

Overview and Scrutiny Public Health Task and Finish Group

Minutes of the meeting held on Tuesday, 18 September 2018

Present:

Councillor J Wilson (Chair) – in the Chair
Councillors Curley, Holt, Riasat and C Wills

Apologies:

Councillor S Lynch
Councillor Mary Monaghan

Also present:

Councillor Craig – Executive Member for Adult Health and Wellbeing
Dr Melanie Sirotkin, North West Centre Director, Public Health England
Dr Rebecca Wagstaff, Deputy Director, Health & Wellbeing Public Health England North West
Professor Arpana Verma, Head of the Division of Population Health, Health Services. The University of Manchester
Sarah Price, GM Director of Population Health
Hayley Lever, Strategic Manager, Greater Manchester Moving
Stacey Arnold, Local Public Affairs and Campaigning Manager Cancer Research UK

HSC/PH/18/3. Minutes

Decision

To approve as a correct record the minutes of the meeting held on 26 June 2018.

HSC/PH/18/4. Tobacco, Alcohol and Healthy Living (Physical Activity)

The Task and Finish Group considered a report of the Director of Population Health and Wellbeing, which provided an overview of the key strategies and plans that related to work on tobacco, alcohol and healthy living (physical activity) in Manchester and Greater Manchester.

The Group agreed to consider the report in three distinct sections – tobacco control, alcohol related harm and improving physical activity.

The Director of Population Health and Wellbeing referred to the main points and themes within the report relating to tobacco control, which included:-

- There were estimated to be just under 91,500 smokers aged 18 and over in Manchester. This was equivalent to 21.7% of the population compared with the England average of 15.5%;

- Smoking prevalence in Manchester had been falling for a number of years but the rate of reduction was much slower than in other parts of the country;
- There were around 5,999 smoking related hospital admissions per year costing approximately £5.4 million per year to the NHS in Manchester;
- Manchester had the highest rates of smoking attributable deaths in England, costing approximately £13.5 million per year to the NHS in Manchester;
- Lost productivity caused by smoking related illness, disability or death was estimated to cost the city approximately £106.2 million per year;
- The additional smoking related social care costs of current or former smokers were estimated to be approximately £11.6 million per year;
- Although cigarettes bought through legal channels raised money for the exchequer, the costs attributed to tobacco were one and a half times as much as the duty raised, resulting in a net cost to Manchester of about £47.6 million per year; and
- The key areas of work being undertaken to try to reduce and prevent early deaths caused by smoking, which included but was not limited to:-
 - The launch of the Smoke Free Manchester Tobacco Control Plan as part of 'Stoptober', the annual national campaign to encourage people to quit smoking;
 - A range of options that were being considered to ensure Manchester had a robust specialist smoking cessation service; and
 - The implementation of the CURE pilot at Wythenshawe Hospital in treating inpatient smoking addiction; and
 - The roll out of the GM Baby Clear Programme to tackle smoking in pregnancy.

The Group then listened to the views of colleagues from Greater Manchester Health and Social Care Partnership, Public Health England, Cancer Research UK and the University of Manchester, who provided objective assessments of what Manchester was currently doing and what could be learnt from best practice elsewhere.

In doing so it was reported that both Cancer Research UK and Public Health England had expressed concern that Manchester did not have a Stop Smoking Service. It was also reported that that NICE had issued guidelines on what they recommended a Stop Smoking service should entail (NG92) and that these agencies had supported the use of e-cigarettes as a viable method of quitting smoking. The Group was also made aware of a pilot scheme led by social housing providers in Salford, in the use of e-cigarettes as a means of quitting smoking for residents within social housing.

