Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 18 July 2017

Subject: Health and Wellbeing Update

Report of: Strategic Director, Adult Social Services

Summary

This report provides Members of the Committee with an overview of developments across Health and social care.

Recommendation

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection): None

1. Manchester Health Profile 2017

1.1 The annual health profile for the City was published by Public Health England earlier this month and is attached to this update. It can also be found online at www.healthprofiles.info.

1.2 In summary, the profile shows that the health of people in Manchester is generally worse than the England average:

- About 36% (36,300) of children in Manchester live in low income families.
- Life expectancy for both men and women is lower than the England average.
- In Year 6, 25.1% (1,422) of children are classified as obese, worse than the average for England.
- The rate of alcohol specific hospital stays among those under 18 is 47 per 100,000 - worse than the average for England. This represents 54 stays per year.
- Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.
- The rate of alcohol-related harm hospital stays is 764 per 100,000 - worse than the average for England. This represents 3,138 stays per year.
- The rate of self-harm hospital stays is 189 per 100,000. This represents 1,057 stays per year.
- The rate of smoking related deaths is 509 per 100,000 - worse than the average for England. This represents 821 deaths per year.
- Estimated levels of adult smoking are worse than the England average.
- Estimated levels of adult excess weight are better than the England average.
- Rates of sexually transmitted infections and TB are worse than average.

1.3 Although the health of people in Manchester continues to be poor when compared with other parts of England, there have been some notable successes in recent years, including:

- A 39% reduction in infant mortality
- A 58% reduction in under-18 conceptions since 2001
- Improvements in the oral health of children, including a 27% reduction in admissions for teeth extractions in children aged 10 and under since 2011/12
- An average improvement of 17% across Manchester in 1 year survival from all cancers since 2001
- A welcome fall of 1 percentage point in smoking prevalence for 2016 compared to 2015
- A 44% reduction in preventable premature mortality from Cardiovascular Disease since 2001-03
- A 24% reduction in the suicide rate since 2001-03

1.4 The Committee may wish to focus on a number of the indicators listed in the profile during the coming municipal year.

2. Changes to Adult Congenital Heart Disease (ACHD) Services in the North West

2.1 NHS England is currently conducting a national public consultation on how it will put in place new standards for hospitals providing congenital heart disease services in England. It follows the publication in 2015 of a new set of quality standards for all hospitals providing congenital heart disease services covering both adults and children.

2.2 As part of that process, NHS England published a plan in June 2016 that they were minded to remove the Adult Congenital Cardiac Surgery services from Manchester Royal Infirmary (not including maternity services) and transfer them to Liverpool. In a subsequent document the transfer of services also included interventional ACHD cardiology procedures. This is currently part of the national consultation.

2.3 The uncertainty surrounding the future of the services in Manchester has meant that some of senior doctors have now left the ACHD service. As the service is so specialised, Central Manchester University Hospitals NHS Foundation Trust (CMFT) has not been able to replace these doctors in the short term, which means that the service is no longer sustainable in Manchester.

2.4 As an organisation, CMFT is working with the specialist ACHD centres in Leeds and Newcastle, together with the Pulmonary Vascular Disease Unit in Sheffield, to reduce the impact on patients. There are however, some changes to the service which are required, whilst the national consultation is finished.

2.5 CMFT has produced the following 'Q & A' briefing to address the concerns and questions from patients and residents:

What will continue to be provided by Manchester?
From Monday 19th June, 2017 CMFT will continue to provide:

- A dedicated ACHD Clinical Nurse Specialist service and support on site
- Most outpatient services including diagnostic tests
- Non-cardiac surgery for adults and children with ACHD in all of our hospitals including the Royal Manchester Children's Hospital, Saint Mary's Hospital, Manchester Royal Eye Hospital, University Dental Hospital of Manchester and Manchester Royal Infirmary (MRI)
- Maternity care for women with ACHD and pre-conception counselling.

