Adults Health and Wellbeing Partnership

Partnership Delivery Plan: Increasing Life Expectancy and Reducing Health Inequalities

the Manchester Partnership

NHS Manchester

Manchester City Council

Adults Health and Wellbeing Partnership
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Contents

Chapter 1
Overview

1.1 The Manchester Partnership

The Manchester Partnership is the high-level city-wide partnership for the city of Manchester (also known as the Local Strategic Partnership or LSP). It is made up of five key thematic partnership boards each with a specific remit (economic development, crime and disorder, children, sustainable neighbourhoods, and adults' health and wellbeing) all overseen by the Manchester Public Service Board and Manchester Board.

The Manchester Partnership structure is illustrated in Figure 1.

1.2 The Manchester Adults Health and Wellbeing Partnership

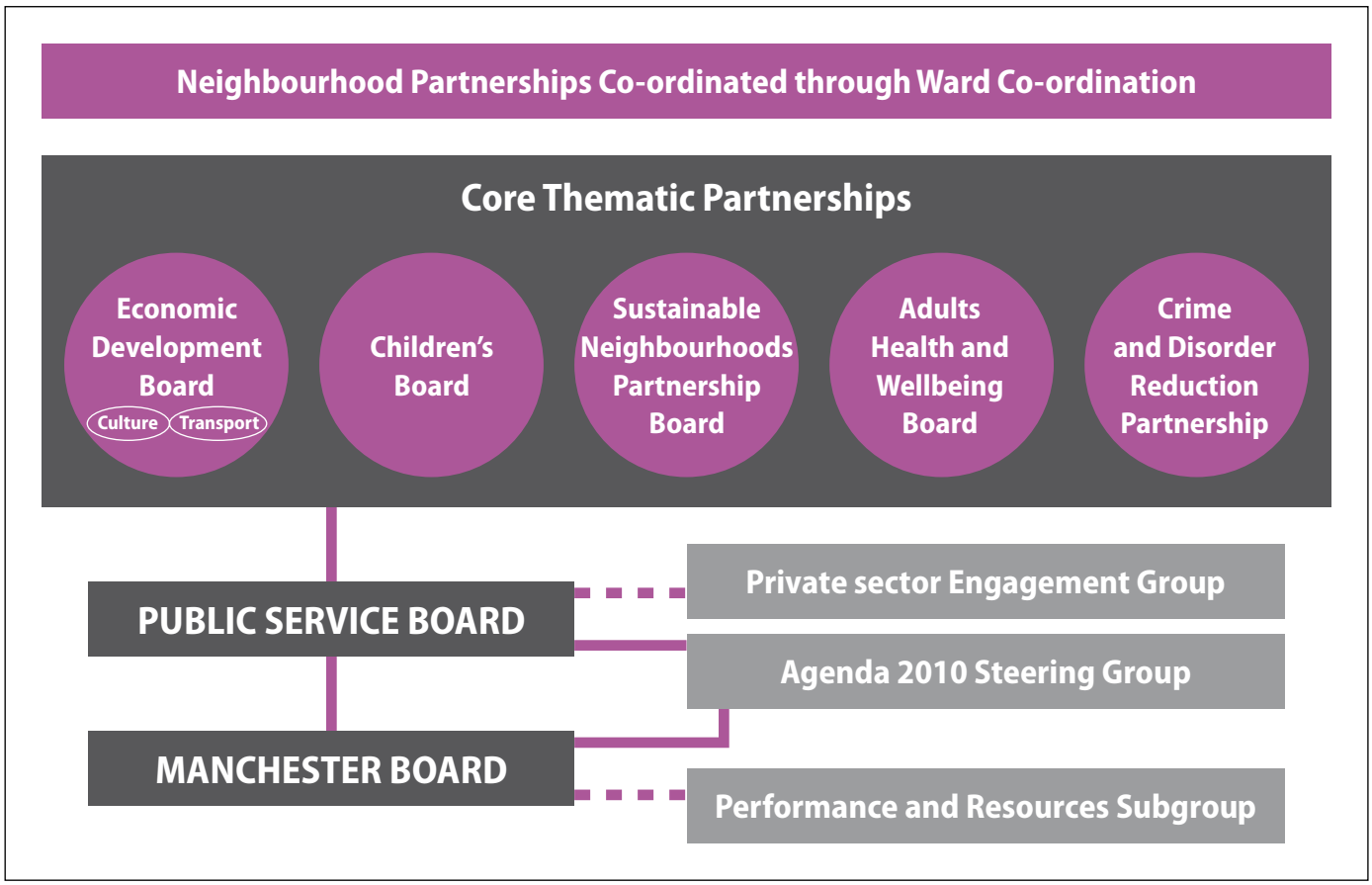
This is the delivery plan for Manchester's Adults Health and Wellbeing Partnership Board. The plan sets out the programmes of work the Partnership will deliver over the next two years.

The Manchester Adults Health and Wellbeing Partnership Board provides strategic leadership for co-ordinated action to promote health and improve wellbeing in Manchester.

The Board is chaired by the Chief Executive of NHS Manchester and the current membership is:

- Executive Member for Adult Services, Manchester City Council

Figure 1: The Manchester Partnership



- Director of Adult Social Care (Vice-chair), Manchester City Council
- Director of the Manchester Joint Health Unit (convener)
- Director of Public Health, NHS Manchester
- Director of Commissioning NHS Manchester
- Deputy Chief Executive (Performance), Manchester City Council
- Assistant Chief Executive (Regeneration), Manchester City Council
- Assistant Director, Strategy and Commissioning, Adult Social Care, Manchester City Council
- Community Network for Manchester Representative (Third Sector)
- Manchester Carers Forum Representative (Third Sector)
- Manchester Local Involvement Network (LINk) Representative.

1.3 Purpose of the Board

The Adults Health and Wellbeing Partnership Board provides strategic leadership for commissioning to support and promote the health, wellbeing and independence of adults in Manchester, focusing on reducing health inequalities. The Board also supports other parts of the Manchester Partnership to achieve health and wellbeing outcomes, and ensures that the Manchester Local Area Agreement (LAA) provides an effective delivery plan for achieving the health and wellbeing vision set out in the Manchester Community Strategy.

To deliver this vision, the Board aims to engage the support and active participation of the city's individuals, families and communities in developing action to improve health and wellbeing.

In achieving the above, the Board has specific responsibility for:

- Strategic leadership and performance management of key elements of the Community Strategy and Manchester Local Area Agreement
- Developing a Partnership Delivery Plan that sets out practically how the vision and strategy will be delivered
- Assessing and monitoring the health and wellbeing of Manchester residents by Equality Target Groups, including delivery of a Joint Strategic Needs Assessment to inform commissioning priorities
- Identifying and responding to local priorities for action at District level, and taking forward area-based plans for improving health and wellbeing
- Establishing appropriate substructures for driving forward particular aspects of the strategy for improving adult health and wellbeing in the city
- Performance management of the agreed strategy
- Making decisions on the investment priorities for jointly identified budgets to help implement the local strategy.

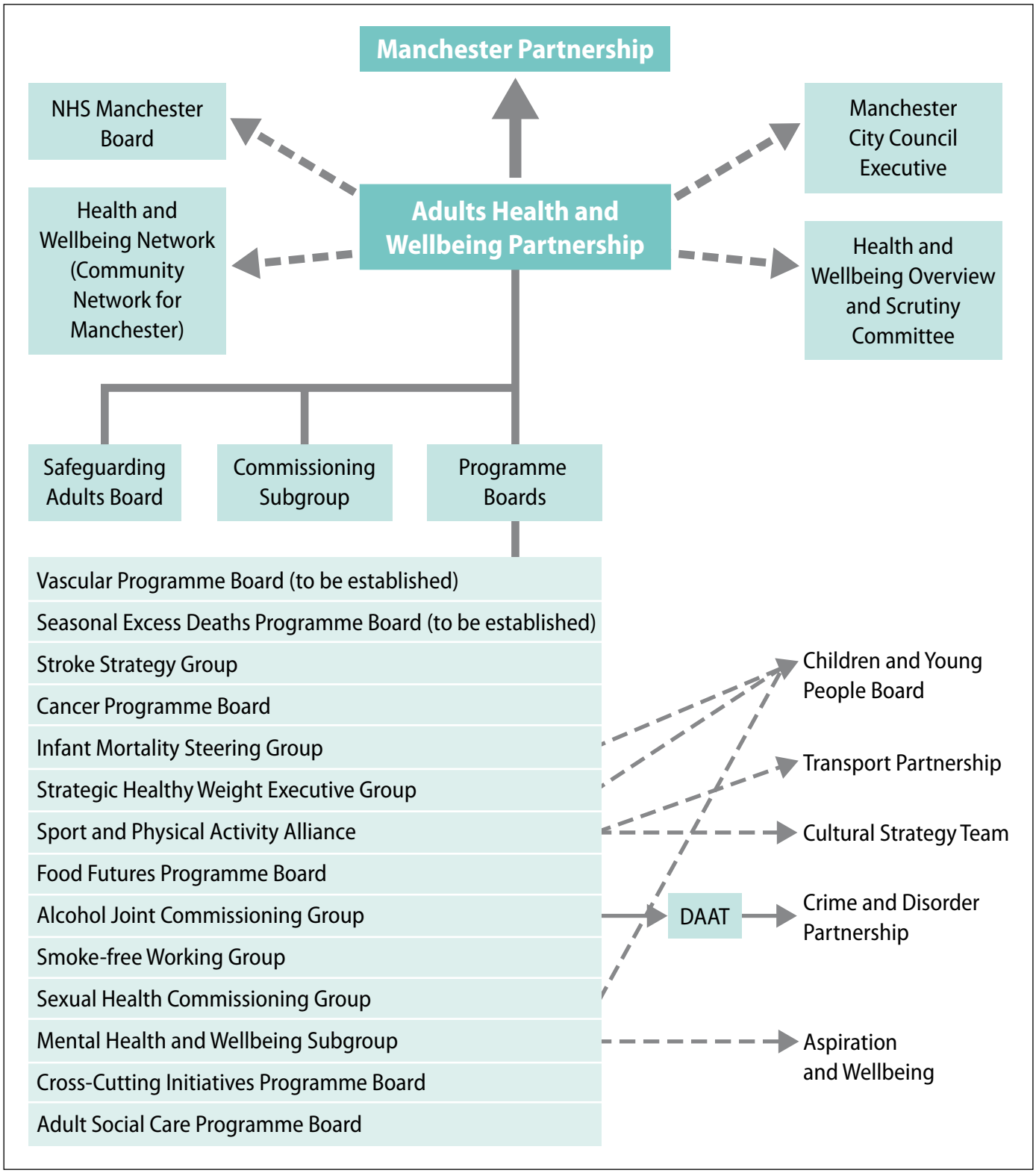
1.4 Partnership structures

The Adults Health and Wellbeing Partnership reports to the Manchester Board (see **Figure 1**). In addition, it has direct communication with, and in some cases delegated responsibilities from, the Board of NHS Manchester and Manchester City Council Executive.

There are a number of subgroups that report to the Adults Health and Wellbeing Partnership, and others that have a linked relationship, for example the Health and Wellbeing Network.

The Adults Health and Wellbeing Partnership structure is illustrated in **Figure 2**.

Figure 2: Adults Health and Wellbeing Partnership structure



Chapter 2
Strategic objectives

The high-level strategic objectives of the Adults Health and Wellbeing Partnership are:

1. To increase life expectancy and narrow the gap with England
2. To reduce health inequalities within Manchester
3. To offer choice and control to all customers through the personalisation of services

The strategic direction for the Adults Health and Wellbeing Partnership is informed by the following national and local policy drivers:

- Our Health, Our Care, Our Say (Health and Social Care White Paper)
- Putting People First – Our NHS Our Future: NHS Next Stage Review – Our Vision for Primary and Community Care (2008), Shaping the Future of Care Together (Green Paper on Adult Social Care, July 2009) and Transforming Community Services: Enabling New Patterns of Provision (January 2009)
- Choosing Health: Making healthy choices easier (Public Health White Paper)
- National Programme for Action to Tackle Health Inequalities
- Local Government and Public Involvement in Health Bill
- The ten 'High Impact Changes' identified by the Department of Health as being important for tackling the life expectancy gap
- National Support Team (Department of Health) recommendations for Manchester public health priority areas and health inequalities
- The Manchester Joint Strategic Needs Assessment (JSNA), which clearly outlines the changing patterns of need across the city.

The strategic direction for the Partnership is encompassed in the document *Getting Upstream: Commissioning for Health, Wellbeing and Life Chances in Manchester*, which was endorsed by the Chief Executive of Manchester City Council and the Board of NHS Manchester in January 2007. The vision set out in *Getting Upstream* proposed a major shift in the focus of services towards prevention of problems and intervening early to prevent existing problems getting worse.

This vision is now central to the Commissioning Strategic Plan of NHS Manchester and this Partnership Delivery Plan, which sets out a comprehensive set of programmes that will contribute to the achievement of the strategic objectives. The programmes also incorporate the key recommendations of the recent visit (March 2009) made by the Department of Health's Health Inequalities National Support Team (HINST), and the information contained in the Manchester Joint Strategic Needs Assessment.

It is important to note that the HINST commented on the strength of the Manchester Community Strategy (outlined in Chapter 4) and the strong profile of health and wellbeing, including the wider determinants of health, in the Local Area Agreement.

The Adults Health and Wellbeing Partnership Board has a strong role to play in the delivery of all three spines of the Manchester Community Strategy. The Board recognises that achieving delivery of the spines depends on working closely with a wide range of partners from all sectors across the city. Successful delivery will lead to Manchester residents living longer, independent, happier and healthier lives, which is a fundamental component of the shared vision of the Manchester Partnership.

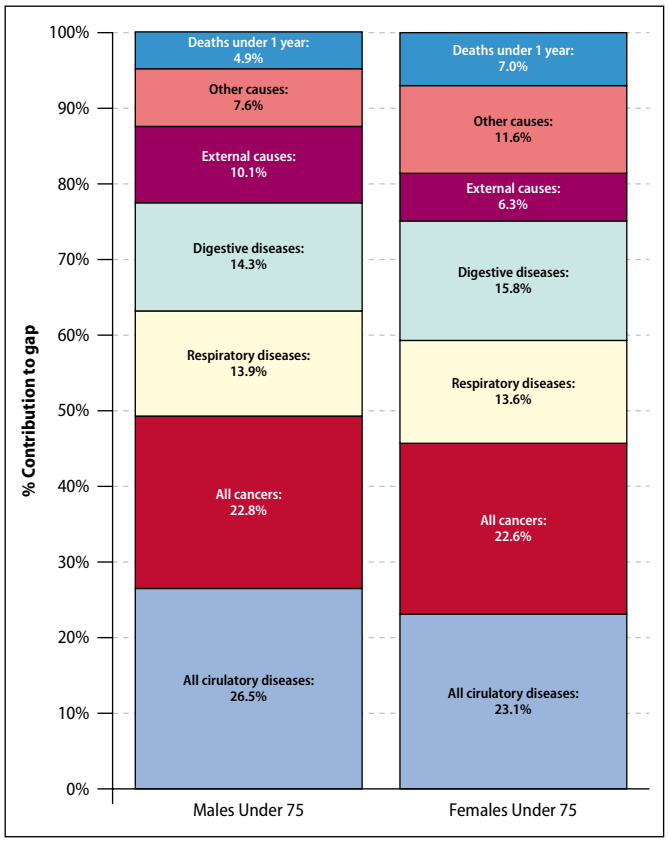
Chapter 3 sets out the Board's delivery plan rationale and approach to achieving the three high-level strategic objectives.

Chapter 3
Delivery Plan rationale, summary and programme management structures

3.1 Rationale

Manchester has some of the worst health and socioeconomic deprivation in England, making it a very challenging environment in which to provide public services. It has some of the worst life expectancy figures in the country, at 73.4 years for men (4.3 years less than the England average of 77.7 years) and 78.9 years for women (2.9 years less than the England average of 81.8 years). The main causes of death contributing to this life expectancy gap are illustrated in the diagram below:

Figure 3: Contribution to life expectancy gap by broad cause groups in Manchester 2005–2007.



The majority of the priority programmes relate directly to tackling these major causes of health inequalities:

- **Vascular disease** and **stroke** make up the majority of the burden of circulatory disease
- **Cancer** has its own programme
- **Food**, **physical activity**, and **obesity** all contribute to circulatory disease, cancer and diabetes, which is the single biggest contributor to the 'other causes' category
- **Tobacco** is a major factor in circulatory disease, cancer and respiratory disease
- Respiratory disease is also addressed by the programme on **COPD and excess winter deaths**
- **Alcohol** is the fastest-growing contributor to the problem of digestive disorders
- External causes account for accidents, violence and suicide; the latter in particular is a focus for the **Mental Health and Wellbeing** programme.

Clearly, in all these areas primary care has a crucial part to play in preventing, identifying and treating the health problems identified above. The recent visit by the National Support Team for Health Inequalities identified many areas in which primary care could be doing more, and more systematically, to tackle these issues; it is this that is the focus of the **Transforming Primary Care programme**.

While a focus on those issues that lead to low life expectancy in Manchester is clearly crucial, there are other priorities for the city that are not directly related to death rates, but which do have a significant impact on wellbeing and quality of life. The **transformation of adult social care** is crucial for ensuring that people have access to high-quality services providing social support when it is needed, both directly improving quality of life and helping to prevent people from becoming even more dependent on health and care services in the future.

Improving **sexual health** is also a key priority for the city, which has a high rate of teenage pregnancy, is a focal point for many HIV/AIDS services, and which has seen increases in the new incidences of some sexually transmitted infections, including chlamydia and herpes.

