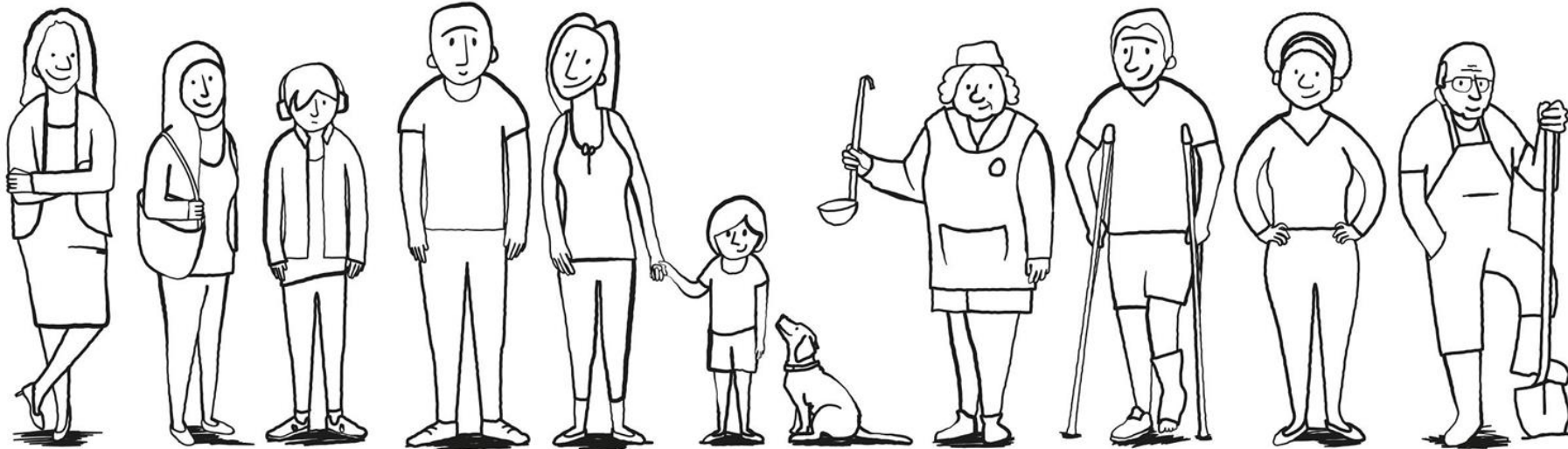


Manchester Population Health Plan (2018-2027)

Community Explorers, North Manchester

22nd May 2018



Introduction

Development of this Plan

- The Plan has been informed by the evidence from research, national and international best practice and local population insight, building on the approach exemplified by the Manchester Joint Strategic Needs Assessment (JSNA).
- Specific workshops were held with the Manchester Health and Care Commissioning (MHCC) Patient and Public Advisory Group, Community Explorers (VCSE Organisations), MHCC Senior Leadership Team, Manchester Local Care Organisation (MLCO) Executive, Manchester City Council (MCC) teams and departments, Transport for Greater Manchester and Housing Providers. This is what they told us:

IMPROVING OUTCOMES IN THE FIRST 1,000 DAYS OF A CHILD'S LIFE



RECOGNISING IMPORTANT ROLE OF FATHERS

REDUCING WAITING TIMES FOR CHILDREN'S SERVICES



CONNECTING INDIVIDUALS WITH COMMUNITIES TO REDUCE ISOLATION



INCLUDING PREGNANT WOMEN IN MORE SERVICES/NOT EXCLUDING THEM FROM ADULTS SERVICES



IMPROVING DENTAL HEALTH



INCREASING RATES OF BREASTFEEDING



PREVENTING HOMELESS FAMILIES FROM BEING MOVED AROUND CITY WHILE IN TEMPORARY ACCOMMODATION

STRENGTHENING THE POSITIVE HEALTH IMPACTS OF EMPLOYMENT



SUPPORTING YOUNG PEOPLE TO GET INTO WORK

SUPPORTING SMALL/MEDIUM ENTERPRISES OFFERING WORK EXPERIENCE



PROMOTING VOLUNTEERING OPPORTUNITIES



HEALTHY WORKPLACE ENVIRONMENT

DISCUSSING DRINKING HABITS WITHIN COMMUNITIES TO TACKLE HARM CAUSED BY ALCOHOL ABUSE
IMPROVING AIR QUALITY



IMPROVING DRUG AWARENESS AND REDUCING HARM



REDUCING THE IMPACT OF POVERTY

GIVING RESIDENTS A VOICE WHEN WE COMMISSION



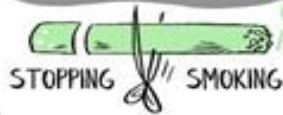
IMPROVING HOUSING QUALITY



PROMOTING SELF-CARE



TAKING ACTION ON PREVENTABLE EARLY DEATHS



STOPPING SMOKING



UNDERSTANDING SPECIFIC NEEDS FOR INDIVIDUAL COMMUNITIES

REDUCING HEALTH INEQUALITIES



CREATING AN AGE-FRIENDLY CITY THAT PROMOTES GOOD HEALTH AND WELLBEING FOR PEOPLE IN MID AND LATER LIFE

ENGAGING WITH GRANDPARENTS ON FAMILY ISSUES TO IMPROVE INTERGENERATIONAL RELATIONSHIPS



IMPROVING PROMOTION OF AVAILABLE SERVICES

EXPLAINING HOW TO BECOME AN AGE-FRIENDLY EMPLOYER



IMPROVING ACCESS TO HEALTHCARE FOR HOMELESS PEOPLE



PROMOTING SOCIAL PRESCRIBING EG. EXERCISE/ELECTRIC BIKES ON PRESCRIPTION



HELPING PEOPLE TAKE CHARGE OF THEIR OWN HEALTH

Our Five Priorities

Priority 1 – Improving outcomes in the first 1,000 days of a child’s life

Priority 2 – Strengthening the positive impact of work on health

Priority 3 – Supporting people, households and communities to be socially connected and make changes that matter to them

Priority 4 – Creating an age-friendly city that promotes good health and wellbeing for people in mid & later life

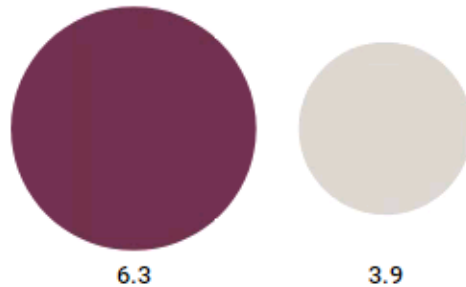
Priority 5 – Taking action on preventable early deaths

Priority 1 - Improving outcomes in the first 1,000 days of a child's life

Where are we now?

- Infant mortality

Infant mortality rate per 1,000
2014-2016



Deaths in children aged under 12 months
● Manchester ● England

Source: Office for National Statistics (ONS)

- Low birth weight term babies



Source: Office for National Statistics (ONS)

Priority 1 - Improving outcomes in the first 1,000 days of a child's life

What we will do

- Deliver a targeted programme that responds to local intelligence on infant deaths
- Increase flu vaccination in pregnant women and uptake of immunisations and vaccinations for babies and children
- Safeguard children and protect them from harm, including safer sleeping awareness and abusive head trauma work
- Implement strengthened Health Visitor model for families needing additional support
- Adopt a 'think family' approach that recognises social and family factors that impact on a child's health

Priority 1 - Improving outcomes in the first 1,000 days of a child's life

Where are we now?

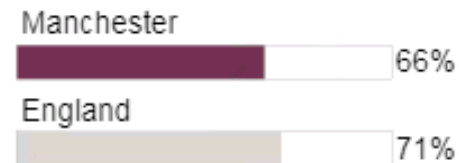
- School readiness



Source: Department for Education (DfE), Early Years Foundation Stage (EYFS) Profile

What we will do

- Ensure children are assessed and supported through interventions to reach their learning and development milestones and be ready for school



Priority 2 - Strengthening the positive impact of work on health

Where are we now?

