

# WORKING FOR A HEALTHIER MANCHESTER

## STAKEHOLDER BULLETIN FOUR



**A healthier Manchester.**

Our vision, your health

## FOREWORD

Welcome to the fourth issue of the Healthier Manchester Bulletin, for you to cascade as you see appropriate.

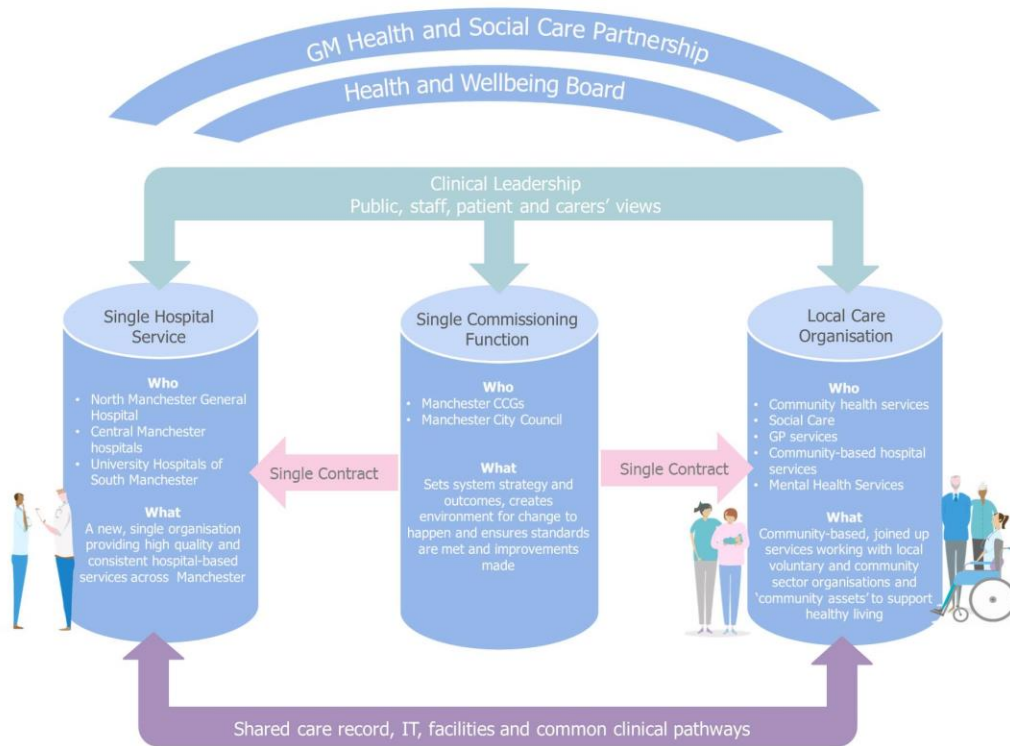
This bulletin is designed to give you an overview and update of the key health and social care developments in Manchester - including how the work fits with the growth and ambitions of the city; devolution programmes across Greater Manchester; and national initiatives.

As we move ever closer together with health and social care integration in the city, we are even more aware that our staff are at the heart of helping to drive changes that will benefit the people who live here.

That's why you will notice a change of style in this latest issue. Most articles will have a separate box with a review or summary of key points. This has been done to assist those managers who may be passing on information to staff and need an overview on each section.



**Sir Richard Leese, Chair of Manchester's Health and Wellbeing Board.**



## The future of health and social care: the next five years

### Context: Manchester's Locality Plan:

The vision that describes the future of health and social care in the city over the next five years is the Manchester Locality Plan – called a Healthier Manchester. This plan gives details of the city's approach to improving health outcomes in Manchester, while also moving towards long-term financial and clinical sustainability.

In essence, it is the commissioning plan for joining up – or integrating – health and social care services in Manchester. It contains three key parts, or pillars, which will drive the transformation of these services, needed to keep our city healthy. These pillars, which are interlinked, are a Single Commissioning System; a Single Local Care Organisation; and a single Manchester Hospital service.

Both the Single Hospital Service and the Manchester LCO will deliver models of care which span both community and hospital settings to treat people as close to home as possible.