In addition to these inequalities between Manchester and the country as a whole, there are also inequalities within the city. Estimates for 2005–07 indicate a more than ten-year gap in life expectancy between the top and bottom wards, from 71.1 years in Harpurhey to 81.3 years in the city centre. This illustrates the need to have a clear geographic focus in order

to address the diversity of need in the city. In part this is achieved through Strategic Regeneration Frameworks, which set priorities for distinct geographic areas. There is ongoing engagement to ensure that action to improve health and wellbeing is integral to Strategic Regeneration Framework delivery plans, both in terms of healthy communities and the built environment. Further information about this is set out in Chapter 5. The development of locality Joint Strategic Needs assessments down to Practice-based Commissioning level in the north, central and south areas of the city will also support further targeting of programmes according to geographical needs.

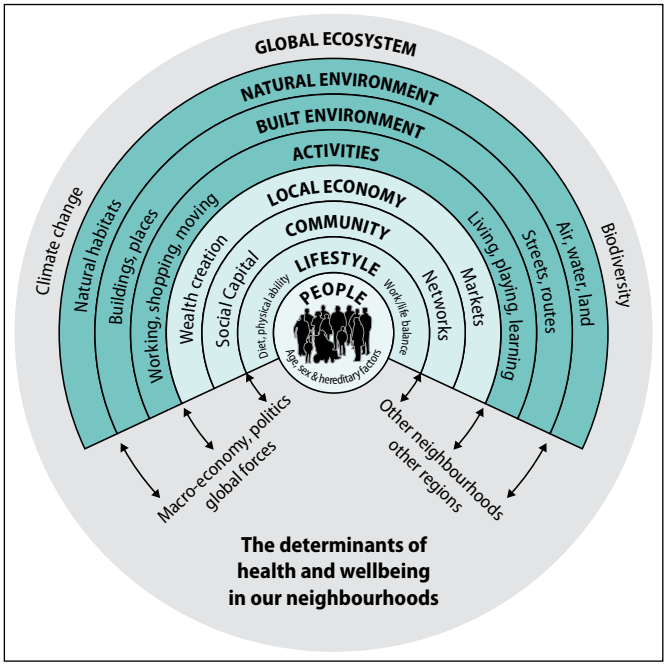
The determinants of health and wellbeing are of course complex and wide-ranging. A comprehensive approach to public health improvement therefore requires action on many levels. The social determinants of health are illustrated in Figure 4, which is based on Dahlgren and Whitehead's famous 'rainbow' model. It is very clear from this diagram that a wide range of partners need to be involved in public health improvement.

The partnership recognises a clear need for collaborative working on shared priorities with other partnerships, for example, joint work with the Employment, Enterprise and Skills Partnership on the City Strategy and initiatives to tackle worklessness. The importance of the community sector, economic development and the urban regeneration and planning system is clear, as is the need to maintain a focus on maintaining a positive and healthy natural environment.

There is also a need for world-class health and social care services to identify and support those who do suffer from ill health or who have insufficient social support networks of their own.

Because of the breadth of activity necessary to improve health and wellbeing, this plan does not attempt to set out all the health and social care priorities for the city. Both the NHS and local government have their own programmes of action that will support health and social care objectives; much of the work of the other thematic partnerships is also crucial in delivering the sort of environment that is vital to promoting public health and wellbeing. Consequently, this plan reflects

Figure 4: A health map for the local human habitat. *Journal of the Royal Society for the Promotion of Health* 156: 252-3



those priorities where it is particularly important for the NHS, local government and the voluntary and community sector to work in partnership in order to deliver shared objectives, and where action is not being led from elsewhere.

Several of the priorities identified (eg. tobacco control, physical activity, food, alcohol, healthy weight, sexual health) reflect important lifestyle factors. It is important to note that the approach being taken to these factors still includes a focus on the community, as well as economic and environmental factors that influence people's lifestyles.

Other priorities, such as transforming primary care, CVD, COPD and the Adult Social Care programmes, focus more on service response and access to preventative services, ensuring that services are identifying those in need of support and providing it appropriately.

3.2 Programme summary

Strategic objectives	Strategic leads
Objective one: Increase life expectancy (life expectancy is an overarching level 1 indicator in the LAA)	Director of Public Health Director, Manchester Joint Health Unit
Objective two: Reduce health inequalities (life expectancy is an overarching level 1 indicator in the LAA)	Director of Public Health Director, Manchester Joint Health Unit
Objective three: Offer choice and control to all customers through the personalisation of services (Self-directed support for social care clients and carers are level 2 indicators in the LAA)	Director, Adult Social Care

High-level outcomes in relation to adult health and social care are moving in the right direction, with the life expectancy gap for men and women narrowing and many other key indicators – including all-age, all-cause mortality, self-directed care, carers, cardiovascular disease, cancer and suicide – being on track. Further details on performance are set out in Appendix 2: Current and projected performance.

Please note that programme leads are correct as of July 2009 and may be subject to change.

Programme description	Programme lead
Transforming primary care	Dr Sally Bradley, Director of Public Health
Vascular disease	Sue Longden, Consultant in Public Health
COPD and seasonal excess deaths	Janet Mantle, Consultant in Public Health
Stroke	Dr Helen Hosker, Clinical Lead for Stroke and Falls
Cancer	Sue Longden, Consultant in Public Health
Infant mortality	Gabrielle Wilson, Public Health Nurse Consultant
Healthy weight	Barry Gillespie, Consultant in Public Health
Physical activity	Colin Cox, Consultant in Public Health
Food	Colin Cox, Consultant in Public Health
Alcohol	Janet Mantle, Consultant in Public Health

Programme description	Programme lead
Tobacco control	Colin Cox, Consultant in Public Health
Sexual health	Eleanor Roaf, Consultant in Public Health
Mental health and wellbeing	Janet Mantle, Consultant in Public Health
Cross-cutting initiatives: Addressing the wider determinants	David Regan, Director, Manchester Joint Health Unit
Adult Social Care, Supporting people	Hazel Summers, Head of Commissioning, Adult Social Care
Adult Social Care, Promoting independence	Paul Cassidy, Assistant Director, Customer Support Adult Social Care
Adult Social Care, Safeguarding adults	Deborah Russell, Head of Safeguarding
Adult Social Care, Carers	Elaine Ridings, Carers Strategy Team Leader

3.3 Programme management structures

Each programme is required to have in place or in development a strategic board or equivalent structure to provide governance and accountability for the programme.

Full delivery plans will follow in section 3.4 for all programmes except Transforming Primary Care and Chronic Obstructive Pulmonary Disease (COPD) and Seasonal Excess Deaths. These two programmes are at an early stage of development, and work to develop detailed delivery plans is currently underway. Accordingly, they have not been included in section 3.4.

Transforming primary care

This programme is in the early stages of development, following the recommendations made by the Health Inequalities National Support Team (HINST) in March 2009. The HINST emphasised strongly through their feedback report that delivery of the 2010 PSA target will depend to a significant extent on consistent high-quality primary care services. There is still substantial variation across practices, and across the Practice Based Commissioning hubs. In order to narrow the life expectancy gap, further work needs to take place to better understand and target variations and establish mechanisms locally to exceed baseline standards, such as those laid down in the Quality and Outcomes Framework.

NHS Manchester will take lead responsibility in partnership with Practice Based Commissioning for the implementation of the HINST recommendations in relation to front-line services and primary care. A detailed programme plan will be developed during 2009/10. Key work streams within the programme will include:

- Implementation of the Manchester Standard
- Development of a 'taxonomy' of practices to compare practice performance and drive improvement
- A review of incentives and care pathways
- Development of a Health Gain schedule in collaboration with Manchester Community Health.

A monthly Performance Board is held where representatives of the Departmental Management Team come together with the Executive Member and partners in the NHS to monitor progress. Through the LAA targets we are also accountable to the Adults Health and Wellbeing Partnership Board. With the development of the new MICARE system Adult Social Care is using a programme-managed approach to look at new information requirements, data collection and validation.

Vascular disease

It is proposed to establish a Manchester Vascular Programme Board, which will report to the Adults Health and Wellbeing Partnership Board via the Partnership Delivery Programme. The Board will be chaired by a Public Health Consultant. Its members will include Manchester City Council, Practice Based Commissioners, NHS Manchester Commissioning Management, Patient and Public Engagement, GP Clinical Leads, Community Provider CHD Lead, Greater Manchester and Cheshire Cardiac and Stroke Network, and Secondary Care Cardiology. The Board will have working subgroups focusing on Primary and Secondary Prevention, Diabetes Pathway, Primary Care Management of Cardiovascular Disease, and Coronary Heart Disease Acute Care. A performance monitoring framework will be developed to take into account all relevant vital signs, LAA targets and NST recommendations.

Chronic Obstructive Pulmonary Disease (COPD) and Seasonal Excess Deaths

The programme will build on the service specification for COPD services in the community with a greater focus on demand management and releasing savings. The programme will benefit from the implementation of the Manchester Standard and will also be consistent with the approach for managing vascular disease in primary care. The challenge will be to ensure that pressures on the urgent care system are relieved by preventing unnecessary admissions and establishing better care pathways for patients.

The NST also recommended that Manchester establish a more co-ordinated programme for dealing with seasonal excess deaths, of which respiratory deaths are a major contributor. A Programme Board will be established following a stakeholder event in July 2009, which will bring together senior representatives from Housing, Manchester Advice, third-sector agencies, and community health services

(community matrons). The programme will aim to ensure that fuel poverty in particular is effectively addressed in the city.

Stroke

The programme includes a number of priority work streams, including stroke secondary prevention, acute stroke care, rehabilitation, and long-term care. A Manchester Stroke Strategy Group is being established to drive the local implementation of the National Stroke Strategy across NHS Manchester and Manchester City Council. Membership of the Group will include commissioning leads, public health, performance, patient engagement and communications from NHS Manchester and Adult Social Care, those affected by stroke, Manchester Joint Health Unit and the Greater Manchester and Cheshire Stroke Network. The Group will oversee the commissioning, development of the programme and performance management against the quality markers set out in the CQUIN, National Stroke Strategy, Stroke Sentinel audit and other performance metrics.

This programme will have links with the cardiovascular disease programme, which will take the lead on primary prevention for stroke.

Cancer

The Manchester Cancer, End of Life and Palliative Care Programme Board is formally established and reports to the Adults Health and Wellbeing Partnership Board and the Board of NHS Manchester. There is an agreed programme mandate and performance reporting framework. Reporting to the Cancer Board are working groups focusing on (1) Prevention and Early Detection; and (2) End of Life and Palliative Care.

Infant mortality

Key work streams within this programme include increasing breastfeeding, reducing smoking in pregnancy, reducing sudden unexpected death in infancy, and early access to maternity services. The Infant Mortality Steering Group is established and is developing a strategy and action plan to improve infant mortality in Manchester. It is intended that this group will become formally established under the Children's Public Health Group of the Manchester Children's Board. Clear performance management systems are in place for monitoring breastfeeding at six to eight weeks and are reported quarterly to the Department of Health.

Healthy weight

The core elements of the healthy weight programme include the National Child Measurement Programme, weight management in primary care, adult weight management services, and early years training. A Strategic Healthy Weight Executive Group was established following the Department of Health National Support Team for Childhood Obesity visit in July 2008. The Group reports to both the Adults Health and Wellbeing Partnership Board and the Children Services Board. A Healthy Weight Strategy for the city is currently under development and will be launched in early 2010. The key performance monitoring measure is the annual National Child Measurement Programme (NCMP), which provides data on overweight and obese children in primary schools (Reception and Year 6), with the overall target of reducing obesity in Year 6 children to the levels of 2000 by 2020.

Physical activity

The physical activity programme has multiple work streams, including swimming, cycling, walking, social marketing, high-risk groups and community activity. All work relating to promoting physical activity in the city is overseen by the Sport and Physical Activity Alliance (SPAA). The SPAA Board monitors the work of a range of Thematic Implementation Groups covering all aspects of participation in sport and physical activity.

The Health and Wellbeing Thematic Implementation Group is one of these groups, and oversees the work that is most explicitly focused on public health improvement. This Group is developing a strategic programme of action, some aspects of which are clearly defined and well developed, while others remain at an early stage of development. It is responsible for performance-managing this programme of action and reporting to the SPAA Board.

Food

The Food Futures programme focuses on key priorities, including food access, communication, education and campaigns, food growing, and works with children, young

people and vulnerable groups. The programme is overseen by the Food Futures Board. The Board consists of senior officers from Manchester City Council and NHS Manchester, and is chaired by an executive councillor.

The role of the Board is to provide senior level approval for the strategic direction and to ensure that all relevant services are providing appropriate input to implement the strategy. There is a particular focus on highlighting the role that food can play in delivering the LAA targets. A new performance management framework and outcome measures are currently being developed. The programme is also supported by a steering group and an expert advisory panel, which provides support and expertise and makes links with regional and national projects and research.

Alcohol

The programme includes implementation of the Department of Health Early Implementer Scheme, development of identification and brief advice in Manchester A&E/emergency departments, and the delivery of city-wide campaign work promoting responsible drinking. This work forms part of the wider Manchester Alcohol Strategy, which reports to the Drug Alcohol Action Partnership Performance Board and Crime and Disorder Reduction Partnership.

The Alcohol Joint Commissioning Group keeps an overview of all activity related to the Strategy, including the Improving Health in Manchester investments and the Early Implementer activity. This Group reports to the Drug and Alcohol Action Team and Drug Alcohol Action Partnership Performance Board, and also identifies relevant issues for consideration by the Adults Health and Wellbeing Partnership Board.

Tobacco control

The tobacco control programme focuses on strengthening smoking cessation services, tackling illicit tobacco, promoting smoke-free communities and preventing initiation by children and young people. A Smoke Free Manchester Working Group is formally established under the Adults Health and Wellbeing Partnership Board, and has delivered a draft tobacco control strategy for the city. However, it needs to be refreshed to establish a detailed action plan and performance management framework for the delivery of this strategy. Clear performance management systems are in place for monitoring the Stop Smoking Service's four-week quit targets; these are reported quarterly to DH and the lead commissioner for the service.

Sexual health

The core elements of this programme focus on contraception, chlamydia screening and termination of pregnancy. Currently, sexual health performance is monitored via the NHS Manchester systems, the Greater Manchester Sexual Health Network and associated Performance Board, and the Manchester Sexual Health Forum. The Sexual Health Forum agrees the city-wide Sexual Health Strategy, which is currently being revised (the existing strategy runs from 2006–09). The Forum has a wide membership, comprising representatives from commissioning and provider organisations with an interest in sexual health in their remit.

The Greater Manchester Sexual Health Network works to ensure that the various organisations work effectively together across the conurbation, and that good practice is shared and services co-ordinated. The performance board focuses on national targets, such as chlamydia screening, teenage pregnancy, GU access, and early access to termination services.

Mental health and wellbeing

The programme supports key elements of mental health prevention and promotion set out in the Public Mental Health Strategy, including supporting the physical health of people with mental health problems, mental health training and the wellbeing survey.

The Mental Health and Wellbeing Subgroup is a multi-agency forum that includes commissioner and provider representation from Manchester Alliance for Community Care, the Mental Health Joint Commissioning Team, Public Health Commissioning (chair), the Joint Health Unit, and the Manchester Mental Health and Social Care Trust. The Group is accountable to the Adults Health and Wellbeing Partnership Board and also reports progress to the Mental Health Joint Commissioning Executive.

Cross-Cutting Initiatives

This programme incorporates a number of separate work streams that address the wider determinants of health and contribute to tackling health inequalities. The development of strategic and operational links with a broad range of partners across all sectors, including housing, regeneration, culture and leisure, is central to the successful delivery of cross-cutting programmes. A Programme Board is under development that will oversee performance management and ensure that the work of these programmes is co-ordinated with broader partnership initiatives.

The development of a new city-wide Healthy Living Network from September 2009 aims to raise expectations and aspirations for improved health and wellbeing among Manchester's most deprived and disadvantaged communities.

The knowledge held in the voluntary and community sector and through ward co-ordination and area regeneration teams is an important resource in the area of reaching out to those who do not respond to mainstream health messages. The Networks will strengthen the neighbourhood focus through close alignment with ward co-ordination, and develop ways of improving residents' health and wellbeing in order to support the city's broader priorities, for example tackling worklessness.

The Valuing Older People programme brings together a wide range of partners and projects to improve the quality of life of older people in the city. In October 2009 a new Ageing Strategy will be launched, setting out a ten-year vision to make Manchester an age-friendly city.

In early 2010, Manchester will launch the Points4Life programme, a significant pilot project aimed at encouraging people to take more responsibility for their own health through the use of a loyalty card-style incentive scheme. The programme will focus primarily on tackling obesity through supporting people to improve their diet and level of physical activity, but will also have relevance to a wide range of other lifestyle behaviours. This work is being overseen by a new joint venture company established between the Council and NHS Manchester.

The Cross-Cutting Initiatives Programme Board will be responsible for developing the Manchester approach to Social Marketing. This will build on expertise gained through the 2009 Don't Be A Cancer Chancer and Check It Out campaigns, as well as social marketing initiatives currently underway within the Physical Activity and Tobacco Control programmes.

Adult Social Care programmes

Over the past three years, Adult Social Care has been transforming the overall shape of services to offer a wider range accessible to more people. Our overall aim is to reduce reliance and dependency on public services and focus more on early intervention and prevention services. At the heart of this vision lies our commitment to deliver personalised services through individual budgets, giving customers more choice and control over the services they receive. We also support carers in the city to fulfil their caring roles as well as maintain their employment and social lives. Service outcomes, performance indicators and successes are measured to ensure that the services people want are available locally. We have two LAA indicators on self-directed support and carers, both of which we exceeded last year.

