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MANCHESTER CITY COUNCIL

Overview and Scrutiny Public Health Task and Finish Group

Date: Friday, 26 October 2018
Time: 2.00 pm
Venue: Council Chamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

Access to the Council Chamber

Public access to the Council Chamber 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. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

Meetings of the Overview and Scrutiny Public Health Task and Finish Group are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

Membership

Councillors - J Wilson (Chair), Curley, Holt, S Lynch, Mary Monaghan, Riasat and C Wills

Agenda

1. Minutes 3 - 8

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

2. Alcohol, Age Friendly and Health Protection 9 - 44

Report of the Director of Population Health & Wellbeing

The attached report in three separate sections, provides the Task Group with an overview of the key strategies and plans that relate to work on alcohol, age friendly and health protection in Manchester and Greater Manchester.

At the meeting of the Task Group, colleagues from the Greater Manchester Health and Social Care Partnership, Public Health England and the University of Manchester will provide an objective assessment of what Manchester is currently doing and what we can learn from best practice elsewhere.

3. Feedback from Members on their findings

The purpose of this item is for Members to feed back on their findings and are invited to propose recommendations based on the evidence they have considered. These recommendations will then inform the final report which will be submitted to the final meeting of the Task and Finish Group which will conclude this investigation.

4. Terms of Reference and Work Programme 45 - 48

Report of the Governance and Scrutiny Support Unit

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

Further Information

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

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This agenda was issued on Monday 22 October by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Mount Street Elevation), Manchester M60 2LA

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 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 an 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.

Manchester City Council
Report for Information

Report to: Public Health Task and Finish Group – 26 October 2018

Subject: Alcohol, Age Friendly and Health Protection

Report of: Director of Population Health & Wellbeing

Summary

The attached report in three separate sections, provides the Task Group with an overview of the key strategies and plans that relate to work on alcohol, age friendly and health protection in Manchester and Greater Manchester.

At the meeting of the Task Group, colleagues from the Greater Manchester Health and Social Care Partnership, Public Health England and the University of Manchester will provide an objective assessment of what Manchester is currently doing and what we can learn from best practice elsewhere.

Recommendations

The Task and Finish Group are invited to comment on the current strategies and plans and based on the advice from experts in the field, consider the potential recommendations that will form part of the final report for the Health Scrutiny Committee.

Wards Affected: All

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Background documents (available for public inspection):

None

Section 1 – Alcohol

1. Introduction

1.1 Work has taken place over the last year to co-design 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. Manchester has contributed significantly to the development of this strategy and the final version will be agreed by the Greater Manchester Health and Social Care Partnership Board in the autumn.

1.2 The draft strategy sets out Greater Manchester's collective ambition to significantly reduce the risk and harms caused by drugs and alcohol and help make it one of the best places in the world to grow up, get on and grow old. Manchester shares this ambition.

1.3 Drugs and alcohol are everybody's business. Drugs and alcohol impact on the health and wellbeing of our residents, the safety of our communities, and the vibrancy and economic future of our town centres and night time economies. It is everyone's responsibility to make sure we minimise the potential risks and harms they cause.

2. Alcohol related harm

2.1 Manchester has a strong history of addressing alcohol and drug related issues, but the nature and extent of the challenges that exist locally remain significant.

2.2 The key indicators:

- The most up-to-date estimates (from 20145/15) suggest that 2.4% of adults aged 16 and over living in Manchester are alcohol dependent. Based on the latest ONS population estimate, this is equivalent to around 10,230 adults in the city. It is further estimated that 28% of adults in Manchester are binge drinkers, compared to 17% nationally. 32% of adults in Manchester are estimated to drink over 14 units of alcohol per week (the recommended safe limit for alcohol with at least 2 alcohol free days), compared to 26% nationally
- Mortality from alcohol-specific conditions is higher than the England average in Manchester and all GM local authority areas, and the same tends to be true for broader estimates of (the larger number of) alcohol-related deaths
- The rate of hospital admission episodes due to alcohol-related conditions (741 per 100,000) is significantly higher in Manchester compared with the England average (636 per 100,000), although the rate has been falling (i.e. improving) in recent years.
- There are significantly larger numbers of Manchester residents claiming incapacity benefits where alcohol misuse is the main disabling condition

