

# Manchester Population Health Plan

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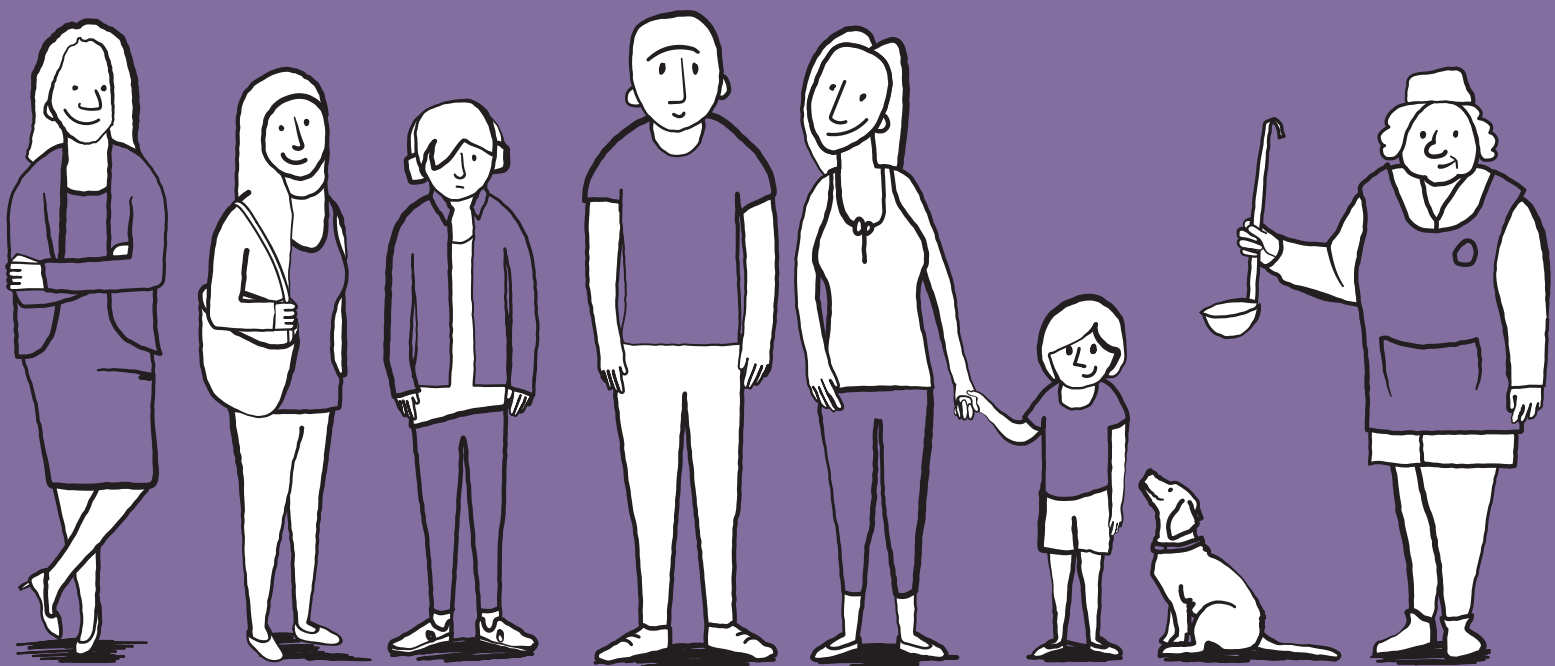
## Summary Version 2018–2027



• Our Manchester •

# Introduction: Population health – what this plan is about

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**Up to 80% of what makes a difference in population health happens outside the health service. So although the NHS in Manchester does a brilliant job saving and transforming individual lives every day, Manchester's overall health statistics are poor.**

Indeed, Manchester's population is sicker and dies younger than other cities' populations, and shocking inequality sees 3.5 times more early deaths in our city's deprived areas compared to the rest.