- Sickness related benefits



Adults of working age in Manchester claiming key out of work benefits

26.6% aged over 50



Almost 31,000 were claiming Incapacity Benefit (IB) or ESA - the two main sickness related out of work benefits

Primary health conditions:

Mental Health and behavioural disorders ^{over} 50%

Musculoskeletal disorders

Substance misuse issues

Source: Department for Work and Pensions (DWP) November 2017

What we will do

- Integrate the evidence based programmes that support residents to stay in, and get back into work as part of the wider wellbeing service offer to residents

Priority 2 - Strengthening the positive impact of work on health

Where are we now?

- Age profile of benefit claimants

9.4% of residents aged 16-49 were claiming out of work benefits in August 2017, compared to 24.7% of those aged 50+

26.3% of these claimants aged 16-49 received Job Seekers Allowance or Universal Credit (potential to move back into work), compared to 12.2% of those aged 50+

Source: DWP, ONS, Nomis

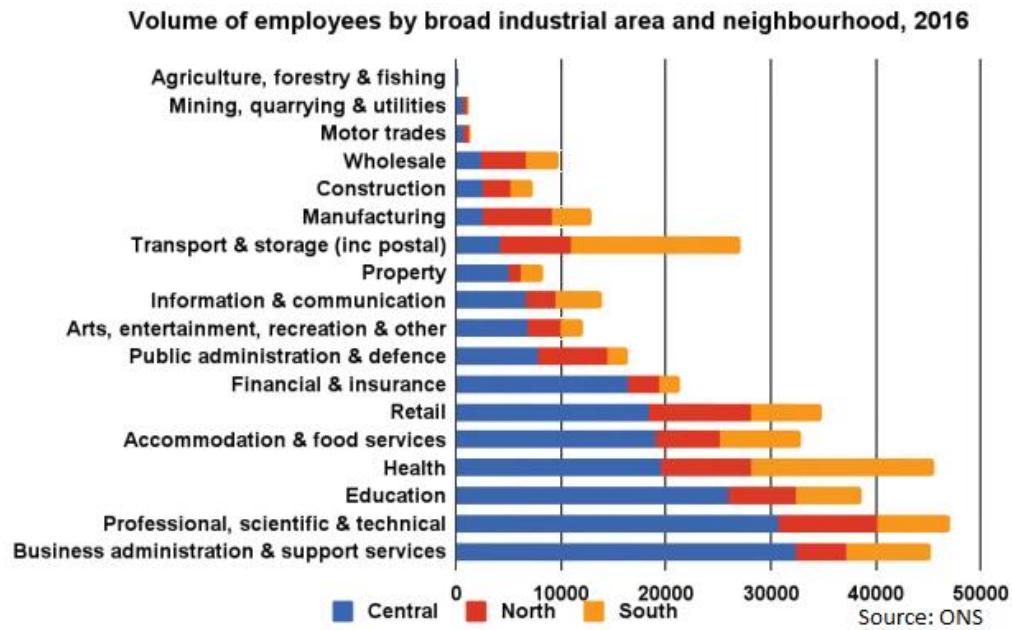
What we will do

- Increase employment rates for the over 50s by developing 'age-friendly' approaches within the existing employment support system and strengthen links between over 50s seeking work and the sectors where there are large numbers of vacancies and skills shortages e.g. the health and social care system.

Priority 2 - Strengthening the positive impact of work on health

Where are we now?

- Residents' employment by industry



What we will do

- Encourage all Manchester health and care organisations to recruit more local people with targeted support for disabled people, people in mid life with long-term health conditions, other under-represented groups and through the Apprenticeship Levy

Priority 3 - Supporting people, households and communities to be socially connected and make changes that matter to them

Where are we now?

- Inclusion health (young people who have been in care, homelessness, new migrants)



What we will do

- Take forward the work of the Health and Homelessness Task Group
- Develop and deliver an inclusion health strategy to address the needs of other vulnerable or marginalised communities

Priority 3 - Supporting people, households and communities to be socially connected and make changes that matter to them

Where are we now?

- Support for self-care



Rated their GP involving them in decisions about their care as being "very good" or "good"

England: 74%

Source: GP Patient Survey, Jan-Mar 2017



Patients surveyed felt "very confident" or "fairly confident" in being able to manage their own health

England: 92%

What we will do

- Develop and deliver an infrastructure for person and community centred approaches to health and care services, through the Prevention Programme.
- Provide accessible information on community resources for practitioners and professionals to support self care.

Priority 3 - Supporting people, households and communities to be socially connected and make changes that matter to them

Where are we now?

- Social isolation



Southways Housing Trust working in the south of Manchester report that approx

43%

of the households they work with have an older person living alone

Source: Age Friendly Manchester Report 2015

What we will do

- Listen and respond to what local communities say about how to improve their surroundings in a way that supports good health; invest in community capacity building; and facilitate more opportunities for people to connect, collaborate and find local solutions for better health and wellbeing.

Priority 4 - Creating an age-friendly city that promotes good health and wellbeing for people in mid & later life

Where are we now?

- Worklessness and Income Deprivation

26.6%
of out of work
benefit claimants
are over 50



20%
of out of work benefit
claimants due to ill
health are over 50



In Manchester, one in
three older residents
are income deprived

36.3%

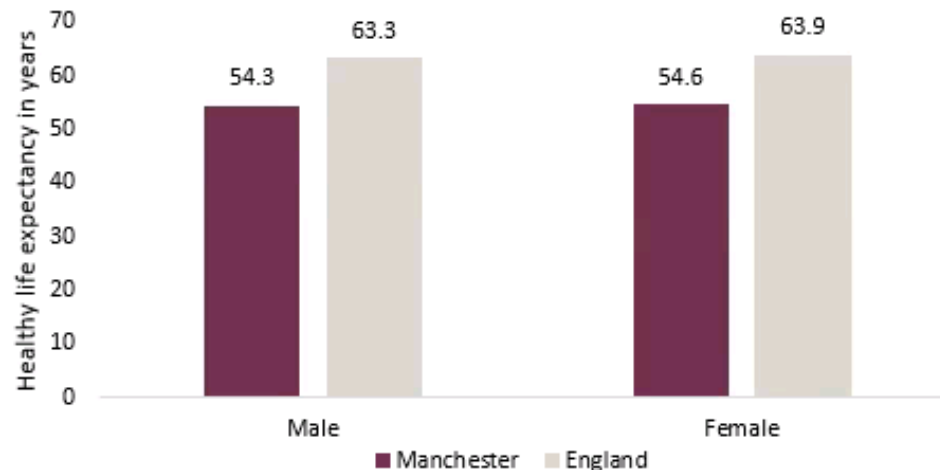
What we will do

- Build on local programmes that aim to improve employment rates for the over 50s and increase significantly the number of age-friendly employers
- Target approaches that reach and engage those most marginalised older people - both in terms of informing and raising awareness of what is on offer but also as a way of understanding different needs of these groups

Priority 4 - Creating an age-friendly city that promotes good health and wellbeing for people in mid & later life

Where are we now?

- Healthy Life Expectancy



Source: Office for National Statistics (ONS)

What we will do

- Ensure there is an age-friendly dimension to all-age commissioned services
- Improve access to population health services by older people
- Promote and increase awareness of the range of services and activities delivered at a neighbourhood level for older people

Priority 4 - Creating an age-friendly city that promotes good health and wellbeing for people in mid & later life

Where are we now?

- Dementia



2,815 Manchester residents aged 65+ diagnosed with dementia (Sept 2017)

75% Manchester residents estimated to have dementia that have been diagnosed

Source: NHS Digital

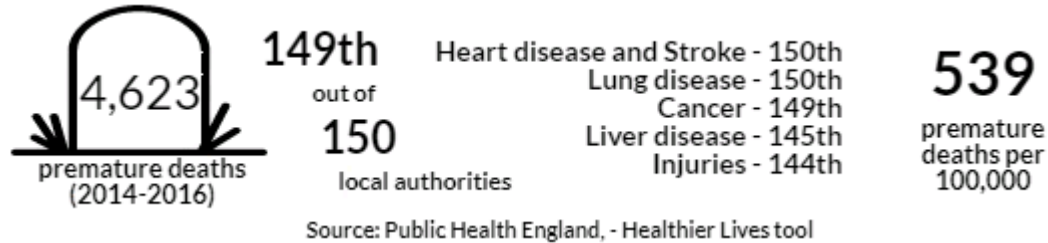
What we will do

- Strengthen the link between the dementia and age-friendly activities and networks at a neighbourhood level

Priority 5 - Taking action on preventable early deaths

Where are we now?