CMFT doctors and nurses will continue to provide advice and support about your care to the doctors and nurses in your local area, if required.
What will the other centres provide for ACHD?
We are putting in place safe arrangements for your care. We have agreed arrangements with NHS England for your ongoing care:

- If you have planned surgery or require emergency ACHD surgery
- If you need an ACHD cardiology procedure
- If you are an ACHD inpatient
- If you are an ACHD patient who needs to attend outpatients.

We are working with the specialist ACHD centres in Leeds and Newcastle, together with the Pulmonary Vascular Disease Unit in Sheffield so that there is a handover of your care to specialist consultant for adult patients. This may mean that you receive care on the Manchester site from a specialist doctor from any of these three centres or it may mean that you have to travel for expert care to one of these centres. This will form part of a clinical discussion taking into consideration your preferences.

What will happen to those patients who are waiting for surgery?

The North West multi-disciplinary congenital disease team (MDT) which is made up of specialist doctors and nurses will contact patients to discuss their treatment options. This is likely to mean that some patients will have their surgery outside the North West. This will form part of a clinical discussion with the patient and patient's representatives who will be able to choose where to have their surgery wherever possible.

What will happen to patients who require emergency care?

If you have to attend any of our hospitals or your local hospital as an emergency, you will be stabilised and managed by the doctors until you are fit for transfer to a specialist centre, if that is required.

What about travel arrangements for patients who do have to travel to other centres for treatment?

Patients who need to travel to another hospital for elective (planned) treatment will be supported to make appropriate travel arrangements.

Will the MDT (multi-disciplinary team) meetings continue?

The MDT meetings will continue with specialist doctors providing advice from Leeds, Sheffield and Newcastle.

How will patients be kept informed of developments?

NHS England and CMFT have arranged an open meeting for patients on Saturday 1st July 2017 at 11am in the NOWGEN Centre at MRI to answer your questions. We hope you will be able to attend. Details of the Nowgen Centre are available here.

We also aim to produce regular updates that will be shared with patients and their representatives, and arrange further meetings.

How does this relate to the ongoing national consultation on CHD care?

NHS England is currently conducting a national public consultation on how it will put in place new standards for hospitals providing congenital heart disease

services in England. It follows the publication in 2015 of a new set of quality standards for all hospital providing congenital heart disease services.

The consultation aims to gather as many views as possible from patients, families and clinical experts and will include face to face meetings around the country, webinars, and an online survey and we would encourage you to respond. The consultation deadline has been extended to 17th July 2017 due to the General Election. More information can be found at https://www.england.nhs.uk/2017/02/chd-consultation/.

Using the information gathered, NHS England will take a final decision on how services should be provided across England. It is expected that this decision will be announced in early 2018.

3. Merger of Aleeshan Medical Practice and Queens Medical Practice, Cheetham Hill

3.1 Dr Khan was a single-handed GP who delivered services from the Aleeshan Medical Practice. In 2016, Dr Bokhari joined the practice to support and work with Dr Khan. Dr Khan retired from practice in April 2017. Dr Bokhari has been working with Dr Khan and the Queens Medical Practice to discuss a merger of the GP practices.

3.2 Dr Bokhari and staff from both practices have been talking to patients since October 2016 regarding the proposal to close the Aleeshan Medical Practice and transfer the patient list to the Queens Medical Practice. An application was made to NHS North Manchester Clinical Commissioning Group in February 2017 and the proposal was agreed on the basis of further patient consultation which has now taken place.

3.3 Both GP practices are located in Cheetham Hill and the distance between practices is within 0.5 miles. The current registered population at Aleeshan Medical is 1209 patients and at Queens Medical is 2654.

