

GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION
STRATEGIC PARTNERSHIP BOARD

Date: Thursday 15th October 2015
Subject: Greater Manchester Prevention and Early Intervention update
Report to: Strategic Partnership Board
Report of: Wendy Meredith, Director of Population Health Transformation

PURPOSE OF REPORT

The GM Health and Care Devolution Agreement (March 2015) committed the system in Greater Manchester to securing the fastest and greatest improvement in population health for Greater Manchester citizens. This is in recognition that a sustainable health and care system in the conurbation requires a transformational reduction in demand for services and improved independence and wellbeing of residents, in other words, a radical upgrade in prevention and public health.

This report describes the progress to date in developing a system whereby Public Health Leadership and expertise are aligned to delivering the Greater Manchester Strategy objectives of reform and growth.

RECOMMENDATIONS:

The Strategic Partnership Board Executive is asked:

1. To note the progress in delivering the high-level actions set out in the Public Health MOU;
2. To note the progress in developing the prevention and early intervention components of the Greater Manchester Strategic Plan.

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1. INTRODUCTION

- 1.1 The GM Health and Care Devolution Agreement (March 2015) committed the system in Greater Manchester to securing the fastest and greatest improvement in population health for Greater Manchester residents. This is in recognition that a sustainable health and care system in the conurbation requires a transformational reduction in demand for services and improved independence and wellbeing of residents, in other words, a radical upgrade in prevention and public health.
- 1.2 This report describes the progress to date in developing a system whereby Public Health Leadership and expertise are aligned to Greater Manchester Strategy objectives of reform and growth.
- 1.3 The report also sets out the process for developing the prevention and early intervention initiatives in the Greater Manchester Strategic Plan

2. THE PUBLIC HEALTH MEMORANDUM OF UNDERSTANDING

- 2.1 In July 2015 the Association of Greater Manchester Authorities (AGMA), Public Health England, and NHS England signed a Memorandum of Understanding (MOU) to deliver a unified public health leadership system in the conurbation. This agreement was supported by the Association of Greater Manchester Clinical Commissioning Groups (CCGs), the GM NHS Providers Forum, and the GM Blue Light Services.
- 2.2 The Public Health MOU outlined some key priorities for the unified public health leadership system to align to, some early implementation priorities, and some proposals for collaborative working across the health and social care system.

3. GREATER MANCHESTER PREVENTION AND EARLY INTERVENTION BOARD

- 3.1 The 'Greater Manchester Prevention and Early Intervention Board' has been established to lead the development of a single public health system across Greater Manchester, and to ensure such a system is working on the core growth and reform priorities of the Greater Manchester Strategy together with the GM Health and Care Devolution work programme.
- 3.2 The Greater Manchester Prevention and Early Intervention Board is chaired by the Chief Executive of Manchester City Council, brings together partners from across the system and has met on two occasions.

4. A SINGLE UNIFIED PUBLIC HEALTH LEADERSHIP SYSTEM

- 4.1 The current Greater Manchester (GM) Public Health System has evolved from a collaboration across the 10 Councils and has a 10 year track record of public health innovation and delivery. It has a number of successes which it can point to including the first public health Sector Led Improvement (SLI) model in the country and performance improvement against key markers on

the public health outcome framework which outstrip the rest of the North West and/or the UK. It has established collective leadership through the Directors of Public Health group supported by the GM Public Health Network (a collaboratively commissioned entity to support the delivery of GM level work). In addition, NHS England, Public Health England (an executive agency of the Department of Health) and 12 Clinical Commissioning Groups also have responsibilities for some parts of the Public Health System.

4.2 At the last meeting, the Greater Manchester Prevention and Early Intervention Board agreed the following as first steps in establishing a unified system:

- To reform the Greater Manchester Public Health Network to contribute to a transformational and sustainable shift in population health and wellbeing.
- To set up new arrangements for the Greater Manchester Public Health Network, PHE, NHS E and the Greater Manchester DsPH Group and support the creation of single co-located team and virtual team to deliver the GM programme of work.
- Endorse the recruitment of the Greater Manchester Interim Director of Population.
- To take forward proposals to co-locate and collaboratively manage current dedicated Greater Manchester public health capacity.
- To endorse proposals for a Unified Public Health System officer group accountable to the board to support alignment and integration of work streams across the system to deliver the early priorities and longer term strategy of the Memorandum of Understanding.
- To support the rebranding of the public health leadership system.

4.3 Greater Manchester Director of Population Health Transformation

4.3.1 Wendy Meredith, Director of Public Health at Bolton council, has been appointed as Director of Population Health Transformation and takes up post on 1st November.

5. TRANSFORMATIONAL POPULATION HEALTH PROGRAMMES

5.1 Greater Manchester has identified 5 broad transformational programmes of work that embody the unified leadership required to deliver the aspiration for a step change in health outcomes:

- public health, reform and growth – making the most powerful case yet for the ‘economics of prevention’ demonstrating the link between public health, employment and early intervention outcomes, bringing together the evidence, analysis and understanding of a placed based approach to prevention to support the GM reform programme and PHE’s work across the country.
- Nurturing a Social Movement for change - Enabling people to make their own informed life-style choices and creating new platforms for full engagement.