## Latest news on a Single Manchester Hospital Service

### **A single hospital service**

Progress towards a Single Hospital Service (SHS) for Manchester has been supported by Manchester's Health and Wellbeing Board and also by the three Trust boards (University Hospital of South Manchester NHS Foundation Trust; North Manchester General Hospital, run by The Pennine Acute Hospitals NHS Trust; and Central Manchester University Hospitals NHS Foundation Trust).

The clear benefits of a single hospital service for the city were originally set out in the first report of Sir Jonathan Michael to Manchester's Health and Wellbeing Board. Ultimately, this initiative will see the coming together of Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust into a new single hospital Trust for the city; the plan is then for North Manchester General Hospital (part of The Pennine Acute Hospitals NHS Trust) to be transferred into the new organisation.

The full set of reports can be read here:

#### [Stage One](#)

#### [Stage Two](#)

[www.manchester.gov.uk/meetings/meeting/2639/health\\_and\\_wellbeing\\_board](http://www.manchester.gov.uk/meetings/meeting/2639/health_and_wellbeing_board)

### **Single Hospital Service Update**

#### **Background**

Work to create a new Single Hospital Service for Manchester from September 2017 moved forward significantly during 2016 and continues to gather pace. The ambition of the programme is to radically improve care for patients in our city by aligning and coordinating services more effectively.

We will do this in two parts. Firstly, in project one, Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS

Foundation Trust will join together to create a new Foundation Trust in September 2017. Then, in project two, the plan is for North Manchester General Hospital, currently part of The Pennine Acute Hospitals NHS Trust – PAHT, to join the new organisation around 12-18 months later.

The new city-wide hospital Trust will mean that we can deliver much better, safer and more consistent quality of care across all hospital sites involved: the Oxford Road campus, Wythenshawe Hospital, Withington Community Hospital, Trafford General Hospital and Altrincham Hospital and North Manchester General Hospital in due course. It will also bring many opportunities for us to grow our research, education and investment into our region, and attract highly skilled staff.

All of this will not only benefit people living in the City of Manchester and Trafford, it will benefit patients from across Greater Manchester who use our hospitals.

### **Why Change is Necessary**

Changes to the way we organise hospitals are needed to address many health inequalities that have been identified.

For example, two people with the same condition, living within miles of each other, can have a different chance of survival depending on when and where they use hospital services. Appointment waiting times vary dramatically depending on which hospital a patient attends and what they are being treated for.

Our hospitals also face significant money pressures, staff shortages and rising demands on services. The Single Hospital Service will allow us to build an organisation that is fit and sustainable for the future.

### **Progress**

Over 450 clinicians from 25 specialties have so far been involved in 300 meetings and discussions about how creating one Trust will deliver benefits for patients. A Clinical Advisory Group comprising 28 representatives from CMFT, PAHT, UHSM and an advisor from NHS Improvement, is meeting regularly. Clinical Leads for the programme, including Consultants, Nurses, and a Lead for Allied Health Professionals, are driving work to identify examples of how this will improve quality and consistency of care for patients at all sites.

Approvals for the new city-wide hospital Trust are needed from the Competition and Markets Authority (CMA) and NHS Improvement (formerly Monitor and the Trust Development Authority); it is expected a decision will be made in summer 2017. As part of this process, it is necessary to demonstrate the benefits for patients of creating a Single Hospital Service and clinicians are leading this work along with the Programme Team. Initial benefits cases were submitted to the CMA in December and these are being developed further.

Potential benefits of a Single Hospital Service include:

- Better continuity of care wherever you are treated
- Consistently high standards of services at all hospitals
- Stronger teams sharing specialised skills 24/7
- Greater ease to attract and keep the best staff
- More joined up patient record and clinical systems
- Less duplication and waste across sites
- Increased opportunities to attract research funding

Engagement has been taking place with stakeholders across Manchester including patient groups, Healthwatch, MACC (Manchester Community Central), Foundation Trust Governors, staff-side representatives and will continue during the coming weeks and months.

### **Next Steps**

By the end of January, a patient benefits case will be submitted to the Competitions and Markets Authority. Foundation Trust Governors also have an important role in assuring that the Board has followed the appropriate process to create the new Trust and are being regularly updated. A full business case will be submitted to NHS Improvement in March and it is expected a decision will be made in summer 2017.

