Greater Manchester Health & Social Care Partnership

Briefing Note

Date: April 2018

Subject: GM Population Health Outcomes Framework

SUMMARY:

This report provides an update in relation to establishing a GM Population Health Outcomes Framework, including a Tableau based online dashboard, as part of a Single Integrated Assurance process.

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1.0 INTRODUCTION

1.1 This note provides an update in relation to establishing a GM Population Health Outcomes Framework, including a tableau based online dashboard, as part of a Single Integrated Assurance and improvement process.

2.0 OVERVIEW & BACKGROUND

2.1 In March 2017, the GM Health & Social Care Partnership agreed to a set of proposals to facilitate the creation of a unified population health system, to support the delivery of the GM Population Health Plan at pace and scale.

2.2 This included a commitment to the reduction of unwanted and unwarranted variation in standards, improvement in population health outcomes, more consistent adoption of evidence based practice, and the enhanced use of benchmarking data.

2.3 This confirmed a vision to drive improvements in population health across and within GM and through the 10 GM localities, reducing inequalities and setting outcomes that are aligned to place based priorities.

2.4 Over time, this programme has developed to incorporate 3 core elements:

- A GM Population Health Outcomes Framework (as part of a single integrated assurance process)
- GM Population Health Common Standards
- Excellence in GM Sector Led Improvement Programme

2.5 This briefing note will look at the GM Population Health Outcomes Framework.

3.0 SINGLE INTEGRATED ASSURANCE PROCESS – INTERIM ARRANGEMENTS

3.1 At GMHSCP Performance and Delivery Board in October 2017, it was agreed that an interim Population Health integrated assurance process would be incorporated into quarterly locality assurance meetings from Q2 2017/18, and would be underpinned by benchmarking data provided through the PHE Locality Dashboard (https://healthierlives.phe.org.uk/topic/public-health-dashboard).

3.2 This approach was implemented as planned and formed the basis for the development of key lines of inquiry during Q2 and Q3 (by exception) 2017/18.

4.0 A GM POPULATION HEALTH OUTCOME FRAMEWORK

4.1 In parallel to the interim arrangements, activity to establish the Population Health contribution to a Single Integrated Assurance Process through the development of a GM Population Health Outcome Framework has progressed at pace.

4.2 A GM Population Health Outcomes Framework has been developed through a process of engagement and co-design with key stakeholders from across the Health and Social Care system and the wider Public Service. This is included as Appendix 1.

4.3 A task and finish group was established to progress this task to completion, consisting of key partners from:

- GMHSCP
- GMCA
- Localities
- Public Health England
- Academia (University of Manchester)

4.4 The framework focusses upon the key Population Health outcomes which adversely impact upon the health and wellbeing of the Greater Manchester population and seeks to place focus and emphasis on a reduced number of key indicators, from within the multiple thousands of measures that currently exist within the wider system.

4.5 The Framework seeks to reconcile the ambitions of:

- Taking Charge
- GM Population Health Plan
- GM Strategy

4.6 The Framework, and accompanying dashboard, establishes headline data, trends, benchmarking and locality outcome trajectories.

4.7 It is recognised that there is no 'perfect' version of this framework and that there are many complementary and competing variables within the system. The final suite of outcomes was agreed as an appropriate initial set, which can be built upon going forward as required by GM or Localities.

4.8 The framework was reviewed and endorsed by GMHSCP Performance and Delivery Board on 14th March 2018, and GMHSCP Senior Management Team on 20th March 2018, and was formally signed off by GM Population Health Programme Board on 29th March 2018 .

4.9 It is acknowledged that the full initial ambitions for the framework cannot all immediately be realised due to unavailable, incomplete or flawed data sets. As such, the framework will be mobilised in two phases. Phase 1 will incorporate the outcome and output measures as set out within Appendix 1. Phase 2 (due for completion by September 2018 but with iterative development up to that date), will seek to identify alternative means of measuring additional desirable outcomes and will also include further work around trend and trajectory modelling, simulation and visual representation.