Safeguarding adults is a high priority. It is managed and monitored by the Multi-Agency Safeguarding Adults Board, which reports to the Adults Health and Wellbeing Board. In recognition that safeguarding is an issue shared across partners, the Adult Social Care Head of Safeguarding sits on the Children's Safeguarding Board. Domestic abuse has a significant impact on the health and wellbeing of many families in Manchester and is recognised as a serious safeguarding issue where there are children in the family. There is a strategy in place that aims to prevent abuse by educating young people about positive relationships. It works with perpetrators to prevent reoffending, and improves early recognition and response to abuse by a wide range of agencies. This work is co-ordinated by the multi-agency Domestic Abuse Management Group, which reports to the Crime and Disorder Partnership.

Supporting People, which came into Adult Social Care in 2009, delivers community-based preventative services meeting the needs of vulnerable adults, young people and families across 21 defined needs groups. Outcomes from these services are measured through an Outcomes Framework, which allows for personalised goals and outcome to be measured for

approximately 15,000 people who access these services. Two indicators within the LAA measure the performance of these services in prevention, by supporting people to achieve greater independence. One of these indicators sits within the top 35 level 2 indicators. Improvements this year have exceeded the three-year improvement target set. A Partnership Commissioning Group, chaired by Director of Adult Social Care, oversees performance and strategic issues for the fund. An award-winning IT System, SPLS, integrates contract, performance, financial and service data. Work to develop links between MiCARE and SPLS will be taken forward in a later phase of development.

Figure 5: Programmes in Practice: How Food Futures and the Health and Wellbeing Network work in partnership

The Food Futures Board highlighted the importance of improving the food of vulnerable groups and asked for a new focus on this. The contribution made by the Health and Wellbeing Network (HWN) reps to the board helped to secure this as a priority area for 2009/10. As a result a small steering group involving a HWN development worker, a Food Futures programme manager and a community dietitian used funds to conduct one-to-one interviews with a range of people working with vulnerable groups across sectors.

The purpose was to identify difficulties vulnerable groups have in eating well and actions needed for improvement. These people came together to discuss the findings and agree themes for future work. The approach was to identify collaborative work that would add value to work already taking place and that would address common issues across a number of groups.

Through this approach the following priority areas have been identified:

- Developing the workforce – providing a training and support package for workers and volunteers in the public and voluntary/community sector on food, nutrition and cooking for vulnerable people. This will ensure that food is higher on the agenda for those who are best equipped to support vulnerable people
- Care planning and advice – ensure food and budgeting are integrated into income maximisation, advice and care assessments and that support workers use this window of opportunity to support vulnerable people to eat better
- Better evaluation and shared learning of projects with vulnerable people to ensure maximum benefits for Manchester residents.

A new Food Futures vulnerable people group will be responsible for developing and implementing this work in the coming years.

3.4 Programme Delivery Plans

Programme Delivery Plan: Vascular Disease

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Programme approach to vascular disease	To establish a Vascular Programme Board	Sue Longden	GP leads	NI 120, 121, 187	Aug 09 – Produce proposal for NHSM Board to approve establishment of a programme board	Local senior leadership, with designated clinical leadership with allocated time and a co-ordinator	To avoid fragmentation of **vascular disease** services by the establishment of a Programme Management approach to the reduction of **vascular disease**			No extra allocated resource. Activity must be delivered within existing resources
			PBC hubs	PSA 18						
			Cardiologists	VSB01_01						
			Primary care commissioning	VSB01-05		Co-ordinated inputs to, and interpretation of outputs for local use from, the GM & C Cardiac Network, and its locality subgroups				Topic sits within the portfolio of Consultant in Public Health
				VSB02_01	Sept 09 – Identify and engage with key stakeholders					
					Oct 09 – Agree programme mandate, establish programme structure and convene Vascular Programme Board and subgroup meetings	Co-ordination of the work of the PBC hubs				
						Considered core membership, with specialists from commissioning and provider managers and practitioners, and a task-focused subgroup structure				
						A focus for gathering together, analysis, interpretation and dissemination of appropriate information, with a focus on resulting action				
						A single Programme Plan to map out the proposed contribution of current and planned strands of work to the overall target				

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Vascular Disease (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Primary prevention	NHS health checks: to implement the national NHS Health Checks Programme to systematically assess the vascular disease risk in adults aged 40–74 years	Sue Longden	Vascular disease Prevention Steering Group	NI 120, 121, 187	Sept 09 – agree and implement vascular disease LES with general practices and introduce training	Numbers on GP registers and the time commitment required for the necessary patient review and management programme modelled and disseminated	National programme for implementation in 2009/10	£650,000	IHiM	Estimated cost of vascular disease LES is £750,000 per annum – excluding set-up and business costs
				PSA 18						
				VSB01_01						
				VSB01-05						
				VSB02_01		Identification of the optimal skill mix for different components of the task				IHiM business case for vascular disease prevention (to cover all initiatives described) initially had £2.5million allocated. Budget reduced due to financial constraints
				VSC23_03	From Oct 09 – training for community workers					
						Appropriate training plan developed in conjunction with PBC				
						NHS health checks commissioned from a range of providers to ensure equitable access				
						Clear referral route to general practice risk registers				

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Vascular Disease (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Secondary prevention	To review actual versus expected prevalence of CHD, CKD, hypertension and diabetes (also COPD) on GP registers. Audit of results. Investigation of outlying practices. Active case finding	Sue Longden	Prevalence Steering Group	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB02_01	Aug 09 – prevalence model communicated to stakeholders and support gained for use of model Sept 09 – membership of steering group agreed and meeting convened Oct 09 – practice data analysed and practices identified for support From Nov 09 – structured programme of support visits to commence	Expected prevalence calculated by practice, and compared with actual numbers on registers Verification with practices showing discrepancy Gap addressed by improving patient capture from records and improving practice of screening high-risk patients Community staff recruited to case finding	A gap between observed and expected prevalence is indicative of unsystematic recording within general practices or underdiagnosis Patients not on disease registers will not be included in call and recall systems in practices for disease reviews			
	To analyse application of exemptions criteria for management of long-term conditions by general practice, and ensure consistent application of criteria	Karen O'Brien	Vascular disease Prevention Steering Group	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB02_01	Aug 09 – practice level analysis of application of exemptions criteria Oct 09 – practices identified for audit, support and improvement From Nov 09 – structured programme of support visits to commence	Strict agreed criteria for exemptions and exclusions from registers for QOF purposes Systematic production of good-quality, well-presented information at practice level on application of exceptions criteria Audit of records of patients excluded Information used to improve poorer performers to levels of effectiveness and cost-effectiveness of the best Exempted patients to have a care plan	Patients with long-term conditions who are not managed to target are most at risk of increased morbidity and mortality. They should only be exempted in exceptional circumstances			No extra allocated resource. Activity must be delivered within existing resources

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Vascular Disease (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Secondary prevention	Improving Primary Care Management of vascular disease: Analyse QOF data to identify individual GP practice performance in relation to CHD5, CHD6, CHD7 and CHD8. Audit results and support improvements in practice. Develop structure for sharing good practice	Karen O'Brien		NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB02_01	Aug 09 – practice level analysis of relevant QOF data Oct 09 – practices identified for audit, support and improvement From Nov 09 – structured programme of support visits to commence	Practice level information on CHD QOF indicators produced regularly, systematically monitored and results acted upon Poor performers identified and supported in improvement Performance of best GP practices celebrated and learned from	Underperformance in QOF CHD domains is indicative of less than optimal management of patients and is associated with increased morbidity and mortality			No extra allocated resource. Activity must be delivered within existing resources
	Medicines Management; Medicines Utilisation Review: Medicines Utilisation Review (MUR) to support patient adherence to medicine regimes	Medicines Management lead	Vascular disease Prevention Steering Group	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB02_01		MUR targeted to patients not achieving desired outcomes for cholesterol and blood pressure management Patient adherence to therapy supported by active assessment and appropriate support based on cultural and language requirements	Adherence to medication regimes is associated with reduced morbidity and mortality			No extra allocated resource. Activity must be delivered within exisiting resources
	Cardiac rehabilitation: review of existing service provision and redesign in accordance with NICE guidance	Sue Longden	Vascular disease Prevention Steering Group	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB02_01		Health equity audit of cardiac rehabilitation used to inform commissioning	Cardiac Rehabilitation is proven to reduce morbidity and mortality from CHD. NICE guidance CG48 sets out clear recommendations for service delivery			No extra allocated resource. Activity must be delivered within exisiting resources

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Vascular Disease (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Care Pathways	Vascular disease Pathways: a review of pathways for vascular disease including prevention, early diagnosis, primary and secondary care management	Chairs of subgroups of Vascular Programme Board	To be identified via Vascular Programme	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB02_01	Oct 09 – vascular disease pathways for review and reporting mechanisms agreed From Dec 09 – time-limited working groups established to develop and implement pathways	Clearly understood vascular disease pathways across NHSM, taking into account local structures and providing equitable services and outcomes	Evidence-based pathways have been shown to improve patient outcomes			PBC managers may support pathway development

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Stroke

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Programme approach	Establish a city-wide steering group for stroke in Manchester, reporting to the AHWBP Board	Helen Hosker	NHSM MCC	NI 120	Steering group established Action plan agreed	Progression	Requirement for a group to oversee and co-ordinate different areas of work to drive local implementation of the National Stroke Strategy and monitor quality and performance of providers.			
Stroke prevention	Prevention of stroke (atrial fibrilation)	Helen Hosker Sue Longden	NHSM Primary Care GMCCSN	NI 120, 121	Implementation of NHS vascular checks	Increase in recorded prevalence of atrial fibrillation Reduction in number of strokes and TIAs	Atrial fibrillation is a major risk factor for ischaemic stroke Diagnosis and treatment will reduce the risk of stroke NICE clinical guideline 036			Anticoagulant services in the community Provision of ECG (test and specialist interpretation) in primary care Implementation of vascular health checks Introduction of Tier 2 Cardiology across Manchester Education and training in primary care
	Secondary prevention of stroke	Helen Hosker Sue Longden	NHSM Primary Care GMCCSN	NI 120	Review practice performance in QOF and identify outlying practices with the aim of improving performance	Improved performance in QOF clinical domains for stroke by general practice in Manchester	Improved management of vascular risk factors following stroke will reduce numbers of recurrent strokes and other acute vascular events National Stroke Strategy QM 2			Increased prescribing costs Anticoagulant services in the community Education and training in primary care

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Stroke (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Acute stroke care	Delivery of thrombolysis and acute stroke	Janet Ratcliffe Helen Hosker Commissioning Manager (TBC)	NHSM GMCCSN	NI 120	Monitoring and introduction of Greater Manchester Integrated Stroke Service by GMCCSN Performance management of acute trusts and contracting mechanisms	Increase in number of stroke patients receiving thrombolysis Stroke metrics (GMCCSN) National Sentinel Audit Vital signs CQUIN	Improved management of stroke in acute stage and treatment by thrombolysis will reduce mortality and improve outcomes National Stroke Strategy QM 7, 8, 9		Greater Manchester PCTs NHSM	Increase in stroke consultants, nurses and therapists in acute trusts: CMFT, UHSM, PAT Implementation of Greater Manchester Integrated Stroke Service: stroke centres, thrombolysis, NWAS Unbundling stroke Health Resource Group tariff
	Delivery of thrombolysis and acute stroke Management of TIA (Transient Ischaemic Attack)	Janet Ratcliffe Helen Hosker Commissioning Manager (TBC)	NHSM PBC GMCCSN	NI 120	Mapping existing services and commissioning of TIA services	Stroke metrics (GMCCSN) Vital signs CQUIN	Timely treatment of TIAs can prevent strokes National Stroke Strategy QM 5, 6	Not known due to poor quality information	Not identified	Increase in stroke consultants, nurses and therapists in acute trusts: CMFT, UHSM, PAT Same-day access to one-stop TIA clinics Fast-track to vascular surgery clinics and operating lists
Stroke rehabilitation	Provision of community stroke rehabilitation services	Helen Hosker Commissioning Manager (TBC)	NHSM PBC Provider to be decided	NI 119, 120	Service procured Service delivery commenced	Monitoring of community stroke teams Length of stay in secondary care Patient and carer satisfaction Monitoring data for Family and Carer Support Service provided across Manchester	Stroke rehabilitation can be delivered in community setting National Stroke Strategy QM 3, 10, 12, 13, 15, 16		NHSM	Business case submitted and approved through IHiM has been reduced and funding is not available until 2010 (this has been reduced from original business case) Will require evaluation

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Stroke (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Long-term care	Annual review	Helen Hosker Commissioning Manager (TBC) Paul Johnston	NHSM Adult Social Care Provider to be decided	NI 119, 120	Database of stroke patients in Manchester established Performance monitoring process in place	Number of patients having an annual review Patient and carer satisfaction	Requirement of National Stroke Strategy QM 14 Improved secondary prevention of stroke Prevention of crises presenting to health and social care Reduction in long-term morbidity			Additional resource for community stroke teams Database established and ongoing maintenance
Information	JSNA for stroke	Neil Bendel Helen Hosker Paul Johnston	JHU NHSM	NI 119, 120	Basic demographics for stroke patients in Manchester developed	Needs analysis report with quantitative and qualitative profiling of needs of stroke patients and carers in Manchester	Profile of stroke patients in Manchester required to identify and inform planning, service provision and future service development Baseline to benchmark future developments		DH stroke development monies	
	Patient engagement	Val Bayliss-Brideaux	NHSM GMCCSN	NI 119, 120	Engagement strategy developed and delivered	Number of stroke patients and carers identified as interested in engagement in stroke Representation and involvement in stroke service planning and delivery	National Stroke Strategy QM 4			
Communication	Raising awareness about stroke	Helen Hosker Tim Seamans	NHSM Communications GMCCSN	NI 120	National FAST campaign GMCCSN stroke awareness campaign Stroke features in local media, including articles in Manchester Evening News and Radio Manchester	Campaigns delivered Numbers attending dysphasia training NHSNW project to evaluate understanding in BME groups	National Stroke Strategy QM 1	£65,000 (across network) £50,000 from NHSNW for BME social marketing project	DH monies allocated to stroke networks	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Cancer

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Cancer prevention and early detection	Don't Be A Cancer Chancer (DBACC) social marketing campaign	David Regan	JHU PHDS North West Public Health Network The Christie	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB03_01		Delivery of social marketing campaign Raised public awareness of cancer symptoms and early presentation Increased number of referrals of cancer symptoms Earlier staging of cancers at diagnosis	Evaluation of previous delivery of DBACC in targeted wards has demonstrated positive impact Cancer Reform Strategy supports social marketing initiatives to promote early presentation			Investment will be required in order to introduce DBACC To be considered during review of social marketing activity in Manchester
	Develop community initiatives and embed learning from the Healthy Communities Collaborative (HCC) project to promote early presentation of cancer symptoms	Sue Longden	HCC Steering Group	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB03_01	Sept 09 – HLN procurement Dec 09 – implementation of HLN May 2010 – recruitment of volunteers	Promotion of cancer prevention and early presentation forms part of contract with HLN provider Performance monitoring framework for HLN includes cancer prevention activity Increased number of volunteers in local cancer initiatives	Cancer Reform Strategy supports initiatives to reduce inequalities in early presentation and referral of cancer symptoms See HLN IHiM business case			No extra allocated resource. Activity must be delivered within existing resources Introduction of projects based on HCC model would require additional funding – approximately £20,000 per ward
Primary care	Improve GP cancer referral systems	Manchester Cancer Locality Group	GP leads PBC hubs Cardiologists Primary care commissioning	NI 120, 121, 187 PSA 18 VSA08_03 VSB01_01 VSB01-05 VSB03_01	Sept 09 – agree action plan to improve referral systems Oct 09 – identify support resource for practice improvement From Nov 09 – introduce practice support	General practices implement a consistent approach to the referral of patients with suspected cancer symptoms, consistent with national guidelines Cancer referrals are accurately and consistently coded	HCC project and previous audit have demonstrated inconsistent approaches to cancer referral management in general practices. A systematic approach is linked to improved outcomes for patients			No extra allocated resource. Activity must be delivered within existing resources Topic sits within the portfolio of Consultant in Public Health

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Cancer (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Primary care	Primary care cancer audit	Chair of Cancer Prevention and Early Detection subgroup of Cancer Programme Board	Cancer Prevention and Early Detection subgroup	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB03_01	Sept 09 – audit criteria and scope defined Feb 2010 – audit completed Mar 2010 – results to Cancer Programme Board	Number of practices audited Comparison with previous audit results	Primary care audit is necessary to understand and improve patterns of cancer referrals and management			No extra allocated resource. Activity must be delivered within existing resources
Commissioning cancer care	Cancer health intelligence	Manchester Cancer Locality Group	Health intelligence analysts	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB03_01	Sept 09 – information requirements agreed Dec 09 – analysis of incidence and mortality	Information about cancer hot spots used to target community and primary care initiatives	Cancer outcomes vary across the city Health equity will require targeted interventions in areas with poor outcomes			No extra allocated resource. Activity must be delivered within existing resources
	Cancer pathways	Manchester Cancer Locality Group	Cancer Programme Board PBC hubs	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB03_01	Pathway leads identified and pathways mapped Commissioning actions identified Pathways reconfigured or redesigned	Number of cancer services commissioned according to comprehensive pathways across the city	Evidence-based pathways have been shown to improve patient outcomes			PBC managers may support pathway development
	Developing a structure to share good practice in relation to cancer commissioning and care	Chairs of subgroups of Cancer Programme Board	Cancer Programme Board	NI 120, 121, 187 PSA 18 VSB01_01 VSB01-05 VSB03_01	Sept 09 – arrangements for identifying good practice incorporated into Cancer Programme Board reporting framework From Oct 09 – case finding underway and examples of good practice disseminated to peers From June 2010 – audit resulting change in practice	System in place to identify and disseminate good practice via the Cancer Programme Board Good practice celebrated within NHSM and via regional and national awards	Shared learning will increase motivation and clinical engagement and improve patient outcomes			No extra allocated resource. Activity must be delivered within existing resources

