

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	29 June 2017
<b>Executive Member / Reporting Officer:</b>	Cllr Ged Cooney – Executive Member Healthy and Working Angela Hardman – Executive Director - Public Health, Business Intelligence & Performance
<b>Subject:</b>	<b>GREATER MANCHESTER POPULATION PLAN STOCKTAKE - SYSTEM REFORM TO CREATE A UNIFIED POPULATION HEALTH SYSTEM</b>
<b>Report Summary:</b>	The purpose of the report is to provide the Health and Wellbeing Board with a local stocktake against the 20 strategic objectives in the Greater Manchester Population Plan outlining local initiatives to deliver on the ambitions in the plan together with local challenges. The report also gives an update on the review of the current public health system across Greater Manchester.
<b>Recommendations:</b>	The Health and Wellbeing Board are asked to: <ul style="list-style-type: none"> <li>a) Note the attached stocktake against the strategic objectives in the Greater Manchester Population Plan.</li> <li>b) Note the update on the review of the current public health system across Greater Manchester.</li> <li>c) Agree that any action needed to implement the Greater Manchester Population Plan is included in the refresh of our local Locality / Population Implementation Plan to be presented at September’s Health and Wellbeing Board.</li> </ul>
<b>Links to Health and Wellbeing Strategy:</b>	The Greater Manchester Population plan and system reform to create a unified population health system delivers on all strategic priorities in the Health and Wellbeing Strategy.
<b>Policy Implications:</b>	Greater Manchester has the chance to take a co-designed approach to radically reframe the role of Population Health in the context of a devolved system, creating a unified population health system across ten localities and Greater Manchester that is better able to achieve improved health outcomes for the citizens of Greater Manchester.
<b>Financial Implications: (Authorised by the Section 151 Officer)</b>	It should be noted that from 1 April 2017 the former Public Health grant is no longer a ring fenced grant within Greater Manchester. This clearly provides enhanced flexibilities on the use of this resource within Greater Manchester localities.  It is essential that the transformation of the population health across Greater Manchester and within the Tameside and Glossop locality is integral to the delivery of the financial challenge which is currently projected to be £70.2 million by 2020/2021 within Tameside and Glossop.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	The Council has a statutory duty to deliver value for money services – to be value for money they must be services that are required and deliver improved outcomes for residents. Consequently an important outcome in setting the Council’s

priorities within a reducing budget is to gather intelligence to understand both need and whether maximum impact can be made. It will be critical that there is a clear performance and assurance system in place to ensure that any interventions/programmes are delivery what is required to improve health outcomes and reduce unaffordable demand.

**Risk Management :**

There are no risks associated with this report.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Debbie Watson, Head of Health and Wellbeing



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## 1. PURPOSE

- 1.1 The purpose of the report is to provide the Health and Wellbeing Board with a local stocktake against the 20 strategic objectives in the Greater Manchester Population Plan outlining local initiatives to deliver on the ambitions in the plan together with local challenges. The report also gives an update on the review of the current public health system across Greater Manchester.

## 2. INTRODUCTION

- 2.1 The Greater Manchester Population Health Plan (January 2017) provides a clear road map for what Greater Manchester wishes to achieve to improve the health and wellbeing of the population. The plan is intended to enable residents to "start well, live well and age well" and to lead happier and healthier lives. The plan covers the most crucial area for health and social care reform and puts strong focus on prevention and how better health and wellbeing helps with work prospects and economy. The plan will complement the individual work in the ten localities of the city region and highlights where issues can be tackled more effectively by working together from a Greater Manchester stance.
- 2.2 Reform, to create a unified population health system, is one of the key programmes of work and chapters within the Greater Manchester Population Health Plan. This further reinforces the commitment made by partners (10 Greater Manchester Local Authorities; Public Health England; NHSE; Association of Greater Manchester Clinical Commissioning Groups; Greater Manchester NHS providers and Greater Manchester 'blue light services') in July 2015 when they signed the Public Health Memorandum of Understanding to create a unified public health system for Greater Manchester.
- 2.3 This also builds on the Greater Manchester ambition and shared commitment to place Public Health at the heart of public sector reform and economic growth, and the recognition that rebalancing our economy means rebalancing our public services.