4.10 The framework and associated datasets have been built into an interactive, tableau based dashboard which will be tested during the 2017/18 Q4 Assurance Cycle in April and May 2018. The link to this dashboard is **here**.

4.11 The dashboard has been developed in partnership with localities, but now requires testing at scale in order to identify issues relating to functionality, usability, content and opportunities for improvements. Any 'snagging issues' identified through initial use during the Q4 assurance process should be emailed to gordon.adams@salford.gov.uk.

5.0 ESTABLISHING TRAJECTORIES

5.1 A key part of creating a meaningful dashboard involved the establishment of trajectories that identified a means for identifying improvements of time.

5.2 Some of the outcomes and outputs have had trajectories established by Public Health England using a range of methodologies based around benchmarking against CIPFA cohorts.

5.3 Some of the outcomes have been drawn from other ongoing GM Programmes and ambitions such as those already established for School Readiness, and those under development in relation to Physical Activity and Smoking.

5.4 As a worked example, trajectories have been established for 3 key outputs for smoking that are pertinent to the achievement of the GM ambitions that have already been agreed in the **GM Tobacco Control Strategy (Making Smoking History)**, namely:

- Smoking at Time of Delivery (below 6% in all GM areas by 2021)
- Smoking Prevalence – All Population (below 13% across GM by 2021, with individually tailored locality targets as set out in Appendix 2 to collectively contribute to achievement of GM target)
- Smoking Prevalence – Routine and Manual Workers (below 21% in all GM areas by 2021)

6.0 NEXT STEPS

6.1 The GM Population Health Outcomes Framework and Tableau Based dashboard, will be utilised for the first time as part of an integrated single assurance framework during Q4 2017/18 and will be used as the basis for the development of population health key lines of enquiry.

6.2 Steps will be taken to address "snagging issues" identified by localities during the Q4 assurance process.

6.3 Arrangements will be made to brief locality Health and Wellbeing Boards on the GM Population Health Outcomes Framework