3.4 The patient benefits of closing Aleeshan and moving the patient list to Queens Medical Practice include:

- Availability of GP and Practice Nurse appointments (there is currently no Practice Nurse at Aleeshan Medical Practice)
- Increased access to nursing staff
- Increased access to community and specialist health clinics (eg Asthma and Diabetes)
- A choice of male and female GPs
- Extended practice opening hours
- Blood is able to be taken on site, rather than travel to North Manchester General Hospital for this
- Continuity of reception staff as they are being transferred to Queens Medical Practice
- Modern up to date facilities at Queens Medical Practice

3.5 Engagement with patients

A range of engagement activity has taken place with patients registered at the practice. This has included face to face sharing of information given that the majority of patients at Aleeshan do not have English as their first language. Practice staff have been speaking to and verbally updating patients in both Urdu and Punjabi since October 2016 based on earlier discussions with both GP practices.
Other engagement with patients has included:

- Patient Participation Group meetings
- Posters and leaflets available in each practice
- A direct letter to all Aleeshan Medical Practice patients to update them on the proposal and share information on next steps (this letter was in English following guidance from staff at the GP practice). This letter informed patients of their choices to stay with Aleeshan and be transferred to Queens or find an alternative GP practice nearby.
- A queries book and box for feedback was available at both practices
- Information stall was held at a health fair at Khizra Mosque to engage patients and share information.

3.6 There has been patient feedback on the proposal to merge and the main themes have been:

No	Feedback theme		Response to patients
1	The capacity of Queens Medical Practice to take on new patients		4 practice staff are being transferred to Queens from Aleeshan to ensure continuity of staff for patients.
2	Limited car parking on site at Queens		Patients will be asked to park at the Fort, use public transport and be reminded to park with consideration of people living around the practice building
3	Provision of a pedestrian crossing opposite the GP practice – patients are nervous of crossing the road due to being a very busy junction and end of a bus lane towards the Fort		The Practice to liaise with local councillors to see if any action can be taken
4	Clarity needed on actual closing date of the Aleeshan Medical Practice and merger with Queens Medical Practice		Date of July 26 has now been agreed for the closure of the Aleeshan Practice and merger with Queens Medical Practice to take place. This information is being shared with patients at both GP practices via text, face to face, letter and a poster.

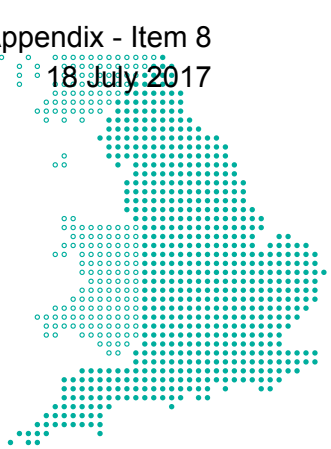
3.7 Ward councillors and the Executive Member for Health and Wellbeing have been liaised with separately about this matter. If any Committee members wish to receive any further information, please email n.gomm@nhs.net.

Public Health England

Protecting and improving the nation's health

Manchester

Unitary authority



This profile was published on 4th July 2017

Health Profile 2017

Health in summary
The health of people in Manchester is generally worse than the England average. Manchester is one of the 20% most deprived districts/unitary authorities in England and about 36% (36,300) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities
Life expectancy is 8.2 years lower for men and 6.4 years lower for women in the most deprived areas of Manchester than in the least deprived areas.

Child health
In Year 6, 25.1% (1,422) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 47*, worse than the average for England. This represents 54 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 764*, worse than the average for England. This represents 3,138 stays per year. The rate of self-harm hospital stays is 189*. This represents 1,057 stays per year. The rate of smoking related deaths is 509*, worse than the average for England. This represents 821 deaths per year. Estimated levels of adult smoking are worse than the England average. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of people killed and seriously injured on roads is better than average.

Local priorities
Priorities in Manchester include early years, strengthening the social determinants of health and promoting healthy lifestyles (including bringing people into employment), enabling people and communities to be active partners in their health and wellbeing and healthy ageing. For more information see www.manchesterpartnership.org.uk

* rate per 100,000 population

This profile gives a picture of people's health in Manchester. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

