A Shared Responsibility

Tackling Inequalities in Health Across Greater Manchester

July 2015

Top:
The Mustard Tree supports the most vulnerable in society, many of whom have experience of destitution or homelessness.
(Photograph by Tony West)

Bottom left:
OnSide Youth Zones promote good health through sport and physical activity.

Bottom right:
TwentyTwenty is a charity dedicated to helping disadvantaged and disengaged young people succeed in education, thrive in their personal lives and achieve long term employment.
(Photograph by Olivia Bauckham)

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Foreword

A healthy life is something we all have a right to expect, but can only enjoy fully if we collectively accept responsibility and work together towards a healthy community.

There are striking differences in the health of the richest and poorest in society. Vast discrepancies in the provision of care have led to significantly lower standards of health, wellbeing and life expectancy in our most deprived communities.

Despite widespread acceptance of this problem, there remains a lack of awareness as to how it can be resolved. Although funding, resources and infrastructure all have a part to play, increasing and improving these will not, of themselves, provide a solution. Previous attempts to do so have not only failed, but also increased the burden of demand.

It is clear that if we are to have a meaningful impact, there must be a shift in social attitudes. Over the last fifty years the accepted view has been that health is something others provide for you. In fact, everyone must take an active role in their health and wellbeing. Bringing about this change in thinking poses a particular challenge amongst the residents of rundown estates, where poor health, worklessness, welfare dependency and family breakdown are common.

This is where the real battleground lies. Often coping with multiple and severe disadvantages, marginalised individuals face significant, additional health challenges compared to the rest of the population. And at present, these deprived communities already have some of the poorest healthcare provision. This, coupled with hard-pressed health professionals, leads to some of the worst health outcomes.The only way to see real change is by enabling people to take genuine responsibility – both for their own health, and that of their family and neighbours.

Many structural shifts to health provision and welfare are already underway, particularly here in Manchester with new devolved responsibilities. However, without the changes outlined in this report, the required scale and depth of transformation will not be achieved.

In order to make it happen we must involve as many people and resources as possible within our communities. We have to enlist other agencies that have regular direct contact with individuals, such as housing associations, the fire service and police. There are also many voluntary organisations doing invaluable work, and a willingness in the community to get involved – but there is much more scope to further develop this involvement.

In this report we have used case studies to provide examples of how community-based organisations are making a real difference. This is only a small sample and does not cover all of the areas of activity that can be found in most communities.

In most cases it is the volunteers who are vital. There is no question that these organisations are a force for good; we now need a concentrated effort to encourage new groups to form, and existing organisations to grow, particularly in the areas of greatest need. The financial ask is small but the savings across society in welfare and health costs are potentially huge, not to mention the improvement in quality and length of life.

This report highlights the approaches and methodologies that can truly work at a neighbourhood and personal level to counter the inequalities in health to be found in our most deprived communities. Our report shows the power of the volunteer, the importance of place and the importance of accepting our shared responsibility for better health.

Now it is time for Greater Manchester's Health and Wellbeing Board, along with other partners, to take the findings in this report and turn them into a practical and resourced plan of action.

We must focus on the communities that are most in need and tailor solutions to meet their requirements. We know that 'business as usual' is not an option, so it's critical that all the key players come together to craft a plan to do things differently, and better. Greater Manchester's future plans for health need to address lifestyles, responsibilities and disease prevention as much as they should treatment and cure.

Michael Oglesby CBE DL

Introduction

In March 2013 the Oglesby Charitable Trust (OCT) published Tackling Inequalities in Health Outcomes in Greater Manchester. The report outlined the marked differences in life expectancy and wellbeing for poorer communities across the city region, and demonstrated that a new approach is needed to achieve a radical improvement in outcomes.

The main messages of the Trust's 2013 report included the need for greater levels of individual ownership and personal responsibility for health. It also set out the wider social and economic consequences of ill-health and illustrated how inequalities threaten to limit Greater Manchester's future prosperity as a whole.

This second report, based on extensive research and analysis, addresses a critical question posed in the first report: how can the people of Manchester be encouraged to take greater ownership for their health outcomes? If lifestyle and behavioural choices are critical factors driving present and future health outcomes, then this is a key question – one brought sharply into focus by NHS Chief Executive Simon Stevens' call to reinvent health as a 'social movement' with personal responsibility at its heart.

This revolution in responsibility is no easy ask in our most deprived areas and, as this report outlines, this shift can only be brought about if it is led by groups rooted locally in the communities where change needs to happen the most.

