



GM Population Health Plan: DRAFT Highlight Report

July Update: 7th July 2017- 4th August 2017

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Transformation Theme 1: Radical Upgrade in Population Health – Sarah Price (7th July - 4th August)

High level description of the programme and the key projects within it

- Person and Community-centred Approaches – including Asset Based Approaches and Health for Social Movement
- Starting Well – including Early Years, Smoking in Pregnancy and Oral Health
- Living Well – including Work and Health, New Model of Primary Care for Deprived Communities and Incentivising and Supporting Healthy Behaviours, Cancer Prevention, Scaling Up Our Response to HIV Eradication
- Ageing Well – including Housing, Nutrition and Hydration and Falls
- System Reform – Unified Population Health System for GM (System leadership and governance, commissioning for population health, public health core functions) and Social Value

Progress summary (this month) (high level and by exception)

- Draft Strategic Investment Case for Population Health developed and initial consultation held with GM HSCP SMT, GM Population Health Programme Board, AGG and Directors of Public Health Group.
- At the Population Health Programme Board in July it was agreed to proceed with implementation of the first Population Health Proposals contained within Tranche 1, this includes 1) Smoking in Pregnancy 2) Oral Health 3) Focused Care and 4) Nutrition and Hydration.
- At the Strategic Partnership Board at the end of July the GM Tobacco Plan and GM Moving Refresh Strategy were both approved and public launches held
- Early Years stakeholder event took place to feed into the development of a draft investment case due to be submitted in September/October 17
- Further progress made around Health and Employment proposal including development of detailed project plan, initial evidence review complete and stakeholder engagement and co-design plans finalised.
- Work has commenced on the build of Salford's My City Health platform and associated GM Tobacco pages as part of GM Lifestyle and Wellness Project.
- Briefing paper tabled at Justice Rehabilitation Board and GM DsPH around developing plan around a GM Substance Misuse Strategy due to be signed off and published in the Autumn
- GM Sexual Health workshop held including focus on developing HIV proposals

Outlook summary (next month - August)

- Further consultation on the emerging Strategic Investment Case for Population Health at WLT, Transformation Portfolio Board, LCO Network, Primary Care Advisory Group, VCS Reference Group, Provider Federation Board and the Finance Advisory Group, throughout August and into early September.
- The digital platform to support secondary prevention, providing a directory to services, websites, organisations, groups across GM and nationally will go live in August. This platform will also host the digital pages for the Cancer Champion project.
- Development of initial 'case for change' around a GM Food, Nutrition and Health Weight Strategy
- EY School Readiness Presentation due at Reform Board

Any parts of the programme off track, why. Is resolution at programme or TPB level? - none

Any changes to programme and rationale (confirm approved within programme governance) - none

Key challenges / issues for resolution (identify if locality or TPB)

- Clarity around both current and future locality Population Health related TF asks
- Determine whether the TF is the right destination for funding proposals. Consider the suitability of other funding avenues.

Achievements to highlight / good practice to share (identify if locality or GM (relevant theme/programme)) – none

Development funding proposal submitted Y Transformation Fund proposal submitted N TF Investment Agreement in place N

Project: b) Early years

Context and Overview of Proposal:

The Start Well Early Years Strategy was approved by the Greater Manchester Strategic Partnership Board in June 2016 and sets out the Greater Manchester vision for transformational system change and a long-term and sustainable shift from expensive and reactive public services to prevention and early intervention. The overall objective of this work is to increase the number of Greater Manchester children who are school ready, and over the next five years we intend to close the gap between current Greater Manchester performance and the national average. The Greater Manchester Early Years Delivery Model comprises three key components: 1. an eight-stage assessment pathway 2. a range of multi-agency pathways and 3. a suite of evidence based assessment tools and targeted interventions. Implementation of the EYDM has progressed at different rates across all areas of Greater Manchester with a single proposition now being developed that will outline the system wide investment required to delivery EY outcomes and support the full implementation of the early years strategy across GM.

Progress summary (this month): *(high level and by exception)*

- Investment proposal drafted
- Stakeholder event took place and fed into investment proposal and future workplan
- Stock take report produced

Outlook summary: (next month – August)

- Draft job specifications for new Early Years Team
- Update on digitisation including engagement with DoH on ASQ licences
- EYFS profile data analysis
- Implementation plan for GMS drafted
- Pledge on school readiness drafted
- Reform board discussion prepared for September meeting

Upcoming Milestones/Next steps/Key Decisions

Date

Work plan agreed

September 2017

Investment bid submitted

October 2017

Early Years implementation team recruited

November 2017

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that due to poor / a lack of data collection, sharing and information governance mechanisms, the Early Years programme will not be able to evidence improved child development and improved school readiness.	1. To deliver an effective system for record keeping, data collection and data sharing. 2. Working with Social Care and Devolution workstrands (i.e. IM&T) and PSR workstrands and Children Services Review (KPMG). 3. GM Connect to work around the information sharing and digital solution.	5	5	R
There is a risk of potential decommissioning of early years services and/or lack of investment and resources.	1. Leaders in the system fully understanding the commitment needed for Early Years. 2. Communications Plan to be developed which outlines governance arrangements and GM groups who need to be informed. 3. Identification & Involvement of relevant staff.	4	5	R

Project: c) Oral health

Context and Overview of Proposal:

Child dental health in the majority of localities within GM remains poor compared to the England average – both in terms of prevalence (% of children affected by tooth decay by the age of 5) and severity (the number of teeth affected). Nationally, thirteen LA areas have been highlighted as ‘priority areas’ by NHS England due to the persistently high levels of dental decay at 5 years old and four of these areas are within GM (Bolton, Rochdale, Salford and Oldham).

