social isolation, poor diet and low income.

### What have we already achieved?

Since April 2017, our new teams have been introduced in more than 30 GP practices in communities where there are particularly high levels of severe deprivation.

They have so far worked with over 1,800 households, with a focus on improving safeguarding, enhancing housing, reducing isolation, increasing school attendance and volunteering, and assisting people to return to work.

### Greater Manchester resident:

“My brother has suffered with mental illness for a long time to the worst point him not wanting to live and being homeless because of debt. Focused Care helped set him on the right track”

## LIVE WELL: ENDING NEW CASES OF HIV



We're working to achieve an ambition to end new cases of HIV in a generation.

### Why is this important?

Greater Manchester has significantly higher than average rates of infections and diagnoses of HIV. In some locations, infection rates are more than double the England average.

Over 5,600 residents are living with HIV. Around 745 more are unaware they are infected, increasing risks of onward transmission.

Almost 300 new cases are diagnosed every year. 44% of these are at a late stage, when treatment is most costly and least likely to be successful.

As well as causing poor health for individuals, each new HIV diagnosis is estimated to cost public services a total of £360,000.

### What are our aims?

As a member of the global Fast-Track Cities initiative, we're committed to ensuring that

by 2020 90% of all people living with HIV are diagnosed, 90% of people diagnosed are on treatment, and 90% of those being treated have reduced infection to levels which prevent HIV being passed on.

But we're looking beyond this – ultimately to end new HIV infections by 2043.

### How are we doing this?

We've invested in a new programme to scale up testing, provide enhanced services, and ensure those who test positive for HIV receive the treatment and support they need.

This includes substantially increasing testing at home and in the community; establishing new services and support tailored to individual needs; maximising prompt and effective treatment for those diagnosed; promoting and encouraging safer sex; and campaigning to raise HIV awareness and challenge social and cultural barriers which prevent people accessing testing and support.

### What have we already achieved?

Working closely alongside a wide network of partners and people living with HIV, we have developed our overall programme and appointed lead providers for key elements including support services, community testing, GP training, communications and engagement, and evaluation.

We've joined more than 250 locations across the world as Fast-Track Cities, leading the way by taking combined action, sharing best practice and tackling stigma and discrimination.



**Dr. José Zuniga**, President/CEO of the International Association of Providers of AIDS Care (IAPAC):

“Ending new HIV cases within a generation will require precisely the type of political will and the active engagement of local stakeholders, notably people living with and affected by HIV, that we are witnessing in Greater Manchester”.

## LIVE WELL: SEXUAL AND REPRODUCTIVE HEALTH



**We're creating a new model for sexual and reproductive health support, to better meet the needs of our residents and respond to current challenges.**

### Why is this important?

An independent review during 2018/19 found significant risks and challenges within our sexual and reproductive health system. It also identified a range of opportunities to transform the system and make it fit for purpose for needs of the 21st century.

Our local authorities spend £26 million every year providing clinics and services which offer advice, treatment and support in a wide range of areas including family planning, contraception, sexually transmitted infections, cervical screening, fertility and pregnancy. NHS England spends a further £54 million on HIV treatment and care services.

These services experience enormous demand. More than 820 specialist appointments are provided every single day of the year, supporting individuals with often complex and life-affecting needs.

At the same time, the amounts we spend on prevention and on dedicated services for young people have fallen. Together these now amount to less than £2 million a year.

### What are our aims?

We're looking to maximise the strengths of our current system and future opportunities, as identified by our independent review.

At the same time, we're working to avoid the risks that were found, such as workforce capacity and anticipated increases in demand.

Our ambition is to create an integrated sexual and reproductive health system which better meets the needs of local people. It will be more focused on reducing harm through prevention and early intervention, be more flexible and accessible, and provide consistent high quality specialist services for those who need them.

By doing this we will improve outcomes for local people and reduce the inequalities that

currently affect some of our most vulnerable and marginalised communities.

### How are we doing this?

We're working with experts from across our health and care system to design a new model for integrated sexual and reproductive health support. With improved outcomes and greater consistency at its core, this will focus on enhancing our digital capabilities and empowering people and communities.

### What have we already achieved?

Following the conclusion of our independent review, we have worked with a wide range of partners to develop an initial concept for a new sexual and reproductive health system. During the coming year we will design more detailed plans and continue to engage widely to shape our new approach, with a goal of implementation from 2020/21.



## LIVE WELL: IMPROVING CANCER SCREENING & PREVENTION



We're building awareness of the importance of cancer prevention and boosting attendance at screening services.

### Why is this important?

In 2014, 14,500 people in Greater Manchester were diagnosed with cancer – an increase of almost 7% in just three years. In 2013, 6,700 residents died from the disease.

Overall, our cancer survival rates of 69.9% compare well nationally. But this hides a wide disparity in our local areas.

In 2014, fewer than half (49%) of cancer patients were diagnosed at early stages 1 or 2, before their cancer had spread from where it originated. Later diagnosis reduces the chance of survival.

Nationally, almost 4,000 cancers could be diagnosed earlier and 1,300 cancer deaths could be prevented each year through screening. But numbers of people attending breast and cervical screening have fallen over the past decade, while recent rises in bowel cancer screening have slowed.

People from low-income, deprived communities are less likely to attend screening.

### What are our aims?

We're aiming to diagnose cancers earlier – identifying more people most at risk, and boosting the numbers attending screening in our communities. This will allow more people to access treatment as early as possible, improving survival rates and their overall experience.

This will contribute to our overall aims of, by 2020, increasing one-year survival to at least 75%, with a reduction in local variations, and increasing the proportion of people whose cancers are diagnosed at the earliest stages to 62%.

### How are we doing this?

The Greater Manchester Cancer vanguard on prevention, running between 2016 and 2018, engaged thousands of residents to identify people's barriers and motivations for attending screening.

We have built on this insight to develop a new screening and engagement service, which began in April 2019. This is being delivered with a consortium of voluntary, community and social enterprise (VCSE) organisations.

It focuses in particular on nurturing a cancer prevention movement, developing a network of cancer champions. These members of the public, focused in priority areas where engagement is lowest, play a key role as community ambassadors, highlighting the importance of cancer prevention and early detection to family, friends and colleagues.

