



# **Health and Wellbeing Board**

Date: Wednesday, 6 July 2022

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

This is a **supplementary agenda** and contains information that was not available at the time that the original agenda was published.

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Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension  
**There is no public access from the Lloyd Street entrances of the Extension**

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## **Membership of the Health and Wellbeing Board**

Councillor Bev Craig, Leader of the Council (Chair)

Councillor T Robinson, Executive Member for Member for Healthy Manchester and Adult Social Care (MCC)

Councillor Bridges, Executive Member for Children and Schools Services (MCC)

Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

Katy Calvin-Thomas - Manchester Local Care Organisation

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust

Mike Wild, Voluntary and Community Sector representative

Vicky Szulist, Chair, Healthwatch

Dr Tracey Vell, Primary Care representative - Local Medical Committee

Paul Marshall, Strategic Director of Children's Services

David Regan, Director of Public Health

Bernadette Enright, Director of Adult Social Services

Dr Murugesan Raja Manchester GP Forum

Dr Geeta Wadhwa Manchester GP Forum

Dr Doug Jeffrey, Manchester GP Forum

Dr Shabbir Ahmad Manchester GP Forum (substitute member)

Dr Denis Colligan, Manchester GP Forum (substitute member)

## Supplementary Agenda

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|--|---------|
| <b>5. Integrated Care Systems</b><br>The report of the Executive Member for Healthy Manchester and Adult Social Care is enclosed.                | 3 - 10  |
| <b>6. Manchester Vaccination Programme Update and Autumn/Winter Planning 2022/23</b><br>The report of the Director of Public Health is enclosed. | 11 - 26 |
| <b>7. Manchester Pharmaceutical Needs Assessment</b><br>The report of the Director of Public Health is enclosed.                                 | 27 - 32 |
| <b>9. The Khan Review and Tobacco Control in Manchester</b><br>The report of the Director of Public Health is enclosed.                          | 33 - 74 |

## Further Information

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For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Wednesday, 29 June 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

## Manchester City Council Report for Information

**Report to:** Health and Wellbeing Board – 6 July 2022

**Subject:** Integrated Care Systems

**Report of:** Executive Member for Healthy Manchester and Adult Social Care

### Summary

Integrated Care Systems are being established nationally as part of the next phase of health and social care integration. This includes the establishment of Greater Manchester Integrated Care (NHS GM) and locality arrangements for Manchester. The Manchester Partnership Board will lead the development of Manchester's future operating model for health and social care integration. Joanne Roney OBE has been appointed by NHS GM as the Place-Based Lead for Manchester in addition to being Chief Executive of Manchester City Council.

### Recommendation

The Health and Wellbeing Board is recommended to consider and comment on this report.

### Wards Affected: All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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No direct impact
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<b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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No direct impact
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<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and social care is an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and social care supports significant jobs and skills development in Manchester
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Build Back Fairer work in the city
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health and care for Manchester residents

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

### **Financial Implications:**

No direct financial implications arising from the report. The Section 75 agreement and aligned budget arrangements with Manchester Foundation Trust for the Manchester Local Care Organisation will remain in place.

### **Contact Officers:**

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Name: Ed Dyson  
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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Manchester Locality Plan – Our Healthier Manchester

## 1.0 Introduction

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on the UK Government's reforms to health and social care to establish Integrated Care Systems, including at the level of Greater Manchester.
- 1.2 The report also sets out the arrangements as they relate to the City of Manchester.

## 2.0 Integrated Care Systems

- 2.1 Integrated Care Systems became an aim for the NHS as part of the NHS Long Term Plan in 2019<sup>1</sup>
- 2.2 Aspects of the health and care arrangements required by the 2012 Health and Social Care Act were considered to be a barrier to integration including; the organisational construct of the NHS; approaches toward commissioning; and use of competition by default. Government published a white paper in 2021 which set out a vision for integrated care systems<sup>2</sup>
- 2.3 On 1 July 2022, Clinical Commissioning Groups (CCGs) will be disestablished across England, and Integrated Care Systems (ICS) will be established. This is in line with legislation set out in the Health and Care Act 2022.
- 2.2 The national aims for ICSs are to:
  - i. Secure better health and wellbeing for everyone
  - ii. Tackle unequal outcomes, experience and access to health and care services
  - iii. Enhance productivity and value for money; and
  - iv. Support broader social and economic development
- 2.3 In Manchester, the statutory responsibilities of NHS Manchester CCG will transfer to Greater Manchester Integrated Care (NHS GM) alongside those of the other nine GM CCGs.
- 2.4 These upcoming system reforms are an evolution of the strategic agenda in Manchester and Greater Manchester rather than a change in direction. They are also an opportunity to accelerate the delivery of Manchester's ambitions to improve health outcomes and tackle health inequalities through further integration of health and social care.
- 2.5 Manchester has worked effectively in partnership on health and social care for many years. This means the city is well prepared for the establishment of a GM ICS. The Our Healthier Manchester Locality Plan<sup>3</sup> sets out our strategic

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<sup>1</sup> <https://www.longtermplan.nhs.uk/>

<sup>2</sup> <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

<sup>3</sup> <https://democracy.manchester.gov.uk/documents/s31850/Appendix%20-%20Manchester%20Locality%20Plan%20Refresh.pdf>

ambitions and priorities, aligned to the Our Manchester Strategy<sup>4</sup> for the city. This has been refreshed a number of times since the original plan in 2016. It has a focus on how partnership working can improve population health, address the social determinants of health and tackle health inequalities. It also led to the establishment of Manchester Local Care Organisation in 2018, Manchester Health and Care Commissioning in 2017, and the Single Hospital System for the city. The Locality Plan has the same five strategic aims:-

- Improve the health and wellbeing of the people of Manchester.
- Strengthen the social determinants of health and promote healthy lifestyles.
- Ensure services are safe, equitable and of a high standard with less variation.
- Enable people and communities to be active partners in their health and wellbeing.
- Achieve a sustainable system.

2.6 Integrated Care Systems include a strong focus on place-based partnership working. There will be 10 place-based arrangements in GM that are each coterminous with local authority boundaries, including the city of Manchester, which are referred to as 'locality' arrangements by NHS GM. These place-based partnerships aim to ensure that care and support is connected to the things that keep people well – their homes, their families, friendships and networks, communities, and their jobs. The approach recognises that Councils are the leaders of place and this is an opportunity to better connect health and care services to communities. The 10 locality partnerships will each address specific place-based challenges, reflecting the identity and benefitting from the strengths of communities in each area. At the same time there is a strong focus on improvements to and greater consistency in access to services and quality of services and benefit from the scale of Greater Manchester.

2.7 Local authorities and the NHS, as part of our integrated care system, have a statutory duty to deliver on this agenda through the GM Integrated Care Partnership and GM NHS Integrated Care. The reforms recognise that health and social care integration can make a significant contribution to this agenda but most of what needs to be done is determined by much broader factors such as jobs, housing, environment, infrastructure, families and communities, and it is recognised that Councils have key roles to make these connections and lead each place.

### 3.0 Next steps in Manchester

3.1 NHS GM has developed a Greater Manchester Operating Model document, which sets out the overall vision and objectives for the GM Integrated Care Partnership, the GM 'system architecture', governance arrangements, and the

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[https://www.manchester.gov.uk/info/200024/consultations\\_and\\_surveys/8148/our\\_manchester\\_strategy-forward-to-2025#:~:text=environment%20and%20infrastructure,-,Our%20future%20Manchester,an%20attractive%20and%20welcoming%20city.](https://www.manchester.gov.uk/info/200024/consultations_and_surveys/8148/our_manchester_strategy-forward-to-2025#:~:text=environment%20and%20infrastructure,-,Our%20future%20Manchester,an%20attractive%20and%20welcoming%20city.)

features and characteristics of the GM system. This will be approved and published at the first Board meeting held on July 1<sup>st</sup>.

- 3.2 Manchester and the other nine GM localities are developing their own place-specific locality models. The key features include:
- i. A Locality Board to ensure the priorities are decided together in the locality and support the effective joint stewardship of public resources. In Manchester this will be the Manchester Partnership Board (MPB).
  - ii. A Place Based Integrated Care Lead with dual accountability to the local authority and to NHS GM.
  - iii. A place-based provider collaborative or alliance providing comprehensive integrated care at neighbourhood and place levels. This builds on the existing approach to provider collaboration and the work of the Manchester Local Care Organisation.
  - iv. A means of ensuring clinical and care professional input and leadership to place based working.
  - v. A focus on health creation and prevention as well as health services with a particular emphasis on population health and reducing health inequalities. Manchester's work to tackle health inequalities – Build Back Fairer – will continue to be overseen by the Chief Executive and Director of Population Health and will be an important element of the work programme of MPB.
  - vi. An accountability agreement between partners in the locality and NHS GM.
  - vii. An articulated relationship with their local Health and Well Being Board as the route to confirm accountability to the local authority.
- 3.3 Joanne Roney OBE, Chief Executive of Manchester City Council, has been appointed by GM NHS as the Place-Based Lead for Manchester, as well as continuing to be Chief Executive of the Council. Most of the other GM localities have also appointed the relevant Local Authority Chief Executive as their Place-Based Lead. The Chief Executive will hold an additional contract with NHS GM, will be accountable for certain functions and additionally report directly to Mark Fisher, the Chief Accountable Officer of NHS GM. A deputy post is being appointed to and a core leadership team is being established.
- 3.4 Manchester Partnership Board (MPB) will be the Locality Board for Manchester. The MPB is chaired by the Leader of the Council and includes a small number of Chief Executive and Director-level representatives from MCC, Manchester Foundation Trust (MFT), Greater Manchester Mental Health (GMMH), Manchester Local Care Organisation (MLCO), Primary Care in Manchester, and a VCSE sector representative.



- 3.5 Certain functions will be delegated from GM to Manchester through to the Place-Based Lead, and to MPB when it is formally constituted as a Committee of NHS GM Integrated Care Board (ICB). Other functions will be reserved to the NHS GM ICB. The list of functions is set out in a Scheme of Delegation and Reservation within the NHS GM Governance Handbook.
- 3.6 Manchester Partnership Board (MPB) will lead the development of Manchester's future operating model. The initial focus is on a safe transition of functions and staff from the CCG from 1 July 2022. This will move quickly into the development of a future operating model for health and social care in the city.
- 3.7 The Manchester Provider Collaborative will be the means by which providers coordinate their work particularly at a neighbourhood level. Partners will include Manchester Local Care Organisation (MLCO), Greater Manchester Mental Health and primary care. The collaborative will also be the delivery arm of MPB putting transformation priorities into delivery. The section 75 agreement which underpins the MLCO relationship between Manchester University Hospitals Foundation Trust (MFT) and MCC will remain.

#### **4.0 Recommendations**

- 4.1 The Health and Wellbeing Board is recommended to consider and comment on this report.

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## Manchester City Council Report for Information

**Report to:** Health and Wellbeing Board - 6 July 2022

**Subject:** Manchester Vaccination Programme Update and Autumn/Winter Planning 2022/3

**Report of:** Director of Public Health

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### Summary

At the meeting, the Director of Public Health will present an update on performance of the Manchester Covid-19 Vaccination Programme and planning to date for Autumn/Winter Vaccination 2022/3.

### Recommendations

The Health and Wellbeing Board is recommended to note, consider and comment on the information in the presentation.