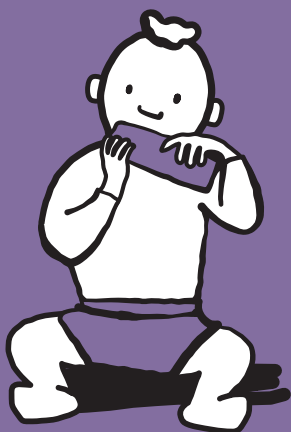
The work needed to improve Manchester's population health needs to be delivered by everyone, not just health and social care workers and services. This is the essence of the Our Manchester approach: we will focus on what people say matters most to them and involve residents and communities to be active partners in their health and wellbeing.

**The plan focuses on getting results in five crucial aspects of life:**

- The first 1,000 days of a child's life
- Work and its positive impact on health
- Making social connections and changes that matter
- An age-friendly Manchester
- Action on preventable early deaths.

A detailed version of the Manchester Population Health Plan and Compendium of Population Health Indicators is available at: **[manchester.gov.uk/healthplan](http://manchester.gov.uk/healthplan)**

**PRIORITY 1:**  
**The first**  
**1,000 days of**  
**a child's life**





## Why?

Good health starts in the womb. What happens there, and as the brain and body develop through the first two years, has a lifelong impact on factors including obesity, success at school and even wealth in later life. Babies falling behind now are more likely to stay behind. When we do put resources into a child's wellbeing in these important early years, it pays off more than spending later in life after a poor start. This is the time to make every day count with education, maternity services and support for parents.

## Where we are:

- Increasing rate of deaths under the age of one year old compared to England
- Higher percentage of pregnant mothers smoking than in England
- Greater proportion of low birth-weight babies than the rest of England
- Improvements in the percentage of children school-ready at reception year.

## What we will do:

An 11-point plan covers key factors: from stopping smoking, mothers' mental health, promoting breastfeeding, healthy eating and vaccinations, to the impact of housing, poverty, parental behaviour and learning support. We will target our support to where it is needed most.



# **PRIORITY 2:**

## **Work and its positive impact on health**

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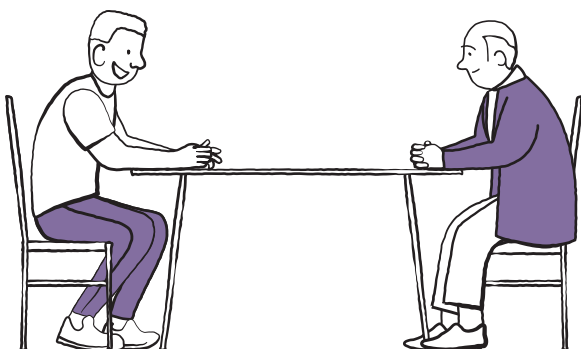


## Why?

Having a good-quality job is vital to protecting and improving health and wellbeing. The effects of unemployment – short-term and long-term – are linked to high rates of long-term conditions, mental illness and unhealthy lifestyles. Being in work can make people feel useful to society, make families better off, and help to reduce the city's health inequalities. A bad start early in working life can have an impact for years to come, while unstable work and frequent unemployment lowers confidence, leading to poorer mental and physical health.

## Where we are:

- Almost 31,000 people claim sickness-related out-of-work benefits
- The majority of these have mental-health conditions, back problems or substance-misuse issues
- Significant growth in the city's economy, with more jobs in health and social care.



## What we will do:

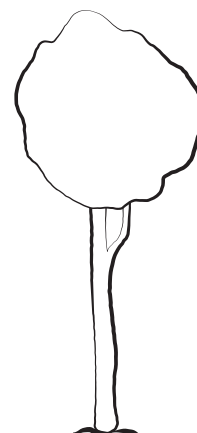
There is a lot of good work underway in our city to address issues, but we could do so much more. This includes GPs referring people to support services, closer working with Jobcentre Plus, helping older workers find jobs that suit them, getting people to aim higher, and helping people stay in work with good, flexible opportunities.