The intent is to establish a consistent, evidence based oral health improvement and prevention programme across GM’s four areas of high need to reduce the prevalence and severity of dental decay in children by the age of 5, and also the numbers of children requiring extractions of decayed teeth with general anaesthetic. The proposed scheme in the four targeted areas includes two main interventions; 1) Distribution of toothbrush/paste packs aligned with 1 year and 2 1/2 year Health Visitor reviews; and 2) Supervised brushing programme in all nursery settings and year 1 primary. Additionally this will be complemented by GM universal approach within ‘business as usual’ dental services planned developments. This includes a best practice preventive pathway universally for under 5s embedded in NHS dental practices, including fluoride varnish and particularly encouraging attendance of those under 1 to address oral health before disease established.

Progress summary (this month): *(high level and by exception)*

- Job description for Programme Co-ordinator approved.
- Job description for Project Support Officer drafted to be approved at next oral health meeting 10th August
- Training needs analysis template drafted

Outlook summary: (next month - August)

- The process for tendering resources to be agreed
- Recruitment of Programme Co-ordinator
- Implementation plans for localities to be reviewed and updated
- Training needs analysis to be undertaken

Upcoming Milestones/Next steps/Key Decisions

Date

Recruitment of Programme Co-ordinator

August 2017

Recruitment of Project Support Officers

September 2017

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that due to recent reductions in funding of local oral health services there may be a lack of commitment from localities	Meeting set up to discuss local rollout including ensuring strategic commitment and willingness to resource locally where required	3	5	R
There is a risk that procurement process and difficulties of transferring money may delay the implementation of this project	Procurement issues has been raised with Population Health Manager and discussions taking place with finance. Procurement process to start prior to September to speed up the procurement process	3	5	R

Project: d) Smoking in pregnancy

Context and Overview of Proposal:

Proposal to deliver a pan GM approach (based within maternity services) to reduce smoking in the population, by focussing effort on reducing the number of women smoking during pregnancy. There are two elements to the proposal:

1. An evidence based approach, developed by the Tobacco Control Collaborating Centre (TCCC) to systematise and embed organisational change and practice in line with NICE guidance and other policy recommendations to reduce the rates of smoking in pregnancy.
2. Smokefree pregnancy incentive scheme – additional incentive to quit, and to sustain that quit through the use of ‘love to shop’ vouchers up to 12 months after birth. The scheme targets a defined group of the most vulnerable women who would find it hardest to maintain a quit without additional support.

Progress summary (this month): *(high level and by exception)*

- Engagement with Andrea Fallon (DPH Rochdale) regarding North East sector (Cluster 1) and Programme leadership
- System Communications prepared
- GM children's and maternities commissioners consortium – 7th July
- Strategic clinical network maternity steering group meeting – 21st July
- Finalisation of funding agreement at Population Health Board
- Media coverage for SF Pregnancy programme as part of Tobacco Free GM launch – support from Smoking in Pregnancy Challenge Group Co-Chairs

Outlook summary: (next month - August)

- Communication with system stakeholders to support engagement. Formal letters to be sent to Heads of Midwifery, AGG and Directors of Public Health
- Job description for Programme Manager and Stop Smoking Specialist Advisors to be finalised and recruitment processes initiated
- Approval of Transformation Fund process through Population Health Board as part of SIC
- Exploration of membership of steering group as part of system engagement
- Contracting arrangements to be considered alongside development of KPIs and draft contract

Upcoming Milestones/Next steps/Key Decisions

Date

Recruitment of Programme Lead

September 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that due to the current delay in funding draw down there is a potential lack of capacity within our preferred provider	Maintain open and transparent communication with preferred provider and take earliest possible decisions on funding	3	5	R
Key issues	Action	Priority score		RAG
Temporary capacity issue as current Project Lead has recently left the Partnership	Urgent recruitment now planned in August to mitigate any further delays in project implementation	4		A

Project: e) Health and employment

Context and Overview of Proposal: The GM Health and Employment Programme is a joint programme between the GM Health & Social Care Partnership and the GM Combined Authority. It aims to create a system response along the continuum from 'in work' through to long-term worklessness, focusing on the following areas:

- An effective early intervention system available to all GM residents in work who become ill and risk falling out of the labour market
- Early intervention for those newly out of work who need an enhanced health support offer
- Better support for the diverse range of people who are long-term economically inactive to prepare for and find work
- Development to enable GM employers to provide 'good work', and for people to stay healthy and productive in work

This highlight report focuses on the first priority within the programme, developing a 'GM Working Well Early Help Service' to deliver an effective early intervention service to GM residents with health conditions, at risk of falling out of the labour market.

Progress summary (this month): *(high level and by exception)*

- Detailed project plan developed
- Risk register and issues log in place
- Initial draft of evidence review completed
- Stakeholder engagement & co-design plan finalised
- Initial employer engagement underway and engagement with 'experts by experience' in planning stages
- Briefings and other materials produced to enable localities to lead engagement and co-design
- Locality readiness 'as is services' baselined in all ten localities

Outlook summary: (next month - August)

- Final draft of evidence review to be completed
- Wider engagement / co-design workshops to be planned for September
- Plan for IG requirements will be underway
- Evaluation plan to be further developed
- Localities to have GP clinical leads in place
- Key decisions and dependencies for the programme to be mapped out

Upcoming Milestones/Next steps/Key Decisions

Date

Planning and implementation of detailed design process at GM and Locality Level, across multiple stakeholders

August – September 17

Agreement on critical components of specification

August – October 17

Agreement on what will be tested where

August – October 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that some localities will be unable to secure local agreement and ownership due to readiness / capacity issues	Locality leads and work and health partnership networks under development, clear requirements to be set out by GM team.	3	5	R
Key decisions have not been mapped or dependencies between one and another identified. There is a risk that decisions will be left too late and this could have a detrimental effect on meeting the required timeframes for the overall programme.	List key decisions, both at GM level and by locality. Decide who is responsible of decisions and where required, timetable into board meeting and other relevant governance processes.	3	3	A

Project: f) Focused Care

Context and Overview of Proposal:

Focused care is a model to support patients and staff working in GP practices in areas of severe deprivation. These practices experience significant increases in volume of work and also complexity caused by the combination of physical and mental health with a complex interplay of social circumstances and often addiction. This tri-morbidity puts significant strain on primary care personnel. Focused Care provides practices within the programme a Focused Care worker 2 days a week. The focused care worker will visit any patients referred by the practice to undertake a full assessment of the whole household including clinical and non-clinical issues, and ascertains which other agencies are involved. Together the patient, the Focused Care worker and clinicians then agree a way forward. This plan is executed, monitored and adjusted until the patient is deemed sufficiently sustainable to be discharged from the Focused Care service and back to ordinary primary care.