- We also know that there has been a move away from drinking in a public setting to drinking at home, which has the potential to exacerbate existing challenges around hidden alcohol harm

2.3 The Draft Greater Manchester Strategy (2018-2022)

2.3.1 The vision for the strategy is to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

- A place where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse
- A place where people who drink alcohol choose to do so responsibly and safely
- A place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life
- A place where our services and communities work together to build resilience and address the harms caused by drugs and alcohol
- A place where individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities

2.3.2 The strategy identifies 6 priority areas:

i) Prevention and early intervention
ii) Reducing drug and alcohol related harm
iii) Building recovery in communities
iv) Reducing drug and alcohol related crime and disorder
v) Managing availability and accessibility
vi) Establishing diverse, vibrant and safe night time economies

2.3.3 The draft implementation plan is currently high level and will be further developed as the work progresses. Manchester will develop a local plan in line with the strategy.

2.4 Areas for development

i) <u>Prevention and early intervention</u>

The Communities in Charge of Alcohol Project is now underway across Greater Manchester. The Manchester Project in Newton Heath and Miles Platting commenced in June 2018. Further details of this project are provided in Appendix 1 and a link to a short video which will be shown to the Task and Finish Group is provided below:

<u>https://youtu.be/vrFtzJZzGDI</u>

ii) Reducing drug and alcohol related harm and building recovery in communities

The Manchester Integrated Drug and Alcohol Service provided by Change, Grow, Live (CGL) has been operational since 1st April 2016. A summary of the service offer is provided in Appendix 2, Section 2.

iii) Reducing drug and alcohol related crime and disorder

The Manchester Community Safety Strategy 2018-2021 identifies "reducing the crime caused by alcohol and drugs" as one of its five priorities for the life time of the strategy. An example of a programme that is now underway is the Drinkaware Club Crew and more detail on this is provided in Appendix 2, Section 3.

iv) Managing availability and accessibility

Manchester will continue to work with GM partners on this priority area.

v) Establishing diverse, vibrant and safe night time economies

Manchester City Council established a member/officer night time economy group many years ago and this group continues to meet to address issues relating to the city's vibrant night life.

2.5 Commentary from external partners

Greater Manchester Health and Social Care Partnership

Tackling the harms caused by Drugs and Alcohol remains a priority for the partnership and we are collaborating with colleagues from across the system to put in place comprehensive plans to tackle the issue.

The city-region, and particularly areas such as Manchester, continues to experience significant levels of alcohol-related harm and is a national outlier across the majority of measures contained within the PHE Local Alcohol Profiles.

Research undertaken by GMCA indicates that the annual cost of alcohol-related harm to GM is £1.3billion in terms of Police, Fire, Health, Social Care, unemployment and lost productivity.

To address this issue, 4 priority programmes of work are under development and will be in delivery over coming months:

a. The development and implementation of the first ever Greater Manchester Drug and Alcohol Strategy which is due for launch on 15/11/18.

b. The launch of a GM Big Alcohol Conversation on 15/11/18 to engage GM residents in a meaningful dialogue around the harms associated with alcohol in GM and the appetite for change, culminating in the development of a GM Ambition for Alcohol by 31/3/19.

c. The implementation of a programme to reduce Alcohol Exposed Pregnancies funded through GM transformation monies.

d. A full review of Drug and Alcohol commissioning across Greater Manchester to identify areas of strength, and opportunities for transformation and which is due for completion by 31/3/19.

Public Health England

Reducing alcohol consumption is a key priority for PHE. Key priorities at local level are:

- Alcohol as a part of Health and Wellbeing Boards' Joint Strategic Needs Assessment (JSNA) and that there are commissioned services to address the needs of the population
- Commissioned alcohol services adhere to clinical and public health standards (see NICE quality standards)
- Public health and other health concerns are represented in local alcohol licensing process and decisions
- Data is shared between health, social care and community safety organisations to target prevention activity and co-ordinate care
- Ensuring local Making Every Contact Count initiatives include alcohol screening and structured advice
- Ensure local health trainers screen for alcohol misuse and support peers to reduce drinking to lower-risk levels
- Commissioning community-based, alcohol outreach workers, to work with regular attendees and vulnerable groups such as street-drinkers
- Ensuring that alcohol screening and brief advice is delivered effectively in NHS health checks

Work with the NHS

Some people will benefit from a brief intervention consisting of a short alcohol health risk check in a range of health and social care settings. Brief advice helping the person to consider the reasons for change should be offered where relevant.