Some of the key points that arose from the Members' discussions were:-

- Whilst the work undertaken to date was applauded, more work needed to be done before there was a comprehensive whole system response to Tobacco Control in Manchester;
- What was considered a good example of a stop smoking service;
- What was the uptake on the Making Smoking History survey and what was Manchester's response to this survey;
- As part of the GM Prevention Strategy, how much funding would be allocated to Manchester;

- Was any financial support available from GM to establish a stop smoking service in Manchester;
- What were the views of professionals on the use of e-cigarettes as a method for quitting smoking;
- Whilst the ambition of the Council in addressing smoking in and across the City was welcomed, there was concern that the Plan was quite strategic;
- It was felt that if the Plan was to be successful, local communities needed to be included in the design of services within their communities;
- How was the Council intending on tackling the prevalence of smoking in communities that were not considered “hard to reach” but where there existed a high proportion of residents who smoked;
- The Council and its partners needed to ensure it was promoting the desired outcomes of the Plan amongst its staff in order to be true advocates;
- It was felt that funding would be needed from Greater Manchester in order to truly deliver the aspirations of the Plan.

Officers advised that a bespoke, specialist service, delivered by trained professionals within a community setting, with targets based on the community area was the most effective type of service that could be provided to help people stop smoking. This was also referenced in NICE guidance published in March 2018.

In terms of engagement with the survey, it was reported that 7,500 responses had been received following events in all 10 Greater Manchester local authorities. The number of responses in Manchester were the highest, but it was felt that this was due to the size of the authority. There was a lot of support to the proposed measures to help people stop smoking and also to protect children from smoking related harm. Officers agreed to provide the Group with more details around the responses from Manchester residents after the meeting.

The Director of Population Health and Wellbeing explained that smoking cessation was not a mandatory function of the GM Health devolution arrangements, however, a business case was being developed through MHCC for GM funding to deliver a community based cessation and support service. It was reported however, that the Greater Manchester Health and Social Care Partnership Transformation Fund could only be used to fund initiatives that would radically transform local health and social care services to improve the health of residents. It was not possible to use this funding to fund and maintain a service provision. Officers added that there had been investment by Greater Manchester on a number of successful quit smoking campaigns, but there was still room for improvement and it was suggested that local campaigns should look to tie in with the larger national campaigns for greater impact.

In relation to the use of e-cigarettes as a method of quitting smoking, the Executive Member for Adults, Health and Wellbeing commented that this was an area within Greater Manchester that needed more research. There were some concerns amongst Primary Care providers as to the appropriateness of such devices as a method of stopping smoking. It was also reported that there was not enough evidence yet as to the long term health effects from the use of such devices. The Executive Member however, supported by health professionals, reaffirmed the fact that evidence collected that had proven that the use of e-cigarettes had assisted in people quitting smoking and as such, a balanced approach to e-cigarettes, which

maximised their potential to help people quit smoking whilst minimised the risks of unintended consequences that could promote smoking needed to be adopted until the evidence base on the long term impact on people's health had been obtained.

Officers fully acknowledged the comments made around the need to engage with local communities and agreed that local people needed to be involved in the creation of services in their communities. He advised that there was a real opportunity before the Council now to do this and demonstrate to residents how the high level plan could be delivered and implemented within communities. The Executive Member for Adults, Health and Wellbeing commented that the creation of the Greater Manchester Strategy had been a learning experience for all those involved and now the Council and its Health partners had developed a Plan for Manchester which would address the types of challenges that were prevalent to the City.

The Director of Population Health and Wellbeing then went on to refer to the main points and themes within the report relating to improving physical activity, which included:-

- MHCC, the Councils Sport and Leisure service and Sport England were taking forward work to more closely align the physical activity and health agendas in the city;
- This new approach would help to deliver increased physical activity and reduce physical inactivity levels in Manchester in line with GM Moving targets;
- To deliver the ambition a new single system for sport and physical activity in Manchester had been designed;
- Key components of the single system included:-
 - a new strategy and partnership arrangements;
 - a streamlined role for the Council;
 - the creation of a not for profit organisation (owned by the Council) with responsibility for implementing the Sport and Physical Activity strategy on behalf of the Council; and
 - a new leisure facility operating contract (part of a provider network); and residents being engaged much more proactively than the current arrangements.
- Physical activity key indicators; and
- The 12 priority areas of the Greater Manchester Moving Plan.