Work has begun to look at the culture, vision and values of the three organisations and how we can bring these together to create a unified single hospital service delivering excellence for staff and patients across all sites.

# Manchester Local Care Organisation

## Background

Making prevention a priority, and providing more support in the community and out of hospital is reflected in the city's vision for health and social care over the next five years - and also complements the Greater Manchester ambitions brought about by devolution. In effect, the LCO represents devolution in action: the people of Manchester taking control of the way their own health and care services can best meet local needs.

The LCO for Manchester is a partnership that brings hospital, community healthcare services, the council and the voluntary sector together and it's part of the transformational approach to improve outcomes for people of this city. The LCO will be the vehicle to hold and deliver a single contract for out-of-hospital care.

## Vision for a Local Care Organisation

The vision for the LCO is for services to be delivered seamlessly across the city through partnership between the main statutory health and social care providers and with strong voluntary, community and social enterprise sector investment.

It will have two main aims:

- Developing the Integrated neighbourhood teams in the community, which will be led by GPs;
- Developing a service that focuses on those most at need to prevent hospital admissions where possible and reduce any delays in care.

In summary the LCO will co-ordinate care across primary, community and secondary settings – and will focus on these six key groups first:

- Frail older people
- Adults with long term conditions and at the end of life
- Mental health, learning difficulties and dementia
- Children and young people
- People with complex lifestyles
- Preventative work for those more at risk of hospital admission.

These groups currently represent 14% of the people who live here – almost 93,000 people. These patients also represent 44% of hospital care and 95% of residential and nursing care.

### **The LCO Prospectus**

The Manchester Clinical Commissioning Groups and Manchester City Council developed a document called a prospectus –which describes from a commissioner’s point of view what the LCO will deliver and how it will work.

The scope and scale of the LCO - as set out in the original prospectus circulated in November for consultation - will be phased over a number of years and will be a mix of direct provision and subcontracting arrangements.

The full scale of the contract will depend on more details, but following feedback from the prospectus consultation, which ran from November to January 2, commissioners expect some or all of the services below to be included:

- Adult social care
- Public health



- Aspects of children's services
- Primary care
- Mental healthcare
- Defined hospital services
- Community healthcare services
- Voluntary and community sector
- Nursing and residential care

### **Since then**

The LCO Prospectus was discussed at the Manchester Health and Wellbeing Board on November 2<sup>nd</sup> as part of a consultation process with local stakeholders on the proposals set out.

The consultation period ran from November to January 2, during which organisations sought the views of their staff and partners to respond to the document. Following the end of the consultation period, Manchester's Health and Wellbeing Board will confirm the procurement approach and timescales.

It is anticipated that the new contract will be awarded for 2017/18 running alongside existing arrangements initially before moving to a single contract with a single organisation for 2018/19.

The Manchester Provider Board fully intends to submit a bid to deliver the LCO and believes that the Manchester health and social care organisations are well placed to do this.

The Manchester Provider Board includes Manchester City Council, Central Manchester Foundation Trust, Pennine Acute Trust, University Hospital of South Manchester, Greater Manchester Mental Health NHS Foundation Trust, Manchester Primary Care Partnership (a federation of all GP

practices in Manchester), MACC (representing the voluntary community and social enterprise sector, Local Pharmacy Committee, North West Ambulance Service, dentistry and optometry.

### **What happens now?**

The engagement period finished on January 2 (2017) and feedback and comments will be incorporated into the document, to make sure that it is ready for the next part of the process. Feedback themes have included care models, finance, organisational form, governance, workforce and culture.

### **Provider selection process:**

Due to the scope of the LCO and the value of the contract to deliver services, commissioners legally need to carry out a formal procurement exercise, under EU rules.

The selection process will run in an open and fair way, and will start in February, when expressions of interest can be made by potential providers via a Prior Information Notice (PIN) and a qualification questionnaire.

Potential providers will be asked to respond to five key elements of the LCO on quality, sustainability, deliverability, finance, integration and transformation.