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Infant Mortality

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Increasing breastfeeding	Breastfeeding peer support	Gabrielle Wilson	To go out to tender Supported by three maternity units	PSA 12	To be confirmed	Breastfeeding prevalence at 6–8 weeks	Breastfeeding reduces health inequalities for mother and infant (see IHiM business case)	300,000 (awaiting confirmation)	JHU	Costed business case approved £568,000. Further investment of £268,000 sought
	BFI in maternity units	Gabrielle Wilson	CMFT UHSM	PSA 12	Stage 2 BFI September/ November 2009 (UHSM/CMFT) Stage 3 BFI March 2011	Breastfeeding prevalence at 6–8 weeks	Breastfeeding reduces health inequalities for mother and infant	100,000	DH – first-year monies	£100,000 match funding 2010/11 required but as yet not identified
	BFI in Community/ MCH Infant Feeding Co-ordinator	Gabrielle Wilson	MCH	PSA 12	South district: Stage 2 BFI November 2009, Stage 3 BFI November 2010 North & Central district: Stage 1 November 2009, Stage 2 May 2011 (Stage 3 November 2012)	Breastfeeding prevalence at 6–8 weeks	Breastfeeding reduces health inequalities for mother and infant	61,500	Choosing Health	Recurrent
	Improving data quality from primary care at 6–8 weeks child development review	Gabrielle Wilson	Performance directorate Informatics Child health system Primary care and PBC hubs GPs Health visitors	PSA 12	Increase return rate of data from general practice by 2% month-on-month until PSA target rate achieved	Breastfeeding prevalence at 6–8 weeks	Breastfeeding reduces health inequalities for mother and infant	n/a	n/a	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Infant Mortality (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Early access for women to maternity services	Early booking by 12 completed weeks of pregnancy	Sam Bradbury	Gabrielle Wilson Heads of Midwifery at NMGH CMFT UHSM	PSA 19	To achieve 80% compliance by end 2009, and at least 90% compliance by end of 2010/11	% of women who have seen a midwife for a health and social care assessment by 12 weeks of pregnancy	Early access increases choice and improves outcomes of pregnancy			
Reducing smoking in pregnancy	See also under Tobacco Control	Colin Cox	Abbie Paton Ali Reid Faye Carrol	PSA 18	To achieve 1% per year drop in smoking prevalence at time of delivery to 16% 2010/11	Smoking prevalence at time of delivery	Smoking in pregnancy is associated with foetal and infant morbidity and mortality	Part of overall smoking cessation allocation	DH Choosing Health Care Services Improvement Partnership	
Reducing sudden unexpected death in infancy	Vulnerable babies service	Gabrielle Wilson	Ethna Dillon Karen Fishwick Kay Welsh	PSA 12	Achieve 80% attendance of parents at multi-agency case planning meetings	Increased attendance of parents at multi-agency case planning meetings All new parents to receive Manchester 'Safe Sleeping' practice guidance	Targeting support to vulnerable parents and babies reduces health inequalities and sudden unexpected death in infancy		Choosing Health	
Supporting teenage parents	Family Nurse Partnership	Sam Bradbury	Gabrielle Wilson Trish Devey	PSA 12, 18	From April 09 – expansion of team to double capacity and commence first year of randomised controlled trial November 08 – recruit next wave of mothers in Family Nurse Partnership	Controlled via DH randomised controlled trial model	Targeting support to young parents will reduce health inequalities and improve parenting skills	314,000	IHiM match funding of DH monies	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Healthy Weight

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Childhood obesity	Early Years training	Jan Dawson	Early Years training provider GONW	PSA 12	Early Years GONW expect to have 0.5wte trainer/ programme manager	To be defined by regional/ subregional programme	Healthy Weight Strategy to be launched early 2010 (relates to all work streams) Early intervention to establish healthy behaviour	Regional funding	GONW	
	Early start to healthy weight	Jan Dawson	Early Years	PSA 12			Early intervention to establish healthy behaviour			£300,000 – no current funding for approved business case
	NCMP (National Child Measurement Programme)	Barry Gillespie	MCH Schools	PSA 12	Reception and year 6 to have height and weight measured May 2009	More than 87% of reception and year 6 children to have height and weight measured May 2009	National programme to assist achievement of 2020 target	459,000	NHSM Choosing Health – contribution to school nursing	
	MEND (Mind, Exercise, Nutrition, Do it)	Barry Gillespie	MCH Leisure Services Schools	PSA 12	Seven further courses delivered by March 2010	At least 20% of participants achieve stabilisation of body mass index	Family-based intervention	£11,000 MEND £26,000 CNS	MEND Central	
	Family Weight Management Service	Jan Dawson	MCH Children's Services Dietetics provider	PSA 12			Family-based intervention			£204,000 – no current funding for approved business case
Adult obesity	Adult Weight Management Service	Jan Dawson	MCH GPs Commercial partners	NI 120	Service redesign in progress	Increased client numbers not yet identified	Mixed group and individual interventions	290,000	NHSM	Require dedicated specialist Weight Management service to support pre and post-bariatric surgery patients

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Healthy Weight (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Adult obesity	Weight management in primary care	Barry Gillespie	Counterweight GPs	NI 120	Recruit 10 GP practices July 2009 Provide GP staff training September 2009 Recruit up to 50 patients per General Practice	40% of high attenders maintain 5% weight loss after 12 months	Mixed group and individual interventions	94,000	Choosing Health	
	Bariatric surgery	Barry Gillespie	Salford Royal Hospital Spire North West Commissioning	NI 120		Following surgery at least 50% of bypass patients achieve a minimum of 10% weight reduction at two years Following lap banding at least 50% of patients achieve a minimum of 5% weight loss at two years	As per Greater Manchester bariatric surgery contract specification	Not defined	NHSM	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Physical Activity

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Swimming	Under-16s swimming programme	Julia Herring	Manchester Leisure Serco Swimming clubs	NI 8, 56, 119, 120, 121, 122	Consultation with Serco May – July 09 First summer holiday scheme Aug/Sept 09 Develop full city-wide programme Oct – Dec 09 Staggered implementation of city-wide programme from Jan 10	Increased number of children's learn to swim sessions within holiday periods Evidence-based improvements in swimming achievement as set by the Amateur Swimming Association leading to an increased number of children who can swim Increased number of community swimming clubs	Free swimming available; need to encourage uptake to maximise benefit Also improve and increase the opportunity for children to learn to swim and provide pathways into community and performance clubs	242,000	Department for Culture, Media and Sport	
	Over-60s swimming programme	Julia Herring	Manchester Leisure Serco Valuing Older People Swimming clubs	NI 8, 119, 120, 121, 122	Consultation with Serco April – Sept 09 Consultation with service and non-service users to determine areas of development June – Sept 09 Pilot first community development programme – Levenshulme pools – Sept 09 Pilot targeted adult Learn to Swim programme Autumn 09 Staggered implementation of city-wide programme from Jan 10	Increased sessions relevant to developments Increased number of new adult swimmers – evidence-based via swimming achievements as per Amateur Swimming Association requirements Increased number of over-60s swimmers participating in the Free Swim initiative	Free swimming available; need to encourage uptake to maximise benefit Also to ensure those that cannot swim are given the opportunity to learn to swim to enable them to take advantage of the free swimming initiative	920,000	Department for Culture, Media and Sport	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Physical Activity (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Cycling	Cycling development programme	To be confirmed	Travel change team	Local modal shift indicator	To be confirmed	To be confirmed	Aim to make Manchester a city where cycling is a common and routine activity			
			Engineering	NI 8, 119, 120, 121, 122						
			Wheels For All							
			Cycling clubs	Local Transport Plans 3 and 4						
Walking	Walking development programme	Chris Love	PHDS	Local modal shift indicator	Development of a city-wide programme of walks by end of 2009	Standard data monitoring collection system for all walking initiatives	One of the most common sustainable and accessible activities around	Referral scheme walking programme: £49,300 plus non-pay resource from referral scheme	£37,000 NHSM	
		Ann Inman	Activity on Referral	NI 8, 119, 120, 121, 122, 177	Development of walks-specific population groups, eg. preventative, rehabilitative, targeting health inequalities by end of 2010	Goal setting and achievement	Aim to make Manchester a more walking-friendly city	Get Walking Keep Walking is funded separately	£12,300 Choosing Health (for referral schemes)	
			The Ramblers	Local Transport Plan 4		Measurable increase in overall levels of physical activity			Big Lottery funding for Get Walking Keep Walking	
			Manchester Leisure		Joined-up partnership between all agencies delivering health walks by end 2010	Link to Physical Activity Outcome Framework				

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Physical Activity (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Social Marketing	Getting Manchester Moving	Jane Parker	City In The Community	NI 8, 119, 120, 121, 122	Stakeholder consultation and strategic development June – Sept 09		Provides common branding and signposting for physical activity developments, improving accessibility and awareness of options	205,080	Three-year funding from Football Foundation	
			PHDS		Alignment with Change 4 Life and brand awareness push Sept – Dec 09					
			Manchester Leisure		Implement targeted campaign with underpinning delivery programme through 2010					
	Points 4 Life: Establish health loyalty programme to motivate behaviour change	Anthony Lawton	Currently being procured. Also:	Local modal shift indicator	Procure service providers September 2009	Multiple measures defined in evaluation criteria	Provides added motivation for improving levels of activity and maintaining this lifestyle change	£5.55million until April 2011	£4.6million DH	From April 2010 other appropriate projects should include funding for points within their funding profile
			Manchester Leisure	NI 8, 119, 120, 121, 122, 177	Public launch April 2010				£600,000 NHSM	
			Serco	Local Transport Plan 3 and 4	One-year evaluation report April 2011				£350,000 JHU	
			Activity on Referral							
High-risk groups	Activity on Referral	Ann Inman	Activity on Referral	NI 8, 119, 120, 121, 122	Complete consultation and merge three referral schemes mid-2009	Detailed outcomes framework in place	Provides support for groups at high risk because of low levels of activity, or for whom activity is a clinical treatment	397,065	£307,000 NHSM £91,065 Choosing Health	Additional funding required to enable service to more rigorously target health inequalities and to target obesity within the Weight Management programmes
			Manchester Leisure							Two city-wide referral officers for BME communities and two city-wide referral officers for Weight Management
										Total £174,000 – not funded through IHiM

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Physical Activity (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Community activity	Health development team: build capacity in Manchester Leisure and the community to provide physical activity programmes focused on health and tackling inequalities	Julia Herring	Manchester Leisure Community clubs Governing bodies	NI 8, 119, 120, 121, 122	Complete procurement process by end July 2009 Recruit new staff by September 2009 Launch new activity programmes October 2009	Detailed outcomes framework in place	Need to realign mainstream activity to deliver health improvement	370,000	£220,000 IHiM £150,000 Sport England	
	Community Sports and Leisure	Julia Herring	Manchester Leisure	NI 8, 119, 120, 121, 122	Service and VFM review to take place by March 2010	Increased take-up of physical activity opportunities by women in target areas	Provides support for group at high risk because of low-level activity	41,000	WNF	VFM assessment will take place in 2009/10

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

NB. This is not a complete description of the work of the SPAA; rather it focuses on the work of the Health and Wellbeing Thematic Implementation Group, for which public health is directly responsible. Other SPAA priorities will also contribute to this overall objective.

Programme Delivery Plan: Food

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Food access	Food mapping	Anne Taylor Christine Raiswell	Regeneration teams CNS	NI 5, 120, 121, 122	Priority areas identified Food access interventions implemented	Identification of priority areas will inform the placement of other interventions	To provide an evidence base to target food access interventions more effectively			
	Herbie mobile greengrocer	Caroline Downey	Merci	NI 120, 121,122, 186		Increased provision and consumption of fruit and vegetables	To improve access to fruit and vegetables in underserved areas	57,000	WNF	
	Extend playground markets		Extended Schools Healthy Schools Headteachers	NI 5, 120, 121, 122	Full evaluation of Abbey Hey Playground Market carried out New markets in place	Increased provision and consumption of fruit and vegetables	Improves access to fruit and vegetables for families and the wider community Abbey Hey Playground Market has proved popular with parents and is financially sustainable Full evaluation will take place before scheme is further implemented	5,000	Choosing Health	
	Neighbourhood shops project	Regeneration teams	Regeneration teams Economic Development	NI 5, 120, 121, 122	Convenience shops with an improved fresh food offer	Increased provision and consumption of fruit and vegetables	A similar scheme was run in Scotland that resulted in an increase in sales of fruit and vegetables in convenience stores A small pilot in Miles Platting has had some success	5,000	Choosing Health	
Communications, education and campaigns	Seasonal Food Futures campaign	Christine Raiswell	PHDS MCC CNS	NI 5, 120, 121, 122, 186	Four themed campaigns delivered	More people aware of the benefits of local shopping, cooking and sharing food, eating the right portion sizes and growing food	Food Futures Board agreed to raise our campaigning significantly. Key messages identified through strategic workshop	20,000	Choosing Health	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Food (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
	Increasing capacity, skills and infrastructure in community cooking	Christine Raiswell	CNS HLNs Community and voluntary sector PHDS	NI 5, 7, 120, 121, 122, 186	New community facilities available More cooking courses available A network of community cooking established	More people cook food from scratch	Lack of community cooking facilities – particularly in north Manchester	40,000	Choosing Health	
Children and young people	Grandparents – intergenerational cooking and supporting role of grandparents in children's health weight	Christine Raiswell	Community and voluntary sector Healthy Schools	NI 1, 5, 6, 56, 120, 121, 122, 172	To be agreed	Reduction in childhood obesity Younger and older people get on better together – measured by feedback forms and focus groups More people enjoy cooking	To improve relationships between generations through sharing food skills To give grandparents/older carers information and skills to contribute to maintaining a healthy weight	To be confirmed		Project part of Generations Together portfolio bid
Growing food	Establish and implement new strategic approach to encouraging greater levels of food growing within Manchester	Colin Cox	Groundwork Association of Manchester Allotments Society HLNs Other voluntary organisations	NI 5, 6, 119, 186	New strategic approach agreed by October 2009; implementation thereafter	Increase number of allotment plot holders, and the number of groups involved in food growing on allotment sites	Growing food locally improves the local environment, gets people more active and reconnects people with food, encouraging them to improve their diet	Reflected in Cross-Cutting Initiatives – Manchester Target Wellbeing		

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Food (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Exerting a broader influence	Food Futures certificate	Christine Raiswell	CNS Food and Drink Festival	NI 5, 120, 121, 122, 186	Certificate scheme relaunched through Food and Drink Festival events	People choose healthier options	To have a broader influence on food provision to enable residents to make healthier choices	10,000	Choosing Health	
	Stay well healthy housing standard	Christine Raiswell Jessica Mitchell	Food Commission Local housing providers MCC MAES	NI 5, 120, 121, 122, 163, 186	To be agreed	To be agreed	Social landlords are well placed to improve health and wellbeing and reduce health inequalities through direct contact with a diverse range of people, many on low incomes, facilities, land and communications	To be confirmed – bidding for £120,000		Food Commission seeking external funding
Vulnerable groups	Plans in development to improve support and training in food and nutrition for people working with vulnerable groups, integrate food into care planning and income maximisation, improve evaluation, improve food in residential and home care settings	Christine Raiswell	Community and voluntary sector Manchester Alliance for Community Care Adult Social Care CNS	NI 5, 120, 121, 122, 130	To be agreed	To be agreed	Consultation with a range of stakeholders in public and community and voluntary sector to identify priority issues to be addressed	To be agreed		

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Alcohol

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Alcohol Joint Commissioning Group	DH EI programme including pilot Identification and Brief Advice in primary care (six-month pilot and redesign of alcohol care pathway for acute trusts)	Janet Mantle	Primary care Community Alcohol Team	NI 39	Recruitment of sample group of general practices Deliver Identification and Brief Advice training Monitoring and evaluation Review outcomes Engage acute clinicians in pathway redesign Gain sign-up to change and monitor use	Number of eligible patients receiving Identification and Brief Advice Number of staff trained Sample evaluation of patient outcomes Production of pathway Implementation by key clinicians	Alcohol Needs and Capacity Analysis 2007 identified gap in early intervention for alcohol problems. Programme supports delivery plan of the Manchester Alcohol Strategy 2008-11	200,000	DH	DH funding has been made available for 2008-10 (£200,000 09/10) and continuation to 2010/11 is to be confirmed If the GP pilot is successful, investment will be needed to introduce the programme and/or develop a LES
	Establishment of Identification and Brief Advice and care facilitation in the three Manchester Emergency departments	Janet Mantle	UHSM CMFT NMGH Community Alcohol Team	NI 39	Establish three schemes in Accident and Emergency departments, including staff recruitment Staff training Establish system for data collection	Number of eligible patients screened and receiving brief advice Reduction in frequent attendees and better care outcomes for dependent drinkers Reduction in alcohol-related hospital admissions	Alcohol Needs and Capacity Analysis 2007 identified gap in early intervention for alcohol problems. Programme supports delivery plan of the Manchester Alcohol Strategy 2008–11	409,000	IHiM	Funding agreed from IHiM for two years initially Possible issue regarding sustainability if the programme is successful

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Alcohol (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Alcohol Joint Commissioning Group	Development of Identification and Brief Advice training city-wide and delivery of drinking responsibly activity and campaign work	Janet Mantle	Community Alcohol Team PHDS	NI 39	Establish Identification and Brief Advice training for priority front-line staff, including MCH, prison, pharmacy, probation Continuation of drinking responsibly programmes, including alcohol social marketing	Number trained and evaluation of training outcomes Evaluation of campaign work, including impact on target audience	Alcohol Needs and Capacity Analysis 2007 identified gap in early intervention for alcohol problems. Programme supports delivery plan of the Manchester Alcohol Strategy 2008–11	192,000	Choosing Health	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Tobacco Control