- Starting Well – Early Years – the scaled implementation of the GM early years model to improve school readiness and addressing long term determinants of public service demand.
- Living Well - Work and Health - aligning public health intervention to wider public service reform tackling complex dependency and supporting residents to be in sustainable and good quality work.
- Ageing Well – Setting up a Greater Manchester centre of excellence on Ageing to support age-friendly communities and environments, and scaling work on dementia friendly communities, supporting those with dementia to remain connected to their communities and in control of their lives for as long as possible.

5.2 Greater Manchester has also identified a number of early implementation priorities in the MOU in order to further demonstrate and provide focus for the alignment of capacity and expertise and deliver improvement in the short and medium term:

- Develop a common, evidence-based case for the ‘economics of prevention’ demonstrating the link between public health, employment and early intervention outcomes.
- Review the opportunities to devolve or align commissioning of services currently included within the section 7a arrangements.
- Confirm the practical details of the establishment of the unified public health leadership system.
- Support the implementation of the GM health and care devolution early implementation priority of mental health and worklessness.
- Reduce the impact of hypertension.
- Increase the impact of Health Checks through more consistent implementation across GM.
- Develop enhanced outbreak management and response arrangements.
- Secure (as part of the wider devolution agreement) a fifth alcohol licensing condition associated with harm to health.
- Accelerate the learning across Greater Manchester from the Well North pilot sites, aligned to the learning from the GM public service reform programme of complex dependency;
- Work with the GM Fire and Rescue Service (GMFRS) to convert the GMFRS Home Safety Check into a 'Safe and Well' Assessment tool, and extending the work of the GM Community Risk Intervention Teams to cover all ten Districts of GM;
- Develop a joint programme of work to substantially improve the current uptake of flu vaccination in the eligible population; and
- Launch a GM Physical Activity Strategy in GM.

5.3 Implicit in the Public Health MOU, is a recognition that we need to drive innovation in Public Health if we are to achieve our ambition for population health. Strong links have been forged with Health Innovation Manchester in order to develop new knowledge in this area.

6. GREATER MANCHESTER HEALTH AND CARE STRATEGIC PLAN

6.1 A sustainable health and care system requires a transformational reduction in demand for services and improved independence and wellbeing of residents – a radical upgrade in prevention and public health. Population health is determined by the quality and availability of NHS services, but also by a range of lifestyle behaviours, such as tobacco and alcohol consumption and to an even greater extent the wider socio-economic and demographic determinants of health, including the availability of good quality work, housing and social interaction.

1. A comprehensive framework for the economics of prevention referred to in section 5.1, has been adopted that groups interventions by their gestation or notional rate of return and is summarised below:

- Short term Benefit Realisation - The interventions that typically deliver the quickest payback are those which focus on residents already in or close to the NHS system by limiting additional costs due to expensive treatment for those with established disease such as CVD, cancer and diabetes. At the same time it is important to identify indicative areas for further savings through prevention and early Intervention through finding and treating preventable disease and empowering people to be more confident in self-care. Significant improvements can be made over the next five years by using population profiling and 'big data' to move to systematically proactive services addressing the root causes of demand alongside a new "contract" with the public detailing the changes in behaviour needed.
- Medium term benefits realisation focuses largely on the relationship between health and work for the resident population. Early analysis indicates two population groups where benefits are disproportionately returned. Interventions in early adulthood, and among those aged 50 to 65 years, can reduce the potential for increasing co-morbidity. These age groups also represent significant points in the life course where critical exposure to key health assets (jobs, homes, and friends) occurs and where differential access is most clearly observed. Employment in older working age (50+) and measures of potential exclusion in early adulthood (such as teenage pregnancy and first time entrants into the criminal justice system) are significant statistical predictors of health expectancy.
- Long term benefit realisation is measured over the period of multiples of five years. In this context the most important intervention is to improve the early years' experience and outcomes. This has been a long standing priority for GM and has been the subject of a comprehensive business case that clearly articulates the potential benefit to both the NHS and wider partners. Early benefits are seen in the areas of parental employment and health. In the medium term the model predicts a reduction in the costs of special education support in school and then in the long term large benefits are seen due to increased employment and earnings outcomes as the children leave school.

Transformation Initiatives

In August 2015, the GM system was invited to submit expressions of interest to drive the development, testing and delivery of four transformation initiatives. Independent evaluation of the submissions alongside an evaluation of national and international evidence has led to a focus on four areas, the first of which is radical upgrade in population health and illness prevention.

The focus will be on achieving a shift to population health that supports GM residents to self-manage, innovates the model for prescribers and pharmacies, and tackles the growing burden of cardiovascular disease and diabetes. The anticipated outcomes are to reduce the prevalence of risk factors for major illness and rates of long term conditions such as diabetes. This will support the delivery of savings associated with prevention and help achieve longer term sustainability as well as reducing health inequalities. The savings will arise from reduced prescribing costs and reduced demand for acute hospital and social care.

The development of the proposal will involve GMAHSN, GM AHSS, Community Pharmacy GM and work alongside various NHS Trusts and CCGs who have put forward propositions in this area. The business case will include an economic impact evaluation and quantification of the level of investment required. Areas which are likely to require investment include training for staff, the implementation and management of programme Technology platforms and effective engagement with pharmacies and private and third sector providers.

6. RECOMMENDATIONS

6.1 The Strategic Partnership Board Executive Working Party is asked:

- To note the progress in delivering the high-level actions set out in the Public Health MOU;
- To note the progress for developing the prevention and early intervention components of the Greater Manchester Strategic Plan.