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### Wards Affected: All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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No impact
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<b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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The Manchester Vaccination Programme has a rigorous focus on equality, diversity and inclusion. The programme is subject to continuous review and development work across system partners to prioritise health equity and reduction of inequalities, and makes considerable additional investment to reach communities and inclusion health groups with low vaccination coverage. An Equalities Impact Assessment has been completed for the Spring Vaccination Programme and will be conducted as part of the autumn/winter 2022/3 programme.
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	As we move into the recovery phase of the Pandemic there is a recognition that Covid-19 has had a disproportionate impact on certain communities in our city. As part of Building Back Fairer we will address the health inequalities that have been exacerbated by the Pandemic and the Living Safely and Fairly with Covid-19 Plan, approved by the Council Executive in March 20 sets out how we will build a local health protection system that reflects the OMS outcomes.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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**Background documents (available for public inspection):** None

# Manchester Vaccination Programme Update Health & Wellbeing Board 6<sup>th</sup> July 2022

# Spring Vaccination Programme

## Covid-19 Vaccination Data Summary 21/6/22

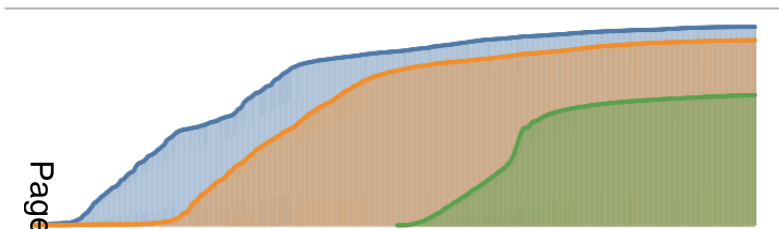
### COVID Vaccination Coverage as of 21 June 2022

Data Source: National Immunisation Management System (NIMS)

For patients registered with a Manchester GP Practice:

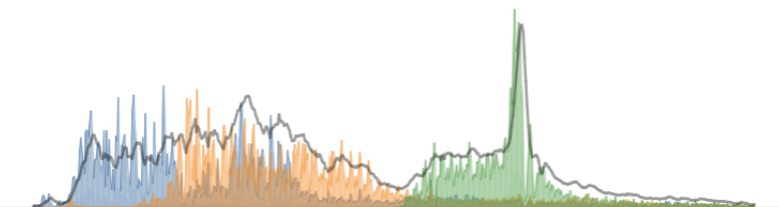
414,127 patients given their first dose ■ +214 in past 7 days  
386,537 patients given their second dose ■ +300 in past 7 days  
271,788 patients given their booster dose ▲ +560 in past 7 days

Cumulative Doses



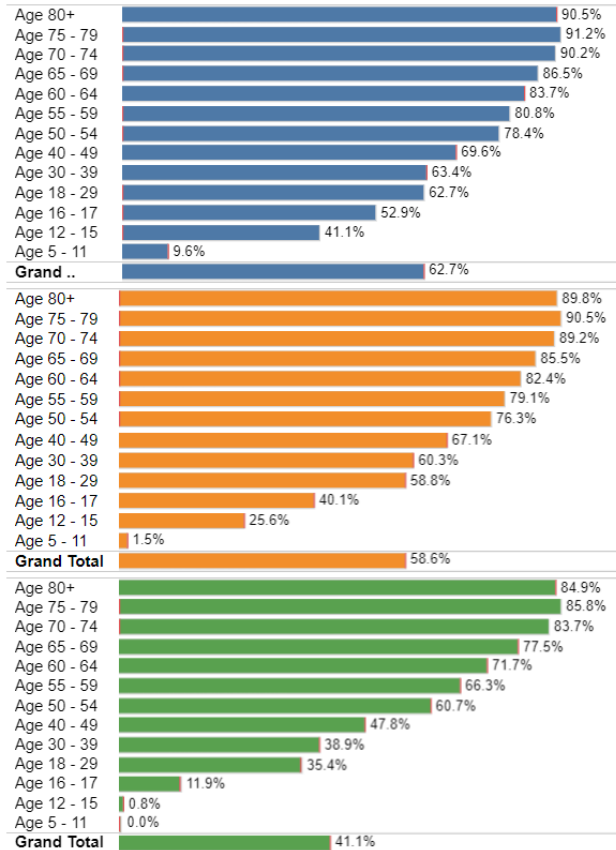
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Daily Doses (including 7 day rolling average)



Dose	Uptake for Age 18+ (daily change)	Uptake for Age 16+ (daily change)	Uptake for Age 12+ (daily change)
First	70.3% (0.00%)	69.8% (0.00%)	68.1% (0.00%)
Second	67.5% (0.00%)	66.7% (0.00%)	64.4% (0.01%)
Booster	49.1% (0.02%)	48.0% (0.02%)	45.3% (0.01%)

First Dose Uptake (based on registered population) (daily change)  
Second Dose Uptake (based on registered population) (daily change)  
Booster Uptake (based on registered population) (daily change)



### Key messages

In the week to 21<sup>st</sup> June

214 First doses  
300 Second doses  
560 Third doses ('Winter' boosters)  
695 Fourth doses ('Spring' boosters)  
1,769 Total Vaccinations given

- Uptake across all doses has slowed as it has across the country
- Manchester residents/registered patients are still coming forward for all doses through the 'Evergreen Offer' available across the city.

Appendix 1, Item 6

# Spring Vaccination Programme

## Fourth Dose 'Spring Booster' Data Summary 25/6/22

### Fourth Dose Vaccination Data Data Source: Primary Care Data (EMIS)

Data up to and including:  
Saturday 25 June 2022

Vaccination Dose: Dose 4 Specific Patient Group: All

#### Eligibility and Delivery

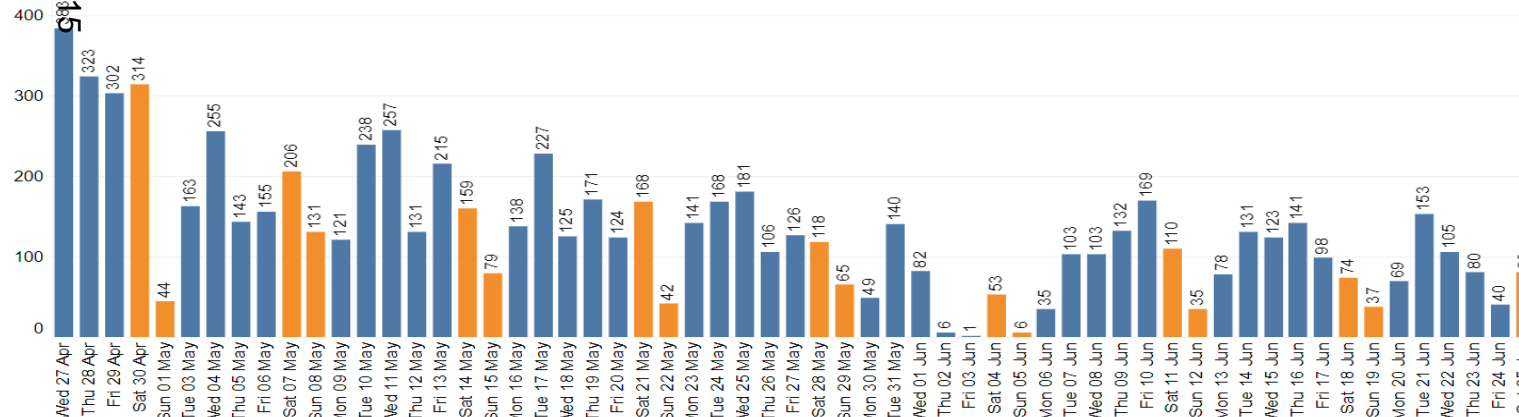
38,745 of patients are in scope for a Fourth Dose of a COVID Vaccine  
76.9% (29,801 / 38,745) of patients in scope are eligible for the Fourth Dose (based on previous dose history and timescales)  
66.2% (19,732 / 29,801) of eligible patients have received a Fourth Dose

#### Population Coverage for patients eligible for Fourth Dose

Percentage of patients that have received a dose, regardless of previous dose history.



#### Daily Delivery of Fourth Dose



### Key messages

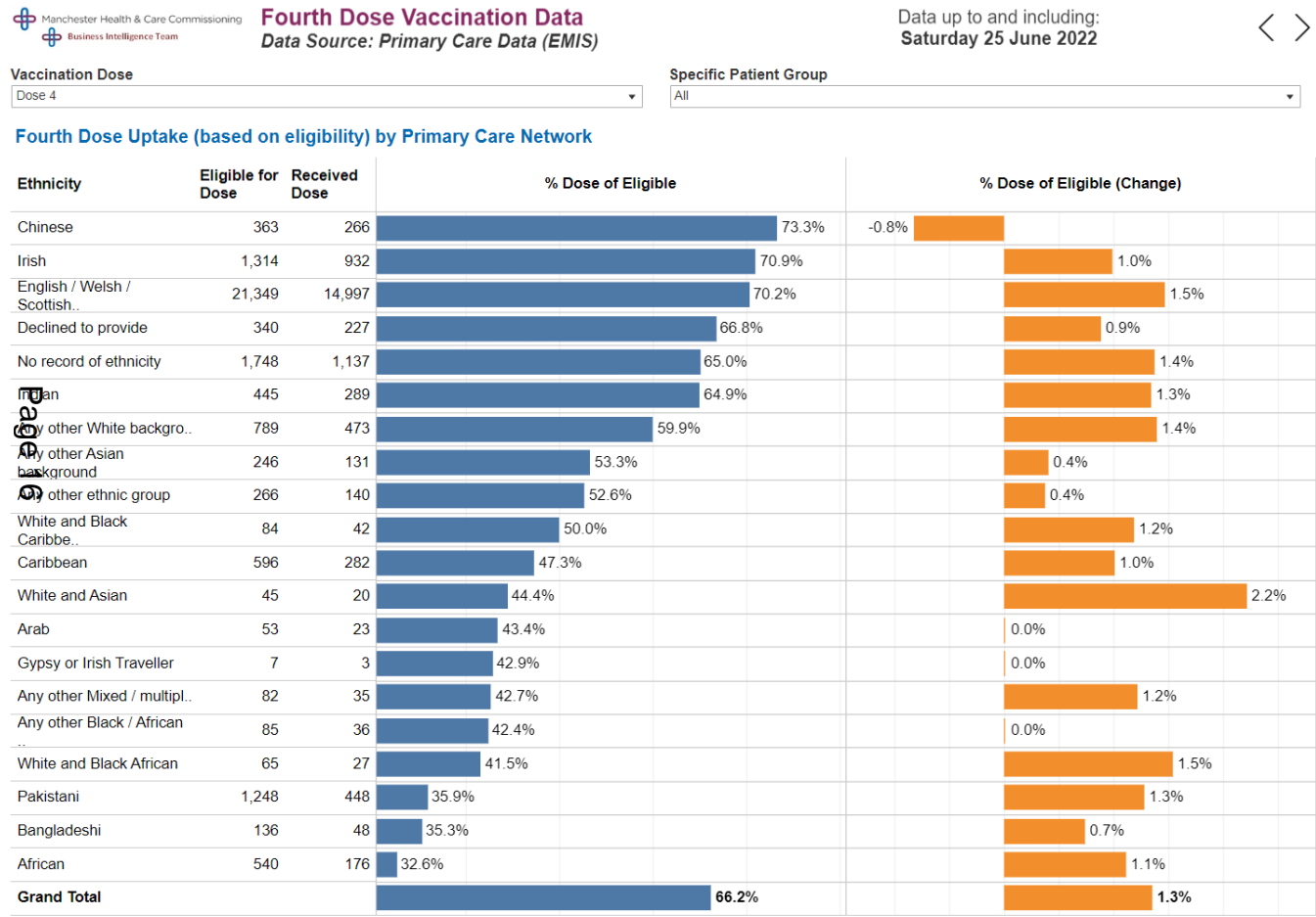
**66.2%** of all eligible patients have now had a 4<sup>th</sup> dose. **564** of these doses administered in the past week (Sat-Sat)

Overall coverage for spring boosters remains a concern, particularly in the light of the increasing rates of Covid-19

Communication and engagement teams have issued Community Toolkit and messages through Age Friendly Networks to encourage all those eligible but still to come forward to take up the vaccination offer

# Spring Vaccination Programme

# Spring Booster – breakdown by ethnicity



Lowest coverage of eligible people is in African, Bangladeshi & Pakistani communities.