Progress summary (this month): *(high level and by exception)*

- Focused care workers have been in post for 4 months and are now embedded into pilot practices (In Oldham, Manchester, Salford, Rochdale and Bolton) and have an active case load
- Focused care workers now have case load of between 10 and 35 households in their 2 days a week allocation, which represents growth of cases inline with expectations
- Focused care workers have completed group supervision with an external supervisor using clinical supervision framework as well as undertaking 1-1 supervision which will continue over the summer
- As expected there have been some significant safeguarding cases raised to and through focused care, with joint working pathways now being established and support given to both FC workers and practices.

Outlook summary: (next month - August)

- Work required over the coming months to explore possible evaluation options and agree approach

Upcoming Milestones/Next steps/Key Decisions

Date

NHS Contract in place for pilot

August - September 17

Agreement on evaluation approach

August – October 17

Recruitment to Focused Care Joint Lead Role

September - October 17

Project: g) Lifestyle and wellness

Context and Overview of Proposal:

Greater Manchester has proposed a GM Wellness Hub to provide its citizens with consistent online and virtual/telephone behaviour change support across diet, physical activity, alcohol consumption, tobacco use and mental wellbeing. In developing a GM Wellness Hub, the intention is to:

- Widen the scope of the GM wellness offer to meet a broader range of support needs, particularly among lower socioeconomic groups
- Increase the scale of offer and capacity in the system to provide behaviour change support to more people
- Realise economies of scale and reduce duplication by commissioning elements of the wellness offer at the GM level wherever appropriate
- Enable existing capacity in locally-commissioned face to face behaviour change services to be targeted at highest risk groups that need them most.

Initial funding has been secured to develop Salford's My City Health platform during 2017. This will provide qualitative and quantitative evidence to inform a bid to the Transformation Fund for funding to enable other localities to adapt and adopt My City Health and create the GM Wellness Hub. Central to the pilot will be the delivery of the digital smoking cessation offer for GM as committed to in the Cancer Vanguard/GM Tobacco Plan. Greater Manchester has also proposed to develop standards and a performance framework for GM integrated wellness services to ensure a more standardised offer for GM residents.

Progress summary (this month): *(high level and by exception)*

- Commenced build of Salford's My City Health platform
- Commenced build of GM tobacco pages
- Explored approaches to evaluation with the developers and GM central team
- Held engagement event with the GM Population Health Theme 1 programme leads
- Met with GM IM&T and primary care teams
- Met with GM Public Service Reform lead to scope the Standards and Performance Framework objective

Outlook summary: (next month - August)

- Continue project management of content and build of My City Health and GM tobacco pages for launch in September
- Commence 1:1 in-depth meetings with each of the GM localities to inform the scope of the bid to the Transformation Fund
- Present My City Health to the GM Population Health programme board
- Continue to scope an approach to evaluating My City Health
- Meet with GM Common Standards lead to inform the integrated wellness service stds

Upcoming Milestones/Next steps/Key Decisions

Date

Stakeholder events (1:1s with the other nine GM localities)

August/Sept 2017

Launch first phase of Wellness Hub pilot in Salford

Sept 2017

Launch GM-wide Smoking Cessation digital offer

Sept 2017

Launch wellness services commissioning standards framework

March 2018

Project: h) Tobacco control

Context and Overview of Proposal

The Project encompasses a broad range of measures involving multiple stakeholders including government, local authorities, the NHS, housing, voluntary, community, social enterprise sectors and others. A commitment from stakeholders to take ownership of different elements of the programme to support and engage those who smoke to quit, stop young people and adults starting and change social norms around smoking is paramount to the success of achieving a smoking prevalence of 13% by the end of 2020.

Tobacco control is cost effective and an area of public health that has a strong and consistent evidence base. Our strategic partnership approach, the GMPOWER model, will save lives, reduce poverty, ill health and disability, close the gap in inequalities and provide substantial savings to locality and city region economies.

Progress summary (this month): *(high level and by exception)*

- Tobacco Free GM strategy presentation approved by SPBE and SPB
- Development funding agreed
- Press release and launch following SPB approval
- Engagement with standardisation agenda
- Development of communications plans with key partners
- Re-establishment of GM commissioners group with wider system engagement to support task and finish groups for work strands

Outlook summary: (next month - August)

- Work commenced on development of TF submission
- Content developed with providers for the digital platform
- Planning for Stoptober amplification in GM
- Completion of smoker insight work
- Planning for Jan marketing campaign – media buy Oct/Nov
- Further links developed with the Cancer Vanguard
- Planning for stakeholder engagement event
- Set up performance monitoring framework

Upcoming Milestones/Next steps/Key Decisions

Date

Insight debrief with Mustard to inform marketing and engagement

15th August 2017

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that due to delays in confirming funding and procurement procedures, programme implementation will not be able to start on time resulting in missed Y1 targets.	Early planning in place. Flexibility in delivery key including early agency commissioning and partnerships opportunities for 17/18	4	4	R
There is the risk that due to process for the overall strategic investment case (SIC) approval, tobacco control SIC will be delayed and then this will delay the draw down of the funding for the project for 17/18 strands of work and 18/19 commissioning.	Population health team working together to understand details of processes to ensure that the tobacco control SIC can be completed as soon as possible	3	4	A
Key issues	Action	Priority score		RAG
There is insufficient capacity in the team currently to fulfil the required work to mobilise the strategy within required timescales.	Mobilisation of development funding to allow for short term recruitment of additional capacity	4		A

Project: i) Integrated Substance Misuse

Context and Overview of Proposal: A GM Substance Misuse Review has followed a structured programme of work with lead commissioners from the 10 GM Local Authorities and has already delivered a range of initial outputs. The extensive work has been undertaken to construct a single narrative and vision. This provides a common reference point for all subsequent work aimed at developing a Greater Manchester strategy setting out our approach to substance misuse. A set of shared principles for substance misuse commissioning has been developed, reflecting the broader vision and aligned to public service reform principles and common commissioning standards will be developed across the 4 domains of: early intervention, targeted interventions, treatment, and recovery and communities. A briefing paper has been written and refined. It will be used as a tool to socialise plans with GM system leaders and the GM system.

