What is the desired outcome?	What will success look like?	How will we measure success?	What outputs will we measure?	Phase 1	Phase 2	Desired direction of travel	GM Rank (1=best performing)	Improvement Rank (1= greatest improvement in last year)	Direction of travel	CIPFA / 16
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		↓	7	5	↑	15
			Under 75 mortality rate from CVD considered preventable	x		↓	9	8	↑	15
			Under 75 mortality rate from cancer considered preventable	x		↓	8	3	↓	
			Under 75 mortality rate for Respiratory disease considered preventable	x		↓	6	4	↓	
		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		↓	8	10	↓	
			Gap in life expectancy at birth between each local authority and England as a whole (Female)	x		↓	8	7	↓	
		Overall Healthy Life Expectancy will increase for men and women.	Healthy life expectancy at birth (Male)	x		↑	5	5	↓	9
			Healthy life expectancy at birth (Female)	x		↑	5	1	↑	
		There will be a reduction in Infant Mortality	Infant Mortality	x		↓	9	10	↑	14
		More people with 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		↓	M: 9, F:10	M:7, F:10	↑	M:15, F:16
			New GM inequality metric		x					
START WELL										
In Greater Manchester we will have the best possible start in 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		↑	10	1	↑	16
			% of children with free school meal status achieving a good level of development at the end of reception.	x		↑	4	4	↑	
		GM babies will have a healthy birth weight.	% of all live births at term with very low birth weight	x		↓	2	1	↓	
	More Greater Manchester Children will reach a good level of physical, cognitive, social and emotional development to prepare them for school and life.	More children will be breast fed at the start of their life	Breastfeeding at 6-8 weeks	x		↑	6	6	↓	5 (of 8)
		Fewer GM children experience dental decay	Proportion of 5 year old children free from dental decay	x		↑	9			15
		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	x		↑	6			
			% 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		↓	Reception: 3, Year 6: 4	Reception: 7; Year 6: 2	Reception ↑, Year 6 ↓	
		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		↓	7	7	↑	6
		Children will receive vaccinations and immunisations that prevent avoidable harmful health conditions	MMR vaccination rate	x		↑	7	8	↓	
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		↑	8	1	↑	
			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		↓	5	2	↓	
			Smoking prevalence in adults in routine and manual occupations - current smokers	x		↓	4	1	↓	
		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		↑	3			
			% of physically inactive adults (>30 minutes per week)	x		↓	4			
		Fewer GM residents will experience alcohol-related harm	Alcohol-related hospital admissions (narrow definition)	x		↓	3	4	↓	
		More GM adults will be at a healthy weight	% of adults (18+) who are overweight or obese	x		↓	8			6 (of 11)
		More GM adults will have access to appropriate contraception	Total Prescribed Long Acting reversible Contraception (LARC) (Excluding Injections)	x		↑	8	4	↓	10 (of 11)
		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		↓	6	3	↓	
	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		↓	2	3	↓	
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		↑	4	1	↑	
		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		↓	6	9	↑	14
		More GM older adults will be screened for cancer	Cancer Screening Coverage - Bowel Cancer	x		↑	6	1	↑	
		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					