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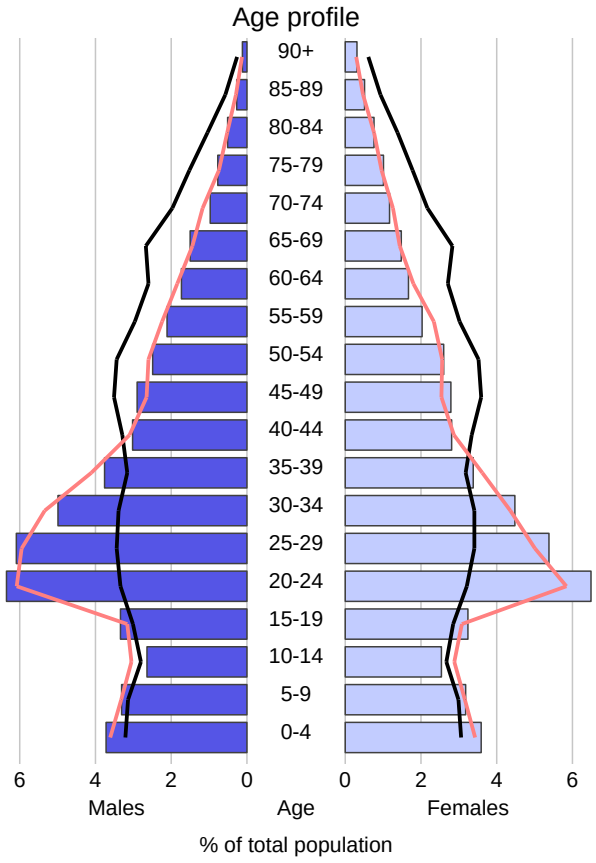
Population: summary characteristics



	Males	Females	Persons
Manchester (population in thousands)			
Population (2015):	268	262	530
Projected population (2020):	285	270	555
% people from an ethnic minority group:	31.8%	31.3%	31.5%
Dependency ratio (dependants / working population) x 100			42.9%
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

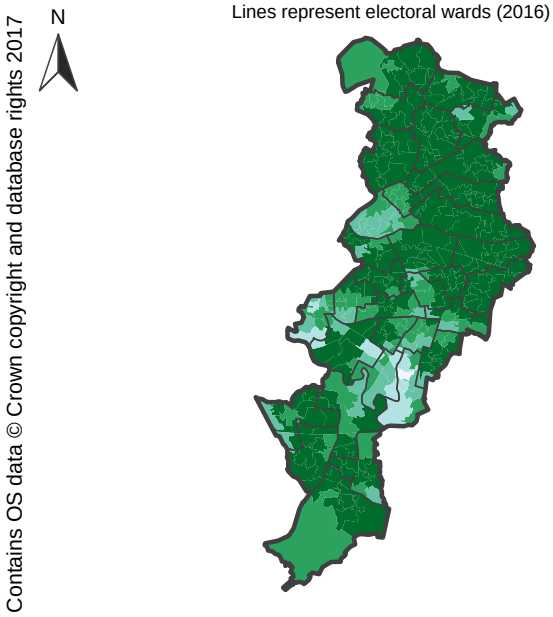
The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

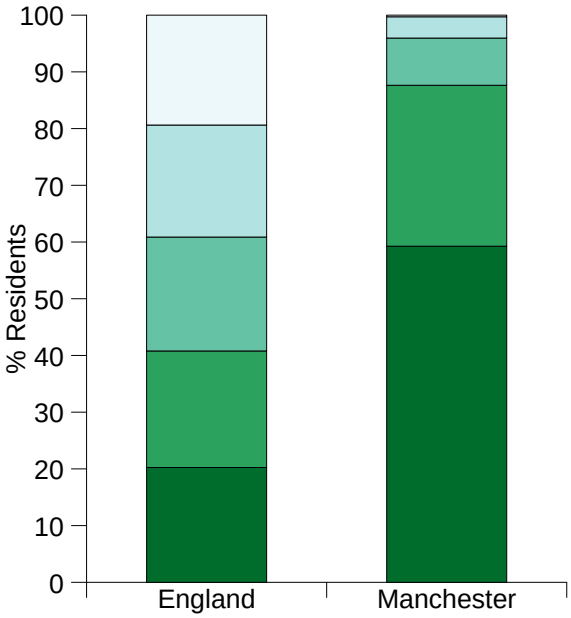
Manchester 2015 (Male)
Manchester 2015 (Female)
England 2015
Manchester 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.