This finding is what led to the OCT decision to commission research into what works, practically, at a community level. This summary report is based on two years of extensive research across more than 400 projects, out of which 20 in-depth case studies were developed. These reveal successful approaches to addressing health inequalities, often at a community level. The case studies are central to this follow-up report: a number of them are summarised briefly here, and are also available in much greater depth on the Trust's website, as is the full report from Millar Consulting.

This is a time when Greater Manchester is preparing its strategic response to a devolved health budget, when sector reforms are driving forward the integration of health, social and mental care. Demands and expectations for services are growing, as our city region seeks to deliver the promise of what's been called the 'Northern Powerhouse'.

400 → **20**

projects researched — in depth case studies

One initiative identified as holding great potential in light of its findings is 'Well North', which is working with a number of local authorities in the region to address the social causes of ill health.

Well North is a strategic collaboration funded by Public Health England, with matched funding from each local authority. It has a mission to address inequality by improving the health of the poorest, fastest, to reduce levels of worklessness (a cause and an effect of poor health) and to reduce premature mortality.

At such a pivotal juncture, it is hoped that this extensively researched, evidence-based report will be a useful contribution to our collective thinking on one of the most pressing issues of our time: the health and wellbeing of the most vulnerable, and the considerable social and economic impact that this has on all of us.

Learning from what works – our case studies have shown the importance of:

1. Safe places.

People need to be safe and a sense of belonging is key to thriving. Good projects are often rooted in communities and 'place'.

2. Seeing the whole person.

Understanding people's values, choices and stories is just as important as diagnosing their condition.

3. Strengthening connections to others.

People are social and an understanding of their social context and strengthening relationships is often essential to recovery.

4. Giving control back to the individual.

Fostering a sense of action and control over people's future, including their health.

5. The vision of a healthy future.

Building a person's vision of what a healthy future could look like for them.

HEADLINE CONCLUSIONS

Four simple, headline conclusions can be drawn from the case studies and the simple analysis offered:

1. **The groups and individuals highlighted within the case studies demonstrate a sustainable, positive impact on health outcomes**
2. **Their approaches complement public health services and are working effectively alongside them**
3. **Small, inexpensive but significant changes to public service approaches would greatly increase the capacity, reach and impact of these groups**
4. **These are essential ingredients for health as a social movement**

MAKING CHANGE HAPPEN – OUR RECOMMENDATIONS

1. **Adopt a new person-centred approach to health. This positions people as producers of their own health, as well as consumers of health services.**
2. **Align relationships with local institutions and energise neighbourhood networks to unlock additional routes to good health.**
3. **Help commissioners and social services support this approach.**
4. **Use e-health technologies to create an 'enabling effect' for people and patients.**
5. **Foster a shared responsibility for health, and for helping others.**

Making the case

The urgent imperative for change

Poor health is more than a clinical condition. It places a huge burden on hard-pressed families and erodes individuals' confidence, often straining the very fabric of society. Each and every one of us deserves the opportunity of good health and wellbeing, and delivering on that promise is one of the key challenges for Greater Manchester today.

Our city region has seen productivity and prosperity improving in recent years but, just as boosted economic performance might drive higher living standards and increased tax revenues, the longer-term health problems, disease and mental illness that are still so endemic for the poorest in the area, can choke productivity before it even starts.

Health and wealth are not trickling down. The gap between the health and life expectancy of the poorest in our city region, compared to the most affluent, is increasing. A baby boy born in Manchester today can expect to live a life seventeen years shorter than one born in an affluent area of London. For a baby girl the divide is little better, standing at fifteen years. And here in Greater Manchester there is a local divide of ten years, between the richest and the poorest communities.

This gap is then replicated when a comparison is made between life expectancy here in Greater Manchester against the South. Since 1965 there have been 1.5 million more premature deaths in the North of England compared with the rest of the country.

It is imperative to understand that people in disadvantaged communities face many more challenges in relation to their health and accessing healthcare than those who live in more prosperous areas. Deprived, dispossessed and marginalised individuals therefore require a different approach.

Behind the statistics there will of course be individual stories of hardship and misfortune, but as the Oglesby Charitable Trust's 2013 report made clear, the impact of ill-health for the poorest 20 per cent of residents is felt far beyond their own homes and neighbourhoods. It has a dramatic impact on the £6 billion health bill that is currently being devolved into local control, and poor health also impacts on the £8 billion welfare costs seen across Greater Manchester. It also acts as a limitation on our general prosperity, and leads to higher levels of social division, exclusion and worklessness.