## 3. POPULATION PLAN PRIORITIES

- 3.1 Key priorities in the Greater Manchester approach include:

### 3.2 Start Well

**Smoking in pregnancy – what we know:** this is single biggest and preventable risk factor for both the baby and mother's health.

- **The Greater Manchester approach** – identifying mums-to-be who are smoking will be a key part of the booking in, initial ante-natal visit so that they can be offered help to give up smoking.
- Training will be given to key workforce groups to ensure pregnant women and their families are given the most appropriate advice and support.

**Child dental health – what we know:** the biggest reason for children having general anaesthetic surgery in Greater Manchester is to take out decayed teeth. It's also a key reason for children attending A&E due to dental pain.

- **The Greater Manchester approach** – we want every child in Greater Manchester to have had a dental appointment by the age of one.
- The oral health improvement programme will boost more children having access to fluoride through teeth brushing schemes in nurseries and pre-schools.

### 3.3 Live Well

**Work and health – what we know:** there is a strong link between not having or not being able to work and poor health. Being out of work can lead to poor physical and mental health, across all age groups, with major impacts for the individual concerned, their partner and family.

- **The Greater Manchester approach:** a programme to ensure that there is an effective prevention and early intervention system in place to support as many adults with health conditions as possible to return to, and remain in, good quality work. Key to this vision will be health, employment and other services working together to give help and support before people fall into long-term unemployment.

**Cancer – what we know:** by 2020 it is estimated that more than one in two people will be affected by cancer at some point in their lives. Every 30 minutes someone in Greater Manchester is told they have cancer.

- **The Greater Manchester approach:** A key commitment for Greater Manchester is to reduce early deaths from cancer by 1,300 fewer deaths by 2021. Plus we will recruit 20,000 'cancer champions' to promote and support their local communities.

### 3.4 Ageing Well

**What we know:** the risk of malnutrition and dehydration increases in people aged over 65. Malnutrition often develops gradually and can go unnoticed. It is estimated to be part of around 30% of hospital admissions; affect 10-14% of people living in sheltered housing; and be a factor for as many as 35% of people admitted to care homes.

- **The Greater Manchester approach** – recognising the need to raise individual, family, carer and practitioner awareness of the issues in older people, so that it can be spotted earlier and more easily in day-to-day situations and more people can benefit from information, advice and support to address the problem.

3.5 A Tameside stocktake against the 20 priorities listed in the GM Population plan, together with challenges can be seen at **Appendix 1**.

## 4. SYSTEM REFORM TO CREATE A UNIFIED POPULATION HEALTH SYSTEM

4.1 A review of the current public health system has been underway since November 2016 with the aim of developing a set of propositions for creating a unified population health system for Greater Manchester. Directors of Public Health, Local Authority Chief Executives, Treasurers, Commissioners and other key stakeholders across the System have been actively involved in this process.

4.2 An emerging set of propositions have been developed which have been further developed with Association of Greater Manchester Authorities Wider Leadership Team in early February 2017.

## 5. PROPOSED CHANGES

5.1 The implementation of the NHS and Social Care Act in 2013 resulted in a split in public health leadership and core public health functions, across local authorities, Public Health England, NHS England and some functions to Clinical Commissioning Groups.