The national CQUIN scheme 2017 to 2019 No.9 ("Preventing Ill Health by Risky Behaviours") offers the chance to identify and support inpatients who are increasing or higher risk drinkers. It is intended to complement and reinforce existing activity to deliver interventions to those who use alcohol at higher risk levels and applies to community and mental health trusts and acute NHS Trusts. It covers adult inpatients only (patients aged 18 years and over who are admitted for at least one night) and excludes maternity admissions.

Public Health Campaigns
There are national campaigns to encourage people to drink less including Drink Free Days and Dry January. Local authorities can link to these campaigns on their web sites, localise the messages and signpost people to their local services.

Monitor your progress
PHE has produced an alcohol CLeaR self-assessment tool and supporting materials to support an evidence-based response to preventing and reducing alcohol related harm at local level. The materials build on experience from the tobacco control CLeaR model. It provides assurance that resources are being invested in a range of services and interventions that meet local need and which, the evidence indicates, support the most positive outcomes

University of Manchester

Alcohol and harms from excessive alcohol consumption, demonstrate a similar picture to smoking. We have some of the highest rates of alcohol consumption, across all age groups, including the highest levels of binge drinking, and our research has added to the evidence base (see www.urhis.eu). The burden of the consequences of alcohol abuse extends across the health and social sector e.g. social harms from excessive alcohol abuse. PHE and NICE have issued guidance that are evidence based and we have a national strategy to reduce the harm. The above will tackle some of those issues also with the huge opportunities from the devolved health and social care budget in Greater Manchester. It is envisaged that these interventions can be better tailored towards the needs of the residents of Manchester.

We have lots of evidence and guidance but there remains an implementation gap as well as little robust evaluation of services for cost and clinical benefit. Bridging this implementation gap requires a multi-sectoral, multidisciplinary set of actions from health, social care, police and other statutory services. We also know that home drinking is becoming an increasing problem.

We have evidence that brief interventions are effective and would welcome discussion on:

1. Accurate measures of the population at risk. Without the epidemiology, it is difficult to target services. Commissioning local needs assessments at neighbourhood level will help with commissioning of safe, effective, evidence based services.
2. Local ban on advertising alcohol (especially around children so reduce advertising around schools and routes to schools) and plain packaging (similar to tobacco)

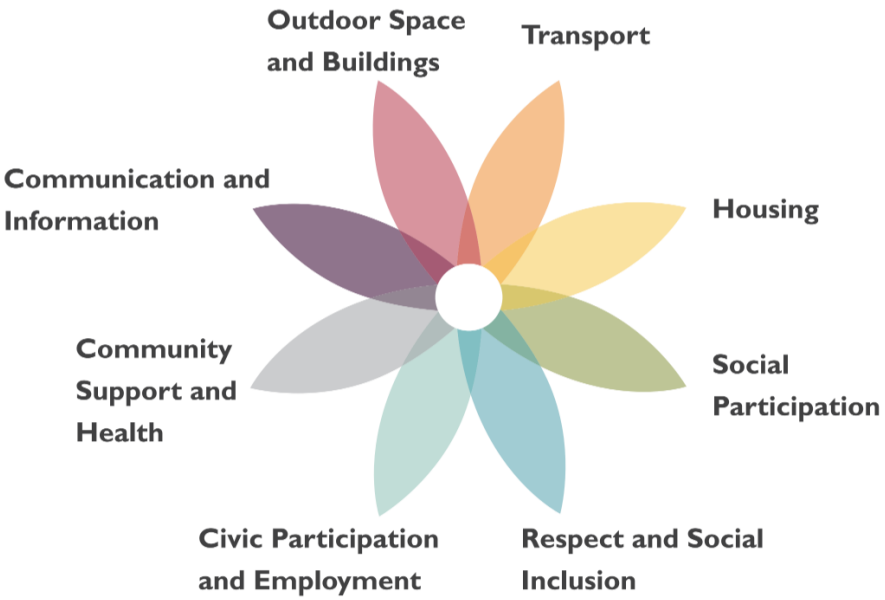
3. Change licensing to reduce outlets in and around places where children may be going to school or playing.
4. Provide a holistic brief interventions services in multiple settings
5. Evaluation of currently commissioned services and adding evaluative framework to newly commissioned services

Section 2 – Age Friendly Manchester Programme

1. Introduction

1.1 The Age-Friendly Manchester (AFM) programme aims to improve the quality of life for older people in the city and to make the city a better place to grow older.