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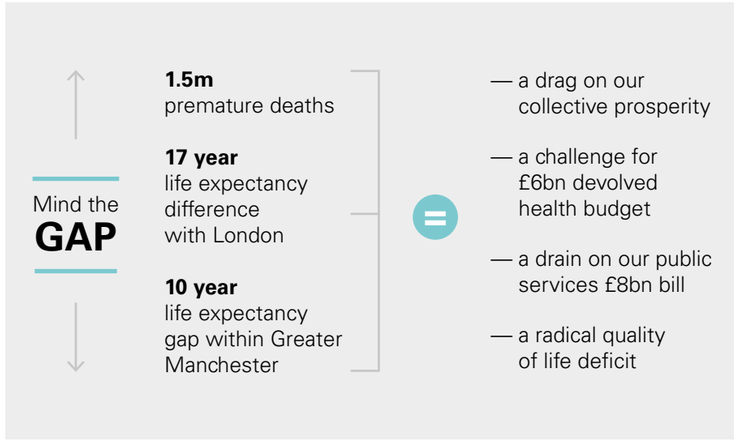

In the name of a wider prosperity

This wider set of impacts means that there is a direct rationale for tackling health inequalities in the name of prosperity and the continued success of Greater Manchester. Addressing inequalities in health should rightly be a priority in terms of social justice, but it is also necessary if we want to continue to perform as an effective centre for growth.

Nationally there is a clear recognition that the projected financial savings needed to ensure we can meet the future demands for NHS services will be hard to find. NHS England has argued that it could deliver productivity improvements of £22 billion but would require £8 billion a year of additional funding by 2020/21 simply to meet projected increases in demand and changes in medical technology.

The £6 billion of health spending devolved to Greater Manchester under the so-called 'DevoManc' agreement will similarly be a strained and challenged resource. The challenge for Greater Manchester will not be about reducing services but about reinventing the way we deliver health and wellbeing, given this unique opportunity to dictate our own course of action.

As set out in the Trust's 2013 report, we find ourselves with a healthcare system where the vast majority of funds are dedicated to treating the symptoms and not the causes of poor health. The analogy used was of 95 per cent of our resources being deployed as ambulances at the bottom of the cliff, with only five per cent of resources being used to build fences at the top.

This second report is based wholly around a study of projects and initiatives in Greater Manchester and across Britain that are transforming health outcomes in powerful ways, usually at a community or individual level. With extremely modest budgets compared to our multi-billion pound NHS, successes are being made on mental health, sexual health, obesity, dementia, physical activity and a number of other critical problem areas by a range of partnerships, charities and community groups.

Together these offer insights to form a template for approaches that will yield further health gains in the future.

It is vital to break down barriers between statutory providers, as well as allow voluntary and community organisations to support with healthcare workloads, boosting preventative action around public health.

With our devolved health and wellbeing responsibilities, a stretched and overburdened health service and a desire to see reduced inequalities and greater prosperity across Greater Manchester, now is the time for us to look to new models and, as we argue below, a shared responsibility for better health between individuals, communities and a repurposed state.

CASE STUDIES

Top sports clubs boost community health

Leading sports clubs are highly influential, particularly in disadvantaged areas, and have a unique opportunity to leverage their reputations to improve health and wellbeing. Many organisations across Greater Manchester, including Manchester City Football Club and Lancashire County Cricket Club Foundation, deliver effective programmes of physical activity and healthy eating that impact positively on local communities. There is no doubt that given their status in the deprived communities, they have the potential to do far more.

Love4Life empowers vulnerable girls through education

Love4Life is a Leicester-based initiative that supports vulnerable girls at risk of pregnancy and abuse through empowerment, education and a healthy self-image. The scheme demonstrates the power of practical, grass-roots interventions, and has led to a fall in anti-social behaviour and an increase in awareness of healthy relationships.

A vision for better health

Many of the principle determinants for disease and ill-health lie well beyond the reaches of the traditional health services. While each of us has a right to high-quality NHS treatment, we also have a responsibility to be, as this report later explores, the producers of our own health outcomes. As ever, rights and responsibility go hand in hand.

As we live longer and make critical choices that impact on the quality of our lives, those choices have a direct impact on an already overburdened health service and other social services.

The decisions we make every day, such as what we eat, what we drink, how we exercise and if we smoke, all lie beyond the direct control of health services but are fundamental in terms of our personal health outcomes but also the burden we place on a stretched healthcare system.