Work is underway with Covid Health Equity Manchester Sounding Boards and Chat Co-ordinators to ask for support in encouraging uptake

Work continues to target all population groups with lower coverage. Pop-up clinics in June included

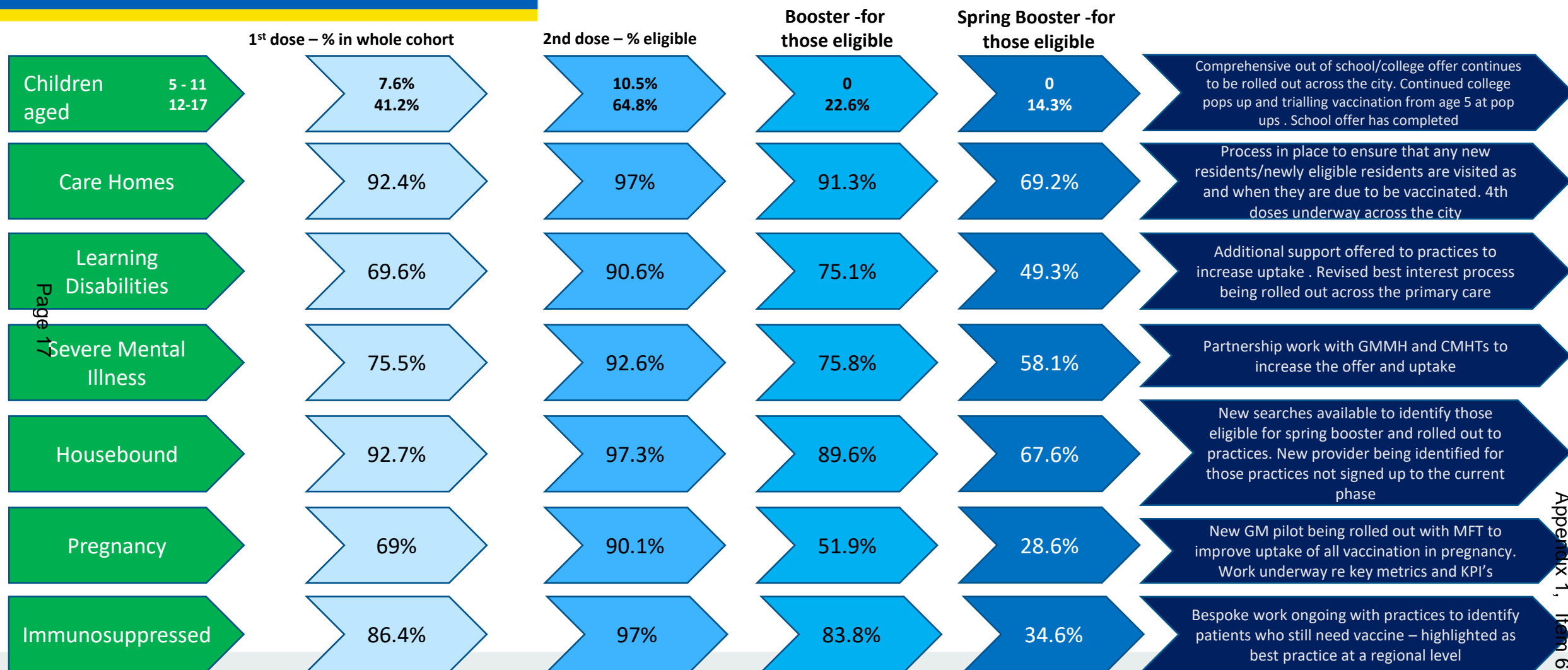
- Merseyfest
- China Town
- Longsight Market
- Florence House, Openshaw
- Harpurhey Market

Appendix 1, Item 6



# Spring Vaccination Programme

## Coverage for key cohorts – as of 25<sup>th</sup> June 2022



# Spring Vaccination Programme

## Peripatetic service review: Key Learning points

### What has worked well?

- Consistent, regular pop up clinics rather than 'one-off's'
- Advanced advertising
- Accessible to general public for walk in
- Use of 'high footfall areas'
- Targeted promotional messages from GP Practices to patients (eg. texts)
- Local engagement work/targeted leaflet drops in the community
- Work with Covid Health Equity Manchester (CHEM) Sounding Board to get local insight and inform plans
- Joined up work with health and wellbeing events, Test and trace, overseas registration etc.
- Language skills within the team/volunteers

### What hasn't worked so well?

- One off clinics at schools which general public cannot access
- Lack of time for engagement
- Feedback/data collection

### What else do we need to consider going forward?

- Use of National Booking System where possible
- Use of Tableau tool to drill down further to street level data
- Improve data collection/analysis and upskill volunteer marshals to collect feedback
- Some focused work on inclusion health groups, consider food banks, sheltered accommodation etc, housing associations citywide.



## Spring Vaccination Programme

## Spotlight: Peripatetic Team Outreach Clinics

Pop-up's have always formed a part of the wider vaccination offer and in more recent times become a real focus. The Peripatetic model was set up in January 2022 and has been very successful in supporting the citywide offer via an equity focused approach, **delivering 2,672 vaccinations in 65 clinics to 16/6/22**

Date	Venue	Vaccinations
19 <sup>th</sup> January	Eden School, Cheetham Hill	6
21 <sup>st</sup> January	TESCO car park, Crumpsall,	48
27 <sup>th</sup> January	Abraham Moss School, Cheetham Hill	24
28 <sup>th</sup> January	Moss Side Powerhouse	24
29 <sup>th</sup> January	Pakistani Community Centre, Longsight	58
4 <sup>th</sup> February	Moss Side Powerhouse,	96
5 <sup>th</sup> February	Pakistani Community Centre, Longsight	54
8 <sup>th</sup> February	Manchester Communications	36
10 <sup>th</sup> February	Xaverian College, Rusholme	90
11 <sup>th</sup> February	Powerhouse, Moss Side	86
12 <sup>th</sup> February	Pakistani Community Centre , Longsight	46
12 <sup>th</sup> February	Manchester University	24
14 <sup>th</sup> February	Clayton Sure Start Centre	20
18 <sup>th</sup> February	Powerhouse, Moss Side	36
19 <sup>th</sup> February	Pakistani Community Centre, Longsight	38
24 <sup>th</sup> February	Manchester University	24
25 <sup>th</sup> February	Powerhouse, Moss Side	36
26 <sup>th</sup> February	Pakistani Community Centre , Longsight	38
2 <sup>nd</sup> March	Gorton Oasis Centre,	41
3 <sup>rd</sup> March	Gorton Oasis Centre	26
3 <sup>rd</sup> March	Manchester University	26
4 <sup>th</sup> March	Loreto College	120
4 <sup>th</sup> March	Moss Side Powerhouse,	54
8 <sup>th</sup> March	Xaverian College, Rusholme,	114
9 <sup>th</sup> March	Welcome Centre, Cheetham Hill	3
10 <sup>th</sup> March	Manchester University	12
11 <sup>th</sup> March	Moss Side Powerhouse	60

Date	Venue	Vaccinations
15 <sup>th</sup> March	Connell college, Beswick,	30
16 <sup>th</sup> March	Manchester University	15
18 <sup>th</sup> March,	Didsbury Mosque	24
19 <sup>th</sup> March,	Parrs Wood Complex, Didsbury	60
25 <sup>th</sup> March	Moss Side Powerhouse	48
1 <sup>st</sup> April	Moss Side Powerhouse	30
2 <sup>nd</sup> April	Manchester Settlement, Openshaw	60
7 <sup>th</sup> April	The Fort Complex	24
08 April	Crowne Plaza Hotel	60
12 <sup>th</sup> April	UOM - Whitworth Hall	18
14 <sup>th</sup> April	Tesco Crumpsall	30
21 <sup>st</sup> April	Tesco Crumpsall	30
22 <sup>nd</sup> April	Loretto College	75
23 <sup>rd</sup> April	Harpurhey Market	48
26 <sup>th</sup> April	Minehead Court, Didsbury	58
26 <sup>th</sup> April	Oasis Centre, Gorton	24
28 <sup>th</sup> April	Tesco Crumpsall	28
28 <sup>th</sup> April	MMU - Business School	24
29 <sup>th</sup> April	Moss Side Powerhouse	30
4 <sup>th</sup> May	Didsbury Grove Lane	22
5 <sup>th</sup> May	Tesco Crumpsall	36
5 <sup>th</sup> May	Manchester University	36
6 <sup>th</sup> May	Moss Side Powerhouse	6
7 <sup>th</sup> May	Longsight Market	30
12 <sup>th</sup> May	Tesco Crumpsall	21
14 <sup>th</sup> May	Longsight Market	42
19 <sup>th</sup> May	Tesco Burnage	24



Date	Venue	Vaccinations
21 <sup>st</sup> May	Longsight Market	33
26 <sup>th</sup> May	Tesco Burnage	52
27 <sup>th</sup> May,	Crowne Plaza Hotel, Wythenshawe	77
28 <sup>th</sup> May,	Longsight Market	48
1 <sup>st</sup> June	Merseyfest, Mersey Bank estate	11
7 <sup>th</sup> June	Florence House, Openshaw	52
9 <sup>th</sup> June	Withington COOP	21
10 <sup>th</sup> June	Harpurhey Market	11
12 <sup>th</sup> June	China Town	35
14 <sup>th</sup> June	Florence House	44
16 <sup>th</sup> June	Tesco Burnage	35

Appendix 1, Item 6



### Review: Longsight Market – four pop-up clinics

#### Challenge:

Address the low vaccine coverage amongst the Longsight population

#### Response:

For consistency, 4 Pop-Up vaccination clinic were booked into to be held within Longsight market - a high footfall area that serves the local population. A 'whole family' offer was been put in place so that anyone over 5 years old could be vaccinated.

Prior to the event the MHCC Integrated Neighbourhood Team linked in with sounding boards, local charities and Covid chat co-ordinators who supplied volunteers from local area to help run the pop-up clinic.

Leaflets were printed in a variety of languages and fixed banners were put up in the local area advertising the events

#### Outcome:

In total **159** vaccines were given over the **4** Saturdays across a mix of doses and ages, including good uptake in children.



### Review : Burnage Tesco - three pop-up clinics



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#### Challenge:

- Address geographical vaccine provision gaps in certain areas of South Manchester, with no Local PCN site.

#### Response:

- For consistency, 4 Pop-Up vaccination clinics were booked into to be held within Tesco Burnage car park- a high footfall area that serves the local population. Tesco arranged a parking space directly in front of the store which helped for visibility.
- Prior to the event the MHCC Integrated Neighbourhood Team linked in with sounding boards, local charities and Covid chat co-ordinators who supplied volunteers from local area to help run the pop-up clinic.
- Leaflets were printed and fixed banners were put up in the local area advertising the events

#### Outcome:

- **111** vaccines were delivered during the first 3 sessions – this included a high number of spring booster
- The second clinic saw a **100%** increase in turnout suggesting word of mouth/advertising was having an effect

## Spring Vaccination Programme

## Targeted communications for younger people



Our highest uptake in primary vaccination doses and third dose in the past 13 weeks has been in the 18-24 age group

23% of all of doses 1-3 since mid-March have been in this age group

The comms campaign focuses on travelling abroad and eligibility

This material will also link to 'influencer work' that our communications teams are undertaking, and a dedicated digital campaign that will be activated when certain age groups in Manchester search for holiday information or information linked to the TV show 'Love Island'



## Spring Vaccination Programme

## Targeted communications for older people

**Have you had your Spring Booster?**



**If you are aged 75+ book your appointment**

To book your booster, you can:

- Visit the National Booking System
- Call the Gateway: 0800 092 4020/0161 947 0770
- Speak to your GP practice

**Have you had your Spring Booster?**



**If you are aged 75+ book your appointment**

To book your booster, you can:

- Visit the National Booking System
- Call the Gateway: 0800 092 4020/0161 947 0770
- Speak to your GP practice

**Don't let COVID stop you seeing your family**



**If you are aged 75+ book your appointment**

To book your booster, you can:

- Visit the National Booking System
- Call the Gateway: 0800 092 4020/0161 947 0770
- Speak to your GP practice

← MHCC 71.5K Tweets

NHS MHCC @ManchesterHCC · Jun 24  
Still need your spring booster but need help getting to your appointment?

Call Street Cars on 0161 228 7878 for a free ride there and back.

**ManchesterJabCab**  
**FREE CAB SERVICE IN MANCHESTER**

If you need help to get to and from your vaccination appointment

**CALL STREET CARS ON 0161 228 7878**

Give the reference: ManchesterJabCab

These assets were created targeting older people – boosted on Facebook ( the ‘silver surfer’ social network of choice)

Communications Teams have also drafted some specific copy around Spring Boosters which has been shared with Age Friendly Manchester and via Community Explorers in North, Central and South Manchester and via Northwards Housing

Text message content has been created for GP practices to use to invite patients and issued via primary care communication channels

To increase uptake amongst older people in general we sent out a letter to all over 70s who weren't fully vaccinated ( be that yet to have 1<sup>st</sup> 2<sup>nd</sup> or booster) telling them about the importance of being vaccinated and where and how they can be – including the free taxi service.