END

Appendix 1 – GM Population Health Outcomes Framework

What is the desired outcome?	What will success look like?	How will we measure success?	What outputs will we measure?	Phase 1	Phase 2
LIFE EXPECTANCY, WELLNESS & INEQUALITIES					
In Greater Manchester we will live longer and healthier lives, with the greatest improvement in the areas and groups which have the worst outcomes.	By 2026, people in Greater Manchester will have a Life Expectancy and Healthy Life Expectancy that is at least the same as the national average (and will have matched the Northwest average by 2021)	Fewer people will die early in Greater Manchester from causes considered preventable	Mortality rate from causes considered preventable	x	
			Under 75 mortality rate from CVD considered preventable	x	
			Under 75 mortality rate from cancer considered preventable	x	
			Under 75 mortality rate for Respiratory disease considered preventable	x	
		Overall Life Expectancy will increase for men and women	Gap in life expectancy at birth between each local authority, GM and England as a whole (Male)	x	
			Gap in life expectancy at birth between each local authority and England as a whole (Female)	x	
		Overall Healthy Life Expectancy will increase for men and women.	Healthy life expectancy at birth (Male)	x	
			Healthy life expectancy at birth (Female)	x	
		There will be a reduction in Infant Mortality	Infant Mortality	x	
		More people will long term conditions will be receiving optimal treatment and there will be a reduction in the "missing thousands"	Gap between estimated and diagnosed prevalence for CvD (* Rightcare as placeholder)	x	
			Gap between estimated and diagnosed prevalence for Diabetes (* Rightcare as placeholder)	x	
			Gap between estimated and diagnosed prevalence for Hypertension (* Rightcare as placeholder)	x	
			Gap between estimated and diagnosed prevalence for Atrial Fibrillation (* Rightcare as placeholder)	x	
	By 2021, the gap between those with the worst Health Outcomes and those with the best will have reduced, due to significant improvements amongst those with the worst	We will see a reduction in Health Inequalities due to significant improvements in the areas that currently have the poorest health outcomes	Health inequalities using Slope Index	x	
			New GM inequality metric		x
START WELL					
In Greater Manchester we will have the best possible start in life.	More Greater Manchester Children will reach a good level of physical, cognitive, social and emotional development to prepare them for school and life.	We will meet or exceed the national average for the proportion of children reaching a 'good level of development' by the end of reception	% of children achieving a good level of development at the end of reception.	x	
			% of children with free school meal status achieving a good level of development at the end of reception.	x	
		GM babies will have a healthy birth weight.	% of all live births at term with very low birth weight	x	
		More children will be breast fed at the start of their life	Breastfeeding at 6-8 weeks	x	
		Fewer GM children experience dental decay	Proportion of 5 year old children free from dental decay	x	
		More GM children will be physically active	Temporary placeholder: % of children aged 5-15 meeting national physical activity guidelines (At least 60 minutes (1 hour) of moderate to vigorous intensity physical activity (MVPA) on all seven	x	
			% of GM children aged 2-15 who are active or fairly active.		x
		More GM children will be at a healthy weight at the end of reception.	Prevalence of overweight children (including obese) as measured by NCMP	x	
		Fewer GM babies will be affected by maternal smoking during pregnancy and at point of delivery.	% of women who smoke at time of delivery	x	
		Children will receive vaccinations and immunisations that prevent avoidable harmful health conditions	MMR vaccination rate	x	
LIVE WELL					
In Greater Manchester we will all have the opportunity to live well and fulfil our potential.	More Greater Manchester residents will be employed.	More people in GM will be employed	% of people aged 16-64 in employment	x	
			New GM employment and health measure to be developed		x
	People who live in Greater Manchester will choose to live healthier lifestyles.	Fewer GM residents will be affected by the harmful impact of smoking	Smoking prevalence in adults - current smokers (APS)	x	
			Smoking prevalence in adults in routine and manual occupations - current smokers	x	
		More GM residents will by physically active, and fewer GM residents will be physically inactive.	% of GM population who are Active or Fairly Active	x	
			% of physically inactive adults (>30 minutes per week)	x	
		Fewer GM residents will experience alcohol-related harm	Alcohol-related hospital admissions (narrow definition)	x	
		More GM adults will be at a healthy weight	% of adults (18+) who are overweight or obese	x	
		More GM adults will have access to appropriate contraception	Total Prescribed Long Acting reversible Contraception (LARC) (Excluding Injections)	x	
		Fewer new cases of Sexually Transmitted Infections	New GM measure		x
		New cases of HIV will be eradicated in Greater Manchester	New HIV diagnosis rate / 100,000 people aged 15+	x	
	People in GM will be in good mental health	People in GM will be emotionally well.	New GM Wellbeing Measure - GM Survey		x
		People IN GM will be social connected	New GM Social Isolation / Loneliness Measure - GM Survey		x
		Fewer people in GM will die as a result of suicide	Suicide Prevalence	x	
AGE WELL					
In Greater Manchester we will have every opportunity to age well and to remain at home, safe and independent for as long as possible.	Older GM residents will be supported to live a productive, healthy, safe and independent life in healthy communities.	Adults will remain in employment as they get older	50-64 Employment Rate	x	
		Fewer GM residents aged over 65 will be admitted to hospitals due to fall, accidents and injury.	Emergency hospital admissions due to falls in people aged 65 and over	x	
		More GM older adults will be screened for cancer	Cancer Screening Coverage - Bowel Cancer	x	
		Older GM residents will be socially connected	% of GM residents aged 65+ who report being socially isolated (GM Survey)		x
			% of GM residents aged 65+ who report being lonely (GM Survey)		x

Appendix 2 – GM Smoking Prevalence Trajectories by Locality Area

	Current prevalence (APS, 2016)	**2021 Target**
Bolton	17.9%	13.6%
Bury	19.1%	13.7%
Manchester	21.7%	15.9%
Oldham	18.8%	13.7%
Rochdale	19.4%	13.1%
Salford	20.3%	13.9%
Stockport	12.2%	9.8%
Tameside	22.1%	14.2%
Trafford	12.6%	9.2%
Wigan	17.7%	13.1%

Contributions weighted according to smoking contributions amongst routine and manual workers and the proportion of GM current smokers in each local authority