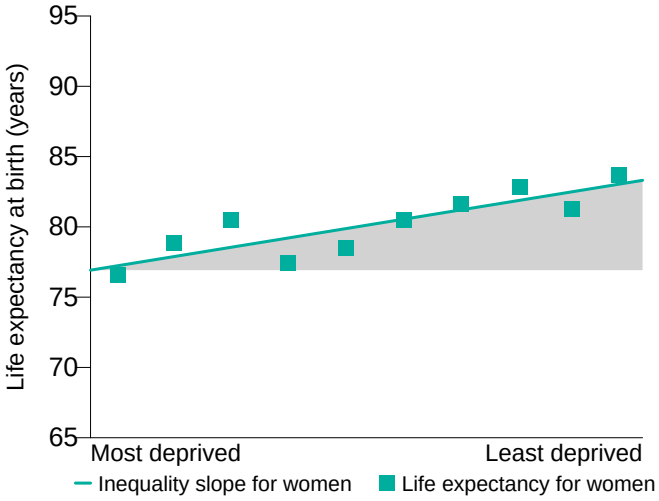


Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 8.2 years

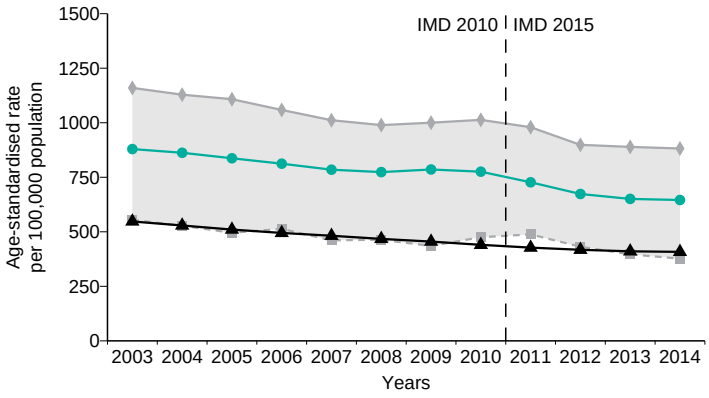
Life expectancy gap for women: 6.4 years



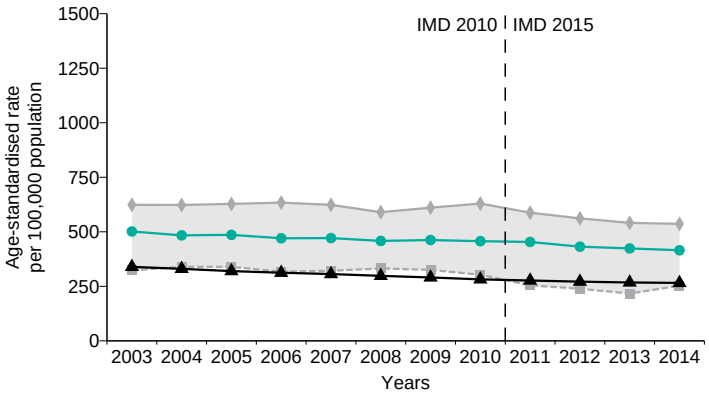
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