# Vaccination Planning Update Autumn/winter 2022-3



### Completion of Spring Booster campaign and vaccination offer to end August

- July-August those eligible for spring booster can still book – request for systems to ensure clinical conversations take place at point of care re. optimal timing prior to autumn booster (91-day dose interval)
- Those who enter a care home or turn 75 after 30<sup>th</sup> June are not eligible until autumn programme begins
- Newly immunosuppressed individuals should continue to be offered through July/August
- 'Evergreen offer' remains in place

### Planning for Autumn/Winter vaccination (NHSE Guidance)

- Plan for **minimum JCVI Cohorts 1-6 and maximum Cohorts 1-9**
- **Surge plans** required but must limit impact on routine primary care – guidance to follow
- Opt-in process for General Practice and EOI for community pharmacy to be published 'shortly'
- Financial arrangements to change from September with a fixed allocation at Integrated Care Board level covering core activity, surge contingency and 'accessible network and engagement activity to increase coverage'
- Local systems to be involved in development of a future integrated vaccination strategy

### Cohorts 1-6 (147,445 total eligible in Manchester)

- Residents and staff working in a care home for older adults
- Frontline health and social care workers
- All those aged 65 and over
- Adults aged 16-64 in a clinical risk group

### Cohorts 7-9 (209,335 total eligible)

- All those aged 50 – 64

### All Cohorts (644,552 total eligible)

- For surge planning Age 5+

\* NHSE Letter C1666 22/6/22

- 1. Lack of clear guidance on timescales for General Practice and Community Pharmacy opt-in impedes ability to plan effectively in terms of delivery system as a whole**
- 2. Change in financial arrangements to fixed ICS allocation from September poses several challenges**
  - Manchester has higher non-NHS Estate costs than other GM localities - four PCN-led vaccination sites (The Jain, Irish Centre, Grange and Forum) and one Community Pharmacy site (MMC, Cheetham) - this is subject to a value for money review and any ongoing rental costs will come out of the fixed allocation
  - The Mass Vaccination Centre at the Etihad Campus is due to close at end August, which will make it more important to retain nearby community vaccination sites, particularly in East and North Manchester.
  - The available financial envelope for health equity work, and the method of allocation to support each GM locality is unclear. Whilst MHCC has mitigated this impact via additional primary care investment for 2022/3 there is ongoing pressure on resource due to the scale of the challenge in the city
  - The Item of Service fee for vaccination is likely to be reduced from the current level of £12.58 per vaccination, which may reduce incentives for providers to opt in
- 3. The delivery systems for the Annual Flu Programme (and Shingles & Pneumococcal) remain unaligned with Covid vaccination for 2022/3, and therefore the service offer to residents/patients will remain variable depending on provider arrangements across the city, and opportunity to integrate a delivery offer through mobile outreach reduced.**
- 4. The proportion of the population who remain unvaccinated for Covid-19 and the historically low uptake of flu vaccination remains a key risk for health protection and winter pressures on the health system**

## Manchester City Council Report for Information

**Report to:** Health and Wellbeing Board - 6 July 2022

**Subject:** Manchester Pharmaceutical Needs Assessment (2023-2026)

**Report of:** Director of Public Health.

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### Summary

The provision of pharmaceutical services falls under the National Health Service (Pharmaceutical and Local Pharmaceutical services) Regulations 2013. The regulations cover the production of this Pharmaceutical Needs Assessment (PNA). The responsibility for producing the PNA is that of the local Health and Wellbeing Board (HWB).

The PNA steering group has been leading the development of the next PNA for 2023-2026 on behalf of the HWB Board. This report includes the Executive Summary of the draft PNA (Appendix 1). Due to the length of the draft PNA (and the associated appendices), the full documentation can be found at:

<https://www.manchester.gov.uk/pna>

The regulations state that the HWB must undertake a consultation on the content of the PNA and it must run for minimum of 60 days. It is therefore proposed that the consultation period for the Manchester PNA runs from Monday 5th September until Friday 4<sup>th</sup> November 2022.

### Recommendations

The Board is asked to agree to the consultation starting on 5th September 2022 and receive the final version of the PNA in January 2023.

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### Wards Affected: All

<p><b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>
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<p>The number, location, distribution and service provision across the city, aligned with GP practices, combined with the fact that the majority of Manchester residents live within one mile of a pharmacy and can access a pharmacy within 15 minutes, either by walking, public transport or driving; ensures local, low carbon access for residents.</p>
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<p><b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>
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<p>The local, citywide provision of community pharmaceutical services is provided to address health equity and reduction of inequalities for all communities across the city.</p>
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The PNA ensures that the provision of community pharmaceutical services meet the health needs of Manchester residents across the city. It ensures that there is appropriate access to pharmaceutical services for Manchester residents and allows residents to receive appropriate advice and treatment for self-care. The local provision contributes to neighbourhood economies and provides employment opportunities for residents.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

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**Financial Consequences – Revenue** - none

**Financial Consequences – Capital** - none

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**Background documents:**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

Manchester Pharmaceutical Needs Assessment 2020

Manchester Draft Pharmaceutical Needs Assessment 2023-2026 available via <https://www.manchester.gov.uk/pna>

## **1.0 Introduction**

- 1.1 The Health and Social Care Act 2012 transferred responsibility to develop and update the Pharmaceutical Needs Assessment (PNA) from Manchester Primary Care Trust to Manchester Health and Wellbeing Board (HWB). NHS England has responsibility for the application process and the management of pharmacies compliance with their terms of service. The PNA informs the application and decision-making process, however, NHS England have the responsibility for approving or rejecting new applications.

## **2.0 Background**

- 2.1 The provision of pharmaceutical services falls under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations cover the production of the Pharmaceutical Need Assessment (PNA), the application and decision-making process for opening pharmacies and also details the term of services for pharmacies, dispensing appliance contractors and dispensing doctors.
- 2.2 The PNA looks specifically at the current provision of pharmaceutical services in Manchester. It determines whether these pharmaceutical services meet the needs of the population. The current PNA runs to 31 March 2023. The purpose of Manchester PNA is summarised below:
  - i. The PNA will be used by NHS England (NHSE) when making decisions on applications to open new pharmacies and dispensing appliance contractors, or applications from existing pharmaceutical provides to change their regulatory requirements
  - ii. The PNA will help work with providers to target services to the areas where they are needed
  - iii. The PNA will inform interested parties of the PNA and enable collaborative work to plan, develop, and deliver pharmaceutical service for the residents of Manchester
  - iv. The PNA will help inform commissioning decisions by local commissioning bodies
- 2.3 NHS pharmaceutical services include:
  - i. Essential services which all community pharmacies must provide dispensing of medicines and appliances, promotion of healthy lifestyles, disposal of unwanted medicines, support for self-care, and ensure robust clinical governance is in place
  - ii. Advanced services commissioned by NHSE which community pharmacies can choose to provide that require extra accreditation and must meet all of the appropriate governance requirements
  - iii. Enhanced services which are commissioned by NHSE, local authority of CCG in order to meet local need such as the minor ailment scheme

- 2.4 Public health services may be commissioned by local authorities from pharmacies including emergency hormonal contraception, supervised consumption of methadone and needle exchange services.
- 2.5 Local NHS commissioners may also commission pharmacies to support local delivery of services, including the monitoring of long-term conditions.
- 2.6 Currently there are 127 pharmacies distributed across the city providing a range of services.

### **3.0 Statutory requirements of the PNA**

- 3.1 The PNA is a report on the local needs for pharmaceutical services. It is used to identify gaps in current services or improvements that could be made to current or future service provision. The specific content of the PNA is set out in schedule 1 of the NHS (pharmaceutical and local pharmaceutical services) Regulations 2013.

### **4.0 Local arrangements for producing the next Manchester PNA**

- 4.1 A steering group has been formed to provide governance and expertise to facilitate the production of the next PNA which will cover the period 2023- 26. The group was established in February 2022 and is led by the Manchester Health and Care Commissioning Medicines Optimisation Team with appropriate representation from pharmacists, the Local Pharmacy Committee (LPC), Greater Manchester Health and Social Care Partnership (GMHSCP) and the Population Health Team.
- 4.2 An initial consultation exercise has been carried out with members of the public and community pharmacy contractors.
- 4.3 The regulations stipulate that the HWB must undertake a consultation on the content of the PNA. The consultation period must run for a minimum of 60 days and this is planned to run from Monday 5 September until Friday 4 November 2022. The regulations also state that the following must be consulted:
  - Local Pharmaceutical Committee
  - Local Medical Committee
  - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - Any local pharmaceutical service pharmacy in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services
  - Healthwatch
  - NHS Mental Health Trusts
  - NHS Acute Trusts
  - ICB Place based teams (formerly known as local CCGs)
  - NHS England and
  - Neighbouring Health & Wellbeing Boards.

- 4.4 After the consultation is complete on the 4 November 2022 comments will be considered and the final document will be presented to the HWB in January 2023 in advance of formal publication on 1 April 2023. The current draft document will also be updated using any appropriate 2012 Census data (expected imminently), outstanding NHSE data, and taking account of any impact from the new NHS GM Integrated Care structures.

## **5.0 Recommendations**

- 5.1 The Board is asked to agree to the consultation starting on 5 September 2022 and receive the final version of the PNA in January 2023



## Manchester City Council Report for Information

**Report to:** Health and Wellbeing Board - 6 July 2022

**Subject:** The Khan Review and Tobacco Control in Manchester

**Report of:** Director of Public Health

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### Summary

This report provides a summary of the work of the Manchester Population Health Tobacco Control Programme, including current and proposed projects.

This report has been written at this time specifically, in response to the publication of the Khan Review: Making Smoking Obsolete, on the 9<sup>th</sup> June 2022. (1)

### Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Support the ongoing activity of the Population Health Tobacco Control Programme.
  - (ii) To note the roll out of the CURE programme.
  - (iii) To support the extension of tobacco/smoking cessation provision for all MCC staff in line with latest National Institute for Health and Care Excellence (NICE) (section 5.5).
  - (iv) To support a pilot project around Smoke Free Public Spaces in Manchester (section 7).
- 

**Wards Affected:** All

**Environmental Impact Assessment** - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

A reduction in smoking will have a significant impact on the polluting effect of cigarette litter (plastics, heavy metals and other toxins) on land and water courses. There would also be a reduction in activity required by Manchester City Council in order to collect and deal with cigarette litter. It is estimated that around 71 tonnes of cigarette butts are dropped on the streets in Greater Manchester every year, and 169 tons of waste created overall, most of which ends up in landfill. We can assume that at least one tenth of this waste will arise in Manchester city.

Creating the conditions for people to live healthier lives will impact not only on individual and population health. The burden on the NHS will be significantly reduced and in turn its huge carbon footprint

**Equality, Diversity and Inclusion** - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

Tobacco use, primarily in the form of smoking cigarettes correlates with deprivation. It adds to and amplifies health inequalities and reduces the life expectancies of smokers and in many cases, the people who live with them. The Manchester tobacco plan implements national, evidence-based recommendations around protected characteristic and groups within our community, such that interventions and services are focused on those groups most likely to smoke and most likely to be severely impacted by tobacco.