### What have we already achieved?

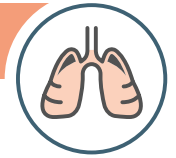
7,000 residents have already joined our network of cancer champions. They are using their unique experience and knowledge to support those at risk of developing cancer, or recently diagnosed with the disease.



**Gilbert Morgan**, resident:

“Being a cancer champion is really rewarding. You don't need specialist knowledge or training, just some determination and to be willing to talk to people and listen”

## LIVE WELL: LUNG HEALTH CHECKS



**We're spreading lung health checks into new areas, preventing lung cancer deaths among those people most at risk but least likely to be tested.**

### Why is this important?

Lung cancer remains the biggest cause of premature death in Greater Manchester. Survival rates are improving - but there is still a long way to go.

Around 2,400 new cases are diagnosed every year. All of our local areas have higher incidence rates than the England average, with many areas significantly higher.

Because many people affected have no noticeable symptoms, lung cancer is often diagnosed later than other cancers, when chances of survival are significantly lower than if detected early. 80-90% of lung cancers are caused by smoking.

### What are our aims?

We're looking to reduce the number of people dying from lung cancer. By providing quick, easily accessible screenings for people at higher risk of lung conditions, lung health checks improve survival rates for lung cancer.

As well as identifying more cancers quickly, the lung health check programme will detect a range of other health conditions including chronic obstructive pulmonary disease (COPD), and support people to quit smoking to prevent lung cancer developing in the future.

By making simple lung health checks easily accessible we aim to help reduce inequalities in cancer outcomes.

### How are we doing this?

Three of our local areas are building on an initial pilot involving 14 GP practices in Manchester, conducted in 2016 through the Macmillan Cancer Improvement Partnership.

This offered smokers and other people aged 55-74 at high risk of lung disease, but least likely to take-up a traditional lung health check, the opportunity to attend a discussion and simple 'breath test' at a mobile unit in a supermarket car park or similar convenient local community location; this initial check was followed up by a same-day detailed lung scan if signs of risk were confirmed.

By 2021, this approach will have been rolled-out more widely across North Manchester, Salford and – with the support of additional national funding – Tameside and Glossop.

### What have we already achieved?

The initial Manchester pilot gave lung health checks to 2,541 people, three quarters of whom come from the 20% most deprived backgrounds.

This saw a significant increase in lung cancers diagnosed at the relatively small and contained stage ('stage 1') – from 18% to 65%. This was matched by a similar decrease in secondary stage cancers ('stage 4'), from 48% to 13%.

The pilot also detected around 1 in 5 people with chronic obstructive pulmonary disease (COPD) who had not been previously diagnosed.



Photo: Manchester Health and Care Commissioning / Manchester University Hospitals NHS Foundation Trust

**Michael Brady**, resident, Harpurhey:

“I'm really grateful that I went for the lung health check. My cancer could have spread everywhere, but they've caught it at the right time. It's saved my life, definitely”

## LIVE WELL: INCENTIVISING HEALTHY LIVES



We're testing the power of digital technology to encourage our most at-risk residents to lead healthier lifestyles.

### Why is this important?

People's behaviours significantly affect their health and risks of early death, with almost half of the burden of illness in developed countries associated with smoking, excessive drinking, poor diet and lack of physical activity.

Around 2 million adults in Greater Manchester, or 70% of the population, engage in two or more of these lifestyle risks.

Our Taking Charge consultation found that 90% of residents want to improve their lifestyles, but many need support and encouragement to build healthier habits into their daily lives. Providing advice and guidance alone is not enough to effect behaviour change.

### What are our aims?

We plan to test if and how app-based incentives could encourage a significant number of residents at higher risk of poor health to take up new healthy behaviours – from stopping smoking to increasing physical activity.

We also aim to build insight for how such a scheme could be rolled out more widely around the country.

### How are we doing this?

Around 85% of adults are estimated to have a smartphone. There is increasing evidence from the UK and abroad that digital technology can be effective in bringing about sustained behaviour changes, and that small personalised rewards can strongly drive such change.

We've joined with Public Health England to start exploring the potential for a 'proof of concept' trial of how incentives can be used to encourage individuals to take responsibility for their own health.

A supporting website is also being developed, offering self-help, advice and guidance. The first sections of GMHealthHub.org are now live.

### What have we already achieved?

The programme is currently being designed. We're exploring the approach with partners with a view to launching a digital incentives pilot programme in spring 2020.

**GM HEALTH HUB**

Smoking • Drinking • Moving • Feeling • Eating • Sexual Wellbeing •

# A HAPPIER HEALTHIER YOU

The Greater Manchester Health Hub is here to provide you with tips and tools, from stopping smoking to understanding more about how you're feeling. Find out what works best for you to make the change to a healthier lifestyle and a happier you!

## AGE WELL: NUTRITION & HYDRATION



**We're reducing preventable malnutrition and dehydration in older people, potentially saving thousands of residents from serious resulting health problems.**

### Why is this important?

Over 60,000 people in Greater Manchester are thought to be affected by malnutrition. The exact figure could be even higher as malnutrition often goes unnoticed and untreated.

Malnutrition costs our health and care services over £1.1 billion every year, and almost £20 billion nationally. The costs to the NHS are twice those of obesity.

At least 14% of older people are at risk of malnutrition. In many cases this is preventable and treatable, but is often not identified until the person is admitted to hospital or a care home.

### What are our aims?

We're looking to engage 40,000 people who may be at risk of malnutrition and dehydration in five local areas where particularly high numbers are thought to be affected.

Through earlier identifying and responding to malnutrition and dehydration, we aim to reduce GP visits and hospital admissions, shorten hospital stays, lower the use of antibiotics and nutrition supplements, reduce needs for assisted living, and improve wellbeing, quality of life and life-expectancy for thousands of older residents.

We also aim to increase awareness of good nutrition and hydration among the general public and our health and care workforce.

### How are we doing this?

We've invested in a new nutrition and hydration programme for over 65s, managed by Age UK Salford.