Recent studies have shown that, for example, poor diets and sedentary lifestyles are costing the health service more than £6 billion a year.

And according to Public Health England, the direct costs to the NHS of obesity and related morbidity in England were up to £4.2 billion in 2007. Estimates of the indirect costs (those costs arising from the impact of obesity on the wider economy such as loss of productivity) range between £2.6 billion and £15.8 billion.

We need to engender a vision in individuals of what better health could look like, and from there we can build successful programmes of activity.

Nurturing responsibility

The social, economic and emotional costs of ill-health are undeniable; the critical challenge is how to nurture a realistic vision of better health for the individual and give them the power and confidence to take responsibility. The example projects studied in assembling this report show that it is possible to help the poorest in society take control of their future and take a greater responsibility for their own health and the health of their loved ones.

This agenda of a shared responsibility is perhaps our most important finding in this report, emerging out of the interviews and analysis around our local case studies. What we have discovered after two years of fieldwork is that personal responsibility can be fostered, particularly if individuals are given the chance to create and understand their own 'health story' or narrative. This work is often done through individuals, groups or services that they recognise and that make them feel safe, welcome and in control.

If everyone can be seen as guardians of their own health and wellbeing – not just as consumers of services – it helps us to drive healthcare beyond its traditional reach.

And this responsibility extends beyond the individual to those around: family and community, co-workers, school pupils, service users. Our case studies reveal an impressive amount of drive and energy being devoted to helping people take control of their future health. This help is delivered by volunteers, peers and professionals. Yet there is room for a significant increase in this support, if further encouragement and modest redirection of existing funding were provided – along with a breakdown of existing barriers.

The projects outlined on these pages are also distinctive in that they typically operate on a radically smaller scale than the traditional health service. They demonstrate that tangible improvements can be delivered, often with very modest resources, if a number of key themes and approaches are adhered to.

This 'recipe for success' is explored in more detail below, but it is clear that if we want to secure a better future health for a stronger city region, then we need action at a local, community and individual scale – as well as through the traditional services of the NHS. We are rightly proud of our NHS, but it cannot turn around these profound health inequalities on its own.

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CASE STUDIES

Home-Start North Manchester helps parents take control over health

Home-Start North Manchester helps parents in deprived communities build healthier lives for their children by drawing on the expertise of volunteers. The cost-efficient initiative enables families to take control over factors that determine health, building long-term resilience.

Place2Be fosters resilient mental health among children

Working in a Moss Side primary school, national charity Place2Be uses early interventions to build mental resilience and wellbeing among children. Offering counselling and therapy, the scheme has seen impressive results in a school where many pupils have experienced severe emotional trauma.

Explore and Straight Talking use real-world experience to engage teenagers

Explore is a charity that educates students about the reality and value of long-term relationships by inviting volunteer couples to share their insights. Straight Talking is a small but highly effective organisation that draws on the powerful real-world experiences of teenage parents to communicate realistic messages about sex and relationships. Both schemes draw on authentic, engaging, lived experiences to demonstrate benefits to physical, sexual and mental health.

Mustard Tree helps marginalised people back into society

Mustard Tree is a charity committed to providing life support for homeless and marginalised people across Greater Manchester, by providing constructive pathways back into society and good health. Through offering a respectful and non-judgemental space where everyone is encouraged to work and contribute, the charity empowers clients to improve their own lives and through that, the lives of those around them

Top left:
Home-Start Manchester, which helps parents in deprived communities build healthier lives for their children.
(Photograph by Sarah Sadler).

Top right and bottom:
Mustard Tree, where marginalised individuals are encouraged to contribute, and empowered to improve their own lives and the lives of those around them.
(Photographs by Tony West)

Learning from what works

The demand on NHS services in Greater Manchester must be reduced if our resources and our devolved budgets are not to be completely overwhelmed. Prevention, rather than cure, is the key.

From mental health services and repeat A&E admissions to long-term care needs, **early interventions are needed to stop underlying conditions becoming secondary, acute (and expensive) problems. Integrating health and social care services will be an important factor in success** as will be a wider raft of non-clinical drivers such as technology, social mobility and even urban design.

This second OCT examination of health inequalities set out to find projects that are specifically helping the poorest in our communities to change their health – and therefore their lives – for the better. The criteria used for selection included needing little new money and being viable in the longer term.

In total, over 400 projects were considered and nearly 20 were reviewed in detail. These ranged from multi-million pound national charities to community initiatives run on a shoestring budget. They cover every stage of life, from the very young to the old, and deal with the most vulnerable in society, the disenfranchised and the dispossessed.