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	Manchester residents are disproportionately affected by smoking related disease and premature mortality related to tobacco. By reducing smoking rates, we will enable Manchester residents to be healthy and well and to achieve their potential.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Manchester residents are disproportionately affected by smoking related disease and premature mortality related to tobacco. By reducing smoking, we will enable Manchester residents to be healthy and well and to achieve their potential. The impact of tobacco related morbidity is felt not just by the smoker, but their children and families in terms of family poverty, ill health, caring responsibilities.
A liveable and low carbon city: a destination of choice to live, visit, work	Cigarette littering is major cause of plastic pollution and contamination of land, water and wildlife. By reducing smoking rates we will improve the appearance and environment in Manchester.
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

#### **Financial Consequences – Revenue**

#### **Financial Consequences – Capital**

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## 1.0 Introduction

- 1.1 The purpose of this report is to provide a summary of the Khan review and a summary the Tobacco Control Plan in Manchester. The report outlines key projects and workstreams and outlines two new proposed additions to the programme.
- 1.2 The Khan Review is an *independent* review, commissioned by the Secretary of State for Health and Social Care. Its purpose is to inform the government's approach to tackling the wide health disparities associated with tobacco use. The review was published on 9<sup>th</sup> June 2022 (1) and its recommendations will inform the government's refreshed National Plan for Tobacco Control (2). This in turn, will inform a refresh of the Manchester Plan for Tobacco Control (3)

*"In 2019, the government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will simply not meet its manifesto commitment "to extend healthy life expectancy by five years by 2035". It will also prevent the government from fulfilling its ambition to save more lives as part of a new 10-Year Cancer Plan.*

*My review found that without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044. To have any chance of hitting the smokefree 2030 target, we need to accelerate the rate of decline of people who smoke, by 40%."*

### **The Rt Hon Sajid Javid, Secretary of State for Health and Social Care**

Unfortunately, at the time of writing this report, Manchester, as one of the most deprived cities in England, currently has the highest adult smoking prevalence rates, despite a strong tobacco control programme. These rates are reflected in our rates of smoking attributable morbidity and mortality and will continue to be, unless we can break the intergenerational patterns of smoking and cultural norms in some communities. We can only do so by treating people who suffer from addiction to tobacco \* as well as continuing to address the wider determinants of all types of tobacco use. Manchester is some way from achieving 5% smoking prevalence. Strong leadership and continued whole system effort will be needed for years to come.

*\* Any kind of tobacco use (e.g. cigarettes, shisha or non-smoked tobacco) causes an addiction because it contains nicotine, a highly addictive psychoactive drug. Nicotine itself is harmless physiologically to most people, but the tobacco is highly toxic and carcinogenic. Nicotine Replacement Therapies are used to help people to stop using tobacco.*

## 2.0 Background

### 2.1 The Khan Review

The objective of the review was to make a set of focused policy and regulatory recommendations in two areas:

- (i) The most impactful interventions to reduce the uptake of smoking, particularly among young people. Data from University College London and Action on Smoking and Health suggests that smoking rates among young adults may have increased during the pandemic.
- (ii) Best interventions to support smoking cessation, particularly in deprived areas of England where there are significant health disparities.

## 2.2 Key Conclusion of the Khan Review

England will miss the smoke free 2030 target (i.e. rates of less than 5%) by at least 7 years, with the poorest areas not meeting it until 2044. Dr Khan has called for targets to ensure that every community in every area is below 5% by 2035 and drive a new ambition of making smoking completely obsolete and a thing of the past by 2040.

## 2.3 Summary Recommendations of the Khan Review

1. **Critical Intervention:** Urgently invest additional £125m per year. Tobacco Industry Levy as preferred option to generate funds.
2. **Critical Intervention:** Raise the age of sale of tobacco from 18, by one year, every year.
3. Substantially raise the cost of tobacco duties for all tobacco products.
4. Introduce a tobacco licence for retailers. Ban supermarkets and online sales of tobacco products.
5. Enhance local illicit tobacco enforcement
6. Reduce the appeal of smoking through how cigarettes sticks and packs look, and tackling portrayals in the media
7. Increase smokefree places to denormalise smoking and protect young people from second-hand smoke
8. **Critical intervention:** Offer vaping as a substitute for smoking. Prevent uptake by young people.
9. Invest an additional £70m per year in stop smoking services. This investment should be ringfenced. Employers should also follow current NICE guidance to support their employees to quit (5)
10. Invest in mass media campaigns and targeted regional media
11. **Critical intervention:** NHS to prioritise further action to stop people smoking, by providing support and treatment across all its services, including primary care
12. Support Pregnant Women to quit
13. Tackle the issue of smoking and mental health
14. Ensure regional and local prioritisation of stop smoking through Integrated Commissioning Services leadership
15. Invest in new research and data

## 2.4 Conclusion

Findings focus on preventing people from starting smoking, helping smokers and tobacco users to “quit”, increased investment, increased regulation and exploration of a levy on the tobacco industry (polluter pays type model).

Findings from the review will now be considered by government as part of wider plans to improve health of the nation and reduce inequalities through the Health Disparities White Paper.

The Local Government Association has made the following statement in response to the recommendations of the Khan Review:

*“Councils want to go faster in improving the health of their communities, including becoming smoke free but this needs to be supported by adequate funding and stronger government policies, including taking forward the recommendations of this review.” (6)*

### **3.0 Smoking and Tobacco Use in Manchester**

- 3.1 Despite our comprehensive Tobacco Control Programme, both in Manchester and Greater Manchester, we are one of the areas where smoking and tobacco use is extremely high compared to national averages. The targets set out by Dr Khan will be extremely difficult for us to reach without not only continuing our current tobacco control programme, but by being bold and ambitious in terms of new, innovative initiatives.
- 3.2 The latest data from the Office of National Statistics (ONS) Annual Population Survey (Q2-4, 2020) suggests that smoking prevalence among adults aged 18 and over in Manchester is 20.8% (95% confidence intervals 15.4%-26.2% which is wider than normal.) This compares with 12.1% for England and 14.9% for Greater Manchester (GM.) (Note that due to the Covid-19 pandemic, the data collection methodology for this indicator has significantly changed such that the current figure is not comparable with previously published data, and it isn't possible to determine whether the latest published data represents an increase or decrease on previous years.) Smoking rates are higher in more deprived areas of Manchester and some groups typically experience higher rates of smoking such as people in routine and manual occupations, people with mental health problems, homeless people, the LGBTQ community and some BAME groups. The tobacco plan recommends a targeted approach for these groups and Be Smoke Free is specified to focus on the most deprived areas in the city and the groups mentioned above.
- 3.3 There were an estimated 4,393 hospital admissions attributable to smoking in Manchester residents in 2019/20, a rate of 2,422 admissions per 100,000. This compares with 1,398 per 100,000 for England.
- 3.4 In the 3-year period 2017-2019, there were estimated to be 1,910 deaths attributable to smoking in Manchester residents, an average of 637 per year. This equates to a rate of 388.5 deaths per 100,000 population compared with 202.2 per 100,000 in England.

These statistics can be seen in an infographic format on slides 4 and 5 in Appendix 1.

## **4.0 Overview of Current Tobacco Control Activity in Manchester**

- 4.1 In 2016, the Director of Public Health in Manchester established our first multi-agency, collaborative Tobacco Control Alliance. Since then, we have commissioned new treatment services and our programme has grown significantly. The Tobacco Control programme is strategically positioned within the Manchester Population Health Plan 2018-2027 (4) and the Population Health Recovery Framework. The Tobacco Control Plan spans the pillars of Healthy People, Healthy Places and Health Equity (Appendix 1).
- 4.2 We also recognise that our programme will be affected by new arrangements to integrate commissioning to a Greater Manchester footprint, under Integrated Commissioning arrangements and that NHS Long Term Plan monies will be needed to support some programmes in the long term. Some of the regulatory changes outlined by the Khan Review, will require action at a national level. It is for this reason that we continue to work closely with both local and national teams in relation to tobacco control.
- 4.3 The core elements of the Manchester Tobacco Control Programme are summarised below.

## **5.0 Treatment Services for Smokers and People Using Tobacco**

### **5.1 Be Smoke Free: Tobacco Addiction Treatment Service**

Our “flagship” service is called “Be Smoke Free”. This service is provided by Change, Grow, Live (CGL) and went live in April 2020. Be Smoke Free is an evidence-based service, commissioned in line with NICE guidance, but who’s offer now exceeds the minimum requirements of NICE guidance (5)

The service is a Nurse Led service. Nurses work alongside Community Outreach Workers. The service can work with any smoker aged 12 and over and provides Nicotine Replacement Therapy, Varenicline (although there is a national supply issue at present), Zyban and most recently, we have provided extra funding to provide electronic cigarettes and vaping liquids (which aligns with the findings of the Khan Review and NICE guidance (1) (5).

All medication is free and available for the full twelve weeks of treatment as per NICE guidance. A unique feature of our service is that in response to restrictions during the pandemic, we now offer a free home delivery service for medication.

During the pandemic the service could only see smokers virtually, hence home medication deliveries. In response to client feedback, the service offers a hybrid model, so smokers can choose whether to have “virtual” or face to face appointments.

The service is also carrying out an extensive programme of community outreach work, to engage with and support people and communities where smoking rates are particularly high. Further training and liaison with other

services and teams, to make this work really targeted and culturally appropriate is planned.

Since 2021 additional funding has been given to Be Smoke Free to do targeted work around the use of Shisha and non-smoked tobacco. We are concerned that Shisha smokers and people who may use other forms of tobacco, do not identify as smokers, or having an addiction and do not understand the risks of these forms of tobacco. This means that they may not present to our service for support. Similarly, insight suggests that “stop smoking” professionals may not always ask about Shisha use or whether other forms of tobacco are used. The Commissioner has begun discussions with the Clinical Lead at the National Centre for Smoking Cessation and Training and a meeting between the two and with staff from Be Smoke Free is planned.

The service is working closely with the CURE teams from Manchester University NHS Foundation Trust (MFT) to support existing and future hospital provision.

Further information about the service can be seen in Appendix 2

## **5.2 The CURE Programme**

CURE is also regarded as a “flagship” programme for Greater Manchester (7). This work was initially piloted at Wythenshawe Hospital in 2018 and that work was cited in the NHS Long Term Plan (8). Subsequently, a decision was taken to roll CURE out across Greater Manchester and roll out to Manchester Royal Infirmary and North Manchester General Hospital is now imminent.

Although CURE is an intervention for hospital in-patients, upon leaving hospital, patients are referred to their local stop smoking service, which for Manchester residents is Be Smoke Free (see section 5.1). The Population Health Tobacco Control Lead and Be Smoke Free are part of the implementation group for CURE roll-out.

It is expected that CURE at North Manchester General Hospital will go live in July 2022. The aim will be to target key wards such as the Acute Assessment Unit and respiratory wards, initially with education and support and then try to expand to other admission wards (for surgery) before expanding to the rest of the wards on site. This will pave the way for a full launch in September 2022.

This process will be mirrored at Manchester Royal Infirmary at a slightly later date (to be confirmed).

Ongoing funding arrangements for CURE are the work of the Greater Manchester Health and Social Care Partnership and are complex, involving new Integrated Commissioning arrangements and NHS Long Term Funding. Funding for CURE is beyond the scope of this report.



### 5.3 Smoking in Pregnancy Service

Smoking whilst pregnant is highly detrimental to both the pregnant person and unborn baby. Smoking at the time of delivery is a Key Performance Indicator. Manchester's SATOD rates are 8.9 %. The national average is 9%. Reducing smoking in pregnancy is a high-level objective for the Manchester Tobacco Control Plan (3) and the Manchester Reducing Infant Mortality Strategy (9).

The Smoking Pregnancy Service in Manchester is delivered in line with the Greater Manchester Stop Smoking Programme. Like Be Smoke Free, the service operates a "one stop shop" style model, which incorporates evidence-based stop smoking treatment into routine maternity care, across all three maternity sites in the city.

At the present time, the Population Health Team pays for all Nicotine Replacement Therapy for pregnant people who are Manchester Residents or who have a Manchester GP.

### 5.4 General Practice and Community Pharmacy

Smokers can still ask their GP for treatment and support to stop smoking. Indeed, the Khan review recommends that this offer is strengthened.

There are plans to offer a stop smoking service in community pharmacies for CURE patients. This is a national NHS England initiative and Population Health and Medicines Optimisation Colleagues are involved in planning discussions.

### 5.5 NEW INITIATIVE: Proposal to extend Tobacco Addiction Treatment to Manchester City Council Staff

Recently, funding was secured to offer free treatment to all NHS staff in Manchester. The Population Health Team want to give parity to Manchester City Council staff by offering treatment to our workforce.

Our workforce intersects with all parts of society and some staff will of course be part of "target" groups for our tobacco work, for example, people in Routine and Manual Occupations, people in the LGBT community, some BAME groups and people with mental health problems (1,2,3). It seems both sensible and ethical to support staff to stop smoking and may help to address some causes of sickness absence, whilst improving individual and family finances.

The Khan Review (1) and latest NICE guidance (5), advocate that employers should support their employees to stop smoking. Furthermore, in line with both sets of recommendations, they should differentiate between vaping and smoking in their policies - and support vaping when used to stop smoking.

Currently, any member of staff who lives in Manchester, or has a Manchester GP, can access Be Smoke Free. We now wish to extend the same twelve-

week course of support, with free medication and/ or an electronic vaping device (subject to clinical assessment), to all staff, irrespective of where they live.