- Premature deaths



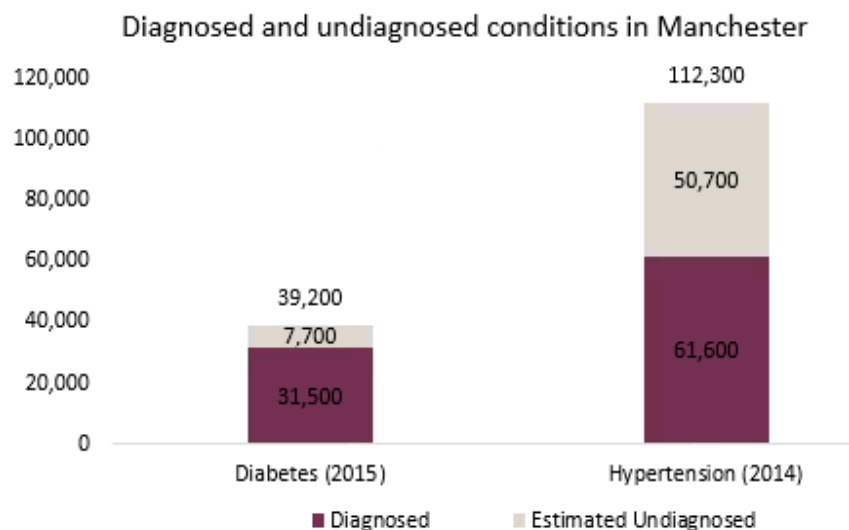
What we will do

- Reduce early preventable deaths from heart disease through implementing the Winning Hearts and Minds Programme. This is a multi-agency approach developed in partnership with Manchester City Council, Sport and Leisure Service and the emerging new strategic vehicle for sport and physical activity, Mcr Active

Priority 5 - Taking action on preventable early deaths

Where are we now?

- Undiagnosed conditions



Source: NHS Digital, Public Health England Healthier Lives tool

What we will do

- Deliver community centred approaches to detecting conditions early by going to places where people naturally and frequently congregate and working with people, groups and organisations that are trusted in communities.

Priority 5 - Taking action on preventable early deaths

Where are we now?

- Smoking



21.7% persons aged 18+ who are self-reported smokers

compared to **15.5%** in England

Source: Annual Population Survey, 2016

What we will do

- Support people to stop smoking through the implementation of 'Smoke Free Manchester' driven by Manchester's Tobacco Alliance. This includes prevention from harm from environmental tobacco smoke, preventing young people taking up smoking, tackling the supply of illicit tobacco, smoke free spaces and access to stop smoking services.

○ Key measures of success (GM targets*)

- Reducing the rate of infant deaths
- Reducing the proportion of low birth weight babies (*)
- Increasing the proportion of children who are ready for school (*)
- Reducing the rate of health related worklessness
- Increasing the recruitment of local people from Manchester's diverse communities to health and care organisations
- Reducing the number of rough sleepers (*)
- Increasing the proportion of people confident in their ability to manage their own health
- Increasing the employment rate amongst the over 50s
- Reducing the gap in preventable deaths between the most and least deprived areas of the city (*)
- Reducing smoking prevalence to at least 15% by 2022 (*)
- Reduction in the proportion of adults who are physically inactive

Delivering the Plan in 2018-19

MHCC Operational Plan 2018/19

MLCO Population Health Strategy and Neighbourhood Plans

MCC Strategies and Plans

The ask of strategic partnerships

Strategy	Partnership Board Meeting
Our Manchester Strategy	Our Manchester Investment Board
Our Manchester, Our Children	Children and Young People's Board
Community Safety Strategy	Community Safety Partnership Board
Manchester Work & Skills Strategy	Work & Skills Board
Family Poverty Strategy, Early Help Strategy, Place Based Strategies, Housing Strategy, Homelessness Strategy	Various

Questions and discussion