What is fundamental to all projects in this report is the importance of working with the person, not a system or a condition. Recognising individuals' sense of personal empowerment, and the connections they form with others, is critical in achieving positive health outcomes. Through inverting the conventional power relationship associated with traditional healthcare, the individual can then become the producer and guardian of their own health.

Across these diverse and widespread projects, five key themes emerged which demonstrate the crucial components for success.

1. Safe places and a sense of belonging.

In order to create a personal journey to better health, individuals need a safe local space that is easily recognised and accessible. Many of the success stories draw on the reach and trust placed in community groups. The familiar and the friendly are all important. However, these frequently worked alongside other local services that have already made a connection with the individual.

2. Seeing the whole person, not just a condition.

Understanding someone's back story – how they got to where they are in life, and what complexities lie behind any attempt to change – is vital. Having regard for the whole person, their culture and values, and not classifying them simply by their condition, is critical. For those with particularly challenging personal circumstances – often as a result of complex and multiple disadvantages – this is fundamental.

3. Being connected to others and understanding relationships.

Taking responsibility for individual health doesn't happen in isolation; the case studies show that relationships with others are of the greatest importance. These relationships are first personal: with family, friends and neighbours. They also include the formal, and wider links within the community to local surgeries, pharmacies, schools, housing providers or even sports clubs.

4. Giving control back to the individual.

Helping people to foster a sense of control over their own health is critical; this theme was found in many of the projects examined. In enabling individuals, it's important to create a pathway towards good health that is achievable, often beginning with small but manageable steps. These build confidence and, in turn, empower people to take control.

5. Building an individual vision of a healthy future.

And finally a theme that sits closely with giving control to the individual is the need to develop a vision of a healthier future that people feel is realistic and achievable. This shouldn't be couched in medical jargon or as a clinical diagnosis but in language and with a framing that has an immediacy and resonance for the individual. In short, something of which they could take ownership.

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Top:
Cheetham Primary Academy.

Bottom left:
Great Places Housing Group has 18,000 homes in 36 local authority areas including nearly 1,700 supported housing places for vulnerable people, across the North of England.

Bottom right:
Aspens at Upton-By-Chester High School, Cheshire. The catering company undertake a number of tailored projects that promote the importance of eating well.

What is absolutely fundamental to all projects in this report is the importance of working with the person, not a system or a condition. Recognising individuals' sense of personal agency, and the connections they form with others, is critical in achieving positive health outcomes. Through inverting the conventional power relationship associated with traditional healthcare, the individual can then become the producer and guardian of their own health.

CASE STUDIES

Promoting healthy eating at Cheetham Primary Academy

Cheetham Primary Academy takes a holistic approach to health and nutrition through a number of cookery and healthy eating programmes. The school has stimulated healthier attitudes towards food as well as promoting stronger relationships by working with families, often in the school, and reaching out to the wider community.

Aspens engages high school students with nutrition

Catering company Aspens works in Upton-by-Chester High School to engage children with healthy eating, educating and empowering them to manage their own diets and improve health.

Manchester Communication Academy places community health at the heart of the curriculum

Manchester Communication Academy goes beyond the traditional requirements of a school by acting as a central community hub for students and residents, prioritising their health and wellbeing. Local groups use the facilities for physical activities and cookery sessions, while pupils' health is considered to be as important as academic achievement.

OnSide Youth Zones nurture good health

OnSide Youth Zones are designed to give young people somewhere to go, something to do and someone to talk to; occupying their bodies and minds with fun activities, learning new skills and socialising in a safe, positive way. Currently OnSide has established five Youth Zones based on the model of the successful Bolton Lads and Girls Club in Blackburn, Carlisle, Wigan, Manchester and Oldham. A further three Youth Zones have been given the green light, including the first in London. The latest facility set to open in January 2016 is Wolverhampton Youth Zone.

Yeovil4Family helps troubled families achieve healthy future

Yeovil4Family is a Somerset-based organisation that enables troubled families to develop resilience and confidence. The group fosters respectful relationships with families, encouraging them to set their own direction and goals, thereby impacting on long-term health and wellbeing.

Volunteers sustain recovery with Salford Heart Care

Salford Heart Care, an organisation founded, run and led by volunteers, supports people with heart-related problems, as well as their carers and families. The successful service offers essential, practical help and encouragement after hospital care ends.