During the provider selection process a technical expert subgroup will be established to help with the process. A separate Clinical Advisory Group will also be set up to ensure that the LCO provider selection has independent and impartial advice from different disciplines.

The selection process will also follow national guidelines through an Integrated Support & Assurance process (ISAP), which has three stages, called checkpoints. This will be led by the Greater Manchester Health and Social Care Partnership, in conjunction with other national bodies.

## **FREQUENTLY ASKED QUESTIONS**

### **What does LCO mean?**

An LCO is an organisation, or partnership of organisations, which provides community health, adult social care, mental health and primary care services.

Manchester's LCO will work very closely with the city's hospitals, voluntary and community sector groups and other health and social care organisations.

### **Why do we need a LCO?**

Health and care services in Manchester are of a high quality and are delivered by dedicated and expert staff. However, despite the efforts of all health and social care organisations in the city, health outcomes remain poor with Mancunians living a greater proportion of their life in poor health, and dying younger, than in other parts of the country. Also, due to the number of different service providers in the city, people who live in different parts of the city do not have access to the same range of services.

The vision is to bring social care services together with physical and mental health services, and deliver them in a consistent way across the city, to help people stay well in their own home and treat them promptly when they need further care.

## **Which services will be provided by the LCO?**

The scope and scale of the LCO - as set out in the original prospectus circulated in November for consultation - will be phased over a number of years and will be a mix of direct provision and subcontracting arrangements.

The full scale of the contract will depend on more details, but following feedback from the prospectus consultation, which ran from November to January 2, commissioners expect some or all of the services below to be included:

- Adult social care
- Public health
- Aspects of children's services
- Primary care
- Mental healthcare
- Defined hospital services
- Community healthcare services
- Voluntary and community sector
- Nursing and residential care.

## **What are health and social care providers in the city doing to prepare for this?**

While the Commissioners have been developing the LCO Prospectus, the main health and social care providers in the city have been working together to establish a partnership capable of delivering the LCO.

The providers in question include:

- Central Manchester University Hospitals NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- University Hospital of South Manchester
- Greater Manchester Mental Health NHS Foundation Trust
- Manchester City Council
- South Manchester GP Federation
- Primary Care Manchester
- Northern Health GPPO
- Local Medical Committee
- MACC, representing the voluntary community and social enterprise sector
- Greater Manchester Pharmacy Committee
- North West Ambulance Service
- Local Dental Committee
- Local Optometry Committee

These organisations have been meeting regularly for the past 20 months to look at how we can work together to deliver the transformation for the people of Manchester, and therefore how the LCO could enhance and make the most of new models of care already being developed and delivered at neighbourhood level by the partners in question.

These discussions continue and further information on how the partnership will be constituted and how it will deliver services will be established once the LCO criteria are finalised by commissioners.

### **Who will run the LCO?**

Manchester commissioners are required to run a formal provider selection exercise due to the size of the contract over the next few years. The partners listed above, under the leadership of the Manchester Provider Board will submit a bid to deliver services in the LCO. The Manchester Provider Board is confident that provider organisations are well placed group of organisations to deliver this, and as above, the provider board organisations have all been working together to establish an integrated partnership capable of delivering joined up services.

### **What will happen to staff employed in those services likely to move under the LCO?**

At the moment, there has been no decision on who will run the LCO. This is because the commissioners will be required to run a formal provider selection exercise. However, the Manchester Provider Board fully intends to respond to the procurement exercise and submit a bid to deliver the LCO. It is confident that provider organisations are the best placed group of organisations to deliver this, and as above, the provider board organisations have all been working together to establish a partnership capable of delivering the LCO.

The bid will recommend one leadership team for the LCO, working with one service delivery team for the population and delivering as one system across Manchester communities. This will ensure it is an integrated health and social care organisation focussed on achieving better health and wellbeing for the Manchester population. There will be proposals to develop single line management arrangements at a neighbourhood level.

### **Will services move site?**

The LCO will deliver and coordinate care through ninety-one practices, twelve neighbourhoods, three localities and the city of Manchester. It will have two main early priorities:

- developing an integrated neighbourhood team model in the community led by General Practice providing joined up care
- developing a flagship service that focusses on those most at need in order to prevent avoidable hospital admissions and reduce delayed transfers of care.