We would like support from the Health and Wellbeing Board for this initiative.

## **6.0 Prevention**

- 6.1 The Khan Review and the World Health Organisation model that we use in Manchester (2,3) state the importance of preventing children from starting smoking.

This work starts as early as pregnancy and we hope that people who stop smoking whilst pregnant, will also go on to raise their children in a smoke free home.

We know that Environmental Tobacco Smoke (second-hand smoke) can directly affect the health of children, but that also, children who grow up in homes where adults smoke, are 3-4 times more likely to smoke as adults. Furthermore, around 66% of all smokers become addicted to tobacco by the time they reach eighteen years old (2). Tobacco companies knew this and marketed their products accordingly until plain packaging legislation, also known as standardised packaging, was fully implemented in the UK in May 2017 for factory-made cigarettes and roll-your-own/hand-rolling tobacco. The policy stipulates the removal of all brand images, colours and promotions from tobacco product packaging.

- 6.2 The Manchester Healthy Schools team actively educate children around smoking, vaping and substance misuse (NB. Although vaping is encouraged as a harm reduction intervention for adult smokers, it is illegal for children under 18 to vape or to be sold electronic cigarettes/vaping devices).

To support this work, the Be Smoke Free Service links to this programme and offers treatment to all smokers aged 12 and over.

## **7.0 NEW INITIATIVE: Smoke Free Public Spaces**

The Partnership for Healthy Cities (PHC) is a global network of cities committed to saving lives by preventing some of the most prevalent noncommunicable diseases (NCDs) and injuries around the world. Supported by Bloomberg Philanthropies, in partnership with the World Health Organization (WHO), this initiative enables cities around the world to deliver a high-impact policy, or programmatic intervention, to reduce NCDs and injuries in their communities.

The Making Smoking History Team at Greater Manchester Health and Social Care Partnership have been successful in securing a grant of \$100,000, circa £73,000, from the Partnership for Healthy Cities, to develop and create a number of public outdoor smoke free spaces. They have asked Manchester City Council to be the pilot site for this work and this proposal has been

supported by the Director of Public Health and successive Executive Members for Healthy Manchester and Social Care.

Phase 1 of this pilot and use of the funding above has to be achieved by the 31st of December 2022. Timescales are challenging.

A further challenge is that there are currently no legal powers to enforce smoke free outdoor spaces (unless connected to a “pavement licence”). However, Manchester City Council does issue fines for cigarette littering. We will adopt a “winning hearts and minds” approach when trying to convince stakeholders and the public, that smoke free spaces can work for everyone.

Three city centre sites have been identified as possible test sites for this work. These are:

- (i) The new city centre park at Mayfield
- (ii) St Peters Square
- (iii) Piccadilly Gardens

We do recognise the challenges around these sites. Discussions are underway with the developers of Mayfield Park. The new park is being described as the “green lung” of the city and we think that it is right that this should be a smoke free and cigarette litter free place for everyone to visit.

The Population Health Team and city council teams are working alongside GMHSCP to progress these proposals, which the Health and Wellbeing Board is asked to support.

Please see Appendix 3 for further information.

## **8.0 ENFORCEMENT**

### **8.1 Illicit tobacco**

Manchester City Council has teams who actively and very proactively enforce all tobacco regulation, enforce the Health Protection Act (which prohibits smoking indoors, e.g. in Shisha cafes) and pursues those who sell illicit tobacco.

The sale of tobacco is lucrative, and the Tobacco Industry has exploited addiction to this substance for decades.

Criminal also understand the addictive nature of tobacco and therefore the profits to be made from selling tobacco. Manchester, like most big cities in England, has a major problem around the sale of non-duty paid illicit tobacco and counterfeit tobacco products. The issue around illicit tobacco in public/population health terms, is that it is sold at a much cheaper price than legally purchased tobacco products and so severely undermines strategic attempts to discourage smoking by raising the price of sale.

## **8.2 The Trading Standards Team**

The city council's Trading Standards Team is at the forefront of enforcement activity intended to protect the public and, in particular, young people from tobacco harms. They carry out regular enforcement around underage sales, standardised packaging, non-compliant electronic cigarettes, and liquids and have had a number of successful prosecutions in relation to the sale of illicit tobacco, including a custodial sentence, reflecting the seriousness with which the courts view this activity.

## **8.3 The Licensing and Out of Hours Team**

The Licensing and Out of Hours Team carry out a variety of roles in the city. One of these is enforcement of the Health Act 2006 in Shisha Cafes. Specifically, this means action to stop the widespread practice of smoking shisha indoors, which is illegal under the act. From a Population Health point of view, smoking Shisha is a high-risk activity for individuals, irrespective of the setting. It is thought that one hour of smoking Shisha equates to smoking one hundred cigarettes. However, when smoking takes place indoors in cafes, there is a risk from Environmental Tobacco Smoke (second-hand smoke) for other people in the café and also staff. The revenue generating potential of Shisha cafes has made this enforcement work challenging, but the Licensing and Out of Hours Team have been dedicated to working with partners such as GMP, the Fire and Rescue Service to make these venues safe in all respects, for a number of years now. Population Health has supported this work by providing health promotion materials outlining the risks of smoking Shisha.

In June 2022 there are three premises where seizures of pipes has been carried out. Legal files have been submitted and court dates are pending.

## **8.4 Licensing / Smoke Free Pavements**

Manchester was one of the first local authorities in England to introduce Smoke Free Pavement Licences in March 2021 (10). The context was provision to support "social distancing" by allowing licensed premises to continue trading, by seating some people outside during the pandemic. It was an added benefit that that air quality for all might be improved, and smoke free pavements could contribute to the denormalisation agenda outlined above.

In June 2022, city council Licensing leads report that legislation has been tabled to make the pavement licence regime permanent. It is intended to continue with the smoke free licence condition in Manchester. There has been anecdotal feedback that the licenses can at times be difficult for operators, particularly regarding managing smokers and displacing them on to the highway, but compliance is felt to be generally good.

## 9.0 Conclusion

The report above outlines, in summary form only, the “headlines” in relation to current, ongoing Tobacco Control activity in Manchester. Each of these areas of activity is worthy of further, detailed discussion.

We believe the Population Health team delivers a strong, comprehensive and innovative Tobacco Control programme alongside the partners of the Manchester Tobacco Control Alliance. Furthermore, we have already implemented, or are working towards, some of the Khan recommendations. We now await the new National Tobacco Control Plan and will develop our programme accordingly.

## 10.0 Recommendations

- (i) Support the ongoing activity of the Population Health Tobacco Control Programme.
- (ii) To note the roll out of the CURE programme.
- (iii) To support free tobacco/smoking cessation provision for all MCC staff in line with latest National Institute for Health and Care Excellence (NICE) (see section 5.5).
- (iv) To support a pilot project around Smoke Free Public Spaces in Manchester (see section 7).

## Appendices:

Appendix 1: Summary of the Manchester Tobacco Control Programme, June 2022

Appendix 2: Be Smoke Free Update, June 2022

Appendix 3: WHO and PHC Smoke Free Cities Pilot Project, June 2022

## References:

- (1) <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>
- (2) <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
- (3) [https://www.manchester.gov.uk/downloads/download/6971/smoke\\_free\\_manchester](https://www.manchester.gov.uk/downloads/download/6971/smoke_free_manchester)
- (4) [https://www.manchester.gov.uk/info/200048/health\\_wellbeing/5962/population\\_health\\_and\\_wellbeing/2](https://www.manchester.gov.uk/info/200048/health_wellbeing/5962/population_health_and_wellbeing/2)
- (5) <https://www.nice.org.uk/guidance/ng92>
- (6) <https://www.local.gov.uk/about/news/lga-responds-khan-review-tobacco-control>
- (7) <https://thecureproject.co.uk/>
- (8) <https://www.longtermplan.nhs.uk/>
- (9) [https://www.manchester.gov.uk/downloads/download/7002/reducing\\_infant\\_mortality\\_strategy](https://www.manchester.gov.uk/downloads/download/7002/reducing_infant_mortality_strategy)

- (10) [https://www.manchester.gov.uk/info/200063/licences\\_and\\_permissions/7977/terms\\_and\\_conditions\\_of\\_a\\_pavement\\_licence](https://www.manchester.gov.uk/info/200063/licences_and_permissions/7977/terms_and_conditions_of_a_pavement_licence)



MANCHESTER  
CITY COUNCIL

# SMOKE FREE MANCHESTER

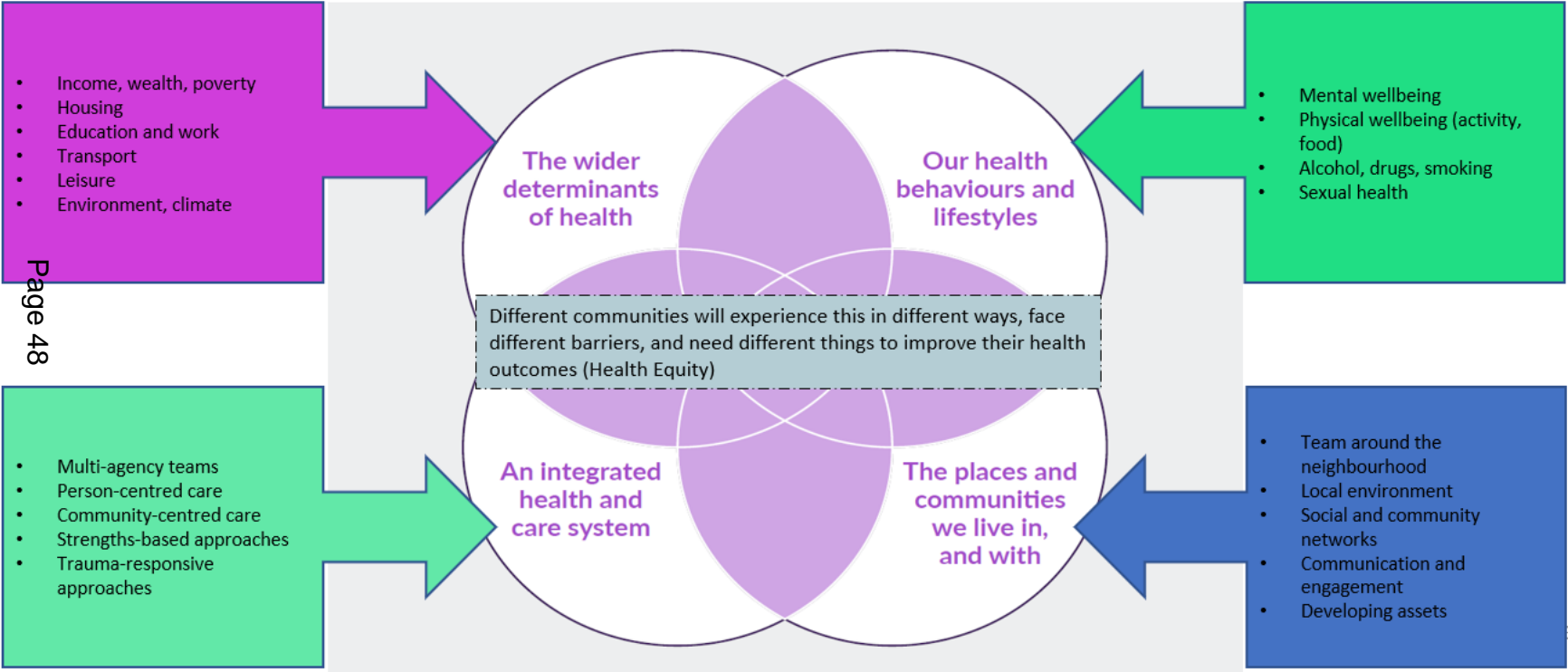
## Health and Wellbeing Board

Name: Julie Jerram (Programme Lead, Manchester Population Health Team)

Date: Wednesday 6 July 2022

# TOBACCO CONTROL IS PART OF OUR WHOLE SYSTEM APPROACH TO POPULATION HEALTH AND WELLBEING

The [Manchester Population Health Plan \(2018–2027\)](#) is at the heart of our long-term plan to tackle Manchester's entrenched health inequalities. The plan for the city will requires a whole system, all-age approach as depicted in the framework below; with a strengthened approach to health equity in response to the systemic inequalities for certain communities highlighted by the COVID-19 pandemic.