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Strengthening smoking cessation services	Implementation of finding from recent reviews of Stop Smoking Service Establishment of sound commissioning arrangements	Abbie Paton	Stop Smoking Service	NI 119, 120, 121, 122	Achieve 85% carbon monoxide validation by March 2010	Number of four-week quitters % of women smoking in pregnancy	See draft Tobacco Control Strategy	940,000	£845,000 NHSM £95,000 Choosing Health	
Promoting smoke-free communities	Holistic campaign in targeted wards with additional associated cessation services and enforcement activity aimed at denormalising smoking	Abbie Paton	Stop Smoking Service Environmental Health Trading Standards HLNs	NI 119, 120, 121, 122	Recruitment of new community worker by October 2009 Introduction of first phase – early 2010	Number of four-week quitters Number of smoke-free homes	See draft Tobacco Control Strategy	100,000 per annum	£100,000 per annum DH (three years)	
Tackling illicit tobacco	Work to tackle illegal tobacco sales, including smuggled and counterfeit tobacco and sales to under-18s	Andrew Ashworth	Trading Standards HM Revenue & Customs	NI 119, 120, 121, 122	To be reviewed	To be reviewed	See draft Tobacco Control Strategy	Integrated with smoke-free communities	Integrated with smoke-free communities	
Preventing initiation by children and young people	Reviewing approach to working with children and young people to prevent them starting smoking	Abbie Paton	Stop Smoking Service Education Healthy Schools	NI 119, 120, 121, 122	To be reviewed	To be reviewed	See draft Tobacco Control Strategy	Integrated with smoke-free communities	Integrated with smoke-free communities	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Sexual Health

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Chlamydia screening	Offering chlamydia and gonorrhoea screening and treatment to sexually active 15 to 24-year-olds in Manchester through the RU Clear programme	Sarah Doran	RU Clear team Screening sites Laboratory	NI 113	2009/10 – revise action plan, review steering group membership, increase the number of screening sites and advertise the service	2009/10 – 25% of sexually active 15 to 24-year-olds screened (23,325) 2010 – 35% of sexually active 15 to 24-year-olds screened (32,655)	See Sexual Health Commissioning Strategy	291,766	NHSM	Considerable additional investment will be required in 2010/11 if the 35% target does not include genitourinary activity The relative importance of this against other genitourinary targets will need to be discussed
Termination of pregnancy	Service specification review	Sarah Doran	British Pregnancy Advisory Service Marie Stopes International NMGH South Manchester Private Clinic St Mary's Whitworth Clinic	Targets have been set to improve access to termination services DH national target is 60% of NHS abortions to be carried out under ten weeks gestation	2009/10 – agree new service specifications and community contracts with providers and review service specifications for acute trusts	New service specifications in place All providers offering 100% of women contraception, including LARC At least 55% of women being provided with contraception Continuing to meet the waiting time and 60% of women accessing terminations under ten-week target	See Sexual Health Commissioning Strategy	1,390,399	NHSM	There is some work to be done in understanding the relative value for money of these contracts However, the services provided are not always interchangeable, with some providers able to provide later terminations than others

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Sexual Health (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Contraception	City-wide review of provision to increase access to LARC (Long Acting Reversible Contraception)	Sarah Doran	CASH services	NI 112	2009 – audit and review current LARC provision across the city	Specific outcomes and targets to be determined following review. To include:	See Sexual Health Commissioning Strategy		NHSM	Resources are currently allocated within TOPs and CASH service provision
			Brook						Some identified funding from NHSNW	
			GPs							
			Termination providers			LARCs offered by more services and more people trained to offer LARC				These budgets may come under pressure depending on uptake
			Greater Manchester Contraception Priority Action Group			LARC uptake monitored				
						Social marketing campaign commissioned and pilot campaign delivered				Funding requirements to be reviewed
	General practices offering sexual health services through a Local Enhanced Service	Karen O'Brien	GPs	NI 112, 113	April 2009 – Sexual Health LES applications to be considered	Sexual health services are offered by general practices through the Sexual Health LES	See Sexual Health Commissioning Strategy		NHSM	Via LES budgets
			GUM clinics							
			CASH services		2009/10 – training issues identified and training offered					
					2009/10 – general practices offer sexual health services through Sexual Health LES					

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Sexual Health (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Contraception	Redesigning the CASH (Contraception and Sexual Health) services in north Manchester to provide services from three hubs and other clinical outreach for vulnerable people	Tom Pickup Sarah Doran	CASH services Community engagement team LMC representative	NI 112, 113	April–July 09 – consultation with staff, patients and stakeholders; finalise model and produce implementation plan Aug–Sept 09 – undertake building and procurement work for new hubs Aug–Jan 2010 – communicate changes, confirm staffing arrangements, promote services Jan 2010 – north hubs fully operational	Hubs operational – outcomes to be specified following completion of service redesign To be in line with services provided in central and south areas of the city	See Sexual Health Commissioning Strategy	Within CASH budget	NHSM	Equity of provision across the city will need to be addressed
HIV	Greater Manchester Sexual Health Network: Priority Action 5. Key workstreams include: Introduction of a tariff for HIV treatment and care Developing a LES Developing improved GP involvement in HIV care Development of a ten-year strategy for HIV in Greater Manchester	Eleanor Roaf	Acute Trusts GPs Voluntary sector organisations	Reducing onward transmission of HIV Ensuring appropriate service use Enabling earlier diagnosis	2009 – tariff to be introduced in shadow form; going live in April 2010 2009/10 – HIV training and support offered to general practices	Training delivered Tariff set and contracts renegotiated Identified services offering routine HIV testing	See Sexual Health Commissioning Strategy	Resources are currently allocated in the main to the Regional Infectious Diseases Unit, with some additional money going to MRI The change to tariff may lead to significant resource shifts	Via specialist and joint commissioning	HIV budgets are dominated by treatment and drug budgets, and it has been estimated that each case of HIV costs £1million in lifetime treatment costs Much of the work identified via the Sexual Health Forum as a priority for 2009/10 relates to HIV prevention

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Sexual Health (continued)

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Greater Manchester Sexual Health Network	This is an overarching network, driving improvements in sexual health commissioning and service delivery across Greater Manchester It has a full work programme underneath it, encompassing all areas of sexual health	Eleanor Roaf Neil Jenkinson	Acute Trusts PCTs Voluntary sector organisations NHSNW	Ensuring sexual health targets are met across Greater Manchester Enabling sharing of good practice Ensuring consistent approaches across the conurbation	Milestones set for each workstream – most of these have been captured above	Greater Manchester performance indicators	See Sexual Health Commissioning Strategy		Resources are allocated to the network from Greater Manchester PCTs	Resources are currently sufficient but additional resource will be required in 2010/11 in order for some existing workstreams to be further developed
Sexual Health Forum	Sexual Health Forum – commissioner/ provider planning and policy forum	Bridget Hughes	George House Trust Lesbian and Gay Foundation Body Positive MCH NHSM Brook GUM representatives		2009 – stakeholder event to influence the content of the sexual health strategy Community engagement work to influence the strategy Produce Manchester Sexual Health Strategy	Stakeholder event delivered Community engagement work takes place Strategy launched	See Sexual Health Commissioning Strategy		Sexual Health Forum prioritises areas for investment rather than requiring funding itself	In 2008/09 three areas for development were identified and cases totalling £450,000 were submitted to the NHSM Business Case Committee. These were approved in principle but funding is not available in 2009/10

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Mental Health and Wellbeing

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Mental Wellbeing Subgroup	Supporting health	Janet Mantle	PHDS MHSCT	NI 119	Programme established so continuation of activity	Measurable impact on the health of people with severe mental health problems	Public Mental Health Strategy (PMHS identifies inequalities in physical health for people with mental health problems as a high priority) See also 'New Horizons' national strategy for mental health currently out for consultation	110,000	Choosing Health	Continued funding subject to evaluation and contract monitoring
	Supporting health (dementia)	Janet Mantle	PHDS MHSCT	NI 119	Establish programme (recruitment etc) Recruit evaluator	Measurable impact on the health of people with dementia and their carers	As above, plus evidence of detrimental impact on carers' health problems (see IHiM business case) See also 'New Horizons' national strategy for mental health currently out for consultation	104,044	IHiM (includes £3,000 for equipment and £8,000 for evaluation)	Initial two years subject to evaluation
	Social prescribing	Mohammed Abas		NI 119		GP referrals Patient assessment of wellbeing Uptake of services Reduction in social isolation	PMHS identifies need for improved support for people with mild to moderate mental health problems See also 'New Horizons' national strategy for mental health currently out for consultation			No current funding identified, but elements of the programme will be incorporated into city-wide HLN structure

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Mental Health and Wellbeing (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Mental Wellbeing Subgroup	Mental health training (tier 1)	Janet Mantle	PHDS	NI 119	Recruit training co-ordinator	Co-ordination and numbers recruited to training programme Evaluation	PMHS identifies need to equip front-line workers to manage common mental health problems (see IHiM business case)	21,380	IHiM (includes £3,000 for recruitment and start-up costs)	Recurrent funding
	Wellbeing survey	Janet Mantle	Commissioned from NWPHO	NI 119	Commission delivery of survey work as part of Greater Manchester programme	Baseline survey of 1,000 Manchester residents	Need to improve understanding of resident perceptions of health and wellbeing	£26,000 (non-recurrent)	£20,000 IHiM £6,000 Choosing Health	One-off activity. May need to identify funding for follow-up survey work
	YASP (Young Adult Advice and Support Project): support and advice to young people with mental health problems	Janet Mantle	HARP (Health Advocacy and Resource Project)	NI 119	Delivery of advice and casework service	Number of advice and casework enquiries responded to Number of meals sold in YASP café Increase condom distribution to young people Number of volunteer opportunities and positive activities for young people Number of internet sessions undertaken	Agreed by AHWBP as part of WNF investment plan	255,200	WNF	2010/11 is final year of WNF funding

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

NB. Funding identified is annual cost except where non-recurrent and start-up costs identified.
NB. Activity identified here needs to be cross-referenced to activity commissioned by the Joint Commissioning Team, which may have a wellbeing/health promotion element.

Programme Delivery Plan: Cross-Cutting Initiatives

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Manchester Target Wellbeing (BIG Lottery programme)	Eight projects delivered by eight voluntary sector organisations around three key themes of physical activity, food (growing, distribution and cooking) and mental health. Managed by the JHU locally and Groundwork Northwest regionally, and delivered in the most deprived SOAs in Manchester	Sonia Andrade	BIG Lottery	NI 119, 137	Agree evaluation framework for all projects	Outcomes measures for all eight projects are being finalised and included in their evaluation frameworks	See Manchester Target Wellbeing bid	£748,676	BIG Lottery	Investment needed to sustain the programme from the end of 2011
			Groundwork Northwest		Complete quarterly financial and programme reports			£290,032	Cash match JHU	
			Refugee Action			The frameworks will detail who will measure the outcomes, what outcomes they will measure, how they will measure them and how often				
			Young People's Support Foundation		Complete all audit visits					
			HARP (Health Advocacy and Resource Project)		Develop proposal for programme sustainability					
			Merci			The frameworks will be available in the Manchester Target Wellbeing folder				
			North Manchester Wellbeing Centre							
			Women's Electronic Village Hall			The Northwest Public Health Observatory, Centre for Local Economic Strategies and UCLAN are involved in the evaluation of the Target Wellbeing programme, locally, regionally or nationally				
			Manchester Young Lives							
			Groundwork Manchester, Salford and Trafford							

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Cross-Cutting Initiatives (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Healthy Living Network (HLN)	Provision of a city-wide HLN for the most deprived wards of Manchester	Ged Devereux	Primary care Regeneration teams Ward Co-ordinators Patient and Public Involvement PHDS	NI 119, 137	Q1 – establish HLN steering group and agree HLN activity priorities Q2 – baseline evaluation completed Q3 – support introduction of health trainer programme Q4 – establish city-wide HLN and volunteering programme Year 2 and 3 milestones to be negotiated with commissioner upon award of contract	22,500 people attending one-off events (eg. family fun days, healthy living events, festivals and health weeks) across the year 14 locality health forums established with 140 local residents regularly engaged (based on attendance at existing forums) 1,100 additional people taking up breast screening (achieving national targets) 1,000 people setting smoking quit dates, with 500 of those smoke-free at four weeks and 350 smoke-free at 12 months (based on experience in South Manchester Healthy Living Network) 1,600 people (50 per ward) taking part in regular physical activity, with 640 people becoming physically active to recommended levels 1,280 people (40 per ward) engaging in weight management classes, with 320 of them (ten per ward) moving out of the obese category 1,600 people (50 per ward) engaging in activities aimed at promoting their mental health and wellbeing	Refer to IHiM business case	839,000	IHiM	Disinvestment in current Choosing Health funding of South Manchester Healthy Living Network and WNF funding of Zest

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Cross-Cutting Initiatives (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Health Inequalities	Health Trainers	Barry Gillespie	PHDS	NI 119, 120, 137	Third phase of Health Trainers begin delivery July 2009	Increase the number of clients who come from the ten most deprived wards from 38.5% to 45%	National Health Inequalities Update identifies health trainers as a key part of the workforce to address health inequalities	£620,000 (plus 09/10 uplift)	Choosing Health	
						Increase the number of male clients targeted from 18% to 35%				
						Increase the number of clients referred by health and social care professionals from 91 to 150 within a range of primary care settings				

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Cross-Cutting Initiatives (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Valuing Older People	Multi-agency programme to improve services and opportunities for older citizens. Currently in transition with development of new Ageing Strategy	Paul McGarry	Residents MCC NHS and other public sector agencies Voluntary sector organisations Charities Private companies that deliver services to older people	NI 5, 23, 24, 25, 47, 119, 120, 121, 122, 123, 124, 125, 131, 134, 136, 137, 152, 153, 173, 177, 187	VOP Full of Life Festival (one per annum) Launch of Ageing Strategy, 1 Oct 09 Board meetings (approx eight per annum) and influence on key strategies and proposals Manchester Older People's Forum (three per annum) Positive Images of Ageing campaigns, annual calendar and billboards Income maximisation and support for over-50s into work and socially productive activities VOP local network development New engagement initiatives including intergenerational projects, and older people/ communities involved in decision-making around characteristics of and portfolio of information on 'lifetime neighbourhoods'	Be more able to participate in culture/ learning Be more active and engaged; have a stronger voice and more accountability; experience less inequality; benefit from better networks and generational links Receive better quality care and support Have better access in mid and later life to work and income; energy-efficiency and self-advancement/ esteem Be in better health and have longer lives Be more satisfied with their home and neighbourhood and more will live in 'lifetime neighbourhoods' with flexible affordable housing options; characteristics including good transport options, safe road crossing points and accessible services and facilities	Golden threads link lifestyle and behaviour (especially healthy ageing and promotion of physical/social activity and falls prevention), medium-term plans (particularly behaviour change and mobility/ independence), and our strategic and outcome-based accountability framework for the complex array of interventions contributing to achieving improved quality of life for older Manchester residents	190,000	WNF	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Cross-Cutting Initiatives (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Falls Prevention	Exercise classes and training for people over 65 to reduce vulnerability to falls and injury	Julie Jerram	MCH PHDS	NI 20, 137	Progress service redesign – lead Helen Hosker	Classes delivered	Agreed by AHWBP as part of WNF investment plan	58,867	WNF	Transitional funding allocated pending service redesign
	Steps to Safety: Delivery of home safety assessments aimed at reducing risk of falls and promoting independent living	Julie Jerram	Manchester Care & Repair	NI 20, 137	Review led by Supporting People	Number of assessments carried out/information packs issued Number of 'fits' Number of training/ awareness sessions delivered	Agreed by AHWBP as part of WNF investment plan	73,000	WNF	Transitional funding allocated pending Supporting People review
Healthy Schools	Delivery of Manchester programme as part of National Healthy Schools Initiative	David Regan	MCH PHDS	NI 56, 112, 120	National target of 30% of schools engaged in working towards Enhanced Healthy Schools status, which will be needs-led and outcomes-based Healthy Schools team will support schools to analyse data and determine outcomes and priorities to 2011 Further national target that all schools will have achieved Enhanced Status by March 2020	Schools achieving National Healthy Schools status Lunchtime organisers trained on behaviour, making healthier choices and increasing physical activity Support offered to parents on healthy lunchbox choices, increasing physical activity Cooking activities in schools co-ordinated and delivered Primary schools engaged around using the participation award for Key Stage 1 Food growing areas developed in schools	Agreed by AHWBP as part of WNF investment plan	62,000 34,500 40,000	WNF Choosing Health Local Implementation Grant NHSM and other streams	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Cross-Cutting Initiatives (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Income Maximisation Strategy	To develop Manchester's first multi-agency income maximisation strategy and delivery plan	Barbara Guest	MCC DWP CVS		July 09 – draft strategy document and develop model for measuring impact September 09 – develop model of delivery across all age groups	To be confirmed	Increase income Minimise debt	164,000	WNF MCC NHSM	
Health Information	Provision of health information delivered through library services	David Regan	Manchester Libraries	NI 119, 120		Number of health events in libraries Number of outreach visits Increased hits to recommended health websites (%)	Agreed by AHWBP as part of WNF investment plan	16,000	WNF	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Supporting People