The programme is built around an ingeniously

quick and simple way of detecting malnutrition – a 'paperweight armband' used by carers, housing providers and other community figures. Where malnutrition is identified, those affected are supported to make small changes to their diet to help them gain weight.

We're also raising awareness of the signs and impacts of malnutrition, improving training and standards of care, and offering more personalised treatment and support.

### What have we already achieved?

In the three years since the 'paperweight armband' was introduced in Salford, it has resulted in a 50% increase in cases of malnutrition identified and a reduction of £300,000 spent on nutrition supplements by GPs.

More than 3,800 over 65s have been assessed for malnutrition and dehydration in our wider programme's first eleven months. Almost 300 were found to be at risk and supported to improve their diet. Of these, almost 2/3 reported weight gain and a further 25% stabilised their weight after 12 weeks.

Over 1,000 care workers have now been trained to use the paperweight armbands. They could reach over 73,000 older people at risk every year.



**Sandra Houghton**, resident, Chadderton:

"Being on my own, I can't be bothered to cook. I know I should eat and drink more. This is the first time I've done anything like this. It's fantastic"

## AGE WELL: FALLS



We're developing a new model for falls and fracture prevention, aiming to reduce the number of over 65's admitted to hospital due to falls to the same level as the England average.

### Why is this important?

One in three people aged over 65, and half of those aged over 80, fall at least once a year.

As people get older, they are more likely to fall – and the time it takes to recover from resulting injuries increases.

These injuries, such as hip fractures, can present challenges for health and wellbeing in later life. By undermining confidence, independence and quality of life, they can lead to greater ongoing health and care needs.

Nationally, falls cost the NHS more than £2 billion a year. The burden in Greater Manchester is higher than the England average.



### What are our aims?

We're aiming for 2,750 fewer hospital admissions caused by falls between 2017 and 2021. This will bring the number in our city-region to the same level as the projected England average.

While falls are often associated with older age, we're driving a shift in thinking towards intervening earlier, from mid-life onwards. This will enable more individuals to stay healthier and independent for longer.

### How are we doing this?

Falls and their serious impacts can often be predicted and prevented – such as through better identifying and engaging those at risk, supporting people to make small changes to their homes and increasing fitness, strength and balance. We have therefore developed a new model to improve awareness of best practice and quality in preventing falls, focused on these areas.

This has at its heart a new collection of best practice resources, guidance, information and standards. These will help our health, care and wider partners to better identify and address risks and reduce the number of people falling.

We are now working with these partners to implement this best practice and monitor its effectiveness. One example is a proposed initiative with our Greater Manchester Moving physical activity programme (see page 22) and the Centre for Ageing Better / University of Manchester to develop and deliver effective strength and balance exercise activities for people particularly susceptible to falls.

### What have we already achieved?

Our comprehensive guidance resources have been completed and issued widely for service commissioners and health and care system partners to put into practice.



## AGE WELL: HOUSING



**We're helping transform the way home improvement services are delivered, ensuring support to any vulnerable person living in poor quality accommodation.**

### Why is this important?

Poor housing is estimated to cost the NHS at least £600 million per year. It can increase the risk of accidents and serious illness, add demand to health and emergency services, create barriers to being discharged from hospital, and prevent people living independently at home.

Around 11% of all homes present a serious and immediate risk to a person's health and safety; across the north of England, around a quarter of both owner-occupied and private-rented housing have a serious hazard.

Greater Manchester has a high proportion of terraced housing over 100 years old. Particularly large numbers of elderly owner-occupiers require additional support to make their homes warm, free of hazards and generally safe to live in.

### What are our aims?

We aim to secure improvements to the quality of our private housing, boosting environmental standards and the quality of life of our most vulnerable residents.

These will lead to less fuel poverty and associated illnesses, fewer falls, reduced ambulance call outs, lower hospital admissions and a quicker return home for those admitted.

### How are we doing this?

We have contributed to the development of the Greater Manchester Housing Strategy and are collaborating to develop a Healthy Homes Framework.

We've started with the Home Improvement Agency's services in supporting older, disabled

and vulnerable people to live more independently in safe, warm and accessible homes.

But through a whole system approach, we're also working alongside initiatives such as Greater Manchester Fire and Rescue Service's 'safe and well checks' and Greater Manchester Combined Authority's affordable warmth schemes. Together we're promoting wellbeing at home and reducing or delaying the need for crisis care.

We are targeting efforts in particular at vulnerable people living in unsuitable housing – including those with conditions such as respiratory diseases, at risk of falls or in receipt of homecare packages. They could be supported to improve, adapt or change their home.

### What have we already achieved?

An initial audit of home improvement support has found varied, fragmented and inconsistent levels of service. This has guided our proposed Greater Manchester Healthy Homes model.

Our approach is set out in the Greater Manchester Housing Strategy, which launched in June 2019.



### Greater Manchester Strategy: Our People, Our Place:

“Good quality housing is a key factor in ensuring the health and wellbeing of the population”

## SYSTEM REFORM: HEALTH CHECKS



We're transforming the way NHS Health Checks are accessed, improving cardiovascular health of thousands of residents and reducing inequalities.

### Why is this important?

The rates of deaths and illnesses caused by cardiovascular disease (CVD) are higher across Greater Manchester, and in many of our local areas, than in England as a whole. The city of Manchester has the highest CVD death rate in the whole of England.

The NHS Health Check is designed to spot early signs of cardiovascular diseases such as strokes and heart disease, as well as type 2 diabetes and dementia in adults, aged 40-74.

Health checks also provide an important opportunity for people to review the impact of their lifestyle on their health, to receive services like smoking cessation and to be assessed for medications such as statins that can prevent disease.

But 50% of residents invited to an NHS Health Check do not attend. This means 594,000 eligible

adults have not yet had a health check. Uptake is particularly low among more deprived and high-risk populations who could benefit most.

### What are our aims?

We aim for NHS Health Checks to realise their full potential – through a service that appeals to more of our population, consistently achieves high uptake, and in particular reaches more of those who can benefit most. This will make the health checks system more effective.

We aim to increase early identification of CVD and support more residents to change their lifestyles, leading to improved health and wellbeing for thousands of residents and lower rates of cardiovascular disease and related deaths and illnesses.