Great Places Housing Group provides accommodation and fosters wellbeing

Great Places Housing Group has 17,000 homes in 36 local authority areas with roughly 1,500 properties in Manchester and the North West. Tenants are often vulnerable and facing disadvantages; they may be young families, older citizens, or in need of care. In Northmoor, one of the top 10% of deprived Lower Super Output Areas in the country, the 100-year-old Northmoor Cooperative Grade 2 listed building houses the Northmoor Community Centre, residential flats, offices and community spaces. The community centre is managed by the small registered charity Northmoor Community Association, whose aim is to 'relieve poverty, promote health, advance education and improve quality of life for local residents of Northmoor and the surrounding areas'.

Making change happen

After two years of analysis, and reaching out to hundreds of projects and initiatives of many different types, the Trust are able to make clear recommendations on how health inequalities can be effectively tackled, today, in Greater Manchester.

To bridge the health gap, and tackle the complex circumstances in some deprived communities a new approach is needed, or the problems will remain.

And though the priority for the study has been the 20 per cent at the 'bottom' of conventional socio-demographic tables, the recommendations below and themes outlined above illustrate clearly that we all must play a part in delivering better health, whether we are businesses, service providers, educators, volunteers or family members; everyone can make a difference.

We all can play a part in delivering better health, whether we are businesses, service providers, educators, volunteers or family members; anyone can make a difference.

RECOMMENDATIONS

1. Adopt a new, person-centred health narrative.

The people most in need of improved health across Greater Manchester need to become producers of their health as well as consumers of services.

Local services and initiatives need to help those at risk to be motivated towards better health, with a sense of control and a vision of how to achieve it.

The key to success is to ensure that in marginalised communities the time is taken to see the whole person, and their back story, rather than just a condition or a booked consultation slot.

2. Align relationships with local institutions and energise neighbourhood networks to unlock additional routes to good health

Schools, neighbourhood groups, local and national charities, housing providers, pharmacies and local GP surgeries are the places where better health can start to happen if the opportunity is grasped. It is important that these existing relationships reinforce the expectation people are producers of their health, not just consumers of health services.

As our case studies show, from Oldham to Cheetham Hill or Harpurhey, the local scale is critical and established networks have great potential to start fostering a sense of responsibility and change.

We need to create a stronger network of voluntary- based organisations in our local communities, made up largely of the people who live there.

At the same time we need to empower community leaders to become involved in the health and wellbeing of the community. This report is based on the many examples OCT has found of these local groups working extremely well, producing good results and costing little. We need many more.

3. Help commissioners and social services support this approach

This also poses a fresh challenge for commissioners and social services.

Commissioners from health and the wider suite of public services can, as we have discovered, be a key part of the solution, particularly if they start to pursue the successful themes highlighted in our success stories. Seeing the whole person, fostering a vision of better health and giving back control can all be part of a transformed commissioning process; Fitton Hill in Oldham is a great example of this.

There is also a challenge here for budget holders across commissioning agencies. Our devolved health budgets should be targeted at the improvement of long term outcomes across a wide area of spend, which ultimately sees significant savings.

Clearly there is a case for some of this investment being used to help support those voluntary sector projects, which we have seen making a significant difference across Greater Manchester and elsewhere in Britain.

4. Use e-health technologies to create an 'enabling effect' for people and patients

The revolution in responsibility called for in this report can be accelerated through technology and, as several of our case studies have shown, using social media, open data and empowering technologies could make a real difference, particularly in reaching people on their own terms and in their own homes and families.

The future of health provision is closely tied in with technology and what's been called 'e-health'. The need to build capacity for this in our deprived communities is essential, to help create healthier lifestyles but also to assist with early diagnoses and treatment.

Though there are still challenges on what's been termed 'digital inclusion', there are no barriers to the use and smart phone ownership, particularly amongst the young, is almost universal.

Young people are critical. Their future health is shaped at the youngest of ages and there are better chances of winning hearts and minds if we start early and paint a positive picture of future health and foster a true sense of control and responsibility.

5. Foster a shared responsibility for health, and for helping others

Finally there lies a challenge for local politicians, business leaders, voluntary groups, the media and, in fact, anyone who can be said to be helping create the culture and discourse that drives the future of Greater Manchester.

The city region needs to sign up to a programme of social change that sees shared responsibility for health become the norm.
To create individuals as producers of health and not consumers of treatment has to be a core goal, with a consequent reduction in demand for our over-stretched NHS being an all too welcome result.

And winning the hearts and minds of young people is critical. We need to set individuals across Greater Manchester on a pathway to better health as early as possible.