Early achievements include a GM Framework for Tier 4 Inpatient Detoxification and Residential Rehabilitation and a single GM Drugs Early Warning System (EWS) developed and launched in March 2017. Extensive work has been undertaken in Bolton, Salford and Trafford LAs to develop a cluster-level specification in respect of single treatment system. This will deliver financial efficiencies and GM standards are embedded in the approach. The contract will be awarded in Aug '17 and the system will be operational in Jan '18.

Thematic “common offers” are being scoped, in the first instance in respect of: (i) Place Based Working; (ii) the Criminal Justice System; and (iii) Work and Health:

The project team are driving several high level objectives in the next 6-12 months including publishing a GM substance misuse strategy by Autumn 2017, delivering a new cluster-level approach to commissioning and a set of GM common standards. In addition, the team has oversight of the Community in Charge of Alcohol (CICA) initiative. This project is based on existing principles that people embedded in communities can bring their ability to relate to people and their own life experience to transform health and wellbeing in their communities. The Royal Society of Public Health will train alcohol champions in each GM locality starting with Stockport and Salford in September 2017. Training is expected to be completed in all localities by early 2018.

Progress summary (this month): *(high level and by exception)*

- Briefing paper tabled at Justice Rehabilitation Board (17 Jul) and GM DsPH (4 Aug)
- High level briefing with Deputy Mayor Police and Crime and GM Exec Lead
- Hosted ‘Responding to Spice’ on 14 July. Opened by GM Mayor
- Bolton, Salford and Trafford cluster tender complete. Interviews held. The decision awaits political approval late August.

Outlook summary: (next month - August)

- Working in shadow form with PHE on CICA project, which goes live in September.
- Tender submissions for Oldham and Rochdale cluster are currently being considered by commissioners.
- GMVS Engagement event planned 11 August and service user engagement (August tbc)

Upcoming Milestones/Next steps/Key Decisions			Date		
Several engagement events to capture voice of third sector, service user in localities and stakeholders scheduled and or tbc			August-Sept '17		
Listening events planned to sense check draft strategy once engagement complete			Sept-Oct '17		
Risk	Mitigating action		Likely	Impact	RAG
As substance misuse is a cross-cutting theme there is a risk of duplication/gaps if conversation is not joined up with other projects	Ensure attendance at the Theme 1 Pop Health Meetings and schedule one off meetings with other relevant theme 1 leads		3	3	A

Project: j) Physical activity

Context and Overview of Proposal:

The GM Ambition is 'to achieve the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people who live in GM'. Physical activity is central to shifting health at scale. A more active GM will contribute to all of the government's five outcomes for sport and physical activity – physical health, mental wellbeing, individual development, social/community development, and economic development. GM Moving: The Blueprint for Change was launched in 2015, and was followed in 2016 by an MOU (and programme of work) between GMCA, GMHSCP and Sport England to progress the agenda across GM in relation to physical activity and sport. A brief refresh of GM Moving and the MOU is currently taking place, in the context of the Population Health Plan, the new Mayoral Manifesto, new national and local evidence, insight and strategies. This will be complete at the end of July, with a one year programme of work set out, in the wider context of an action plan to 2021.

Progress summary (this month): *(high level and by exception)*

- GM Moving Workshop and stakeholder engagement produced high quality input to the Plan and Implementation Plan
- Final Draft of GM Moving signed off by Programme Board, GM Mayor and Sport England CEO. Ambitious target for physical activity agreed
- Evidence, Data and insight work underway with initial report back high quality, engaging slide deck and mapping
- Active Ageing Workshop held to share evidence, data and insight, capture partner insight and inform the approach
- Evaluation 'Think Tank' planned to inform GM Moving work
- Local Delivery Pilot application through to Stage 2 with Sport England
- GM Moving embedded in GM Strategy Refresh
- Launch of GM Moving

Outlook summary: (next month - August)

- Implementation Plan, leadership and capacity requirements identified
- Governance of GM Moving agreed
- Active Ageing approach and next steps agreed with localities
- Evaluation Think Tank to inform GM Evaluation Framework and requirements
- Insight Stakeholder Workshop to be held
- Stage 2 approach to Local Delivery Pilot agreed by Steering Group
- Behavior Change 'Think Tank' planned

Upcoming Milestones/Next steps/Key Decisions

Date

Recommendations for the capacity required to deliver GM Moving, and a plan to recruit and engage where needed

End August 2017

Plans for Stage 2 of Local Delivery Pilot agreed with Programme Board

End August 2017

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that GM are not selected as one of Sport England's 10 Local Pilots	Programme Board to scenario plan regarding relationship with Sport England in the event of non-selection	2	5	A
There is a risk that the GM Moving Refresh does not engage across the system to effect population level change	Ensure full engagement at the highest level, to ensure system change thinking, reform principles and strategic leadership for this agenda	1	5	Y

Project: k) Food, nutrition and healthy weight

Context and Overview of Proposal:

The two biggest contributors to ill health in England and the North West are an unhealthy diet and tobacco use. Diet related diseases such as obesity is widespread and appears to be increasing, but it can be very difficult to address at a whole-population level at the scale that is needed in Greater Manchester, and many approaches have already been tested. Through the GM Population Health Plan there is an opportunity to think differently about how to address diet related diseases such as obesity by taking a fresh and strategic approach to food. The importance that physical activity makes to healthy weight and wellbeing is understood and the GM Moving strategy is acknowledged as the vehicle for this.