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Appendix 1, Item 9

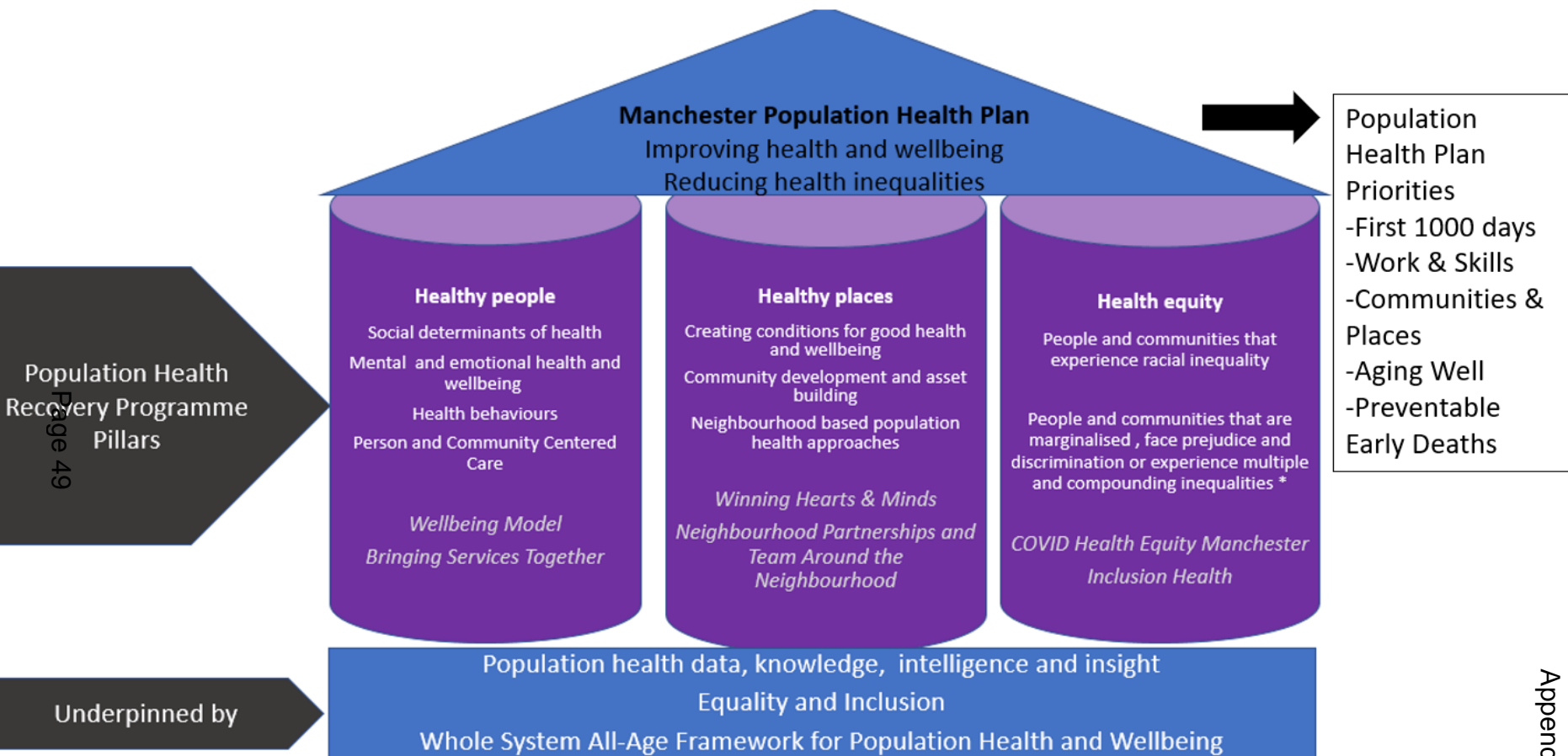
Name: Julie Jerram (Programme Lead, Manchester Population Health Team)

Slide 2

Date: Wednesday 6 July 2022



# POPULATION HEALTH RECOVERY FRAMEWORK : Tobacco Control spans all three pillars



Name: Julie Jerram (Programme Lead, Manchester Population Health Team)

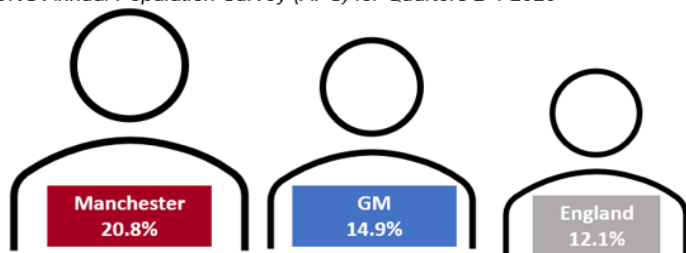
Date: Wednesday 6 July 2022

Slide 3

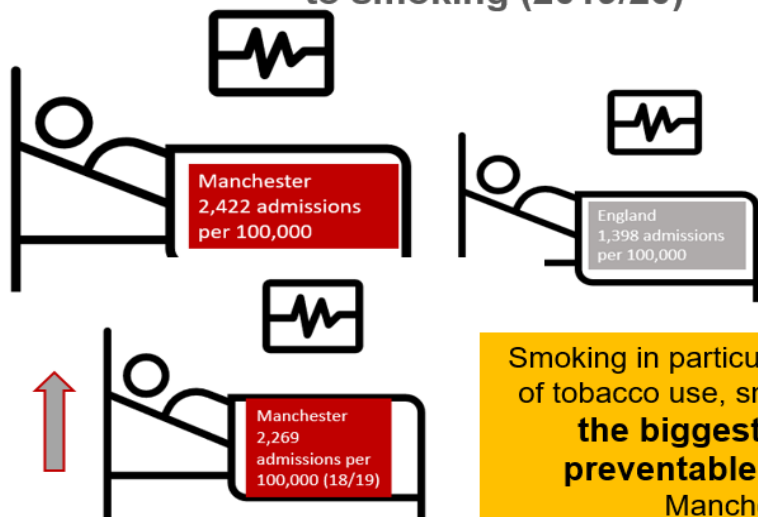
# Smoking Prevalence in Manchester

## Smoking Prevalence in adults ( 18+) 2020

ONS Annual Population Survey (APS) for Quarters 2-4 2020



**4393** hospital admissions attributable to smoking (2019/20)



Smoking in particular (but all forms of tobacco use, smoked or not) is **the biggest cause of preventable disease** in Manchester

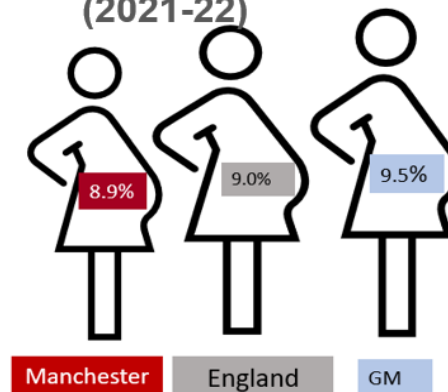
**1,910** Deaths attributable to smoking(2017-2019)

An average of **637** deaths a year

**Manchester**  
388.5 deaths  
per 100,000

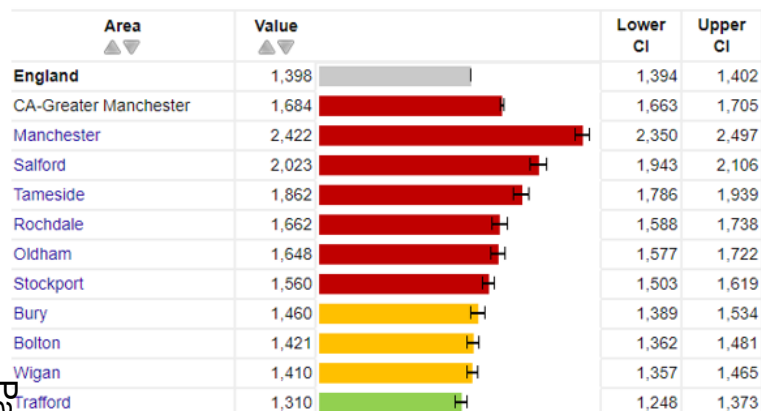
**England**  
202.2 deaths  
per 100,000

% of women that were SATOD (2021-22)

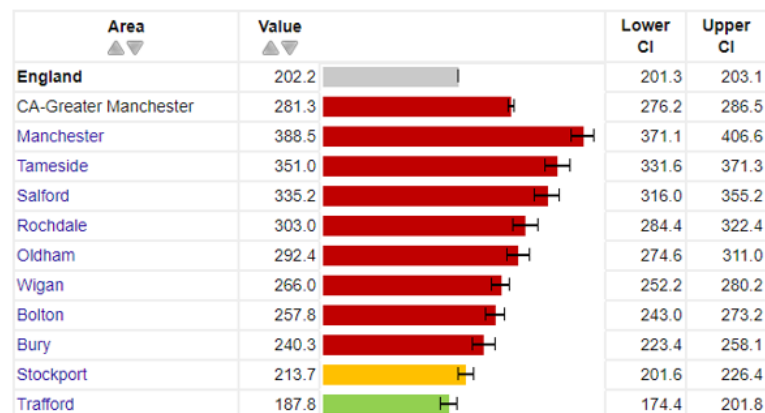


# Smoking Prevalence in GM

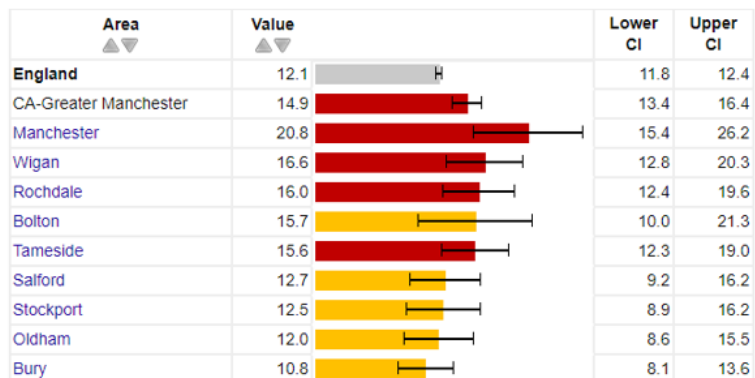
**Smoking attributable hospital admissions (new method)**  
Directly standardised rate per 100,000, 2017/19



**Smoking attributable mortality (new method)**  
Directly standardised rate per 100,000, 2017-19



**Smoking  
Prevalence in  
adults (18+)  
2020 definition**



Name: Julie Jerram (Programme Lead, Manchester Population Health Team)

Slide 5

Date: Wednesday 6 July 2022

# Be Smoke Free

Population Health at Manchester City Council has commissioned a nurse led 'one stop shop' which provides NRT, Varencline, Bupropion and vaping devices (as appropriate) to all Manchester smokers aged 12 and over. Our Service works closely with clinical colleagues, the CURE team, HWB services and all communities across the city.

As we recover from the pandemic we are focused on reaching communities and people most experiencing health inequalities caused by tobacco use.

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**SAY GOODBYE TO SMOKING**

If you want to **stop smoking**, we're here to help with free advice and support.

Free advice and support for anyone aged 12 and over, living in Manchester or registered with a Manchester GP.

For more information: call, email or visit our website  
T: 0161 8234157  
E: manchesterbesmokefree@cgl.org.uk  
W: changegrowlive.org/manchester  
@besmokefreemanchester  
@BeSmokeFreeMCD  
besmokefreemanchester

MANCHESTER CITY COUNCIL

BE SMOKE FREE

Powered by Change Grow Live



**SAY GOODBYE TO SMOKING**

If you want to stop smoking, we're here to help with free advice and support, for anyone aged 12 and over, living in Manchester or with a Manchester GP.

We've partnered with **Totally Wicked** to provide free vaping kits and liquid to smokers in Manchester.