1.2 AFM has been identified as a leading example of the Our Manchester approach. A cornerstone of the AFM programme is to increase social participation among older residents, support collaborative networks, and improve the health and quality of life for older people. AFM reports to the AFM Older People's Board which was founded in 2004. The programme is based on the World Health Organization age-friendly city model set out below in figure 1.



1.3 Last year, AFM reviewed the city's ageing strategy, and in October 2017, following a comprehensive consultation, published *Manchester: a Great Place to Grow Older 2017-2021* to coincide with International Older People's Day. Central to our strategy is the recognition that older people in Manchester experience some of the worst health and social exclusion in the country;

- The healthy life expectancy for a Manchester resident is 56 years. (UK: 63 for men, 64 for women).
- 36% of Manchester's older residents are income deprived.
- 59% of older residents (of all residents) live in our most deprived neighbourhoods.

We are further aware particular groups, such as some BAME communities face specific challenges. Therefore, while this report sets out examples of

good practice and progress, it is important to recognise that further work is required. The strategy sets out the plan to address these inequalities.

1.4 Priority four of the Manchester Population Health Plan is to create an age-friendly city that promotes good health and wellbeing for people in mid and later life. The ageing strategy further provides the framework through which the City will achieve this.

2. The strategy's three key strategic aims are:

2.1 Creating more **age-friendly neighbourhoods**, where people can age well in the neighbourhoods of their choice, with access to the right services, housing, information and opportunities – social, cultural or economic.

Some recent successes include:

- The **Manchester Older People's Board** has been able to influence Strategic Development and their Northern Gateway SRF by seeking confirmation that the needs of older people were being considered and asking questions relating to the affordability, design and tenure of new homes. Similarly, the Board offered an age-friendly perspective to the Beelines consultation, GM's Walking and Cycling Network proposal.

- The **North City Nomads**, offering days out for older people living in north Manchester. Additional information can be found in section 4.0.

- The **Take a Seat** campaign, which asks local businesses to make seats, toilets and drinking water available to those who may need them. This assists older people to leave their homes, socialise, interact economically, and play an active part in their local communities. Take a Seat began in Withington and Old Moat in 2012, but with the backing of Greater Manchester Housing Providers there are now over 300 businesses signed up. While many of the registered businesses are based within district centres, the AFM team have also ensured Manchester's cultural organisations are encouraged to sign up.

- **Ambition for Ageing** works in Burnage, Hulme & Moss Side, Moston and Miles Platting. Resident-led partnerships work in each neighbourhood to promote active ageing and increase participation, aiming to reduce social isolation and empower older people to live fulfilling lives. Examples of individual projects funded by AfA include;
  - 'Golden Yogis', a therapeutic yoga class in Burnage,
  - The Ayeeto Lunch Club in Hulme & Moss Side delivered with the Women's Support Group,
  - The Hulme-based 'PlaceCal', a community-based calendar app was recently awarded a Smart Ageing prize. AfA's eventual aim is to use PlaceCal to automate the production of local events listing booklets.

- In 2012, with the support of AFM, Southway Housing commissioned research to investigate the 'age-friendliness' of the ward and to test the

WHO model of an age-friendly City. In drawing on learning from their **Age-Friendly Old Moat** project, Southway reaffirmed commitment to the age-friendly approach through their 2017 age-friendly strategy. Southway recently identified a lack of social opportunities for older men in Burnage. With support from Ambition for Ageing they set up an indoor bowling club for men to socialise with like-minded people while remaining active.

- The **Urban Villages** research project being led by the University of Manchester in Brunswick and Levenshulme, which aims to develop participatory approaches with older people, informal carers, communities and services to support the goal of ageing in place.

2.2 Creating **age-friendly services** which value and retain their older workforce, deliver age-friendly services, and who's commissioning includes age friendliness in its specification.