Population level change in diet has the potential to prevent illness and disease and improve health outcomes within a relatively short timescale. The GM Population Health Plan (GMPHP) is a great opportunity to be 'bold and brave' and identify GM approaches to improving the food environment through policy, public sector procurement, commissioning, and partnership working. Changing the balance of healthier food available will contribute to two of the 'Live Well' goals of the GMPHP; fewer people will die early from cardiovascular disease; and fewer people will die from cancer.

This proposal includes the development of a comprehensive GM Food, Nutrition and Healthy Weight Plan setting out the case for change and an evidence based programme of work that will seek to deliver outcomes, that is fully aligned to the Population Health Plan priority themes and wider reform agenda.

Progress summary (this month): *(high level and by exception)*

- Expert reference group meeting with localities held to discuss direction of travel on 13 July
- Scoping meeting with University of Liverpool academics
- Consider Strategic Investment Case produced by GMCA colleagues

Outlook summary: (next month – Aug/Sept)

- Develop initial 'Case for Change' scoping paper
- Scope inter-relationships with other PHP workstreams
- Plan further meeting of the locality and expert reference group
- Generate response to the SIC in terms of a broad funding requirement

Upcoming Milestones/Next steps/Key Decisions				Date
Expert Reference Group to be reconvened to consider scoping paper				Early September 17
Initial 'case for change' document produced for discussion at programme board				September 17
Risk	Mitigating action	Likely	Impact	RAG
There is a risk around securing adequate investment due to the early stages that this project is at and its scheduling within the population health investment tranches at quarter 4	Population Health Investment Strategy to be produced and alternative funding sources could be considered as the scope of the work is defined over the coming months	2	3	Y

Project: I) Prevention workstream of the GM Cancer Vanguard

Context and Overview of Proposal:

The incidence of cancer is growing at a rate of about 2% per annum; in 2013, 14,500 people were diagnosed with cancer in GM. This means the burden of cancer on our health and social care system is growing. In 2015 NHS England established the Independent Cancer Taskforce to look at how cancer services are currently provided and to set out a vision for what cancer patients should expect from the health service. As part of this work, new models of care piloted by the National Cancer Vanguard will aim to radically improve patient outcomes and save thousands of lives every year by developing new models of care that are ambitious and transformational, and provide replicable models for cancer care nationally that will act as blueprints for the NHS. GM was designated as part of the National Cancer Vanguard in 2015. The two-year vanguard programme will allow the testing of clinical innovations and a new approach to the commissioning of cancer and delivery for the GM population. It began delivery in April 2016. Central to the GM programme is a prevention workstream, which incorporates primary and secondary prevention projects as well as a focus on screening. The overall objective of the programme is to test and evaluate innovative approaches to cancer prevention. The four specific objectives are to: 1. Develop new GM-wide social marketing strategies to scale up prevention and earlier detection (Y1 bowel screening; Y2 increasing smoking quits); 2. To nurture a social movement across the entire cancer prevention spectrum that is ultimately self-sustaining; 3. To improve access to and uptake of 3 x national screening programmes among the GM eligible population; 4. To develop a GM-wide service model that increases tailored lifestyle support for those surviving cancer, focusing on reducing the chance of secondary cancer (metastasis).

Progress summary (this month): *(high level and by exception)*

- P1 - The bowel toolkit training has been rolled out and to date 37 individuals have been trained. Further development of the toolkit is planned to identify four distinct resources which can be utilised by the bowel health improvement team and cancer champions to raise awareness of bowel screening
- P2 - 1,808 Cancer Champions recruited. The Organisation sign up so far offers further potential reach to many thousands more.
- P3 - Launch of 6 month cervical screening trial delayed from original start date of March 17, now planned for September 17, subject to National screening programme agreement.
- P3 - Bowel screening 'Predictiv' online insight tool delayed from original start date of April 17. Now planned August 17.
- P3 - Health Equity Profile of the 7 breast and bowel cancer screening programmes has been delayed, now expected early August. Health equity profile of the cervical screening programme also delayed and now expected early August.
- P4 - Scoping to assess the impact of the exercise referral cancer rehabilitation training has commenced in collaboration with GM Active. The project has also continued to link with ERAS+ (Enhanced Recovery After Surgery), where a standard pathway for exercise referral has been established across South GM.

Outlook summary: (next month - August)

- The digital platform to support secondary prevention, providing a directory to services, websites, organisations, groups across GM and nationally will go live in July. This platform will also host the digital pages for the Cancer Champion project.

Upcoming Milestones/Next steps/Key Decisions

Date (next 3 months)

5,000 Cancer Champions recruited

August 17

Smoking qualitative insights research due for completion

August 17

Development of social marketing action plan for reducing smoking levels on the GM smoking population based on research undertaken.

September 17

Risk	Mitigating action	Likely	Impact	RAG
P1: There is a risk that the ambitious mass media campaign planned for the tobacco agenda is above budget, or that we do not have the ability/capacity to deliver within the timescales.	Expected procurement of an external communications agency to manage the campaign; Agreement of appropriate resource from GMHSCP/Cancer vanguard communications teams in advance; Expected additional funding from the project from the transformation funds on the release of the GM tobacco control strategy	3	4	A
P2: There is a risk that the social movement will fail due to lack of engagement from target audiences, stakeholders and key influencers. This could lead to reduced and unsustainable activity.	Additional financial resource allocated to project 2 to allow dedicated communications support to Project Lead; Continued engagement with influencers/stakeholders through the expert reference group and social movement champions; Monthly contract meetings with project lead/commissioned organisation to ensure key milestones are met	3	4	A

Context and Overview of Proposal:

A 2015 report by Public Health England (PHE) estimated that 103,700 people were living with HIV in the UK in the year 2014. Once people are diagnosed they are able to receive very effective treatment. However, nationally 17% of people living with HIV are unaware of their status. Furthermore, 40% of adults newly diagnosed with HIV were diagnosed late, after they should have started treatment (PHE, 2014).