As the model of service is developed, this will inform the best way of providing those services in the future and this will inevitably mean developing opportunities to co-locate teams and share premises to promote improved communication and efficiency of service provision.

### **Will there be a single team running the LCO?**

Yes, the LCO will have one leadership team, working with one service team for the population and delivering as one system with the community. This will ensure it is an integrated health and social care organisation focussed on achieving better health and wellbeing for the Manchester population.

### **How will the LCO be procured?**

Due to the scope of the LCO and the value of the contract to deliver the services, commissioners will need to carry out a formal procurement exercise. Therefore it is not possible at present to confirm who will run the LCO. However, provider organisations have been working on a partnership that is capable of delivering these services and believe they are in a strong position going forwards.

**How long will the contract be and what is its value?**

The contract will be for 10 years. The exact value is not known at the moment but over the 10 year period it will be substantial.

**Will this lead to privatisation of local health services?**

No. The NHS will remain publicly funded and free at the point of delivery, and social care will be funded as it is now. NHS staff and those in other services in the city will continue to deliver services – and they will develop new partnership arrangements with each other and other organisations, such as the voluntary and community sector for example, to deliver services require from the LCO.

**How can you do all this without additional social care funding?**

There is even more reason now to work in an integrated, joined up way so that we can make the best use of the funds that we have. These plans were drawn up before we knew details of settlements, but our approach remains the same – but it will take us longer to close projected funding gaps without additional social care monies.



## Latest news: Single Commissioning System

### **Background**

A strong, clear commissioning organisation is essential for effective commissioning of a transformed health and care system in Manchester, outlined in the city's Locality Plan (above).

By combining and uniting commissioning arrangements for the city, it means that:

There is a single plan, with a single commissioning approach for the city;

Commissioners make best use of a pooled budget;

Consistency is achieved – so that resources are used according to area and population need. This will also help to address health inequalities in certain parts of the city.

### **Where we are now**

Since the last update there has been significant progress in establishing Manchester Health and Care Commissioning, (MHCC), a single commissioning organisation made up of the three Manchester CCGs and Manchester City Council which is hoped to be up and running by 1 April 2017.

The establishment of the single commissioning organisation, which brings together the commissioning responsibilities for health and social care, is crucial to the effective commissioning of the Single Hospital Service and Local Care Organisation (LCO) - the two main care providers across Manchester.

Please note that MHCC would require a merged CCG to hold a partnership agreement with the council, and this decision is dependent

on a GP vote on February 9. (See CCG item on page 19 below for latest details).

In the meantime, and subject to the GP vote, key progress areas, include:

- The appointment of Ian Williamson as the Chief Accountable Officer (designate) for the new MHCC. Recruitment to the board and executive team will take place in January/ February.
- The merger of the three CCGs has been supported by NHS England's Commissioning Committee.
- A draft Mission, Vision and Value document has been developed following extensive staff engagement. These sessions have included building awareness of the Our Manchester strategy – the vision for the city by 2025.
- A programme of engagement with GP practices is currently ongoing focussing on developing the right approach to clinical leadership and practice engagement in the new function.
- The design work to define roles in the new organisation.
- A proposed governance model of a single Board, reflecting governance features of the NHS and council, overseeing the full range of commissioning responsibilities has been supported by the Steering Group.
- Financial arrangements are being put in place by the CCG finance teams to support the proposed merger, as well as joint working with the council on pooled budget arrangements.
- Plans are also being developed for the practicalities of closer working including where staff are located, IT systems and developing a single set of business processes.

## **Manchester Clinical Commissioning Groups – potential merger news**

On Wednesday 25 January Manchester's CCG boards formally gave their support for NHS North Manchester, NHS Central Manchester and NHS South Manchester CCGs to merge from April 1.

They also voted unanimously to recommend the merger of the three CCGs – to become Manchester Clinical Commissioning Group - to their respective GP memberships who will vote on the change by 4pm on February 9.

The merger will enable the development of a partnership agreement with the council, to create a single commissioning system in Manchester that bring together health, social care and public health commissioning.