To be eligible for a vaping kit, you'll need to commit to behavioural support for 12 weeks and can't already own/use a vape. If you meet these criteria, or for a chat about other options to help you quit, get in touch:

T: 0161 8234157  
E: manchesterbesmokefree@cgl.org.uk

BE SMOKE FREE



**1 HOUR OF SMOKING SHISHA CAN BE AS DAMAGING AS 100 CIGARETTES**

Know the facts, visit: [manchester.gov.uk/shisha](http://manchester.gov.uk/shisha)

MANCHESTER CITY COUNCIL

NHS

Name: Julie Jerram (Programme Lead, Manchester Population Health Team)

Slide 6

Date: Wednesday 6 July 2022





# Be Smoke Free Manchester

## Service Update – June 2022



**Change  
Grow  
Live**

**Believe in people**



## Our vision

To develop, deliver and share a whole person approach that changes society.

## Our mission

To help people change the direction of their lives, grow as individuals, and live life to its full potential.

## Our values

Be open.  
Be compassionate.  
Be bold.



# Be Smoke Free Manchester refresher

Be smoke free Manchester continues to be a nurse lead service, offering 12 weeks of tobacco addiction support, which includes medication, NRT, vapes and behavioral support.

- Due to the service starting at the height of the pandemic, it started on a solely digital platform. As we enter post Covid era we are pleased to be offering a hybrid model that reaches all different aspects of the community. This is face to face appointments and digital options.
- We now offer Zyban as an alternative to Champix. This is only prescribed following a face-to-face assessment. Champix remains unavailable.
- BSF receive quarterly client feedback. 98% of clients would recommend our service to family and friends.





## Some data...

- From April 2021 to March 2022 BSF has received over 3000 referrals.
- Since April 2022 the service has seen a 30% increase in referrals compared to last year .
- Over 50% of service users have 'quit' after four weeks, and over 25% of service users have 'quit' after 12 weeks.
- BSF has over 250 individual organisations set up as referrers to our online system.

# Community Events and Future Developments

Be Smoke Free's community engagement team have been in place since January 2022, and have provided support, events and training to a number of professionals and organisations across Manchester. This has included:

- VBA with GP surgeries
- Stall at Harpurhey Market
- South-East Asian Carers week celebrations at Longsight Library
- Merseybank Festival
- World No Tobacco Day at the MRI
- Roma Community Health Project
- Our social media profile has continued to grow in recent months, especially twitter-allowing us to connect with professionals and organisations!





# Community Events...



## Future Development...

1. Be Smoke Free have a number of events planned for over the summer. This includes Levenshulme Pride, attendance at a local ASDA, Wythenshawe Forum, Moss Side Leisure Centre, Wythenshawe Foodbank, VBA with No 93 volunteers and the launching of community clinics.
2. Be Smoke Free will be placing a heavy focus around shisha work within Manchester. We will be working alongside Manchester City Council, and also establishing links into Manchester communities where shisha is prevalent.
3. We will offer brief introductions to shisha education sessions for the community and professionals.
4. We will continue to raise our profile across Manchester, and plan to recruit more volunteers.





## Follow us to keep up to date!

### Facebook

[www.facebook.com/besmokefreemanchester](https://www.facebook.com/besmokefreemanchester)

### Twitter

[@BeSmokeFreeMCR](https://twitter.com/BeSmokeFreeMCR)

### Instagram

[@besmokefreemanchester](https://www.instagram.com/besmokefreemanchester)

### Website

[www.changegrowlive.org/be-smoke-free/home](https://www.changegrowlive.org/be-smoke-free/home)

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# WORLD HEALTH ORGANISATION (WHO) & PARTNERSHIP FOR HEALTHY CITIES (PHC) SMOKE FREE SPACES PILOT PROJECT



# Introduction

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- Partnership for Healthy Cities (PHC) is a global network of cities committed to saving lives by preventing some of the most prevalent noncommunicable diseases (NCDs) and injuries around the world.
- Following ongoing conversations over a number of years with Bloomberg Philanthropies, Greater Manchester was chosen by the PHC and Bloomberg Philanthropies in 2021 to be part of The Healthy Cities initiative.
- 2018 GM consultation found 78% of respondents supportive of extending smoke free spaces outdoors
- Greater Manchester subsequently awarded \$100k (circa. £73k) funding from the PHC to develop and **create more smoke free spaces**



# Smoke Free Spaces Pilot Project

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## Phase 1 funding (April – Dec 2022) allocated to support the following:

1. Commission an independent research project to gain greater insight into current knowledge, attitudes and beliefs about extending smoke free outdoor spaces in Greater Manchester; which also helps us to better understand the reasons for and levels of support for this initiative.

Outcomes of this research project to help inform our approach to smoke free spaces.

2. Support the pilot implementation of at least ONE smoke free space in **Manchester city centre** (project coordination, marketing and comms campaign)
3. Project evaluation and lessons learned to inform phase 2

# Why Manchester?

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- Manchester city centre selected as it represents the epicentre of leisure business and tourism for Greater Manchester.
- Builds on our innovative approach around smoke free pavement licences whereby we were one of the first local authorities to introduced such initiatives during the pandemic in Manchester 2021.

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Complements our existing environmental campaign raising awareness of the environmental hazard from cigarette butts.

- Fixed Penalty Notices for cigarette litter remains high in the city centre.
- 2018 consultation 70% Manchester respondents supportive of extending smoke free spaces outdoors.
- Adult smoking prevalence in Manchester (20.8%) worst rate in England

# Suggested sites for piloting smoke free spaces in Manchester

## Town Hall Area



Keeping our entrances and immediate vicinity smoke free (similar to smoke free NHS estates), aligned to our shared community vision to Make Smoking History in Manchester and the wider conurbation.

## New City Centre park



Described as a new green lung for Manchester, it is fitting that our first park in 100 years will be a healthy, family friendly place for a tobacco free future.

## Piccadilly Gardens



To improve the environment, acknowledging that this is one of the first major open spaces that many visitors see when they come to Manchester. We would like this space to be smoke free for families and young people and to be tobacco litter free.

## Etihad Stadium

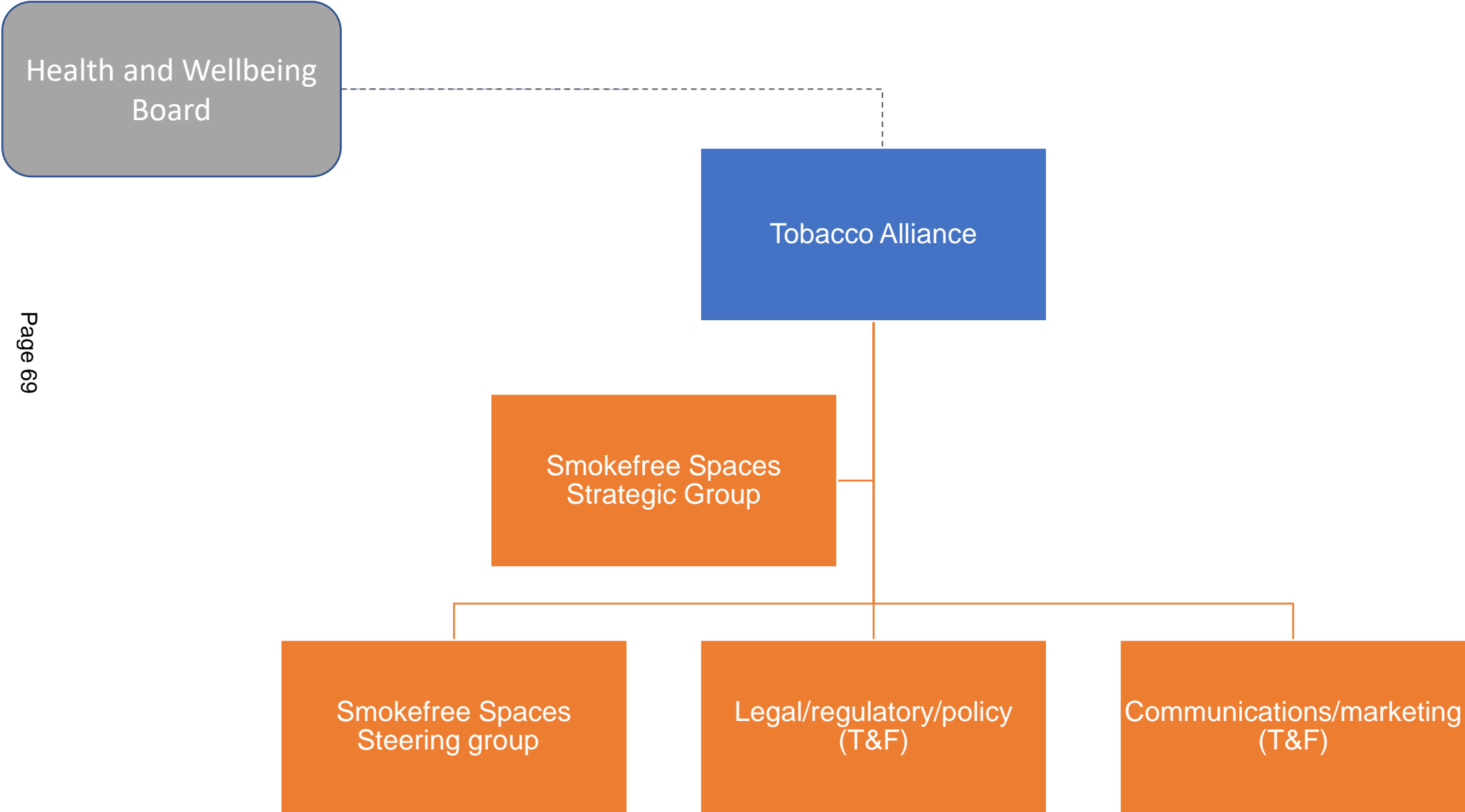


Stadium is already committed to being smoke free ; opportunity to go further and create areas around the stadium to be smoke free for events - allowing families and our visitors to experience popular events in a healthy environment

# Project Timeline

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Smoke Free spaces Strategic group established (monthly meetings )												
Draft brief for research and insights project												
Tendering process for research and insight project												
Stakeholder engagement mapping (consultation)												
Marketing and Communications Plan												
Consultation Survey - Live												
Policy Development												
Final Consultation report												
Presentation findings from consultation report to wider stakeholders												
Launch smoke free pilot space												

# Governance



# Smoke Free Spaces Strategic Group

Name	Role	Org
Barry Gillespie (Chair)	Assistant Director – Population Health ( Consultant in Public Health)	MCC
Councillor Tom Robinson	Lead member Health and Care	MCC
Penny Shannon/Barry Cooper	Head of Communications	MCC
Simon Gardiner	Health and Safety Manager	MCC
Emma Krijnen-Kemp	Project Manager Keep Manchester Tidy	MCC
Matthew Lockett	Group Leader - Housing and Regulatory (Legal)	MCC
Andrea Crossfield	Health and Equality Consultant	GMHSCP
Hadas Altwarg	MSH Programme Manager	GMHSCP
Elizabeth Benbow	MSH Strategic Lead	GMHSCP
Julie Jerram	Programme Lead	MCC
Naaira Zaman	Project Manager	MCC
Fiona Sharkey	Head of Community Safety, Compliance & enforcement	MCC
Samantha Neville	MSH Comms Manager	GMHSCP
Annalie Pearce	Head of Policy, Strategy and Change	MCC
TBC	FM rep TBC	MCC
Ciaron Wilkinson	Strategic Stakeholder and Engagement Lead City Centre Growth & Infrastructure team	MCC

# Stakeholder Engagement

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Tobacco  
Alliance

GMCA

MCC

Support to help identify appropriate stakeholders to engage, consult and inform of smoke free spaces

Elected  
Members

Contractors

VCSE

Staff  
groups

Business  
Networks

Others?

# Progress to date

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- Initiative supported by the Director of Public Health, Exec Member for Health, Exec member for Neighbourhoods.
- Strategic Group established and inaugural meeting took place on 10 May 2022
- Research and insights project currently out to tender
- Sharing international practice: PHC, WHO and Melbourne City

[Smoke-free Melbourne Policy Development](#) (Survey, consultations, community panels and a range of activities to support smoke free spaces in 2021)



# Challenges

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- Tight Timescales- extension requested until March 2023
- Voluntary compliance (i.e no legal basis) for enforcement of smoke free outdoor spaces (with exception of outdoor smoke free pavement licence)
- Engagement with site owners (private contractors)
- Mayfield Park opening date imminent (August/September?)
- HROD implications for site

# Next Steps

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- Tender evaluation to appoint provider for research and insights project
- consultation exercise
- Stakeholder identification and engagement
- Site ONE confirmation
- Marketing and comms plan