# **PRIORITY 3:** **Making social** **connections** **and changes** **that matter**







## Why?

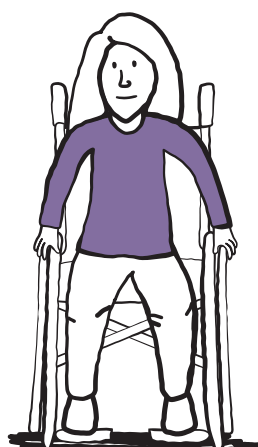
The conditions we are born into, and those we live, work and grow old in, are largely responsible for the health gap between the richest and poorest in society. Better housing can help to prevent physical illness and reduce stress, and good heating and insulation helps to keep people well in winter. A good physical environment makes us more active and helps us access the services we need. Good-quality air prevents chest conditions getting worse, and reducing long-term exposure to pollution has many positive health benefits. Social isolation has been reported to harm health as much as 15 cigarettes a day, and being involved in community groups and activities can improve mental health and wellbeing.

## What we will do:

Our priorities include improving our local environment to promote better health, and designing services with people with lived experience of the issues that affect them. Health and social-care staff in neighbourhood teams will work alongside schools, the police, the fire service, local employers and the city's communities to put people, not processes, at the centre of what we do. We will provide more opportunities for people to find local solutions for better health and wellbeing and self-care, building on people's strengths. We will also support work to provide warm, safe homes for children, families and older people, and our early-help work will include single adults to prevent problems developing.

## Where we are:

- Life expectancy is seven years lower for women and eight years lower for men in our most deprived areas, compared to the least deprived areas
- Child-poverty rates have increased in recent years
- 89% of patients registered with GPs in Manchester were confident of being able to manage their own health.



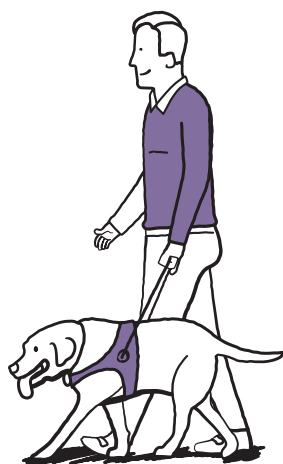
# **PRIORITY 4:**

## **An age-friendly**

## **Manchester**

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## Why?

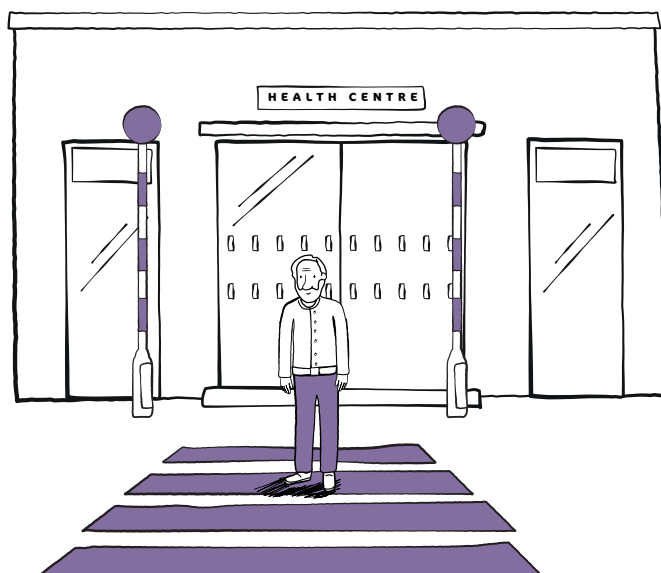
Cities are great places for people to grow older as long as we deploy age-friendly measures to keep people socially connected, with good housing and transport, and access to cultural and leisure facilities. Age-friendly neighbourhoods can support older people to maintain their independence for longer and ensure their voice is heard. Being in fulfilling work beyond the age of 50 provides financial security, and is good for emotional health by reducing social isolation. Older people can experience discrimination due to ageism and negative media portrayals, which can lower feelings of self-worth.

## Where we are:

- Over the next ten years the number of people aged 50–64 will increase much faster than the number of people over 65
- Over one-third of our older people experience deprivation related to low income
- Older residents live less of their life in good health than peers in other regions
- The World Health Organization has recognised the efforts Manchester is making, and we are a designated Age-Friendly city.