### How are we doing this?

We're investing in transforming the traditional NHS Health Checks to make the support offered more proportionate to the health needs of individual residents.

People at highest risk of CVD will be given a prioritised invitation to attend a face-to-face assessment, while those at lower risk will be offered a new digital assessment. Uptake will be boosted through targeted engagement with people who would benefit most and are currently least likely to take a health check. The check will become part of wider pathway of support, rather than a one-off event, and be integrated with local lifestyle services.

We're trialling this approach initially in three locations – Manchester, Salford and Stockport.

### What have we already achieved?

The first phase of our innovative pilot got underway in Salford in April 2019, with the introduction of a new call/recall system targeting people at highest risk of a future cardiovascular disease. This system is due to rollout in Manchester and Stockport shortly.



## SYSTEM REFORM: SOCIAL VALUE

We're maximising the value of our investments by ensuring every pound we spend brings the greatest possible economic, social and environmental benefits to our communities.



### Why is this important?

The Public Services (Social Value) Act 2012 places a legal obligation for public bodies to consider the social good that could come from how they spend their money.

But we're not simply doing this because we have to. We see social value as a key driver for realising our ambitions for the health, wealth and wellbeing of our region.

Greater Manchester has the UK's second largest economy, but also some of the poorest outcomes for our residents. Ensuring we secure added benefits for our communities from our health and care spending will also indirectly boost our happiness, wellbeing, inclusion, empowerment, equality and environment – all of which are key factors for our health.

### What are our aims?

By working with suppliers who look beyond the basic contract terms, we'll secure the widest benefits for our communities – boosting local employment, promoting economic and environmental sustainability, facilitating participation and inclusion, building the capacity of our voluntary and community sector, securing equity and fairness, and raising the living standards of local residents.

As a frontrunner for social value and an NHS England Social Value Accelerator site, we aim to stimulate further growth in our economy, place our public services at the heart of communities, and transform the way in which public services are delivered more widely.

### How are we doing this?

We are initially working on a major economic impact assessment to identify the full range of potential benefits of our public sector spending and work alongside businesses and the voluntary and community sectors.

We will build on this to set out the various ways that social value can be best embedded across public services, and work with our wide range of partners to put them into practice.

### What have we already achieved?

In late 2018 we were selected as one of two NHS England Social Value Accelerator sites in England. We've received national funding to explore and learn how social value can practically and effectively be embedded at local and regional levels, and then on an even larger scale.

In partnership with the Manchester-based Centre for Local Economic Strategies, one of the UK's leading social justice organisations, we have estimated the potential annual benefit of social value in Greater Manchester could be upwards of £700 million per year.



**Sara Bordoley**, senior strategic advisor, NHS England.

“Greater Manchester’s innovative work on embedding social value at scale is really exciting and demonstrates system leadership”

## SYSTEM REFORM: TRANSFORMING OUR WORKFORCE



We're taking all available opportunities to support and inspire healthy lifestyles whenever someone engages with our public and voluntary services.

### Why is this important?

Our residents together have millions of daily contacts with public, voluntary and community services, and our wider partners. Each of these contacts provides a potential opportunity for small conversations or interventions to inspire healthier, happier lifestyles. Combined, these could have a significant impact on improving our population's health.

### What are our aims?

We're empowering employees and volunteers across our city-region to be able to include healthy life conversations as part of their daily tasks.

We're also looking beyond our city-region, and linking up with similar initiatives underway in Cumbria, Lancashire, Cheshire and Merseyside.

### How are we doing this?

We are taking as our starting point the established 'Making Every Contact Count' model, through which the millions of day-to-day interactions that organisations and individuals have with other people are used to support positive changes to health and wellbeing.

But we are taking this further than the traditional approach. We will maximise all available opportunities to improve the health of the

population whenever they come into contact with our public services and voluntary, community and social enterprise (VCSE) organisations.

Between 2019 and 2021, we will run 'train-the-trainer' sessions and develop supporting guidance materials for colleagues and volunteers from key organisations who regularly come into contact with residents who are experiencing or at risk of poor health. This includes people from our police, fire and rescue services, housing providers and a wide network of other partners, as well as our health and social care workforce.

These 'healthy life champions' and the colleagues who they subsequently train, will be empowered to have brief discussions with residents about healthy lives alongside the main conversations they are having.

They will be further supported in this through access to a new easy-access platform designed to raise awareness, build further motivation and provide relevant information for individuals to improve their health and wellbeing.

### What have we already achieved?

Our project began in April 2019. A steering group bringing together key local and regional partners has been established; this group is now developing our main 'Making Every Contact Counts' training programme, adding value to existing activities in some local areas.



## SYSTEM REFORM: HEALTH INTELLIGENCE



We're creating a new population health intelligence function which puts cutting-edge data and intelligence at the heart of our decisions.

### Why is this important?

With the opportunity of health and social care devolution comes great responsibility. We need to deliver what works, at pace and at scale – for our 2.8 million residents and our city-region as a whole. We can only realise our full potential, and effectively learn as we deliver, by placing intelligence at the forefront of all our planning, decision making and reporting.

But there is currently a mixed picture when it comes to population health intelligence – with limited investment and coordination and a small, unevenly distributed specialist workforce which is not always fully utilised and prone to duplicating work across local communities.

### What are our aims?

We'll fill the gap and create a unified population health intelligence system. This will produce high quality intelligence and insight to enable and empower all of our regional and local programmes, partners and residents to fully and effectively realise our ambitions of transforming the health, wealth and wellbeing of our population.

This will also ensure we build effective evidence from the huge amount of pioneering work we are undertaking. We will provide health and care professionals, decision makers, researchers and industry with accurate, actionable information on a region-wide scale to direct and support future improvements for residents in Greater Manchester, across the UK and around the world.

We will also take a lead in promoting the value of intelligence, evidence and insight in public policy.

### How are we doing this?

We've created a dedicated population health intelligence function – a brand new team of analysts providing capacity and capability across the city-region and in each of our local areas. By ensuring access to the latest systems, data, training and development, we'll ensure the highest

levels of skill and motivation in this team of experts.