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Supporting People	Achieving three-year efficiency savings targets	Lead Commissioner, Supporting People	Adult Social Care	NI 141, 142	Agreed three-year smoothing plan	Achieve £2million per annum saving plan over three years	See SP Business Action Plan, Appendix 1	General staff budget	General fund, including SP Admin Grant contributions	Aim to manage savings through delivery of VFM efficiencies and service change to delivery with improved service outcomes
		Head of Supplier Management	CFSC		Negotiated savings with providers based on VFM plans	See SP Outcomes Framework				
			CDRP		Extensions to waivers and service reviews					
			Probation Service							
			NHSM							
			SP providers							
	SP commissioning to be aligned within Area-Based Grant to deliver preventive and personalised services	Lead Commissioner, Supporting People	Adult Social Care	NI 130, 141, 142	By April 2010 – produce revised commissioning plan aligned to overarching Commissioning Strategy	See SP Outcomes Framework	See SP Business Action Plan, Appendices 2 and 3.5	£39,878,205	SP Fund fully integrated into Area-Based Grant 2010/11	SP sector-wide reviews are timed to ensure that each client group and locality's needs and services are reviewed alongside social care and other reviews, as described in work streams below
			Probation Service		2009/10 – develop SP Individual Budget resource allocation					Evaluation is based on the established SP review methodology
			NHSM							
			SP providers							

* Includes projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Supporting People (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Supporting People	Continuous improvement in quality of service	Lead commissioner, Supporting People	Adult Social Care	NI 141, 142	Develop and implement training and volunteering programme for customer-led service development	Establish baseline quality data 2009/10 to inform performance stretch targets for 2010/11 and 2011/12	See SP Business Action Plan, Appendices 3.1 and 3.3	General staff budget	SP Admin grant	
		Head of Supplier Management	CFSC		Embed customer-developed Independent Living Charter	See SP Quality Assessment Framework			£60,000 programme funding to support Core User Group and volunteer work development	
			CDRP		Embed revised Quality Assessment Framework in service monitoring					
			Probation Service							
			NHSM							
			SP providers							
	Manchester contribution to Regional Needs Assessment	Lead commissioner, Supporting People	Adult Social Care	NI 141, 142	Dec 2009 – six additional client groups validated in second iteration	Validated supported housing needs data for socially excluded and vulnerable residents	See SP Business Action Plan, Appendices 3.1 and 3.4	General staff budget	SP Admin grant	Needs information will contribute to sector-wide review and reconfiguration
		Head of Market Intelligence	Probation Service		Needs findings to feed into other strategies and documents					
			NHSM							
			MCC Housing Strategy							
			4NorthWest							

* Includes projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Supporting People (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Supporting People	Reconfiguration of Home Improvement Agency (HIA) services	Lead Commissioner, Supporting People	NHSM	NI 141, 142	From Sept 2009 – expand handyperson provision; develop new service model to link to Reablement Service; recruit Co-ordinator post for north west region	See SP Outcomes Framework	Remodelling to achieve greater efficiencies and improved health and wellbeing outcomes, including reduced hospital admissions	£500,000	Additional funding secured from CLG	
			MCC Private Sector Housing	Also contributes to NI 124, 130, 136, 139	April 2010 – develop improved cost-effective and sustainable city-wide service model, including use of predictive risk model		See SP Business Action Plan, Appendix 3.2	Also general staff budget	SP Fund and Admin grant	
			Manchester HIAs		By April 2011 – joint commissioning for new services				Private sector housing grant	
	Enhancement of Sheltered Housing sector and new Extra Care provision, including dementia-specific schemes	Lead Commissioner, Supporting People	Adult Social Care	NI 124, 130, 136, 139, 141, 142	By Oct 09 – revised Sheltered Housing Investment Strategy produced	See SP Quality Assessment Framework	See SP Business Action Plan, Appendices 3.2 and 3.5	£5,017,733	SP Fund and Admin grant	
			MCC Housing Strategy		Capital investment secured for further Extra Care provision to be developed over next three years				NAHP and DH funding to be secured	
			Sheltered Housing providers							
			Homes and Communities Agency							
	Learning Disability sector: jointly review and recommission preventive community services with Learning Disability commissioning partners	Lead Commissioner, Learning Disabilities	Head of Supplier Management	NI 141, 142	Sept 2009 – negotiations with providers to achieve negotiated savings	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.2	£6,660,398	SP Fund and Admin grant	
			SP providers		April 2010 – half-yearly saving evaluation					
			NHSM							

* Includes projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Supporting People (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Supporting People	Physical Disability sector: jointly review and recommission preventive and reabling community services	Lead Commissioner, Physical Disabilities	Head of Supplier Management	Ni 141, 142	From Jan 2010 – consult on and agree new service delivery model, and remodel existing provision	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.2	£2,406,249	SP Fund and Admin grant	
			SP providers	Also contributes to 124, 130, 136, 137	2010 – pilot cash IB top-ups in existing services and build lessons into remodelling plan					
					By Jan 2011 – any new services to be procured and commence (dependent on capital funding)					
	Mental Health sector: jointly review and recommission preventive community services with Mental Health commissioning partners	Lead Commissioner Mental Health	Head of Supplier Management	NI 141, 142	Carry out sector-wide review and develop new investment and commissioning plan	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.2	£4,315,410	SP Fund and Admin grant	
			SP providers							
			NHSM							
			CMFT							
	Rehabilitation of offenders	Lead Commissioner, Supporting People	Probation Service	NI 18, 32, 141, 142, 143, 144, 156	March 2010 – contribute to the management of the Greater Manchester Offender Project to review and deliver improved subregional response	See SP Outcomes Framework	See SP Business Action Plan, Appendix 2	£2,789,101	SP Fund and Admin grant	
			GMP		Agree new service models to achieve improved outcomes from prison release and community provision that build on local best practice	Also contributes to Reducing Reoffending Strategy outcome measures				
			HM Prison Service							
			CDRP							
			SP providers							
			Repeat Reoffenders steering group							
			Prolific and Priority Offenders steering group							

* Includes projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Supporting People (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Supporting People	Embed new Domestic Abuse service model	Lead Commissioner, Supporting People	DAMG NHSM CDRP GMP Probation Service SP providers Head of Supplier Management	NI 141, 142	Oct 09 – six month review of new service Dec 09 – specialist workers recruited Support work to deliver sustainable mainstreamed children's services in refuge and emergency provision with CFSC Contribute to agreed approach that will come out of Domestic Abuse Strategy refresh 2010	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.2	£1,312,339	SP Fund and Admin grant	
	Young people: contribute to CFSC reviews; support improved homelessness prevention and support work in Young People's Services	Lead Commissioner, Supporting People	Head of Supplier Management CFSC SP providers	NI 141, 142	By March 2010 – support review of Young Unaccompanied Asylum Seekers (YUAS) services currently funded by SP, to achieve service continuity after funding ends	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.2	£4,518,333	SP Fund and Admin grant	
	Teenage parents: jointly review and recommission preventive community services	Lead Commissioner, Supporting People	JHU CFSC Adult Social Care Learning and Skills Council NHSM Head of Supplier Management	NI 141, 142	By Jan 2010 – consult on and agree new delivery model Sept 2010 – procure new services Jan 2011 – new services in operation	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.2	£656,845	SP Fund and Admin grant	

* Includes projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Supporting People (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Supporting People	Homeless families, gypsies and travellers, refugees generic services	Lead Commissioner, Supporting People	NHSM	NI 141, 142	Sector review dates and milestones to be agreed with partners	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.2	£5,381,382	SP Fund and Admin grant	
			Probation Service		Continue to further review and improve services and outcomes					
			JHU		Reprioritise generic services					
			CFSC							
			Adult Social Care							
			SP providers							
			Learning and Skills Council							
			Head of Supplier Management							
	Substance misusers: tender for new drug and alcohol service, and implement Drug and Alcohol Accommodation and Support Strategy recommendations to deliver improved services	Head of Supplier Management	Drug and Alcohol Strategy Team (DAST)	NI 141, 142	Nov 09 – tender for new service	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.2	£3,457,459	SP Fund and Admin grant	
			NHSM	Also contributes to NI 39, 40, 124, 156	April 2010 – contract awarded				DAST fund Policy Officer	
			SP providers		Dec 2010 – Drug and Alcohol Accommodation and Support Strategy approved					

* Includes projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Supporting People (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Supporting People	Single homeless: gain approval for Strategy report to improve services through better targeted support, remodelling and greater focus on homelessness prevention	Lead Commissioner, Supporting People	SP providers	NI 141, 142	Aug 09 – approval gained	See SP Outcomes Framework	See SP Business Action Plan, Appendix 3.3	£4,239,864	SP Fund and Admin grant	
			Drug and Alcohol Strategy Team (DAST)	Also contributes to NI 2, 18, 32, 39, 40, 124, 143, 144, 149, 156	From Dec 90 – replacement of Men's, Direct Access Centres with Quick Access Centres					
			Probation Service		2010 – secure capital funding to remodel shared temporary accommodation into self-contained units					
			NHSM		Review and replace Salvation Army provision with services that meet new approved model					
			CDRP							
			GMP							
			Learning and Skills Council							
			MCC Economic Development Group							

* Includes projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Promoting Independence

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Individual budgets	Mainstreaming individual budgets to all customers	Paul Cassidy	MCC NHS Manchester Third sector	NI 130	2009/10 – 56.6% of people to have an IB 2010/11 – 68% of people to have an IB 2011/12 – 75.4% of people to have an IB	Improved quality of life Increased independence	Increasing choice and control for customers		MCC	
Intermediate care	Supporting people to remain independent and living in their own homes	Debbie Walker	MCC NHS Manchester Third sector	NI 125	Multi-agency integrated teams for older people and physically disabled people Alignment of social care locality teams with District Nursing teams	Reduced number of customers requiring long-term care More people requiring no further care	Increasing choice and control for customers	TBC	WNF	
Disabled adaptations	Supporting people to remain independent and living in their own homes	Kevin Chapman	MCC NHS Manchester		To be confirmed	Improved quality of life Increased independence	Increasing choice and control for customers	TBC	WNF	

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Safeguarding Adults

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
MSAB	Safeguarding adults	Deborah Russell	MCC GMP NHS Manchester IVS agencies (see Board members, including Probation Service, CPS)	None	Safeguarding risk management and assessment process in place Risk management process using MARMAP (Multi-Agency Risk Management Assessment Process) model Routine quality audit of HR files in all statutory and partner organisations and commissioned services in place		The No Secret Guidance (section 7) recommends that LA social services departments play a co-ordinating role in developing the local policies and protection of vulnerable adults from abuse This multi-agency partnership ensures that good practice and knowledge is shared to promote safeguarding across the city			
	Communications	Deborah Russell	As above	None	Leaflets, events and conferences	Increase early intervention Effective dissemination of safeguarding information through existing community safety networks	Safeguarding is a collective responsibility, so we need to raise awareness of abuse and neglect Also how best to engage service users and the public to improve their experience in accessing services			
	Civil and criminal justice	Deborah Russell	As above	None			To maximise the effectiveness of each agency in terms of successful prosecution of perpetrators of abuse of vulnerable adults, including training, clarifying each organisation's role in the process, support and protection of vulnerable adults			

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Safeguarding Adults (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
MSAB	Workforce and development	Deborah Russell	MCC GMP NHS Manchester IVS agencies (see Board members including Probation Service, CPS)	None	Achieve level of 25% of independent sector staff having received awareness training in 2009/10 Child protection referral process to be included in safeguarding training Evaluation of the impact of the MSAB multi-agency workforce development strategy	% of independent sector staff having received awareness training Number of referrals where child may be at risk	The majority of care providers in Manchester are independent and private sector so we make training available for everyone Improve the skills and knowledge of all staff, managers and carers in preventing and responding to harm			
	Workforce and development	Deborah Russell	As above	None	Advocacy toolkit Advocacy quality standards Condensed version of safeguarding toolkit for members	% of safeguarding investigations with advocacy involvement Number of referrals Increase the level of advocacy support available as a preventive tool, and as support through safeguarding investigations	To take forward the recommendations of the Advocacy Services Review			
Performance (to be established)	Safeguarding adults	Deborah Russell	As above	None	Review and report on key processes and timescales for rolling three-year programme Create specifications for performance indicators Initiate work on data collection and management reports	Key processes in place Performance indicators definition specification MiCARE can produce robust management reports Report on options for an integrated Safeguarding Unit	To improve performance monitoring and reporting To establish how to best use investment and resources, and assess value for money			
Serious Case Review	Safeguarding adults	Deborah Russell	As above	None			To review cases and share important lessons to be learned about the case and the process, and make changes where appropriate			

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Safeguarding Adults (continued)

Theme/ subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Mental Capacity Act – Deprivation of Liberty Safeguards	Safeguarding adults	Deborah Russell	As above	None			To ensure effective systems are in place to deliver the Deprivation of Liberty Safeguards service and receive regular reports on its operation		Joint – NHS Manchester and ASC	
Domestic Abuse Management Group (DAMG)	Ensuring that front-line staff are equipped to deal with domestic abuse	Val Armstrong	NHSM MCC GMP Women's Aid	None	Develop guidance and training programme for NHS primary care staff	% of primary care staff trained	Early identification enables help to be offered before problem escalates			
	Support adult victims of domestic abuse	Val Armstrong	NHSM MCC St Mary's Hospital	None	Commission two-year pilot of Independent Domestic Abuse Adviser Service at St Mary's Hospital Commission independent evaluation	Increase in referrals to Multi-Agency Risk Assessment Conference (MARAC) Reduction in repeat victimisation	Advocacy shown to reduce repeat victimisation Pregnant women are at increased risk of domestic abuse	54513		
	Develop more effective support for domestic abuse victims affected by alcohol	Val Armstrong	NHSM MCC MHSCT	None	Research gaps in service Training delivered	Baseline report prepared Front-line workers trained in working with domestic abuse victims who use drugs and alcohol	Links between abuse of alcohol and domestic abuse have been identified	90,946 (two years)		
	Deliver actions in DAMG priority Action Plan	Executive Group of DAMG (chaired by Sarah Khalil)	NHSM MCC GMP Women's Aid Probation Service Crown Prosecution Service Magistrates' Court	NI 32		Reduction in repeat victimisation				

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Programme Delivery Plan: Carers

Theme/subgroups	Work stream*	Responsible lead	Delivery partners	Relevant targets (LAA). See Appendix 1	Key milestones 2009–11	Outcome measures	Rationale**	Total allocated resource £	Sources of funding	Investment or disinvestment requirements – include evaluation needs
Carers	Increasing Carers Assessments	Elaine Ridings	MCC NHS Manchester Third sector Jobcentre Plus	NI 135	2009/10 – 2,123 assessments completed (24%) All carers to be offered information as a minimum	Annual survey to carers who have had an assessment to measure their satisfaction	If carers are supported, this helps to keep the people they care for living at home for longer		MCC	
	Development of Carers Individual Budgets	Elaine Ridings	MCC NHS Manchester	NI 130	2009/10 – 1,500 carers. 2010/11 – 2,000 carers	More carers are able to organise own breaks and support as identified in their support plan	Individual Budgets help sustain carers in their caring role – 87.7% of carers said that Carers Individual Budgets helped them to continue caring In 2008/09 93% of carers said that Carers Individual Budgets helped to improve their health and wellbeing		MCC	
	Tendering of carers services to move from block contracts to some services being purchased directly by carers	Elaine Ridings	MCC NHS Manchester Carers	NI 135	2009/10 – procurement process underway	New contracts in place by April 2010	To ensure personalised flexible services for carers across the city and ensure that all carer user groups are supported Shift from commissioned services to carers having greater say on which services they want			

* Include projects still awaiting funding ** Can cross-reference to other strategies/documents

Chapter 4
Local Area Agreement indicators, performance management and risk analysis

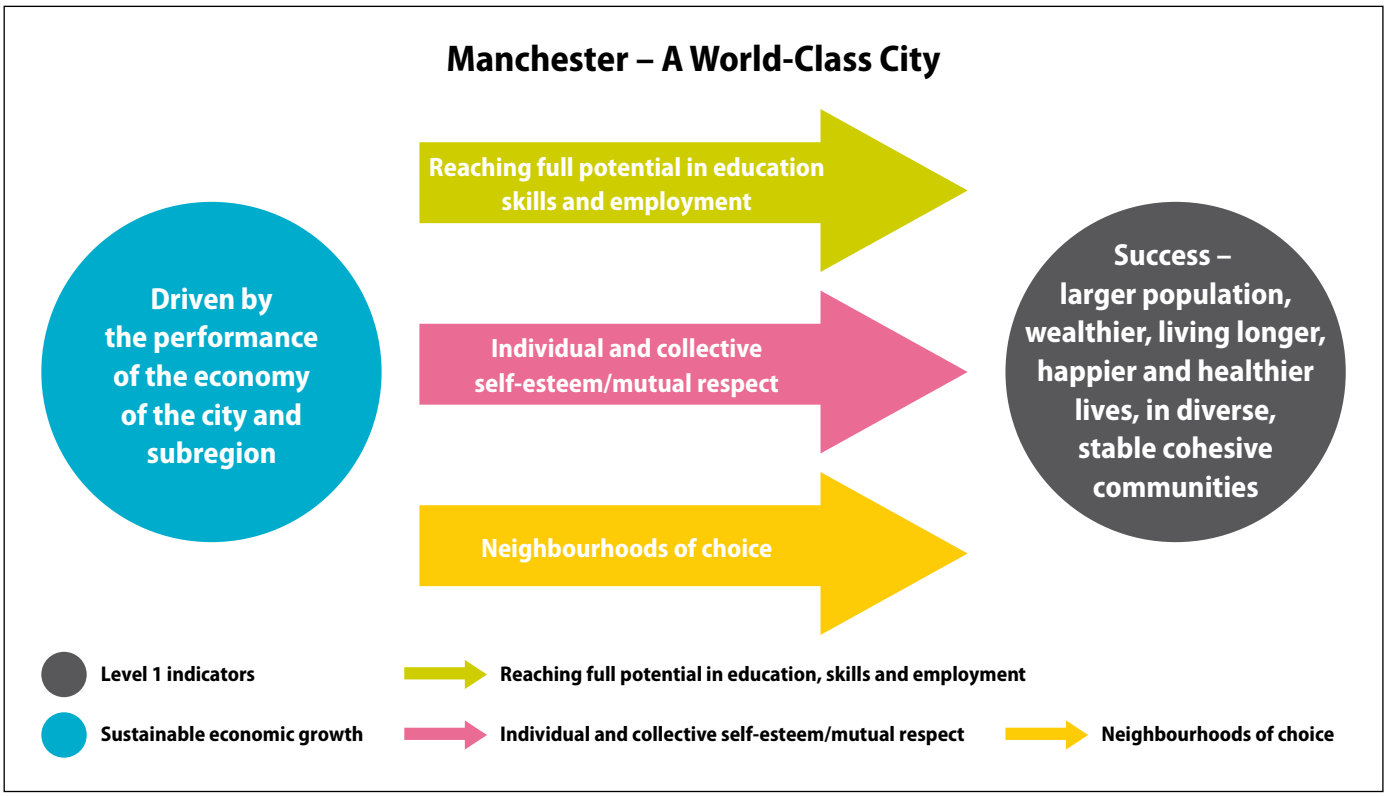
4.1 Local Area Agreement indicators

The Manchester Community Strategy, 'The Manchester Way,' sets out the vision for the city by 2015: "By 2015 Manchester will be a world-class city with a larger, happier, healthier, wealthier population living longer in diverse and stable communities with a good demographic mix."