- 5.2 There are strengths of the reformed system since 2013 e.g. the ability of Local Authorities to develop a more place based approach to public health and link public health functions to wider public services. There are also some weaknesses, such as greater fragmentation of public health functions such as health protection and public health intelligence nationally and across Greater Manchester. The impact of the reforms has led to variation in performance and in investments in public health services, limiting the effectiveness of the current Greater Manchester public health system.
- 5.3 The review has looked at public health functions, commissioning of public health services and system leadership across Greater Manchester and used that insight and intelligence to shape proposals for a unified population health system that abides by the key principle of subsidiarity and promotes local place-based leadership. In doing so there has been recognition of the current timeliness of the emerging Local Care Organisations as well as the development of single local commissioning functions and the move to place based integrated commissioning across Greater Manchester.
- 5.4 The Greater Manchester Health and Social Care Partnership have used the findings from the review and the understanding of local system changes to inform the development of the proposals towards a unified population health system for Greater Manchester. Summary findings from the review and outline proposals are outlined in **Appendix 2**.

## **6. IMPLICATIONS FOR TAMESIDE**

- 6.1 The creation of a unified population health system will become an inherent part of the integrated place based approach to health and social care reform in each locality.
- 6.2 Population health place based leadership in Tameside and Glossop will be about ensuring the development of a culture of 'population health is everyone's business'. This creates opportunities for Health and Wellbeing Board members to champion and influence the health and wellbeing of their local populations.
- 6.3 Creating a culture of population health integrated into core business through:
- A consistent set of population health outcomes embedded into all locality plans.
  - Common standards for public health services which lift the performance to the best in GM across the whole system.
  - Using peer to peer support (such as sector led improvement programmes) as a tool to support this.
  - Providing population health training programmes
  - Investing in the wider community, voluntary and business sector infrastructure to be part of a reformed delivery system.
  - Supporting the focus on a 'whole system approach' with GM and Localities working as a single system.
- 6.4 The population health transformation work will be integrated into the wider governance arrangements overseeing the delivery of the Locality Plan under Taking Charge Together. The overall stewardship of local population health would continue to sit with the Tameside Health and Wellbeing Board, and the Director of Public Health, in their statutory role, will continue to have overall accountability for public health leadership. This will ensure that the overarching principle of subsidiarity is applied and continues to enable and support local decision making on priority setting and public sector reform.
- 6.5 In Tameside, as a result of these reforms, we will see:
- A sustainable system that secures better outcomes for local people.
  - A reduction in unwanted variation in standards and population health outcomes, with a more consistent adoption of evidence based practice and benchmarking data.

- The system working together to deliver the scaled implementation of the Population Health Plan's transformation programme of work.
- Accelerated knowledge and skills exchange, with the implementation of best practice and innovation consistently.
- A focus on the role of health and care provider system to make a substantial contribution to population health growth, both in their role in being part of the pathways ('making every contact count') and as a major employer.
- Visible integrated population health system leadership across the system which will minimise siloed working and enable join up conversations across and between children's, adults' and wider public services, spanning physical and mental health.
- Maximising the existing skills and capacity in the system towards delivering the Greater Manchester ambition for a radical upgrade in population health through more networked arrangements.
- Greater local determination in using and maximising available resources in the most efficient way, including communities making more decisions for themselves about the best way to secure improvements.
- Commissioning at Greater Manchester level to achieve additional impact complementary to that at locality level.
- The deployment of Population health intelligence in the context of a Greater Manchester place based function focused on Greater Manchester priorities of growth and reform.
- Creating a platform for further devolution 'asks' from central government to enable Greater Manchester to have more control over the key levers for securing population health gains, including regulatory and pricing mechanisms, and improvements to environmental quality.

## **7. NEXT STEPS**

- 7.1 The proposals have recently gone through Greater Manchester's internal governance. The intention is to align the commissioning proposals with the outcomes of the current commissioning review taking place across Greater Manchester.
- 7.2 The next step is to develop a detailed delivery and transition plan, alongside an engagement and communications plan to support the transition. Greater Manchester Health and Social Care Partnership will work with colleagues across the system and from the various sectors to co-design the approach to delivery.

## **8. RECOMMENDATIONS**

- 8.1 As set out on the front of the report.