But we're going beyond this and promoting better use of data and intelligence at all levels of our population health programme. In our own workforce, we are looking to develop the analytical skills of our wider non-analyst staff. And more broadly across our population, we are promoting open data and transparency principles and supporting the development of citizen analysts – volunteers and residents who are passionate about using data and relevant skills such as coding to improve the health of our residents.

### What have we already achieved?

Our core population health intelligence team has been in place from the start of 2019. They have begun to work alongside local analysts and Public Health England to produce high quality analysis and insight which drives decisions and strategy.



## SYSTEM REFORM: COMMON STANDARDS



We're reducing inconsistencies in the quality our health services, ensuring the best possible systems are in place to realise our ambitions for our population's health.

### Why is this important?

Greater Manchester has significant health inequalities – regionally in relation to England averages, and locally between our ten local authorities and within them. Effective, evidence-based interventions applied across social and geographic boundaries are essential to transform the health, wealth and wellbeing of our population.



### What are our aims?

We're reducing unwanted variation in standards and outcomes across our health services – ensuring increased availability and uptake of activities which are proven to work, across all ten of our local areas.

Creating a unified population health system will help overcome some of the biggest challenges in improving health outcomes and ensure the delivery of our population health plan at pace and scale.

### How are we doing this?

A set of evidence-based population health common standards have been developed for seven key areas: mental health and wellbeing, oral health, sexual and reproductive health, drug and alcohol services, physical activity, health protection and tobacco control.

Our standards are focused on delivering outcomes for our residents. By adding local data and insight to existing National Institute for Health and Care Excellence (NICE) and NHS primary care standards, they ensure evidence and data at the heart of our approach.

The common standards are being used by each of our local areas to review their activities, find the ways in which they are securing the best health outcomes for their people, and identify additional and alternative activities which they could introduce to ensure continuous improvements for the health of local people.

### What have we already achieved?

All seven common standards and accompanying local area self-assessment processes have been completed. These are now being tested and implemented by the local health and wellbeing boards in each of our ten boroughs.

## SYSTEM REFORM: HEALTH PROTECTION



We're developing a new model for public health protection to help build the resilience of our people and communities and minimise the risks of infectious diseases.

### Why is this important?

The Health and Social Care Act 2013 resulted in some fragmentation of public health leadership and health protection. In Greater Manchester this has added to pre-existing variation, resulting in mixed provision of health protection functions, and inconsistent standards and approaches to quality, delivery, governance and assurance.

### What are our aims?

We're creating a more unified, resilient and sustainable health protection function, with stronger leadership and governance.

This will leave us better placed to plan for and respond to infectious diseases such as flu and norovirus, and the broader public health protection challenges we face as a major global city-region.

We aim for this to bring many benefits – such as increased vaccination rates; reduced demand on GPs, health and emergency services, in particular from older, vulnerable and seldom heard groups; fewer bed closures in our care homes; increased school readiness through lower absences in schools and nurseries; and greater prosperity and equality through reduced days off work.

### How are we doing this?

With the Greater Manchester Combined Authority, we're developing an enhanced and more resilient delivery model for health protection.

We're bringing together multiple partners and a broad range of functions, including risk management and incident response, emergency planning, immunisation, infection prevention and control and outbreak management. Our work is focusing on halting the spread of infectious diseases and developing and retaining our health protection workforce.

We've also joined the Rockefeller Foundation's global 100 Resilient Cities initiative, ensuring we can learn from and share our own insight with a network of other cities and regions around the world who are facing similar physical, social and economic challenges.

### What have we already achieved?

Following an initial review of existing operations, we've created a new Health Protection System Reform Group and begun engaging widely on developing the way ahead. We expect to agree our detailed plan later in summer 2019.



# BUILDING ON OUR POPULATION HEALTH PLAN

As part of creating a one system approach, the Greater Manchester Health and Social Care Partnership’s population health transformation team has also played a role in leading or supporting the development of new policies and delivery of innovative actions. These bring together multiple partners to address some of the key factors for our people’s health.

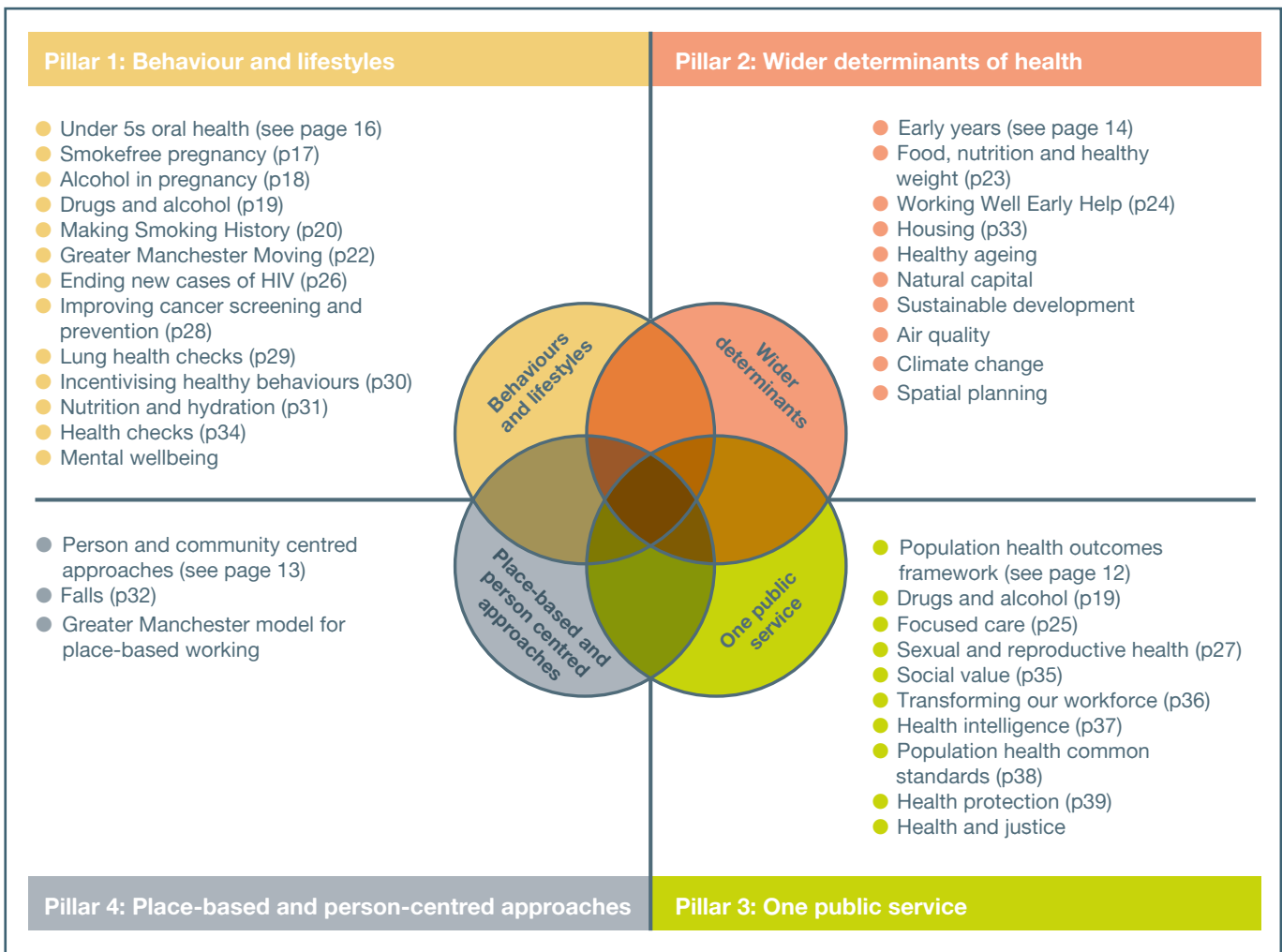
These have included, but are not exclusive to, Greater Manchester’s:

- Health and justice strategy development
- Healthy ageing objective, within the broader age friendly strategy
- Homelessness and health programme, and the wider housing strategy
- Mental wellbeing approach and investment proposal

- Environment strategy
- Clean Air Plan
- Natural capital programme
- Model and white paper on unified public services.

This has seen us broaden our focus beyond our population health plan and take further steps towards addressing the wider range of factors which influence our health and wellbeing.

Our approach addresses each of the four interconnecting pillars of the King’s Fund charity’s vision for population health, to reduce inequalities and achieve health outcomes on a par with the best in the world:





## PART TWO:

# WHERE NEXT FOR POPULATION HEALTH IN GREATER MANCHESTER?

Our population health plan has brought a clear focus on prevention, health and wellbeing.

Our collaborative and person centred approach is already bringing a broad range of services and support together to help people achieve improved health and wellbeing.

It has enabled us to experiment and innovate with an unprecedented scale and reach.

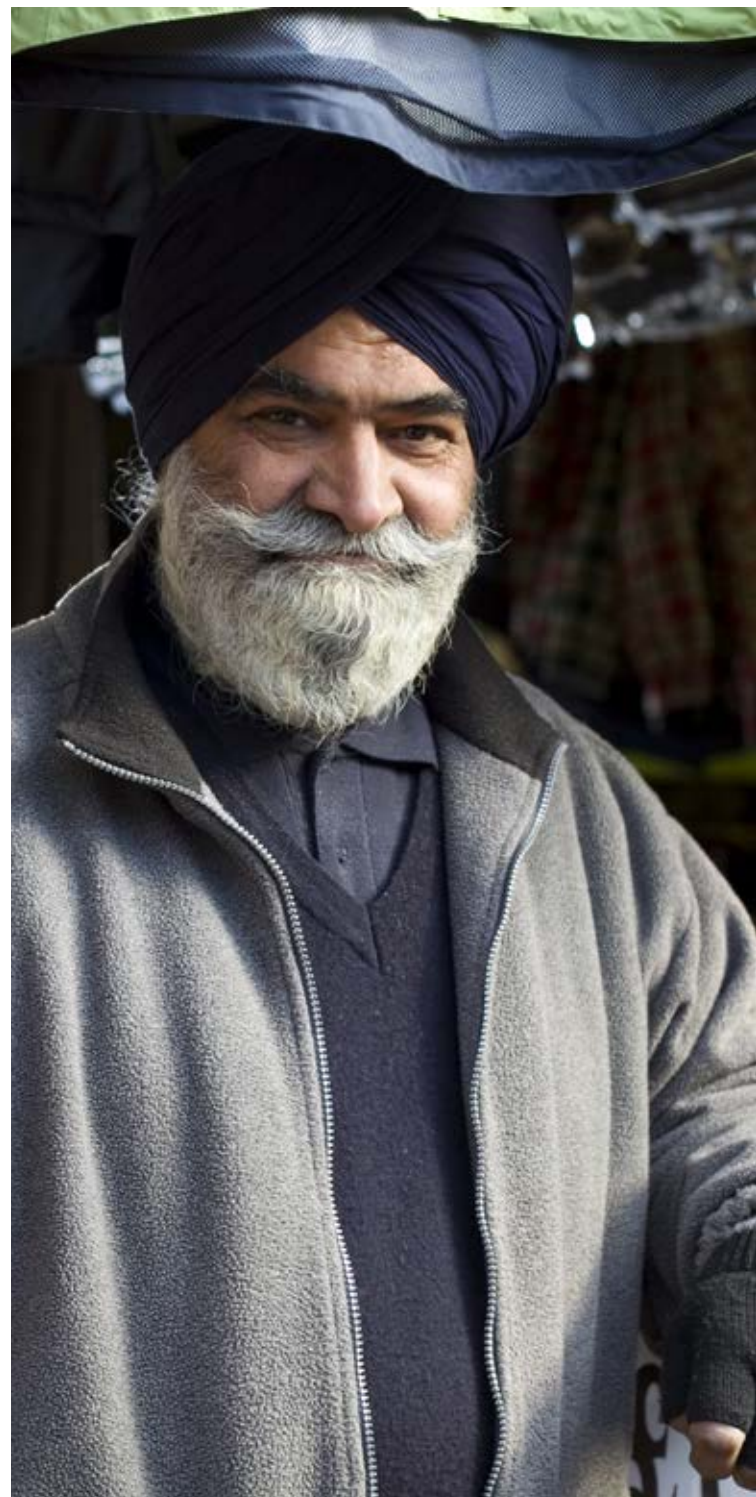
We are now starting to see the results. But we believe that we must go further if we are to create the step-change that is required and to tackle the unwanted and unwarranted inequalities that continue to pervade across our city-region, our local authorities and our neighbourhoods.