Some recent examples include:

- Collaboration with **Local Care Organisation** (LCO) colleagues to ensure an age-friendly approach and way of working is integrated into the twelve integrated neighbourhoods. AFM recognises the development of the LCO as a significant opportunity for the city and its older citizens in particular. As such, the Manchester Older People's Board have offered an age-friendly perspective to the LCO's approach and strategy at their last two meetings. AFM have further helped foster and strengthen links between the LCO and Manchester's Good Neighbours groups across South and Central Manchester.

- Working with Manchester's academics and the healthcare sector on improving **sexual health and wellbeing** in later life. This includes the development of a set of standards, designed to ensure age-equality and inclusion, such as *care staff to recognise and address the rights of diverse older individuals in care homes, accommodating the rights of older people to express themselves as sexual and/or intimate beings.*

- Securing funding from Sport England for an **Active Ageing Programme** to test innovative ways of encouraging physically inactive people over 55 to take up a minimum of 30 minutes' physical activity per week. Together with colleagues from Sport and Leisure, we successfully bid for funding to deliver place-based activity. This includes the launch of *a Brew, A Loo and Something to Do,* a weekly activity session at Debdale Outdoor Centre. The second element of the programme will see training offered to older people who are currently delivering sedentary group activities.

- MCC **Work and Skills** team have included older people's employment in their service plan for 2018/19. A 50+ Employment and Skills Support Group has been established; we have been working directly with Manchester based employer networks; and we have begun discussions with Equalities and HR to establish MCC as an age-friendly employer. This work was presented in a report on the *Economic Impact of the AF Strategy*

to Economy Scrutiny on 5 September, which highlighted the range of projects and services targeting 50+. This included a number of focus groups, which were undertaken at work clubs to gather the experiences of service users over the age of 50. The Skills for Employment Service has been commissioned to provide qualifications and work experience for residents with low skills as a barrier to work.

2.3 **Promoting age equality**, addressing the negative images and portrayal of ageing that older people tell us negatively impact on their confidence, self-esteem and mental wellbeing. The strategy sets out the need to change the narrative to one that celebrates the valuable role and contribution of older people through positive images of ageing.

Some recent examples include:

- Marking **International Older People's Day** in Manchester with a range of events to showcase the variety of skills, hobbies, interests and contributions older people bring to the city.

- The Greater Manchester **Festival of Ageing**, which took place during the first two weeks of July. The festival launch event took place in Albert Square taking a physical activity theme.

- The **Age-Friendly Manchester eBulletin**, which is published every month, now reaches over 9,500 subscribers. The bulletin champions positive images and stories of ageing in Manchester, offers an update on the age-friendly work throughout the city, and promotes upcoming events and opportunities for older people. The bulletin is received by our networks, who further cascade information at the neighbourhood level.

- Manchester's **age-friendly culture offer**, which brings together around 150 older people under the Culture Champions programme. The Age Friendly Culture working group (of around 40 of the city's cultural partners) collaborates to make culture both relevant and accessible to older people, based on the important that role culture plays in improving health and wellbeing. Examples of ongoing AF culture activities include Thursday Lates and the older people's takeover at Manchester Art Gallery, the Elders Project at the Royal Exchange theatre, and Handmade sessions at the Whitworth Art Gallery.

3. In collaboration with the Greater Manchester Ageing Hub and the Centre for Ageing Better, we are currently working to develop a suite of indicators to measure our programme successes and progress.

4. Case Study: the North City Nomads

The North City Nomads is a not-for-profit community organisation offering days out for older people living in north Manchester.

In the summer of 2015 North City Nomads set off on their first trip to Southport. Over 250 local people took part, boarding a convoy of five coaches (including a specially adapted vehicle which allowed residents of a local Nursing Home to attend).

Since that first highly successful trip the group has grown to over 800 members. The group has further created opportunities for older people to exchange information about other local events and activities. It has also provided a platform for services to promote public health messages and canvass the views of older people, e.g. flu vaccinations and bowel cancer.

AFM have continued to support the development of the Nomads, which elected a Board of Trustees to take over full management of the project in May 2017. They have completed the process of registering as a Charitable Incorporated Organisation, so are now eligible to apply for additional funding to broaden the group's current offer and sustain activity into the future.

5. Commentary from external partners

Chris Phillipson, Professor of Sociology and Social Gerontology, The University of Manchester

The case for building age-friendly communities

Developing age-friendly communities has become a significant dimension in debates in public policy. A variety of factors have stimulated discussion around this topic, including, first, the impact of demographic change affecting many urban areas; second, awareness of the importance of the physical and social environment in maintaining the quality of life of older people; third, debates about good or optimal places to age, as reflected in concepts such as 'lifetime homes and neighbourhoods'.

The Age-Friendly Manchester (AFM) programme has played a crucial role in addressing the range of policy issues arising from the interaction between population ageing on the one side and urbanisation on the other. In particular, it fulfils the mandate set out in Public Health England (2015) which identified supportive communities as a major resource for improving health and well-being, providing the basis for building social networks which can create opportunities for promoting good health.

The role of AFM is especially significant in a Manchester context for the following reasons:

1. The reliance upon *community support* in the provision of adult health & social care services underlines the importance of a strategy focused on promoting opportunities for ageing well at a neighbourhood-level.
2. Strengthening social networks through *age-friendly interventions* is essential given a context of high levels of inequality affecting Manchester's communities. Older people in Manchester's most deprived areas are *twice as likely* to lack the help required for 'activities of daily living' in comparison to the richest neighbourhoods (Health Survey of England, 2017). This emphasises the value of developing local organisations which can – in partnership with statutory bodies – address what are likely to be significant areas of 'unmet need'.
3. AFM has a major role to play in improving levels of '*social infrastructure (SI)*' (meeting places, local associations, libraries) within communities. SI has been found to be strongly associated with improved social cohesion and raised levels of (bridging) social capital (Klinenberg, 2018). Work on this aspect is especially important in respect of unlocking community-based assets and recognising the significant of place in contributing to the quality of life.
4. The AFM approach has been especially influential (within the region and internationally) in *empowering older people* both to take decisions about the communities in which they live, as well as (in some cases) to undertake research on the lives of those older people affecting by different forms of social exclusion (Buffel, 2015).
5. The work of AFM will be especially important in building upon the legacy of Ambition for Ageing in respect of strategies to combat social isolation. This will be vital in the context of a more diverse older population, with new forms of isolation affecting groups, for example, within the BAME community, older people affected by long-term health conditions, and mental problems arising from depression and associated conditions.

References

Buffel, T. (2015) Researching Age-Friendly Communities. Manchester University Library

Klinenburg, E (2018) Palaces for the people: How social infrastructure can help fight inequality, polarization, and the decline of civic life. Penguin Books

Public Health England (2015) Health and Well-being: A guide to a community-centred approach

Section 3 – Health Protection

1. Introduction

1.1 Health protection is one of three core domains of public health, and following the transfer of public health functions to local government in 2013, there is now a statutory duty for local authorities to ensure there are plans in place to protect the health of the population.

1.2 The Director of Public Health (DPH)/Director of Population Health & Wellbeing has the lead role for health protection, supported by a Consultant in Public Health. The Community Infection Control Team (CICT) support the DPH and provide a community infection control service.

1.3 Under the devolution arrangements for Greater Manchester (GM), the DPH and CICT are also working with Public Health England (PHE) and other partners to strengthen the health protection function across the GM footprint. The new Manchester Health Protection Group met for the first time on 24 September 2018 and this group will provide oversight and management of all health protection activity in the city. PHE through Dr Caroline Rumble attend the Group and she provides a summary update on international, national, regional and local issues. An example of the indicative report from PHE that the Group will receive is provided as Appendix 2.

1.4 This summary report highlights 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 sets out the key actions and challenges for the period ahead in delivering the health protection function.

2. Flu Season 2017/18

2.1 Seasonal Influenza Vaccination Programme

2.1.1 The 2017/18 seasonal flu vaccination programme was led by the Greater Manchester Health and Social Care Partnership (GMHSCP). However, it was evident that for the 2018/19 season a local, coordinated response was required, working with key partners, such as primary care, midwives, schools and early years settings to increase uptake.

2.1.2 There was an overall improvement in Manchester's seasonal flu vaccination uptake data in primary care for the 2017/18 season compared with 2016/17 (see table 1), however, our uptake is still lower than national average and lower than other Greater Manchester areas in all target groups, apart from clinical at risk patients where we have achieved better than national average.