The Local Area Agreement (LAA) is Manchester's delivery plan for the next three years of the Community Strategy. It describes the key challenges and priorities for Manchester, and the targets against which success can be measured.

Figure 4 shows how improved outcomes for Manchester people (level 1 indicators) are connected to sustainable economic success by three spines, which form the framework of Manchester's priorities and support the actions needed to address these priorities.

Figure 4: Delivering the vision for Manchester



The three spines of the Community Strategy and the priorities outlined within the LAA are measured by the State of the City indicator framework, which has four levels:

- Level 1: High-level overview linked to the vision of the Community Strategy.
- Level 2: Key outcome indicators delivering the spines of the Community Strategy.
- Level 3: High-level thematic indicators key to delivering the spines of the Community Strategy.
- Level 4: Activity-based indicators linked to the outcomes at levels 2 and 3.

Life expectancy is an overarching level 1 indicator in the LAA

Under life expectancy in the **Reaching full potential** spine are level 2 indicators relating to all-age all-cause mortality and level 3 indicators relating to cardiovascular disease (CVD) and cancer. If targets are achieved at level 2 and level 3, then life expectancy in Manchester will improve, as vascular disease and cancers account for the greatest proportion of premature deaths.

Other level 2 indicators in the **Reaching full potential** spine include childhood obesity and under-18 conceptions. Tackling childhood obesity effectively through a family approach will impact positively on the prevention of vascular disease and cancers, and reducing the under-18 conception rate will also address efforts to reduce infant mortality and therefore improve life expectancy.

Under life expectancy in the **Neighbourhoods of choice** spine is the level 3 indicator relating to alcohol-related hospital admissions. Deaths due to alcohol now make a much bigger contribution to our life expectancy gap with England, and reducing hospital admissions as a result of a broader programme of prevention, treatment and public protection will improve life expectancy.

Under life expectancy in the **Individual and collective self-esteem** spine are level 2 indicators relating to independent living, carers' self-directed support, and level 3 indicators relating to self-reported health and wellbeing, and adult participation in sport. The social care indicators will add quality to those extra years as well as extending life, and initiatives that improve physical, mental and social wellbeing will reduce risk factors for premature death.

To highlight the consistency with the NHS Commissioning Strategic Plan (CSP), priorities 1–5 in the CSP are:

1. Life expectancy
2. Health inequalities
3. Under-18 conceptions
4. Alcohol-related admissions
5. Childhood obesity

The LAA performance indicators to which programmes within the Partnership Delivery Plan contribute are summarised in Appendix 1: Summary of relevant indicators and targets.

4.2 Performance management

The Adults Health and Wellbeing Partnership Board is responsible for ensuring delivery of the Health and Wellbeing elements of the Manchester Community Strategy and key elements of the Local Area Agreement.

The Board will take overall responsibility for performance management of the Partnership Delivery Plan, which underpins the objectives of the Partnership. The strategy will be delivered through the programmes listed in **Table One**, which include relevant targets, indicators and outcomes to be measured. Each programme provides a progress report on progress towards achievement of the objectives through a regular reporting cycle. As part of this, all programmes will be required to report progress on completion of Equality Impact Assessments and outcomes they are hoping to achieve.

The Board is supported by a Commissioning Group, which is responsible for monitoring performance against targets and making recommendations for the best use of resources pooled or aligned under the Local Area Agreement. Membership of the Commissioning Group includes lead officers from NHS Manchester, Adult Social Care, Manchester Joint Health Unit, and representation from the voluntary and community sector.

The current and projected performance of Local Area Agreement indicators is reflected in Appendix 2: Current and projected performance.

4.3 Strategic risk analysis

The Adults Health and Wellbeing Partnership Board met in March to discuss the seven key strategic risks facing the Manchester Partnership and identified the actions it will take to contribute to the management of the strategic risks.

The Partnership has recently adopted a support and challenge process to allow protected time at each Board meeting to examine key strategic issues in sufficient depth and to identify associated risks. To date, the Board has considered the World Class Commissioning Competencies, and how NHS Manchester, with the support of partners, can improve its rating against a number of key competency areas. The next issue for support and challenge is service improvement and system reform and how the Manchester health and social care economy can address the public sector financial challenges ahead. This will identify the priority risks for the partnership to address.

A new risk management framework for the Adults Health and Wellbeing Partnership is under development. Currently, all programme leads ensure that risks are analysed and risk-managed through the relevant corporate risk management frameworks within NHS Manchester and Manchester City Council. The Board has been asked to approve a proposal to adopt a new process for risk analysis and management, which brings together the management of Partnership risks and requires all programme leads to identify and report relevant risks to delivery of partnership objectives to the Board. The Board will undertake a regular assessment and review of the register and take forward actions as required, in line with the Corporate Risk Management framework.

Chapter 5
Partnership development

5.1 Partnership review

The Adults Health and Wellbeing Partnership Board has recently conducted a Partnership Review exercise to improve effectiveness and have adopted a 'support and challenge' approach to challenging performance issues and key strategic issues, for example NHS financial pressures. In addition, the Children's Board agreed to establish a Children's Public Health Performance subgroup to improve co-ordination and strengthen the integration of various child health programmes, including childhood obesity and teenage pregnancy.

5.2 Equality and diversity

Equality, diversity and human rights are key priorities for the Board. An Equality, Diversity and Human Rights subgroup is to be formally established. In keeping with NHS Manchester's integrated approach, all programme delivery plans will be subjected to Equality Impact Assessments (EIA), and the engagement and involvement of local communities. The EIAs will identify any variance in access to services and the experience of residents when receiving health and social care support and advice. Recognising the need to improve knowledge of health needs for each Equality Target Group, NHS Manchester's Simple Equality Scheme will be a key enabler for the delivery of this programme.

The Agenda 2010 Health and Social Care Group contributes to the aims of Agenda 2010 through the adoption of the national Race for Health Programme Performance Indicators, which aim to measure NHS work to improve the access, experience and outcomes of BME communities in respect to health services. This programme of work focuses on four areas that are recognised nationally and locally as demonstrating the greatest inequalities among BME communities:

- Diabetes
- Perinatal mortality
- Coronary heart disease
- Mental health.

The Equalities and Diversity subgroup of the Adults Health and Wellbeing Partnership will develop these work streams as part of the overall Adults Plan and in conjunction with Agenda 2010 principles. This work will also be reflected in the Improving Health in Manchester proposals as part of the local delivery plan process.

On behalf of partner NHS organisation, the Equality and Diversity subgroup will also progress the broader Race for Health pledge including:

- Achieving 100% compliance with the Race Relations Amendments Act
- Undertaking and publishing the results of race equality impact assessments of
  - Local Delivery Plans
  - Commissioning Strategy
  - Workforce Strategy
- Demonstrating that race equality is effectively addressed at organisational board level.

The new city-wide Healthy Living Network will be the key vehicle for strengthening the neighbourhood focus of partnership programmes and ensuring better synergy between ward co-ordination and public engagement for health, building on NHS Manchester's Talking Health initiative.

5.3 Community engagement

This plan identifies a broad body of work aimed at improving health in Manchester. This work will not be successful unless those bodies and services charged with delivering the activity can effectively engage with local people.

The diverse make-up of the city's population means that a range of tailored approaches is required to ensure we connect with all communities. Our responsiveness to these differing needs is reflected in all the work we do and informs a sensitive, targeted approach to community engagement.

In terms of health and health services, community engagement has two distinct but complementary purposes:

- To empower local people to live healthier lives, manage their own health, access health services appropriately and to create healthier communities

- To gather the views of the local community and use them to inform the planning, development and monitoring of local health services.

Achieving the significant improvements in public health that we aspire to will to a large extent rely on behavioural change among local people. Unhealthy lifestyles and ill health can be deeply entrenched and this may be particularly difficult to overcome. We must identify effective approaches to engaging with those communities whose health is poorest in order to ensure that good health and wellbeing are realistic aspirations that individuals can understand their own role in achieving. Aligned to this, we must understand and learn from the views, preferences and experiences of people using health services, utilising this information to plan and design accessible services that are easy to navigate and meet the needs of local people.

Such ambitions are not easily achieved and NHS Manchester and the Joint Health Unit have embarked on a number of pieces of work aimed at increasing the levels of community engagement in order to meet the objectives set out above:

Points4Life – A new, innovative loyalty programme that will encourage people to become healthier. Using learning from the private sector, it will work in the same way as many of the well-known loyalty schemes on the market today. Members of the public will join the scheme and will then use their loyalty card to collect points. They will then be able to redeem those points for 'healthy' products and services. Through the use of Government, local authority and private sector funding, Points4Life will encourage local people to be healthier in a range of ways, including what they eat and doing more exercise.

Social marketing – The use of insight-driven marketing techniques to drive behaviour change is increasingly recognised as a powerful tool to improve health. The Don't Be A Cancer Chancer campaign indicates this approach can work locally, and NHS Manchester and Manchester Joint Health Unit will develop and deliver a programme of work over the coming years, linking into national and regional campaigns where appropriate.

Talking Health – NHS Manchester's nationally recognised Talking Health programme was launched in 2008 with the explicit aim of moving away from piecemeal consultation and instead seeking to build relationships with our communities and develop an ongoing dialogue to inform commissioning decisions. Building on its early successes, the programme will continue to grow, with a particular focus on collecting and analysing people's experiences of local services and using that information to support local services to develop and reflect local need.

Working together – Traditionally, little community engagement activity has been carried out in partnership in Manchester, with organisations instead developing their own structures and mechanisms. The developing neighbourhood focus within the city and the increasing shared use of buildings and facilities provides us with opportunities to address this situation. A Manchester Partnership-wide group has been set up to review and update the existing Community Engagement Strategy and to stimulate joint work.

These pieces of work, in combination with existing mechanisms, such as Health Trainers and the Public Health Development Service, will help to create an environment that welcomes and encourages public engagement and facilitates personal and community health development.

5.4 Role of the voluntary and community sector

Manchester's voluntary and community sector has a long history of championing community engagement as both a principle and an activity. Many organisations are established and run by local people who are active in their communities and want to play a part in supporting the wellbeing of people in their neighbourhood or with whom they have other links, such as race, culture, age, health needs, etc.

As with the voluntary and community sector across the UK in general, the sector is complex and diverse, ranging from small informal organisations through to large national charities with a local base in Manchester. In many instances, these organisations are already closer to those communities that could benefit from increased engagement with public sector organisations. In order to build a partnership approach to working with the public sector, a number of structures have been developed to foster and support communication and, in some instances, collaboration.

Health and Wellbeing Network – This is a network for the voluntary and community sector that specifically relates to the Adults Health and Wellbeing Partnership. The network maintains a broad overview of the work of the partnership and is able to offer some facilitated support in bringing together the public and voluntary sector organisations to develop collaborative approaches, such as building close-working links with the Food Futures Partnership. The network is currently seeking to develop its focus on inequalities in health and wellbeing and, as a member of Community Network for Manchester, provides a focal point for a wide range of groups to engage with the work of the Adults Health and Wellbeing Partnership, including through the network's representative on the Partnership Board.

Community Network for Manchester (CN4M) – CN4M is structured to enable voluntary and community groups to find new ways of enabling people to fully participate in Manchester's economic, social and cultural life. It provides a clear, open and accountable structure that enables voluntary and community groups to participate in ways appropriate to them and seeks to create and increase the opportunities for voluntary and community groups to participate in decision-making and influence service delivery.

Manchester Alliance for Community Care (MACC) – The Health and Wellbeing Network is facilitated by MACC, a local voluntary sector development agency that focuses on improving services that support health, social care and wellbeing. MACC's recent work has involved supporting and building engagement of the voluntary and community sector in a number of the other themes and initiatives described elsewhere in this plan, such as the Manchester Safeguarding Adults Board and the NHS Manchester Talking Health initiative.

Local Involvement Network (LINk) – As in all other areas of England, Manchester has recently established a LINk, which is intended to give citizens a stronger voice in how their health and social care services are delivered. Manchester's LINk is overseen by an elected steering group of local individuals and organisations and has developed a number of key work streams to find out what local people want from health and social care services. It also monitors local provision and uses its powers to hold them to account. LINk has a statutorily defined role to work with Overview and Scrutiny, but also has representation on the Board of NHS Manchester and the Adults Health and Wellbeing Partnership Board.

There are other developments currently taking place to improve 'navigation' through the voluntary and community sector, to enable the public and other partners to find and develop relationships with relevant groups and organisations. A key initiative has been the launch of OneCentralPlace – an online directory of voluntary and community sector organisations that can be searched by both area and categories of service. It is intended that this will form the cornerstone of increased collaboration and engagement of communities in Manchester through grass-roots organisations.

During a time when co-production is becoming increasingly central to the delivery of public services, there are increasing opportunities to design, develop and deliver services and activities across the voluntary and community and statutory sectors in order to have a greater impact on the health and wellbeing of people in all communities in Manchester.

The Adults Health and Wellbeing Partnership has the potential to foster an increased focus on community engagement in order to deliver these shared gains.

5.5 Capacity and workforce considerations and issues

NHS Manchester has developed a talent management strategy and the business plans of Adult Social Care and the Manchester Joint Health Unit/Manchester Public Health Directorate set out the respective workforce development plans.

It is also important to note that a major piece of work has been carried out with all seven NHS organisations based in Manchester. This work, supported by the Economic Development Unit, relates to a current workforce of over 28,000 people and is beginning to identify the future workforce requirements of the NHS in Manchester. The skills gap and the training and development needed to support Manchester residents to take up the opportunities on offer will be a key component of this work in 2009–11.

5.6 Commissioning, decommissioning and mainstreaming

The partnership is actively involved in the Strategic Commissioning Group of the Manchester Partnership and the development of the Manchester Model.

A key priority is supporting NHS Manchester as part of the World Class Commissioning Assurance Process and the delivery of the NHS Manchester Commissioning Strategic Plan (CSP). This plan has been informed by the Manchester Joint Strategic Needs Assessment, as has the Adult Social Care Business Plan.

5.7 Looking forward 2011–2015

The CSP is a five-year plan and sets out the targets to be achieved beyond 2011, including the Local Area Agreement targets described in Appendix 1: Summary of relevant indicators and targets.

In addition, the Health Inequalities National Support Team identified those programmes that should commence now to achieve medium-term (2015) and long-term (2020) health gain. These programmes very much relate to the work of other thematic partnerships that address the wider determinants of health.

The global economic downturn will present a challenging financial climate for all public services in forthcoming years. It is highly likely that the previous decade of funding growth will be succeeded by a long period of standstill or funding reductions, compounding pressures that already exist in parts of the system. This means that all partners will have to focus on the most efficient and cost-effective way of achieving the partnership's strategic objectives.

Finally, Sir Michael Marmot will report to the Secretary of State for Health in December 2009 following his national review of the social determinants of health. The Greater Manchester Health Commission will host a meeting with Sir Michael in the autumn to consider how the findings of the review can best be considered in the context of the city region and emerging Greater Manchester Strategy.

Appendix 1
Summary of relevant indicators and targets

The priorities outlined in the Local Area Agreement (LAA) are measured by the State of the City indicator framework, which has four levels of performance indicators:

- Level 1: High-level overview linked to the vision of the Community Strategy.
- Level 2: Key outcome indicators delivering the spines of the Community Strategy.
- Level 3: High-level thematic indicators key to delivering the spines of the Community Strategy.
- Level 4: Activity-based indicators linked to the outcomes at levels 2 and 3.

The LAA 'basket' of indicators comprises designated targets, which are drawn from a list of national indicators and monitored by the Government, and non-designated targets, which are agreed locally with partners.

The following tables summarise the LAA indicators to which programmes within the Adults Health and Wellbeing Partnership contribute, and also other relevant targets that are referenced in individual programme delivery plans.