### **A whole system approach for population health**

We are committed to establishing a whole system approach to population health, which places reducing inequalities at its heart, and which is anchored in the belief that health and wealth are mutually dependent.

This cannot be achieved by the NHS alone. Good health is created by factors such as decent housing, education, work, transport and social and digital connections; by clean air; by safe neighbourhoods; by opportunities to be physically active. Only by working together with the widest range of partners will we realise the full potential of our devolution opportunity to transform our population's health.

It is therefore our ambition to put health at the centre of every policy and strategy, across the entirety of our public service.



# THE CASE FOR DOING THINGS DIFFERENTLY

The Greater Manchester strategy, the Taking Charge strategic plan and our Population Health Plan 2017-21 have provided a robust platform for our population health ambitions. Over the past twelve months we have started to build on this, with extensive activity to identify the key approaches for realising our vision through a single, unified model.

## THE GREATER MANCHESTER HEALTH AND SOCIAL CARE PROSPECTUS

“Taking Charge: The Next 5 Years” was published in April 2019. This set out how the focus will be on improving people’s health, creating a sustainable health and care system and helping to achieve the region’s economic potential.

**It boldly asserts that:**

“Our big ambition is for our population to both demand better health and have the confidence to change their own lives. To achieve this, we do not want to be restrained by the incremental changes made by small-scale public health projects. And thanks to the range of levers provided by devolution, we do not need to be.”

**It also acknowledges that:**

“Our greatest statements and actions on improving the Greater Manchester population’s health will be the strategies and plans we develop affecting transport, housing quality and availability, spatial planning, town centre and neighbourhood developments and green space provision, jobs and the economy, and early childhood development, education and skills.”

This provides a clear mandate to think far beyond conventional health approaches and to adopt an approach which maximises the potential of devolution and harnesses the full value of a whole Greater Manchester system.

**Andy Burnham, Mayor of Greater Manchester:**

“As Secretary of State for Health, you can have a vision for health services. As Mayor of difference between the two. Devolution holds the key to breaking down the silos between

## THE GREATER MANCHESTER MODEL AND WHITE PAPER ON UNIFIED PUBLIC SERVICES

Unveiled in January 2019, this radical plan for our future outlines how one integrated public service team will be created. People will be placed at the centre, to secure happy, healthy and hopeful lives for all our residents.

“We want to change the way in which public services work to support people to achieve their potential and ensure nobody is left behind. That means integrating around people, places and their needs, focussing on prevention, developing new models of support and sharing information across the public service...Devolution holds the key to breaking down the silos between public services and moving from ‘picking up the pieces’ to a preventative model which is truly place-based and person-centred.”

## THE GREATER MANCHESTER INDEPENDENT PROSPERITY REVIEW

Published in February 2019, its expert panel found “world-class strengths” in our economy. But it also highlighted the work still needed to reduce social disparities, boost wages and improve productivity.

It could not have been clearer around the fundamental importance of improving the health of our population in increasing inclusive economic growth and reducing inequalities:

“Poor health in some Greater Manchester communities, creating a barrier to work and to progression in work, provides an important explanation for why overall growth has been slow in the last decade. It explains why some communities have been unable to contribute or benefit more...Health needs to feature far more prominently in discussions of human capital, labour market participation, and productivity.”

Greater Manchester, you can have a vision for people’s health. There is a world of public services and moving from a picking-up-the-pieces to a preventative approach.”

# WORKING TOGETHER TO CREATE A POPULATION HEALTH SYSTEM

The huge potential presented by devolution and the momentum we have created through our actions so far present us with a unique opportunity to radically rethink our approach to improving population health.

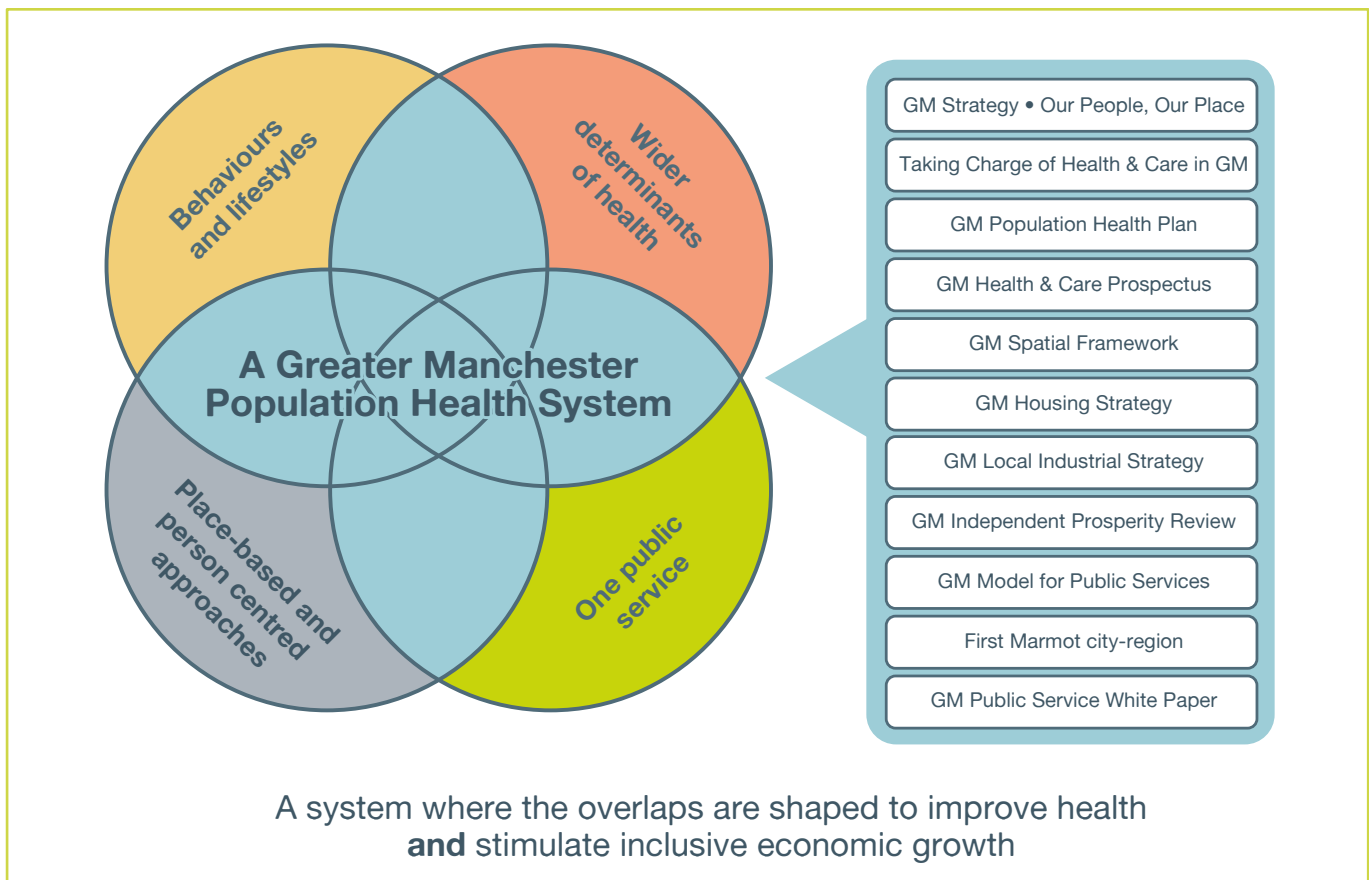
To ensure we make the most of this we have fully embraced the building of meaningful strategic relationships with key thought leaders. We are now working closely with the King’s Fund and Health Foundation charities, academics from the UCL Institute of Health Equity and Sir Michael Marmot, author of the landmark review into health inequalities.

This collaboration will ensure that we are at the forefront of system-wide, high impact approaches to improving health and reducing inequalities.

Through this we have committed to working together to create a population health system in

Greater Manchester, where everything we do is shaped to ensure it maximises the opportunity to improve the health of our population, and to reduce the inequalities that currently exist.

This system acknowledges the importance of four key pillars of health improvement – wider determinants of health, behaviours and lifestyles, integrated public services and place-based/ person centred approaches. While our work across each of these pillars is not new (see page 40), we are taking this further by maximising the role of policy and strategy in shaping the overlaps and connections between them and balancing the level of focus upon each of them.



There has never been a better time to achieve this radical transformation in Greater Manchester. We have no illusions of the scale of this challenge. It will be a complex and potentially contentious journey. It will require ambition, boldness and compromise. But, for our population and our city-region as a whole, the reward will be worth it.



# A GREATER MANCHESTER POPULATION HEALTH SYSTEM: FROM DESIGN TO REALITY

Over the next 12 months, we will progress towards our ambition of a Greater Manchester population health system to improve everybody's health and reduce inequalities.

## OUR PRIORITY COMMITMENTS FOR 2019/20

**1** We will continue to deliver the ambitions and programmes set out in the Greater Manchester Population Health Plan and evidence the impacts that they have begun to make.

**2** We will work across Greater Manchester and with national and international thought leaders to shape our thinking and ambitions around creating a population health system. This includes progressing an ambition to be the UK's first Marmot city-region.

**3** We will reform our public health system by developing and delivering proposals to:

- Utilise the powers of the Greater Manchester Public Health Functions Order 2017
- Develop a single system approach for governance and accountability for population health across the city-region
- Further develop the Greater Manchester strategic investment plan for population health for sustained medium- and long-term investment models
- Identify the tools and techniques to facilitate the full embedding of population health approaches into the new system architecture and ways of working
- Enhance system-wide population health leadership across clinical, political, managerial and community sectors
- Review and reform the system-wide specialist public health infrastructure.

### Fair Society, Healthy Lives (The Marmot Review):

“The more favoured people are, socially and economically, the better their health. This health – health care and unhealthy behaviours – it should become the main focus”

4

We will deliver the population health ambitions set out in the NHS Long Term Plan with a specific focus on:

- Preventing alcohol-related harm by implementing the Greater Manchester drugs and alcohol strategy. This includes fully mobilising our plan to reduce alcohol exposed pregnancies; building on the Big Alcohol Conversation; progressing the further development of specialist alcohol care teams across the city-region; and pursuing opportunities to integrate services that cross-cut alcohol, drugs, tobacco and mental health across the acute and community settings.
- Reducing smoking prevalence by continuing to deliver our ambitious Making Smoking History strategy. This includes the continued roll out into year two of our smokefree pregnancy pathway; the further roll out (following the successful pilot at Wythenshawe Hospital) of the CURE programme to a further 6 Greater Manchester locations; incorporating the CURE programme into specialist mental health trust; and progressing our ambitions around regulatory / legislative reform and tackling the availability of illegal tobacco.
- Tackling obesity, particularly in childhood, by finalising the ongoing review of the Greater Manchester food system; undertaking a planned excellence in GM system led improvement review of healthy weight in childhood; developing a good food strategy; and formulating an obesity strategy, which will include a focus on establishing healthy NHS premises.
- Increasing physical activity, by continuing the implementation of our Greater Manchester Moving strategy; mobilising the Transformation Funded ‘walking city-region’ programme; and bringing to life the Sport England-funded Local Delivery Pilot projects.
- Supporting the establishment of the NHS as an ‘anchor institution’ in our local communities, including meeting our commitments as an NHS England social value accelerator site.
- Establishing a Greater Manchester model of population health management.

5

We will work in partnership with Greater Manchester Combined Authority (GMCA), our ten boroughs and the Mayor of Greater Manchester to develop and deliver plans to tackle some of the key factors that drive population health, with a specific focus on:

- Air quality
- Housing
- Spatial planning
- Healthy, sustainable economic growth
- Climate change action
- Early years and education
- Inclusive economic growth and productivity.

link between social conditions and health is not a footnote to the ‘real’ concerns with

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