This last recommendation may be easily stated but is made all the more difficult in the deprived communities on which this study is focused. Given the pressures of a complex lifestyles and other social and economic pressures, the most disadvantaged in Greater Manchester, who currently suffer the worst health outcomes, may also be the hardest to take on the journey to better health.

And finally, as many of the examples here show, young people are critical. Their future health is shaped at the youngest of ages and there are better chances of winning hearts and minds if we start early and paint a positive picture of future health and foster a true sense of control and responsibility.

NEXT STEPS

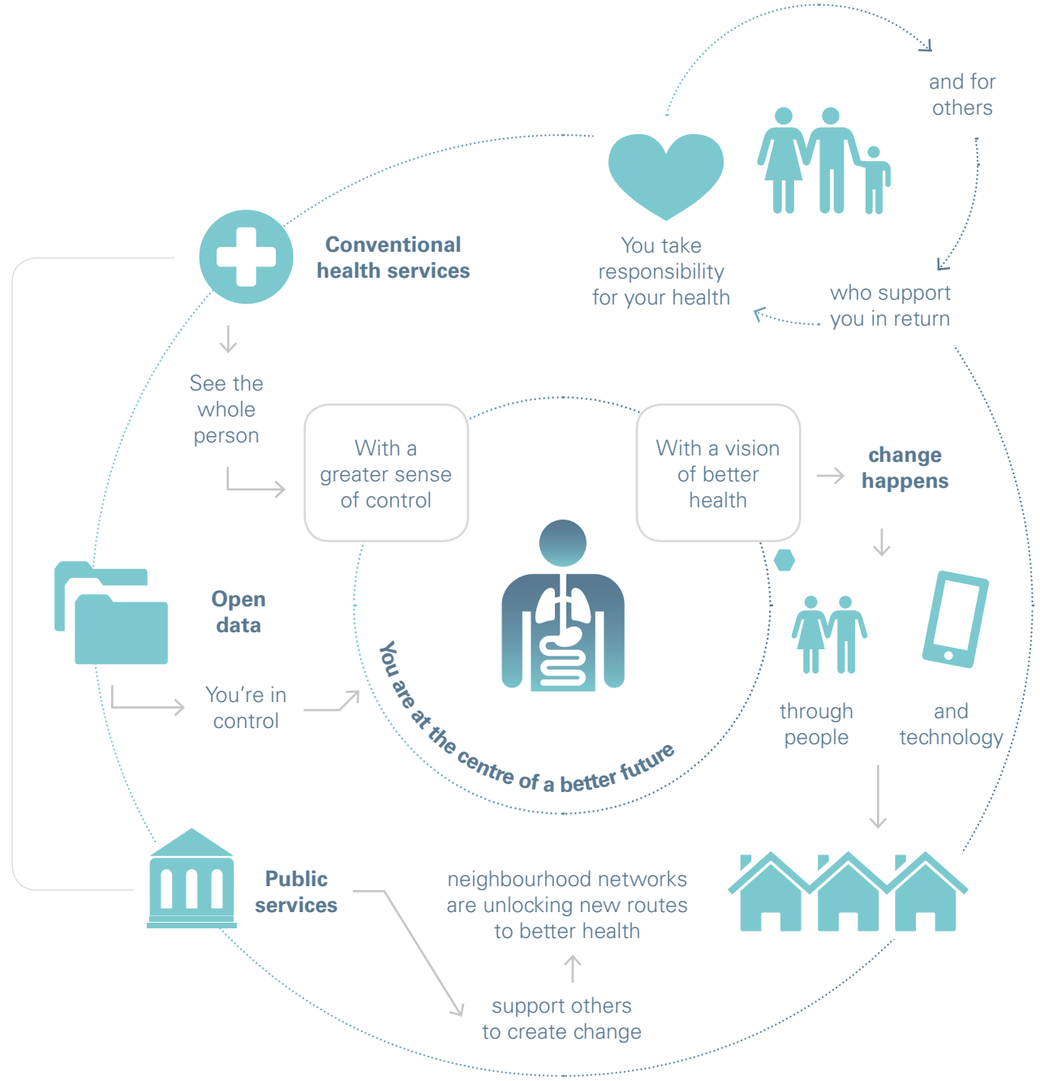
As Greater Manchester prepares its plan for devolved health, it is critical that the successful approaches outlined in this report are supported, replicated and amplified across the region.

A modest investment in projects or initiatives such as those played out on these pages will pay huge dividends and help to prevent our £6billion health budget from being overwhelmed. It will also, of course, help the very poorest in society.