Performance indicators – all programmes

Indicator level	Indicator number	National indicators – headline definitions
2	NI 1	Percentage of people who believe people from different backgrounds get on well together in their local area
2	NI 5	Overall/general satisfaction with local area
3	NI 6	Participation in regular volunteering
3	NI 7	Environment for a thriving third sector
3	NI 8	Adult participation in sport
2	NI 32	Repeat incidents of domestic violence
3	NI 39	Alcohol harm-related hospital admission rates
2	NI 56	Obesity among primary school-age children in Year 6
2	NI 112	Under-18 conception rate
	NI 113	Prevalence of chlamydia in under 20-year-olds
3	NI 119	Self-reported measure of people's overall health and wellbeing
2	NI 120	All-age all-cause mortality rate
3	NI 121	Mortality rate from all circulatory diseases at ages under 75
3	NI 122	Mortality from all cancers at ages under 75
	NI 124	People with a long-term condition supported to be independent and in control of their condition
2	NI 130	Social Care clients receiving Self-Directed Support (Direct Payments and Individual Budgets)
2	NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information
	NI 136	People supported to live independently through social services (all ages)
2	NI 163	Working-age population qualified to at least level 2 or higher
	NI 172	VAT-registered businesses in the area showing growth
	NI 177	Local bus passenger journeys originating in the authority area
3	NI 186	Per capita CO_2 emissions in the authority area
	NI 187	Tackling fuel poverty – people receiving income-based benefits living in homes with a low energy-efficiency rating

Performance indicators continued (identified within the Valuing Older People programme)

Indicator level	Indicator number	National indicators – headline definitions
3	NI 23	Perceptions that people in the area treat one another with respect and dignity
	NI 24	Satisfaction with the way the police and local council dealt with antisocial behaviour
	NI 25	Satisfaction of different groups with the way the police and local council dealt with antisocial behaviour
	NI 47	People killed or seriously injured in road traffic accidents
	NI 123	16+ current smoking rate prevalence
	NI 125	Achieving independence for older people through rehabilitation/intermediate care
	NI 131	Delayed transfers of care from hospitals
	NI 134	The number of emergency bed days per head of weighted population
3	NI 152	Working-age people on out-of-work benefits
	NI 153	Working-age people claiming out-of-work benefits in the worst performing neighbourhoods
	NI 173	People falling out of work and onto incapacity benefits

Performance indicators continued (identified within the Supporting People programme)

Indicator level	Indicator number	National indicators – headline definitions
3	NI 2	% of people who feel they belong to their neighbourhood
	NI 18	Adult reoffending rates for those under probation supervision
	NI 40	Drug users in effective treatment
	NI 137	Healthy life expectancy at age 65
2	NI 141	Number of vulnerable people achieving independent living
	NI 142	Number of vulnerable people who are supported to maintain independent living
	NI 143	Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence
	NI 144	Offenders under probation supervision in employment at the end of their order or licence
	NI 149	Adults in contact with secondary mental health services in settled accommodation
3	NI 156	Number of households living in temporary accommodation

Other relevant targets – all programmes

PSA number	Public Service Agreements – headline definitions
PSA 12	Improve the health and wellbeing of children and young people
PSA 18	Promote better health and wellbeing for all
PSA 19	Ensure better care for all

Vital signs

VS reference	Vital signs indicators – headline definitions
VSA08_03	% of patients with breast symptoms referred by a PCP who are seen within two weeks of referral
VSB01_01	Mortality rate per 100,000 (directly age-standardised) population, males, from all causes at all ages
VSB01_05	Mortality rate per 100,000 (directly age-standardised) population, females, from all causes at all ages
VSB02_01	Mortality rate per 100,000 (directly age-standardised) population from heart disease and stroke and related diseases in people aged under 75
VSB03_01	Mortality rate per 100,000 (directly age-standardised) population cancer in people aged under 75

Appendix 2
Current and projected performance

Introduction

This report sets out the current and projected performance of LAA indicators relevant to the Adults Health and Wellbeing Partnership, and provides a comparison to previous performance information.

The report includes performance for level 1, 2 and 3 indicators only.

Glossary of terms

Performance is reported in a series of tables throughout this report. The following is a glossary of terms used within these tables:

Term	Description
PI Ref	Where the indicator forms part of the National Indicator data set, the National Indicator (NI) reference number is shown here. 'Local' means the indicator is specific to Manchester and is not part of the NI data set.
Indicator	A brief description of the indicator.
Baseline	The most recent final outturn figure.
Target 08/09	The target that has been set for the current year.
Previous	For comparison, the level of performance as reported in last quarter's report.
Current	The current or most recent level of performance. Results are assigned a red, amber or green traffic light to indicate if the year-end target has been achieved.
Direction of travel	Whether the performance trend to date for this financial year is improving (upward arrow), staying the same (horizontal arrow) or worsening (downward arrow).
Commentary	An explanation on levels of performance from the service providing the data.
Service	The service responsible for providing data for the report.
Frequency	How often the data is reported.

LAA year-end Performance Report 2008/09, level 1 indicators

PI ref	Indicator	Baseline	Target 08/09	Current	Direction of travel	Commentary	Service	Frequency
Local	Life expectancy male – narrow gap in life expectancy for men in Manchester and the England average	4.3 years (2004–06)	N/A	4.2 years (2005–07)	↑	Data for period 2005–07 shows that life expectancy for males has increased from 73 years in 2004–06 to 73.4 years in 2005–07. The gap between Manchester and England as a whole has fallen from 4.3 years in 2004–06 to 4.2 years in 2005–07. Compared with all 432 LA areas in the UK, Manchester's rank has fallen (ie. improved) from 428 to 426, where 1 = highest life expectancy and 432 = lowest life expectancy. In terms of England alone, Manchester has moved off the bottom of the table and the city no longer has the worst life expectancy in the country.	Joint Health Unit Adults Health and Wellbeing Partnership	Annual
Local	Life expectancy female – narrow gap in life expectancy for women in Manchester and the England average	3 years (2004–06)	N/A	2.9 years (2005–07)	↑	Data for the period 2005–07 shows that life expectancy for females has increased from 78.6 years in 2004–06 to 78.9 years in 2005–07. The gap between Manchester and England as a whole has fallen from 3 years in 2004–06 to 2.9 years in 2005–07. Compared with all 432 LA areas in the UK Manchester's rank has fallen from 423 to 422. In terms of England alone Manchester now has the fourth worse life expectancy in England, above Hartlepool (78.1 years), Halton (78.6 years) and Liverpool (78.7 years).	Joint Health Unit Adults Health and Wellbeing Partnership	Annual

Reaching full potential in education, employment and skills

PI ref	Indicator	Baseline	Target 08/09	Previous (Q3)	Current (Q4)	Direction of travel	Commentary	Service	Frequency
NI 120	Mortality – all-age all-cause mortality	M: 988.14 F: 652.74 (2006)	M: 911 F: 607	N/A	A M: 921.4 F: 642.03 (2007)	↑	The data for 2008 will be available in November 2009. Based on a three-year trend, the current rate of change is not sufficient to put the city on course to deliver the AAACM target for either men or women. However, AAACM rates for the calendar year 2007 are below the national indicative trajectory and, if this pattern continues, progress towards the national target may improve in future years. The National Support Team for Health Inequalities (Department of Health) visited Manchester in March 2009 and made a series of recommendations for service improvements that will be reflected in the Adults Health and Wellbeing Partnership Delivery Plan.	Joint Health Unit Adults Health and Wellbeing Partnership	Annual
NI 122	Mortality rate – all cancers	167.25 (2006)	154.37	N/A	G 155.6 (2007)	↑	The data for 2008 will be available in November 2009. The well-developed 'Don't Be A Cancer Chancer' Social Marketing Campaign piloted in Harpurhey in 2007 has been delivered across north Manchester in 2008 and city-wide (target wards) in April 2009. The campaign has raised awareness of the need for people to present earlier to their GP if worried about symptoms (lung, bowel and breast cancer). The campaign complements efforts to improve the uptake of screening services, including new services for bowel cancer screening. The National Support Team for Health Inequalities has proposed that targets to accelerate progress in this area are developed and these will be considered by the Adults Health and Wellbeing Partnership Board.	Joint Health Unit Adults Health and Wellbeing Partnership	Annual

Reaching full potential in education, employment and skills (continued)

PI ref	Indicator	Baseline	Target 08/09	Previous (Q3)	Current (Q4)	Direction of travel	Commentary	Service	Frequency
NI 121	Mortality rate – circulatory diseases	138.1 (2006)	125.27	N/A	G 113.3 (2007)	↑	The data for 2008 will be available in November 2009. In October 2008 NHS Manchester approved the business case to implement an evidence-based preventative programme for circulatory diseased (ie. heart disease, stroke, diabetes). The programme includes better management of individuals identified as high risk in primary care and improving access to risk assessment services. As part of this a Health (Vascular) Check Pilot Programme using community pharmacies has just screened 4,000 individuals (up to 30 April 2009) and the lessons from the pilot will inform the national introduction of health checks in 2009/10. The National Support Team for Health Inequalities has proposed that targets to accelerate progress in this area are developed and these will also be considered by the Adults Health and Wellbeing Partnership Board along with targets for cancer (see NI 121 above).	Joint Health Unit Adults Health and Wellbeing Partnership	Annual
NI 112	Under-18 conception rates	67 (2006)	47.3	N/A	R 71.1 (2007)	↓	These figures relate to 2007 and in September 2007 the National Support Team for Teenage Pregnancy (Department of Health) visited Manchester and made a series of recommendations based on best evidence/practice from elsewhere. These recommendations have been incorporated into local action plans, which will hopefully reverse the upward trend in conception rates. The specific actions include the delivery of social marketing (Any Plans Tonight Campaign) and outreach work with Manchester College to address the seasonal spike in rates (October – December). It is hoped the 2008 figures will show a decrease and our local data collection systems will report on this in November 2009.	Joint Health Unit Children's Board	Annual
NI 56	Childhood obesity in year 6	22.78% (2006/07)	25.66%	N/A	G 21.9% (NCMP 2007/08)	↑	The recent figures are encouraging for Manchester's efforts to halt the predicted year-on-year rise in childhood obesity. In addition, the National Support Team for Childhood Obesity (Department of Health) visited Manchester in July 2008 and as a result of this, prevention programmes have been enhanced through the Healthy Schools Programme and other initiatives (eg. free swimming through Manchester Leisure).	Joint Health Unit Children's Board	Annual

Neighbourhoods of choice

PI ref	Indicator	Baseline	Target 08/09	Previous (Q3)	Current (Q4)	Direction of travel	Commentary	Service	Frequency
NI 39	Alcohol-related hospital admissions (per 100,000 population)	2,222.8 (2006)	2,745.6	N/A	A 2,296.2 (2007/08)	↑	NHS Manchester has invested substantial extra resources in the provision of identification and brief advice (IBA) for drinkers at increasing risk. In addition, Manchester has been chosen by the Department of Health as an alcohol early implementation site and the additional resource available has been invested in improving access to identification and brief advice in primary care.	Joint Health Unit Adults Health and Wellbeing Partnership	Quarterly

Individual and collective self-esteem/mutual respect									
PI ref	Indicator	Baseline	Target 08/09	Previous (Q3)	Current (Q4)	Direction of travel	Commentary	Service	Frequency
NI 119	Overall self-reported measure of health and wellbeing	83% (2007)	83%	N/A	73.4% (2008 Place Survey)	↓	This target has been changed as part of the LAA refresh process. A new baseline of 73.4% has been established and the 09/10 target is set at 74%. NHS Manchester has recently approved the business case to invest in a social prescribing initiative that aims to: • Increase the use of therapeutic alternatives by people vulnerable to poor mental health • Reduce the demand for specialist mental health services by people able to use alternative means to manage their mental health • Reduce sickness absence from work and claims for Incapacity Benefit/ Employment Support Allowance (more than 49% of benefit claimants have mental health problems).	Joint Health Unit Adults Health and Wellbeing Partnership	Place Survey
NI 8	Adult participation in sport	21.23% (2007/08)	21.73%	N/A	A 19.1 (2008/09)	↓	Current reported performance of 19.1% is pending further sampling of people by Sport England and also adjustment to reflect light-intensity activity by over-65s, meaning data sets are not directly comparable and therefore direction of travel cannot be determined at this stage. This status quo reflects national reporting position for NI 8. However, over the past 12 months Leisure Services has developed the following additional programmes to drive up participation in sport and physical activity: • Captured additional investment from national governing bodies of sport to deliver targeted programmes for adults and young people. This includes £75,000 investment from swimming, £17,000 from netball and £15,000 from boxing • Accessed additional funding from Sport England (£300,000) to employ a team of six district-based physical activators. These will be deployed in 2009 • Free swimming investment has been captured to deliver a year-round universal free swimming offer for all under-16s and over-60s • Manchester has achieved pilot city status for the Fit For The Future programme, which is targeting 1,000 disadvantaged 16 to 22-year-olds to engage in non-traditional sporting activities, such as going to the gym • The Great Activity Campaign has been established to engage adults and young people in mass participation events, such as the Great Manchester Run, the Great Schools Run, the Great Swim and a Great Cycle event.	Leisure Adults Health and Wellbeing Partnership	Annual

Individual and collective self-esteem/mutual respect (continued)									
PI ref	Indicator	Baseline	Target 08/09	Previous (Q3)	Current (Q4)	Direction of travel	Commentary	Service	Frequency
NI 141	Percentage of vulnerable people achieving independent living	56.6% (2006/07)	58%	G 65%	G	↑	Manchester has carried out a significant amount of work to identify and tackle blockages to a successful and timely move on to independent living. Our Move On Plan Protocol (MOPP) was an innovative project in partnership with short-term service providers, and has produced a noteworthy improvement in move on outcomes for Manchester residents. In addition to the MOPP, specific provider training sessions addressing issues identified in the MOPP have been very well attended by over 200 attendees to date: • Claiming Housing Benefit effectively (11 sessions delivered to date) • Rehousing and Move On (three sessions) • Unlocking their potential: Meaningful Occupation and Worklessness (four sessions). Improved and exceptional performance is due to a combination of the MOPP; provider training; targeting providers where performance is poor, to work with them to overcome barriers; and compliance. Our Contract Team has engendered a strong relationship with providers who feel they can ask for help and support if required, but understand that swift, proportionate and appropriate action is taken for non-compliance. This approach has proved to be extremely successful.	Housing	Quarterly
NI 135	Carers receiving needs assessment or review and a specific carers service or advice and information	15% (2006/07)	22.3% (1954 year end)	G 23.5% (1,420 YTD)	G 23.5% (2,292 people)	↑	The 2008 Carers Survey showed that 86% of Manchester carers said that their Carers Support Plan agreed that the department had made it easier for them to continue caring. In addition, we have worked with the Carers Forum to identify gaps in service provision that were used to inform the Carers Commissioning Strategy. We are currently retendering all our carers' services to ensure that they meet Manchester carers' needs, which will in turn improve performance.	Adult Social Care	Quarterly
NI 130	Social Care clients receiving self-directed support (Direct Payments and Individual Budgets)	140 (2007/08)	241.5	G 228.33 (737 people)	G 497.4* (1,693 people)	↑	Self-directed Support (Individual Budgets) remains a major priority for the department and we are one of the leading authorities in this field. All new customers now receive an Individual Budget and we will be introducing this to include all existing customers during the year. Standard training for all care managers now includes how to identify outcomes that customers and their families want to achieve, and we will continue to work closely with them to ensure their aspirations are realised.	Adult Social Care	Quarterly

* Please note that this figure is a provisional outturn, as official outturn will be derived from the PSSEX1 Statutory Return, which won't be submitted until July 2009.

Glossary of acronyms and abbreviations

Acronyms and abbreviations	
AACM	All-Age All-Cause Mortality
AHWBP	Adults Health and Wellbeing Partnership
BFI	Baby-Friendly Initiative (UNICEF)
BME	Black and minority ethnic
CASH	Contraception and sexual health
CDRP	Crime and Disorder Reduction Partnership
CFSC	Children, Families and Social Care
CMFT	Central Manchester University Hospitals NHS Foundation Trust
CNS	Community Nutrition Service
COPD	Chronic obstructive pulmonary disease
CVS	Community and voluntary sector
DAMG	Domestic Abuse Management Group
DH	Department of Health
DH EI scheme	Department of Health Early Implementer scheme
DWP	Department of Work and Pensions
ECG	Electrocardiogram
EIA	Equality Impact Assessment
GMCCSN	Greater Manchester and Cheshire Cardiac and Stroke Network
GONW	Government Office North West
GUM	Genitourinary Medicine
HLN	Healthy Living Network
IB	Individual budgets
IHiM	Improving Health in Manchester
JCE	Joint Commissioning Executive
JHU	Manchester Joint Health Unit
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LARC	Long-acting reversible contraception
LES	Local Enhanced Service
LMC	Local Medical Committee
MAES	Manchester Adult Education Service
MCC	Manchester City Council
MCH	Manchester Community Health
MHSCT	Manchester Mental Health and Social Care NHS Trust
MRI	Manchester Royal Infirmary
NHSM	NHS Manchester
NHSNW	NHS North West
NI	National Indicator
NICE	National Institute for Health and Clinical Excellence
NMGH	North Manchester General Hospital
NWAS	North West Ambulance Service NHS Trust
NWPHO	North West Public Health Observatory
PAT	Pennine Acute Hospital NHS Trust
PBC	Practice-based commissioning
PHDS	Manchester Public Health Development Service
PMHS	Public Mental Health Strategy
PSA	Public Service Agreement
QOF	Quality and Outcomes Framework
SOA	Super output area
STI	Sexually transmitted infection
TIA	Transient ischaemic attack
UCLAN	University of Central Lancashire
UHSM	University Hospital of South Manchester NHS Foundation Trust
Vascular disease	Cardiovascular disease
VFM	Value for money
VOP	Valuing Older People
VSI	Vital Signs Index
WNF	Working Neighbourhoods Fund

Copies of any of the strategies cross-referenced in the Partnership Delivery Plan can be forwarded on request. Please contact Jenny Osborne on 0161 234 1829 or email j.osborne1@manchester.gov.uk

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