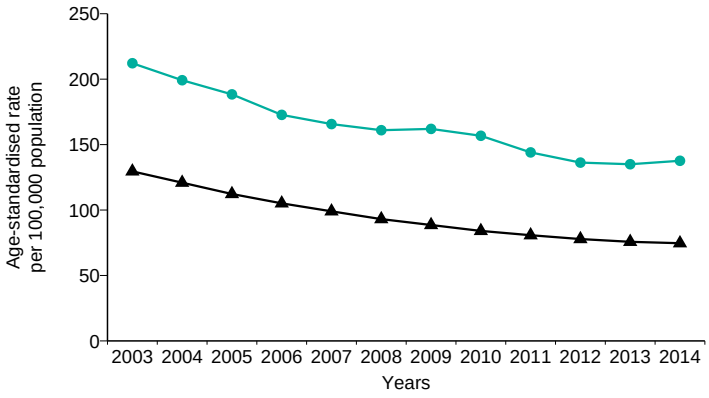
Early deaths from all causes: men



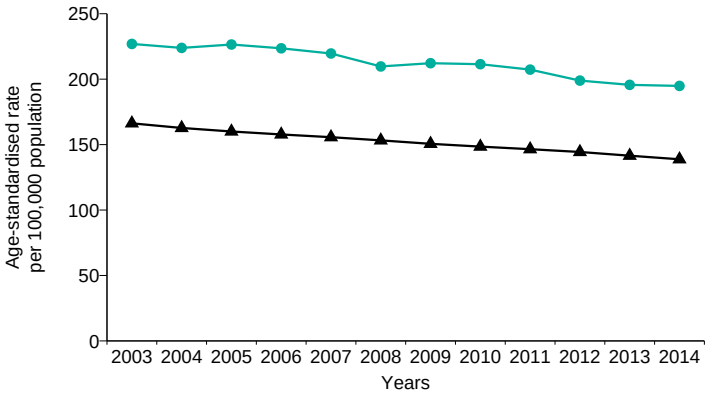
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



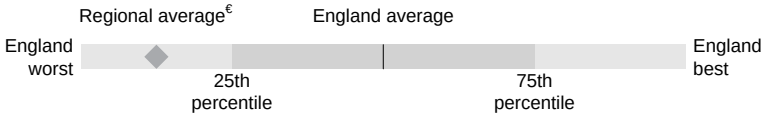
Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

England average | Local average | Local least deprived | Local most deprived | Local inequality

Health summary for Manchester

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	40.5	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	36,255	35.6	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	548	2.6	0.9			
	4	GCSEs achieved	2015/16	2,481	49.8	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	13,335	25.6	17.2	36.7		4.5
	6	Long term unemployment	2016	1,668	4.5 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	957	11.6	10.6 $1	26.0		1.8
	8	Breastfeeding initiation	2014/15	5,609	67.6	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	1,422	25.1	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	162	47.0	37.4	121.3		10.5
	11	Under 18 conceptions	2015	229	28.8	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	21.7	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	55.3	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	61.5	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	731	50.7	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	1,057	189.0	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	3,138	763.5	647	1,163		374
	18	Recorded diabetes	2014/15	28,655	6.2	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	423	27.0	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	5,283	1390.7	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	310	627.2	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	75.6	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	79.8	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	123	5.1	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	461	29.5	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	130	10.5	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	2,462	509.0	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	1,092	137.6	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	1,539	194.8	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	678	20.6	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 **2** % children (under 16) in low income families **3** Eligible homeless people not in priority need, crude rate per 1,000 households **4** 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority **5** Recorded violence against the person crimes, crude rate per 1,000 population **6** Crude rate per 1,000 population aged 16-64 **7** % of women who smoke at time of delivery **8** % of all mothers who breastfeed their babies in the first 48hrs after delivery **9** % school children in Year 6 (age 10-11) **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population **11** Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) **12** Current smokers (aged 18 and over), Annual Population Survey **13** % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey **14** % adults (aged 16 and over) classified as overweight or obese, Active People Survey **15** Experimental statistics - % of cancers diagnosed at stage 1 or 2 **16** Directly age sex standardised rate per 100,000 population **17** Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population **18** % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes **19** Crude rate per 100,000 population **20** All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 **21** Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over **22, 23** The average number of years a person would expect to live based on contemporary mortality rates **24** Rate of deaths in infants aged under 1 year per 1,000 live births **25** Rate per 100,000 population **26** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) **27** Directly age standardised rate per 100,000 population aged 35 and over **28** Directly age standardised rate per 100,000 population aged under 75 **29** Directly age standardised rate per 100,000 population aged under 75 **30** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
^20 Value based on an average of monthly counts $1 There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk