

Overview and Scrutiny Public Health Task and Finish Group Minutes of the meeting held on Friday, 26 October 2018

Present: Councillor J Wilson (Chair) – in the Chair

Councillors: Curley, Holt, S Lynch and C Wills

Apologies: Councillor Mary Monaghan and Riasat

Also present:

Dr Rebecca Wagstaff, Deputy Director, Health and Wellbeing Public Health England North West

Jane Pilkington, Deputy Director for Population Health

Roisin Reynolds, Senior Advisor, Greater Manchester Health and Social Care Partnership

Dr Caroline Rumble, Consultant in Health Protection (Greater Manchester) Public Health England North West

Prof Christopher Phillipson, Professor of Sociology and Social Gerontology

Leasa Benson, Clinical Lead Health Protection

HSC/PH/18/6. Minutes

Decision

To approve as a correct record the minutes of the meeting held on 18 September 2018.

HSC/PH/18/7. Alcohol, Age Friendly and Health Protection

The group considered the report of the Director of Population Health and Wellbeing that was presented in three sections relating to alcohol related harm, the Age Friendly Manchester Programme and Health Protection. The Group agreed to consider the report in three distinct sections.

Alcohol related harm

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

- Information on the co-design of a single Greater Manchester Drug and Alcohol Strategy with the widest possible range of partners, stakeholders, voluntary and community sector organisations and people with lived experience;
- Key indicators relating to alcohol harm in Manchester;
- The ambitions of the Draft Greater Manchester Strategy 2018-2022 with its 6 identified priority areas; and
- Information on areas identified for development including prevention and early intervention activities: reducing drug and alcohol related harm and building recovery in communities; reducing drug and alcohol related crime and disorder;

managing availability and accessibility and establishing diverse, vibrant and safe night time economies.

Members also viewed a video that described the work of the Communities in charge of Alcohol project, launched in 2017 to combat the growing number of people who were drinking excessive amounts of alcohol across the city region, noting that the Manchester Project in Newton Heath and Miles Platting had commenced in June 2018.

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

- What lessons had been learnt from successful Tobacco campaigns that could be used to address public attitudes towards alcohol;
- Recognising that there was often a link between alcohol and tobacco use a combined approach to these issues would be better and which would also be better use of resources;
- The importance of connecting alcohol services with other health services such as mental health and sexual health programmes;
- Recognising that patterns of drinking behaviour had changed, noting the increase in drinking at home;
- Consideration needed to be given to including Public Health as an objective of licensing conditions; and
- Noting the pilot schemes in North Manchester how were the outcomes of these to be measured.

The Deputy Director for Population Health informed Members that a campaign would be launched on the 15 November 2018 across the city region entitled 'Big Alcohol Conversation'. The purpose of this consultation exercise was to engage with people and test public attitudes towards the issue of alcohol. This conversation would be delivered via a range of mediums and allow for self-assessment so people could consider how they used alcohol. She said that it was recognised that there were a range of issues that contributed to alcohol misuse, including access to cheap alcohol. She described that attitudes towards alcohol needed to be addressed in the same manner as behaviour change was influenced towards the use of tobacco. She said to achieve this a public mandate was required and the consultation exercise was designed to help achieve this across the city region.

The Senior Advisor, Greater Manchester Health and Social Care Partnership said that these discussions were important as it was important to engage with people who don't consider themselves as having an issue with alcohol, especially people who drink at home and campaigns would be delivered around this issue. She further described that a lot of research had been undertaken at Sheffield University around the issue of minimum unit alcohol pricing.

The Director of Population Health and Wellbeing informed Members that waiting times for alcohol services had improved and that the increased use of social prescribing would deliver a holistic approach, across a range of services to address an individual's health needs. The Strategic Commissioning Manager, Public Health, Manchester Health and Care Commissioning commented that the drug and alcohol service, CGL did work closely with the local Mental Health Trust.

The Deputy Director for Population Health commented that an integrated, place based approach is very important to address the issue of alcohol harm. The Deputy Director, Health and Wellbeing Public Health England said that health professionals needed to be confident to have discussions and ask questions of patients regarding their use of alcohol and that this discussion informed regular health checks.

The Deputy Director, Health and Wellbeing Public Health England North West said that other authorities had introduced Public Health as a licensing objective and she would forward information on this to the Group. The Director of Population Health and Wellbeing said that consideration was being given to including Public Health as a licensing objective in Manchester and the Strategic Commissioning Manager, Public Health, Manchester Health and Care Commissioning informed the Group that Public Health were represented at licensing policy discussions.

In reply to the question regarding measuring outcomes and evaluation of the schemes in north Manchester the Director of Population Health and Wellbeing said that evaluation had been built into the schemes and the University of Salford would undertake the evaluation and report on this.

The Executive Member for Adult Health and Wellbeing said that the lessons learnt from the success of previous campaigns in influencing behaviour change and attitudes was important. She said that, in addition to this utilising local knowledge would help target initiatives and engage with localities using appropriate campaigns. She said that the work of local teams would link in with the Greater Manchester level strategies.

Age Friendly Manchester Programme

The Director of Population Health and Wellbeing referred to the main points and themes within the report relating to the Age Friendly Manchester Programme (AFM), which included:-

- Describing that AFM aimed to improve the quality of life for older people in the city and to make the city a better place to grow older noting that AFM had been identified as a leading example of the Our Manchester approach;
- Information on the publication in October 2017 of *Manchester: a Great Place to Grow Older 2017-2021* to coincide with International Older People's Day in recognition that older people in Manchester experience some of the worst health and social exclusion in the country;
- Priority four of the Manchester Population Health Plan was to create an age-friendly city that promoted good health and wellbeing for people in mid and later life;
- A description and examples on the three key strategic aims of the ageing strategy that were: Creating more age friendly neighbourhoods; creating age friendly services and promoting age equality.

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

- Recognising the many good examples of local projects and enquired if there was an established network so groups could share and learn of good practice;
- Noting that there were positive examples nationally of schemes and groups to support the older LGBT community and enquired what was being done locally to support these residents;
- Consideration needed to be given when designing spaces to maximise generational interaction noting the positive outcomes of this; and
- What was being done to address the poor health outcomes in older people.

The Professor of Sociology and Social Gerontology said that Manchester was recognised internationally for its work around this issue. He said that it was important that cities considered the requirements of urban growth and an ageing population, stating that recognising that 'ageing in place' was important for people and consideration needed to be given to how services were delivered and the local environment was designed to support this, commenting that the AFM approach was important to delivering this. He said that it was important to influence individual's health outlook, especially those in middle age so they accepted and considered that they would grow old.

The Professor of Sociology and Social Gerontology further commented that AFM allowed for the monitoring of changes in the ageing population and to identify and respond to the needs of specific groups, such as the LGBT and BAME population. He said that the Ambition for Ageing, a £10.2 million Greater Manchester level programme aimed at creating more age friendly places and empowering people to live fulfilling lives as they aged and this would focus on specific community groups.

The Professor of Sociology and Social Gerontology commented upon the importance of social infrastructure, such as libraries as community hubs to support intergenerational contact and address social isolation. He said that a lot of research on the health benefits of social infrastructure had been undertaken in the United States and he commented that he would forward the details of this research to the Group.

The Director of Population Health and Wellbeing said that good practice was shared amongst groups and this also helped identify gaps across neighbourhoods and assisted in identifying different funding streams.

The Executive Member for Adult Health and Wellbeing said that the report was a brief summary of ten years of work to deliver AFM. She said that the wider determinants of health, such as employment opportunities and housing was recognised and AFM provided a challenge to all strategies and policies across all partners.

Health Protection

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

- Describing that Health protection was one of three core domains of public health, and following the transfer of public health functions to local government

in 2013, there was now a statutory duty for local authorities to ensure there were plans in place to protect the health of the population;

- Reporting the work of the Manchester Health Protection and Community Infection Control Team in 2017/18 and in the first six months of 2018 (1st April 2018 - 30th September 2018) and set out the key actions and challenges for the period ahead in delivering the health protection function with particular reference to Seasonal Influenza Vaccination Programme, Tuberculosis Management, Hepatitis A, Measles, Meningococcal Disease, Nurseries, School, University and Care Home Outbreaks Overview, Gram Negative Blood Stream Infection; and
- Information on future plans.

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

- How was best practice shared across Greater Manchester; and
- Recent reports had suggested that there was a shortage of the flu vaccine and sought an update.

The Consultant in Health Protection (Greater Manchester) Public Health England (PHE) North West commented that PHE had a very good relationship with the Local Authority and this had allowed for quick and effective responses to issues when they arose. She said that following any incidents debriefs were arranged and key lessons learnt and actioned.

The Deputy Director for Population Health Wellbeing said that good practice in Health Protection was shared across local authorities and a report on this would be shared with Members.

In response to the question regarding availability of the flu vaccine the Director of Population Health and Wellbeing informed the Group that this was a national issue due to a supplier. He said that it is estimated that there was currently 70% of the vaccine that was currently required and additional batches of the vaccine are being released in tranches. He advised that the system was being managed locally to prioritise those requiring the vaccine.

Decision

To note the report and to thank all of the guests who had attended and contributed to the discussion.

HSC/PH/18/8. Feedback from Members on their findings

Members were invited to feedback on their findings and were invited to propose recommendations based on the evidence that they had considered. These recommendations would then inform the final report that would be submitted to the final meeting of the group for approval.

The Chair advised that Members would be invited to consider this and he would informally meet with the Members following the next meeting of the Health Scrutiny Committee to discuss the proposals for the final recommendations.

Decision

That the Group would informally meet following the next meeting of the Health Scrutiny Committee to discuss the proposals for the final recommendations.

HSC/PH/18/9. Terms of Reference and Work Programme

Members were invited to review and approve the terms of reference and work programme.

Decision

To agree the terms of reference and work programme.