This single body is Manchester Health and Care Commissioning (MHCC) - which requires a merged CCG to hold the partnership agreement with the council.

Health bosses believe that bringing the commissioning roles into a single arrangement will make better use of resources, help with integration of health and social care, and give stronger scope for larger-scale transformation or improvement of services.

## Mental health services

A new chapter started as Manchester Mental Health and Social Care Trust and Greater Manchester West Mental Health NHS Foundation Trust joined together to become a single trust from January 1.

The new trust, called Greater Manchester Mental Health NHS Foundation Trust, will provide care for people living in Bolton, Salford, Trafford and the city of Manchester, with specialist services covering Greater Manchester and beyond.

Patients, carers, families, staff and partners will all see benefits from the integration of the two organisations, including:

- A new section 136 suite – a designated place of safety for people experiencing a mental health crisis in the City of Manchester
- Revised service models designed aimed at providing 24/7 community and home-based care for all ages, as well as a reduction in the need for patients to receive treatment out of the Greater Manchester area
- Funding for frontline voluntary organisations and third sector partners to develop innovative practice in order to increase service quality
- A commitment to pay all staff across the new trust the 'Living Wage'
- Environmental and property improvement schemes across the trust designed to improve patient experience
- Enhanced research and development into mental health, including developing innovative treatment solutions for patients.

## Public Health in Manchester – Smoking

Latest released figures show that there has been a decrease in the number of adults who smoke in Manchester.

The Annual Population Survey for 2015 shows that the Manchester average dropped to 22.7% that year from 25.5% in 2014.

This has been due in part to the council's public health and trading standards teams, who have been working with the NHS and other partner organisations (including Cancer Research UK, Healthier Futures, GM Fire and Rescue Service and Public Health England) to control the illicit supply of and demand for tobacco products.

Also, on December 1, the public health team established a Tobacco Control Alliance for Manchester. The Alliance formally brings together a wide range of organisations (listed above) and others such as HMP Manchester who working on the Smoke Free prisons policy.

The Alliance will focus on:

- Stopping the promotion of tobacco;
- Making tobacco less affordable;
- Effective regulation of tobacco products;
- Helping tobacco user to quit through a variety methods and support;
- Reducing exposure to second-hand smoke;
- Effective communications for tobacco control.

In Manchester every 458 of every 100,000 deaths are related to smoking. The national average is 275 per 100,000 deaths.

## Research boost

### **£12.5 m Government investment to expand pioneering clinical research**

In November it was announced that a city-wide bid to fund research space, staff and specialist equipment to develop and deliver pioneering new treatments across three NHS sites had been awarded £12.5m by the Department of Health.

The funding will enable expansion of existing clinical research capacity across Manchester and is hosted by Central Manchester University Hospitals NHS Foundation Trust (CMFT) in partnership with The Christie NHS Foundation Trust (The Christie), University Hospital of South Manchester NHS Foundation Trust (UHSM) and The University of Manchester.

Clinical Research Facilities (CRF) at CMFT, The Christie and UHSM, currently facilitate a total of 6500 visits per year from patients and healthy volunteers involved in research studies. They provide 24-hour, seven-day inpatient and outpatient research services, including those for children and infants, with over 50 research beds and 20 outpatient consultation rooms across Greater Manchester.

The funding news will make research more accessible to people of all ages and backgrounds across the city region, as well as expanding the volume and types of research undertaken.

The investment is provided under the National Institute for Health Research (NIHR) Clinical Research Facility Scheme and will enable the Manchester CRFs to support researchers in their work on areas including major causes of premature death and disability for patients in Manchester and beyond.

The news comes shortly after an earlier boost in September, when the Department of Health announced a £28.5m investment in Manchester under its Biomedical Research Centre (BRC) scheme. This will help to drive research in the areas of musculoskeletal disease, hearing health, respiratory disease, dermatology and three cancer themes (prevention, radiotherapy and precision medicine).

## North Manchester General Hospital - update

### Overview

Steps are being taken to ensure a vibrant and sustainable future for the North Manchester General Hospital (NMGH) site, integrating improved hospital services with a range of wider services to best meet the needs of patients and their families in one place.

The aim is to ensure that NMGH remains a key asset for the local community and better meets their healthcare needs.