The Group again considered the views of colleagues from Greater Manchester Health and Social Care Partnership, Public Health England, Cancer Research UK and the University of Manchester, of what Manchester was currently doing and what could be learnt from best practice elsewhere.

Some of the key points that arose from the Members' discussions were:-

- It was welcoming to see resources devolved to Greater Manchester from Sports England in tackling physical inactivity;
- The Council needed to start taking into consideration physical activity in a number of decision making processes;

- To truly deliver the aspirations of the GM Moving Plan social movements in communities would be required;
- Due to a lack of sufficient funding, a targeted offer was needed in Manchester;
- Who were the target audiences that the Plan aimed to address;
- There was little evidence base of what was considered a successful model, as such Greater Manchester appeared to be a pioneer in this area;
- It was felt that incremental changes to lifestyles would be more receptive by residents than the expectation of wholesale life changes;
- What was the Council doing to encourage its own staff to take up a more healthy and active lifestyle; and
- It could be seen how the Plan tied into wider determinants of health and how neighbourhoods needed to be made more walking and cycling friendly.

The Group was advised that there were three target audiences that the GM Moving Plan aimed to reduce physical inactivity levels in. These were children outside of the school setting; adults between the age of 40 and 60 with long term health conditions; and people who were out of work or at risk of losing their jobs. Evidence gathered had highlighted that following a survey of 15 year old children, over 72% of children in Manchester were sedentary for more than 7 hours a day in an average week, which was slightly higher than the national average of 70%. Evidence also highlighted that 24.9% of adults (aged 19 or older) in Manchester undertook less than 30 minutes of moderate intensity physical activity per week.

Officers agreed that the joined up approach across all services to tackle physical activity was not being replicated anywhere else in the Country so there was no comparisons that could be made as to what constituted success. It was commented that this should not however, detract from what the Greater Manchester Moving Plan was trying to achieve.

The Executive Member for Adults, Health and Wellbeing advised that in terms of encouraging its own staff to take up a more healthy and active lifestyle, the Council had relaunched its own health and wellbeing plan and agreed to provide the Group with further details on this.

At this stage of the meeting, the Director of Population Health and Wellbeing proposed to defer consideration of the part of the report that related to alcohol related harm to the next meeting in order for the Group to give detailed consideration to this issue.

Decision

The Group:-

- (1) Thanks the Director of Population Health and Wellbeing for the report;
- (2) Thanks the representatives from Greater Manchester Health and Social Care Partnership, Public Health England, Cancer Research UK and the University of Manchester for attending and their contributions;
- (3) Proposes the following recommendations in relation to tobacco control and reducing smoking:-

- a. Officers continue to develop appropriate business cases to develop stop smoking services within Manchester;
 - b. Officers and appropriate Health Partners work together in developing an evidence base on the long term health effects from the use of e-cigarettes and the extent to which these can be used to help people quit smoking; and
 - c. Officers adopt a more co-ordinated approach to delivering stop smoking campaigns in Manchester and across Greater Manchester in order to gain the best return on investment.
- (4) Supports the progress to date and future ambitions of the Greater Manchester Moving Plan; and
 - (5) Agrees that consideration of the report in relation to alcohol related harm be deferred to the next meeting of the Task and Finish Group

HSC/PH/18/5. Terms of Reference and Work Programme

The Task and Finish Group were invited to consider and agree its work programme and terms of reference.

Decision

The Group:-

- (1) agrees the Work Programme, subject to the inclusion of the excerpt on alcohol related harm from the above report on Tobacco, Alcohol and Healthy Living (Physical Activity) being added to the work programme for the next meeting; and
- (2) agrees that the Chair will canvass Members' availability with a view to arranging the next meeting within the next four to five weeks.