## What we will do:

Age-friendly ways of working in neighbourhoods will be the norm, better connecting the most marginalised older people to local services and activities. We will support age-friendly employers and work programmes for over-50s, build age-friendly elements into all services, and improve older people's uptake of prevention services such as screening and health checks. We will also strengthen the links between age-friendly activities and dementia networks and will do more to prevent falls. Activity between the generations needs developing and we will choose our words carefully, to counter the widespread negative language and images used about older people.



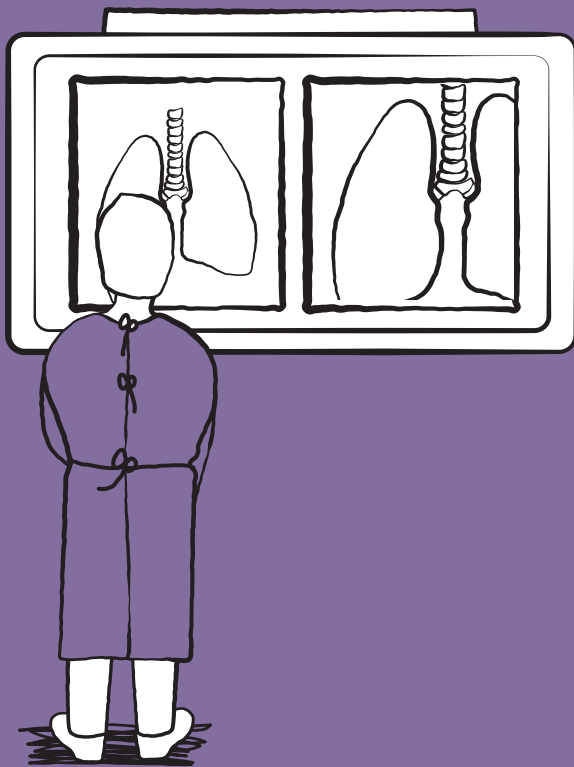
# **PRIORITY 5:**

## **Action on**

## **preventable**

## **early deaths**

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## Why?

Preventable deaths – those avoidable through healthy lifestyles or preventative care – are more likely in deprived areas. Three things can have a big positive impact: stopping smoking, eating healthy food, and being more active. These cut the risk of the main causes of preventable death: cancer, lung disease, heart disease, strokes and diabetes. Spotting any disease early improves the length and quality of a person's life. Children suffering stressful events such as abuse, neglect, violence or substance-misuse are more likely to have unhealthy lifestyles and mental and physical conditions as adults, leading to early death. They, as well as vulnerable groups such as homeless people, refugees and people with mental illness, need support to improve their prospects and reduce population-wide health inequalities.

## Where we are:

- More premature deaths (under-75) from heart disease and lung disease than any other area
- More physical inactivity than the rest of England
- Less uptake of cancer screening than the national average
- Suicide rates below the north-west average
- Smoking rates have reduced, but they are still higher than England.

## What we will do:

We will spot and treat disease sooner, testing in places people go every day. More self-care and better co-ordinated care will feature in our approach to lung disease. We will cut preventable heart disease through activities that help people take more exercise in our most deprived areas. Different types of support will boost our stop-smoking efforts, and we have strong plans for suicide prevention. Active support for those whose childhood experiences put them at risk of earlier death will improve their lifestyles and prevent disease in later life. We will work with the rest of Greater Manchester to end all new cases of HIV in a generation.



## Our call to action

In 1800, Edwin Chadwick was born in Longsight. His work during the 19th century saved countless people in Manchester from dying in slums awash with fetid sewage and contaminated drinking water. However, he knew that all the medicines in the land would not fix the city's poor health outcomes. To solve the problem Chadwick and local residents had to fight to get clean water in and flush the sewage out: in other words, address the social determinants of ill health rather than treat the symptoms.

Our plan is nothing less than the 21st-century equivalent of Chadwick's approach to saving lives. We need the whole city to get behind this plan in order to reduce health inequalities experienced by our population. We will focus more on the social determinants of health, and through Our Manchester we will 'work with' rather than 'do to' local communities. We know the actions that will make a difference – from giving every child the best possible start, through to ageing well.