We also need a city-wide, 'hearts and minds' campaign that stresses the importance of taking responsibility, at an individual and a neighbourhood level, for the health of ourselves and those around us.

Working with the public and third sector we could reduce the burden on the NHS and alleviate unsustainable pressures relatively quickly; what's needed is a clear plan and a shared conversation which the Greater Manchester Combined Authority is well-placed to lead.

The city region needs to sign up to a programme of social change that sees shared responsibility for health become the norm. To create individuals as producers of health and not consumers of treatment has to be a core goal.



CASE STUDIES

Patient-centred care at Hope Citadel Practice

Hope Citadel Practice, based in a disadvantaged area of Oldham, attracts outstanding GPs who deliver a 'Focused Care' approach, which places patients at the heart of their own care and recognises the importance of family. Extra time is invested in GP consultations to build genuine relationships, encouraging patients to share and take ownership for their own health.

Using data to empower patients at Haughton Thornley Medical Centre

Haughton Thornley Medical Centre in Tameside uses electronic health records for patients so that they become active participants in their own healthcare. Patients are viewed as an asset, with the approach seeing an encouraging reduction in demand on services.

Kapoor Pharmacy Services adopt pioneering holistic model

Kapoor Pharmacy Services in Greater Manchester have been early adopters of the 'Healthy Living Pharmacies' model, which draws on the pharmacy's status as a trusted, first point-of-contact to improve customers' health. With vibrant and welcoming environments, Kapoor Pharmacy Services engage the general public in taking control over their own health.

Conclusion

Greater disparities between rich and poor do Greater Manchester no good. In the year 2015 it cannot be acceptable to see a baby girl born into a poorer household facing fifteen fewer years of life through circumstances that were not of her choosing.

Through the pressures of complex lifestyles and other social and economic pressures, the most disadvantaged in Greater Manchester, who currently suffer the worst health outcomes, who may feel that public health services are inaccessible or irrelevant to them; are doubly disadvantaged.

It's for this reason that a stronger network of voluntary-based organisations, in local communities and made up largely of the people who live there, is a clear way forward for change. Existing health providers need to work with these organisations and to see them as partners not as a threat.

Commissioning organisations have an important role and can allocate modest sums to them towards prevention rather than cure. Budgets should be targeted at the improvement of long term outcomes across a wide area of spend which ultimately sees significant savings. This may need barriers to be broken down between budget holders and those who can effect change. It will require innovation, new thinking and a need to invest in new approaches.

As a society – as one city region – we have to work together to address health inequalities and make change happen. And this change is urgent. Not only in the name of greater justice but also to prevent the cost, both social and economic, those health inequalities will exact upon us.

This will be a 'social movement,' as the Chief Executive of the NHS has called it: a culture shift, and a collective effort of will.

It is clear that simply more money and resources are not the answer. They have been tried and have not delivered as hoped. The projects examined by the OCT-commissioned research team have shown that a great deal can be done on what seem very modest funds compared to our entire health budget, by working differently and by empowering people to take control of their future.

It is important to emphasise that these approaches are complementary, not alternative, to those mainstream healthcare services. But if we get this right we could see a very good return on a very unassuming investment, a return that will relieve the burden on the NHS. We need to break down barriers and improve access to help, particularly through voluntary and community organisations.

We need, of course, to innovate. This could be social entrepreneurs inspired by the success stories on these pages, or commissioners reinventing the way they work. It could also include advances in technology and opening up data for those on who it is held. In this area we should look to our institutes of higher education to help us, too.

Finally it is clear we need a new, urgent and profound conversation on health and wealth in Greater Manchester, set as it is at the centre of the 'Northern Powerhouse'. If economic growth is to continue, and that is of course welcome, is it acceptable that great disparities in health continue? If we cannot create a culture of personal and shared responsibility on health, one of the key factors in securing wellbeing and a better quality of life, can we really consider our great renewal as a city region to be complete, or successful?

HEADLINE CONCLUSIONS

It is worth reiterating the headline conclusions:

1. **The groups and individuals highlighted within the case studies demonstrate a sustainable, positive impact on health outcomes**
2. **Their approaches complement public health services and are working effectively alongside them**
3. **Small, inexpensive but significant changes to public service approaches would greatly increase the capacity, reach and impact of these groups**
4. **These are essential ingredients for health as a social movement**

We must take personal and shared responsibility for removing health inequalities from our city. By supporting and replicating inspirational grassroots projects we have the best opportunity to make change happen.

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