Late diagnosis reduces health outcomes for HIV-positive people, as well as increasing the likelihood of onward transmission of HIV. In addition to the negative effects of late HIV diagnosis on an individual's and population's health, it also makes an impact upon the public purse; the lifetime treatment cost of living with HIV is estimated to be around £360,000. Late diagnosis increases further the cost of HIV treatment by 50%.

The overall objective of this programme of work is to help develop and build upon a GM city-region approach to ending all new cases of HIV within a generation. Two specific objectives are: 1) Review and map out current HIV testing approaches and related interventions across GM, to inform the ambition of ending all new cases of HIV within a generation. 2) Develop a business case that builds on the robust review and mapping exercise of HIV testing provision and associated interventions, and which demonstrates the economic and health benefits of a GM city-region approach to ending all new cases of HIV within a generation. To then pilot and evaluate a GM city-region approach to eradicating HIV within a generation.

Progress summary (this month): *(high level and by exception)*

- Feedback from consultation groups being collated and finalized.
- GM Sexual Health System Reform Workshop held, including theme of HIV.
- Interventions currently being explored but key areas identified; HIV Testing, 1-2-1 support, PrEP, role of primary care, treatment as prevention, education and prevention.

Outlook summary: (next month- August)

- Interventions to be finalised.
- CBA work to continue.

Upcoming Milestones/Next steps/Key Decisions

Date

CBA work undertaken for other interventions, PrEP and 1-2-1 support for complex needs

August 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that HIV work is carried out in isolation to wider sexual health work	HIV work is taken forward alongside the sexual health workstream	1	3	G
There is a risk that levels of funding secured prove to be insufficient for scale required	CBA work and budget work to identify true costs and benefits	1	3	G

Project: n) GM Lung Health Check Programme

Context and Overview of Proposal:

The population of GM has high rates of serious lung disease with lung cancer incidence rates above England averages and around 2,400 new cases of lung cancer being diagnosed each year. Lung cancer is also currently the biggest cause of cancer deaths in the <75 population in GM. Lung cancer is often diagnosed later than other cancers and unfortunately late stage diagnosis is linked to low survival rates. Finding cancer at a much early stage means we can offer curative treatment not possible with a later stage diagnosis.

The overarching aim of the proposed GM Lung Health Check Programme is to find and treat lung cancers at a much earlier and treatable stage – and by doing so to save lives. Building on the success of the MCIP Early Diagnosis Pilot in the city of Manchester, the programme objective is to implement Lung Health Checks across the conurbation based on a risk stratification approach in high risk ever smokers aged circa 55-74 years, living in GM (exact age range to be agreed). This would include current smokers and ex-smokers. The work underway is to develop an outline business case/investible proposition for a GM-wide Lung Health Check Programme. The project is broken down into smaller components in order to deal with scale and complexity of it. Consequently, there are five stages to the development of a GM-wide Lung Health Check Programme. From April 2017 to September 2017, as part of Stage 1, a series of investment options will be developed for agreement at the GM Lung Health Check Steering Board in September.

Progress summary (this month): (high level and by exception)

- Task and Finish Group held on 18th July. Steering Group held 25th July.
- Further refinement of modelling undertaken with data analysts.
- The development of a forward-facing CBA is currently underway. This is looking at the lung health check programme for lung cancer benefits, and later, if required and appropriate, can consider the wider benefits as part of CBA. The model at the moment heavily relies on the data assumptions of UKLS, not necessarily GM costs. Some work is being undertaken between Richard Booton and David Ottiwell to identify the GM costs. T&F are looking for help from the GMHSCP to help with some of the financial modelling around this.
- Work is underway to build the narrative for the investment proposition. A meeting with key members of the MCIP team and operational staff members is to be scheduled to help clarify the stages in the lung health check process.

Outlook summary: (next month - August)

- Further refinement of model to be undertaken building in additional activity items e.g. false positives.
- Exploration around whether the identification of cancer is as proposed (more than community detection).
- Further exploration as to whether there is a model on what the lead time may be (3 years looks like an acceptable figure).
- The patient identification process is to be explored further with the expertise of Dr Sarah Taylor.

Upcoming Milestones/Next steps/Key Decisions

Date

MCIP City of Manchester Pilot evaluation reports due to inform CBA component of the modelling.

September 17

GM Lung Health Check Programme Steering Group to consider options.

September 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that there is inadequate capacity to undertake the planning required in Stage 1.	Dedicated project management resource secured, additional members will be co-opted to the Task & Finish Group as appropriate. This risk will be escalated to Steering Group if it becomes an issue.	2	4	A
There is a risk that there is a lack of information to quantify the benefits from the City of Manchester Pilot and other sources to support the development of investible options (i.e. CBA approach).	New Economy representative on the Task & Finish Group, data analytical support secured, investigations on the various sources of supplementary information.	2	4	A

Project: o) Housing

Context and Overview of Proposal:

The next decade will see dramatic growth in the number of older people seeking help to remain at home as long as possible, while LA's, health and social care conversely face continuing pressure to reduce costs and seek efficiencies. Home Improvement Agencies (HIA) carry out small handyman jobs, project-manage larger repairs and adaptations, as well as providing housing information and advice, for older and disabled customers. , HIAs provide 'home-readying' services to ease hospital discharges, prevent re-admission, and provide the means to better self-manage health conditions. The establishment of a GM Home Improvement Agency model, which builds on existing models in operation, would ensure that all districts are able to provide a basic offer to older and disabled residents, whilst also providing a single access point for health and social care professionals to refer into. Procurement of adaptations and a handy person service for GM is also likely to lead to efficiencies. There is also scope to link GM Fire Service Safe and Well checks into the model.

Targeting of customers most likely to be living in unsuitable housing, suffering from respiratory diseases, at risk of falls etc. and in receipt of home care packages, would ensure resources are spent where most needed. The objectives of this programme of work is to help facilitate the roll out, testing and evaluation of an approach to tackling issues around poor quality housing based on the work already taking place across GM. The GM HIA model would be available to all older people aged 60 plus and disabled people across GM. It is envisaged that there would be a core service and a menu of options that localities can adopt/commission.

Progress summary (this month): *(high level and by exception)*

- CBA being undertaken by New Economy. Data provided and analysis underway.
- Audit of existing services across GM completed. This will enable an understanding of the baseline and commissioning of services on which to base the development of the model.
- Met with GMFRS to discuss outcomes of pilot of Safe and Well checks. Next steps discussed and requirement to meet with the local team.
- Agreement for responsibility for delivery of GM HIA

Outlook summary: (next month - August)

- Completion of CBA by New Economy
- Meet with GMFRS to discuss outcome of Safe and Well pilot and develop referral mechanisms further.
- Analysis of audit findings.
- Production of scoping paper for taking forward GM HIA proposal

Upcoming Milestones/Next steps/Key Decisions

Date

Completion of CBA

August 17

Scoping of model

August / September 17

Project: p) Nutrition and hydration

Context and Overview of Proposal:

Malnutrition prevalence amongst 65+ populations is estimated to be 14% in the general community, rising to 30-35% in care home settings and at hospital admission. Dehydration in older adults is associated with hospitalisation and higher health and care costs, including greater need for intensive care, short and long-term care, readmission and mortality.

The purpose of this project is to raise awareness about the risks and signs of malnutrition and dehydration amongst individuals, carers and non-clinically trained practitioners who have routine contact with older people aged 65+. It is a classic population health intervention, in that it is designed to target a specific population cohort (65+ adults), to modify the incidence and mitigate the risks of malnutrition and dehydration, by intervening early and proactively and providing access to a range of practical self-care options for individuals and their family carers. The innovation upon which the intervention is based is known as the paperweight armband, which has been developed and used over the past 3+ years by partners in Salford. The armband is a non-clinical, non-intrusive community alternative to identify the signs of malnutrition. The usual clinical tool is the MUST (Malnutrition Universal Screening Tool).

The 5 boroughs of Bolton, Bury, Oldham, Rochdale and Stockport have come forward as pilot sites and each has identified a local lead and will be forming a local steering group. AGE UK Salford are the proposed delivery partner, being responsible for the implementation of the project overall and the recruitment and employment of the 3.5 FTE project staff. It is hoped that the project will be pump-prime funded through the transformation fund (TF) for a 2 year period, during which time it will be mainstreamed into local practice and can continue to be delivered in each borough at a very limited cost.

Progress summary (this month): *(high level and by exception)*

- Ongoing support for local preparation through the 5 local leads – meeting held 10 July to continue discussion of implementation, hosted by Salford partners. Key activities identified for local leads to progress in the interim.
- Decision by the Population Health Programme Board to fund the project

Outlook summary: (next month - August)

- Recruitment of Programme Lead role will begin once the funding approval has been given

Upcoming Milestones/Next steps/Key Decisions				Date
Funding approval and release to expedite project implementation				August / September 2017
Programme staff recruitment and local preparations				September – November 2017
Risk	Mitigating action	Likely	Impact	RAG
There is a risk that lower than modelled numbers of people are identified as at risk of malnutrition using the paperweight armband and/or lower than modelled numbers of older adults achieve clinically relevant thresholds of weight-gain	Effective programme management and monitoring to pick up any problems as early in the project as possible, especially relating to scale of implementation and impact at an individual level	3	4	A
Key issues	Action	Priority score		RAG
Due to the changes in governance and decision-making process around the Population Health Plan there is a 3-4 month delay in implementation of the project	Early funding release to expedite appointment of the programme manager Shortening the 6 month lead-in time originally assumed in the CBA and implementation plan where possible and subject to successful recruitment	4		A

Context and Overview of Proposal:

Falls, osteoporosis and fragility fractures are three sides of the same problem. Falls are implicated in the majority of fractures in older people. Most of these are fragility fractures due to undiagnosed osteoporosis, with the worst outcome being hip fracture which have a 30% mortality rate at 1 year post-fracture. Sustaining a fragility fracture at least doubles the risk of a future fracture. A significant proportion of fragility fractures are recurring fractures that could have been prevented if steps had been taken to diagnose and treat osteoporosis after the index fracture and to address any falls risk. An Fracture Liaison Service will systematically identify, treat and refer to appropriate services all eligible patients over 50 years old within a local population who have suffered fragility fractures. An FLS is regarded as clinically and economically efficient and, in an acute setting, can intervene in up to 50% of future hip fracture cases and, in a primary care setting, increase compliance with NICE guidance on secondary prevention of osteoporotic fracture by up to 64%. These reductions are realised quickly and certainly within three years of the commencement of relevant drug treatment. Given the existing evidence based, the development of FLSs across GM has been identified as an early proposal including:

- Roll out of FLSs in a community setting at scale (in line with policy direction of care closer to home and new models of care)
- Testing out at scale a case finding 'reporting radiographer' approach
- Ensuring the effectiveness of FLS through a suite of standards and contribution to a national clinical audit (FLS-DB)
- Robust evaluation to facilitate a GM contribution to the evidence base for FLSs

Progress summary (this month): (high level and by exception)

- Understanding of all district level intentions for FLS
- Consideration of the way forward for roll-out of FLSs
- Continued engagement of a range of stakeholders, including senior clinicians, NOS, AHSN, GM Assoc Leisure Trust etc. for various aspects of the falls pathway
- AHSN scoping potential of linking primary care based case identification system for fragility fracture patients with e-frailty screening tool
- Scoping of an evidence based physical activity Programme
- Scoping of a system wide workshop to further identify priorities and opportunities

Outlook summary: (next month - August)

- Defining way forward on FLS in terms of funding and defining the GM contribution
- Agreeing overall GM Falls Programme and next steps for system engagement
- Development and implementation of an audit of existing capacity and capability across GM Leisure Trusts/Services around evidence based physical activity for falls prevention
- Defining likely GM contribution to evidence based physical activity Programmes for falls prevention
- Exploring falls risk screening tool (Keele) for primary care

Upcoming Milestones/Next steps/Key Decisions

Date

Agreeing overall GM Falls Programme and next steps for system engagement

September 17

Risk	Mitigating action	Likely	Impact	RAG
There is a risk that current delays in roll out of FLS and further definition of priorities will not deliver required reductions in injurious falls within timescale	Quickly clarify FLS intentions at district level and define a way forward on a system-wide event to define further priorities	2	5	A

Project: r) Social value

Context and Overview of Proposal:

An opportunity exists to derive relevant social, environmental and economic value from everything that we do, in our business, in service delivery, commissioning and procurement; to use the huge purchasing power of the Greater Manchester devolution partners to obtain the greatest benefit for local people. The proposed approach to social value across Greater Manchester is to use this duty to increase the spending power of every pound spent in Greater Manchester, therefore maximising the social value benefit to the people of Greater Manchester from public sector commissioning and procurement, as well as increasing purposeful activities in the business sector and maximising the contribution made by the VCSE sector. The objectives of the work supported through the Population Health programme will be:

- To understand and embed social value in Greater Manchester Health and Social Care Partnership commissioning and seek to work with CCG partners to scale up this work across the healthcare economy
- To develop the GMCA Social Value Policy to cover health and wellbeing outcomes described in the Greater Manchester Strategic Plan 'Taking Charge' for implementation across all public sector procurement in Greater Manchester
- To embed social value into the culture of the health and social care workforce, through values-based discussion, training, awareness raising and participation in service design to maximise social value benefits
- To put in place a number of enabling activities that will maximise the co-production of social value from the expenditure of health and social care budgets, including work with NHS providers, the VCSE sector and relevant parts of the business sector.

Progress summary (this month): *(high level and by exception)*

- A draft Programme of quick wins for early implementation has been discussed with the GMH&SC team
- Quick wins include procurement spend analysis for the GMH&SC Team, workshops and training for the GMH&SC Team, awareness raising across the 37 organisations involved in the partnership and support from the GM Social Value Network
- Work towards the follow-up Implementation Plan has been halted pending direction from the GMH&SC team about scope and scale of the work stream

Outlook summary: (next month - August)

- A Programme will be developed for the draft programme of 'quick win' tasks

Upcoming Milestones/Next steps/Key Decisions

To be confirmed in discussion with GMH&SC Team

Date

TBC

Project: s) System reform

Context and Overview of Proposal:

System Reform – creating a unified population health system - is one of the key programmes of work within the Population Health Plan, recognising that an ambition of the magnitude of the delivery of the Plan requires the support of a population health system which is organised to deliver at pace and scale and in the context of a devolved system, one that is better able to achieve improved health outcomes for the citizens of GM. This builds on the commitments set out in the Public Health MoU (July 2015) for the development of a single population health system across the GM economy – one which maximises both the impact and the capacities of a small and specialist public health workforce, but also supports the embedding of the pursuit of Population Health as being everybody's business and sees collaboration across a range of sectors and wider communities – between NHS organisations, local authorities, the third sector and other local partners, as well as patients and the public working together as population health systems. A suite of proposals have been endorsed by WLT and GM Strategic Partnership Board in March 2017 for creating that unified population health system. The key programmes of work relating to taking forward those proposals are:

1. Common Population Health Goals - Development of GM Commons Standards & Strategies
2. New System Design for Public Health Functions - Establishment of A Unified GM Health Protection Function ; A Unified GM Public Health Intelligence Function
3. Commissioning for Population health – Whole System Integrated Sexual Health Service; Substance Misuse; GM Service specifications.
4. System Enablers – Development of GM Standard for Health check; Digital tools
5. Population Health System Leadership – Developing System Wide Leadership; Evolved DPH role; Specialist public health workforce; Support from the GM Mayor
6. Governance & Assurance - Use of established local governance; established GM governance; GM health and care assurance framework

Progress summary (this month): *(high level and by exception)*

- All Project teams and work-streams in operation
- Quick wins identified for Health Protection and a Programme Plan developed
- Health Protection and Substance Misuse briefing for Lead CEO Pat Jones-Greenhalgh
- PMO recruitment completed for Band 8a and Band 7 (commencement date tbc)
- GM Population Health Outcomes Framework Workshop held (10th July)
- GM Common Standards Workshop held (17th July) – draft framework agreed and circulated to respective system reform strategic groups or testing

Outlook summary: (next month - Aug)

- Develop governance and assurance framework for System Reform Programme- alignment with existing GM governance arrangements
- GMCVO Engagement event for Substance Misuse Strategy (11th Aug)
- Engagement with GM PHIN regarding proposal for Population Health Intelligence Network Function (workshop 15th Sept)
- Engage with Mental Health Strategic Group, GM Moving and Oral Health to begin co-design of GM Common Standards
- GM Health Checks GM Commissioner engagement workshop scheduled (29th Aug)

Upcoming Milestones/Next steps/Key Decisions				Date
Substance Misuse GM CVO Engagement Workshop				August 17
GM Health Checks Commissioners Workshop				August 17
Risk	Mitigating action	Likely	Impact	RAG
There is a risk of competing priorities with other workforce development priorities	Alignment with the programme of work supporting the development and implementation of the GM workforce strategy	2	2	Y
Key issues	Action	Priority score		RAG
Temporary capacity issue as current Project Lead has recently left the Partnership.	Replacement appointed along with additional PM support due to start in September / October 17	4		A

Guidance on risk rating

CONSEQUENCE OR IMPACT	LIKELIHOOD					
		1	2	3	4	5
	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25