NMGH is currently run by The Pennine Acute Hospitals NHS Trust (PAHT), but will become part of the single hospital service in Manchester once Central Manchester University Hospitals NHS Foundation Trust and University Hospital South Manchester join together to create a new NHS Foundation Trust in September 2017. Then the plan is for services at North Manchester General Hospital to transfer to the new organisation around 12-18 months later.

### Issues

NMGH recently received a rating of 'Inadequate' by the Care Quality Commission (CQC) and its urgent care, maternity and paediatrics services are facing real challenges.

The leadership of Salford Royal Foundation Trust, rated Outstanding by the CQC, has been secured to manage PAHT services and lead the implementation of an Improvement Plan across the whole trust.

### Moving forwards

It is important that work to secure a sustainable future for NMGH is aligned with the wider Manchester Locality Plan and the implementation of its three pillars – the Single Hospital Service, Local Care Organisation and Single Commissioning Function.

North Manchester Clinical Commissioning Group (CCG) has commissioned the Greater Manchester Transformation Unit to work with key stakeholders to develop a plan to ensure North Manchester General Hospital has a strong and sustainable future, is supported to make

improvements where necessary and provides the right mix of services for the people of North Manchester.

The site is expected to keep many of its current district general hospital functions and core services including maternity, urgent care, diagnostics, outpatients and surgery - but there will need to be a greater emphasis on integrated health and social care provision, with NMGH strongly connected to its local community with new services and facilities to improve care of people with multiple conditions and frailty.

However, the hospital site has old and disused buildings with improvements required which will require substantial capital investment. There is also likely to be surplus estate as a result of the redevelopment which will create opportunities for wider use, for example an academic facility focussing on integrated care.

A more detailed plan will be produced in the next few months and will be underpinned by a comprehensive engagement process.



## Greater Manchester - cancer champions launch

Greater Manchester is set to sign up 20,000 'cancer champions' – people who will use their own experience to help those who are at risk of developing cancer or have been recently diagnosed with the disease.

The new cancer champions will get involved in their local communities. They will share messages that will help reduce adult smoking rates and other unhealthy behaviours that increase a person's risk of getting cancer, prevent avoidable cancer deaths by encouraging people to take up cancer screening invitations or go to their GP if they have symptoms they are worried about. They will also get feedback from people to help improve patients' experience of cancer treatment and care.

The voluntary sector will play a crucial role in this scheme, which is being led by Greater Manchester Vanguard Innovation, part of Greater Manchester Cancer, the cancer programme of Greater Manchester Health and Social Care Partnership, and is also jointly funded by NHS England.

Cancer survival rates are improving across Greater Manchester. In 2000, the chance of surviving a year after diagnosis in Greater Manchester was 58 per cent. The gap has closed in recent years and the survival rate in 2013 stood at 69.9 per cent, just under the national average. The aim for Greater Manchester is to increase that rate to 75 per cent or higher by 2020.

## Greater Manchester public health plan

A major new public health blue-print for Greater Manchester has been agreed – which brings together best practice from the region and aims to improve health and reduce health inequalities across the area.

Called the Greater Manchester Population Health Plan, it looks at all aspects of life stages – and has also been informed by the views of people who live and work in the area during a major exercise to ask people what mattered to them most about their health and wellbeing.

It also identifies some of the biggest issues in the region including:

- Almost a fifth of adults smoke in Greater Manchester
- More than a third of our children have dental decay;
- A fifth of adults binge drink;
- Just under a quarter of adults do very little or no exercise;
- And around two thirds of adults are overweight or obese;
- Last year (2016) one in three children in Greater Manchester did not achieve a good level of development by the end of reception;
- One of out of 25 people in Greater Manchester live in the ten per cent most disadvantaged areas in the country.

Aims for the work include reducing the region's smoking figures to 13% (from almost 20%); improving child dental health by making sure that all children by the age of 12 months have had a dental appointment; and reducing malnutrition and dehydration in older people, which is often related to falls and A&E admittance.

## **Thank you for your time**

If you have any further questions, please email:

[communicationsmanchester@nhs.net](mailto:communicationsmanchester@nhs.net)