2.1.3 **Table 1: Seasonal Influenza Vaccination Uptake Data in Primary Care 2017/18**

Target Group	England (%)	Greater Manchester (%)	Manchester 2017/18 (%)	Manchester 2016/17 (%)
Aged 65 and over	72.6	75.4	70.7	63.8
Clinical at risk group	48.9	52.4	50.0	50.1
All pregnant women	47.2	52.1	47.2	41.9
All 2 years olds	42.8	43.5	37.2	33.5
All 3 years olds	44.2	45.1	39.4	36.8

2.1.4 There was an overall improvement in Manchester's seasonal flu vaccination uptake data in children in schools (Reception to Year 4) in 2017/18 compared with 2016/17 (see table 2), however, our uptake is still lower than national average and lower than other Greater Manchester areas in all Year groups.

2.1.5 Table 2: Seasonal Influenza Vaccination Uptake Data in Schools 2017/18

School Year	England (%)	Greater Manchester (%)	Manchester 2017/18 (%)	Manchester 2016/17 (%)
Reception	62.6	63.2	53.7	25.7
Year 1	60.9	61.2	51.6	39.6
Year 2	60.3	60.8	51.3	36.6
Year 3	57.5	58.1	48.3	38.7
Year 4	55.7	56.9	46.5	N/A

2.1.6 The uptake data by staff across GM NHS Trusts is presented in the table below for the 2017/18 season. Unfortunately, it has not been possible to obtain site specific data (e.g. Children's Hospital, Wythenshawe Hospital, Manchester Mental Health). However, the excellent performance improvement of Pennine Acute NHS Trust should be noted.

2.1.7 Table 3: Influenza Vaccination Uptake in Health Care Workers in Greater Manchester

Organisation	2017/18	2016/17
Manchester University NHS Foundation Trust	**61.9%**	n/a
The Christie NHS Foundation Trust	**75.3%**	71.8%
Salford Royal NHS Foundation Trust	**77.1%**	77.9%
Bolton NHS Foundation Trust	**75.4%**	71.9%
Tameside Hospital NHS Foundation Trust	**66.8%**	65.5%
Wrightington, Wigan and Leigh NHS Foundation Trust	**74.0%**	66.0%
Pennine Care NHS Foundation Trust	**59.4%**	30.5%
Pennine Acute NHS Foundation Trust	**78.7%**	52.9%
Stockport NHS Foundation Trust	**74.6%**	79.4%
North West Ambulance Service NHS Trust	**63.5%**	52.7%
Greater Manchester West Mental Health NHS Foundation Trust	**73.6%**	77.8%
Bridgewater Community Health NHS Foundation Trust	**71.5%**	47.4%
Greater Manchester	**69.3%**	58.8%
England	**67.6%**	63.0%

2.1.8 What has worked well?

- Strong local co-ordination of Manchester's Seasonal Influenza Vaccination Programme by MHCC, led by the Director of Population Health and Wellbeing
- Improvement in uptake of vaccination rates in Manchester in 2017/18 compared with 2016/17
- Work undertaken to look at best practice across the country to assist with planning the 2018/19 seasonal vaccination programme
- Good engagement with Children's Centre staff to encourage uptake in 2 and 3 year olds

2.1.9 What needs to be improved?

- Need to increase Manchester's flu vaccination rates further in 2018/19
- Strengthen the input and capacity from GMHSCP Screening and Immunisation Team, focusing on Manchester's health needs to reduce health inequalities
- More coordinated approach between the GMHSCP Screening and Immunisation Team and MHCC to deliver the flu immunisation campaign for the 2018/19 season
- Better communication with schools and parents around the issue of pork ingredients in the nasal flu vaccine. MHCC to ensure we have statements from national Jewish and Muslim lead organisations to ensure information is clear and that alternative vaccinations available are offered
- Ensure all Health and Social Care Workers are encouraged to have the free flu vaccination.

2.2 Flu outbreaks

2.2.1 The 2017/18 Flu season began early for Manchester. There was a confirmed influenza outbreak identified in a care home in September 2017 (only the second in the country). However, the main impact was felt after Christmas with eight outbreaks occurring between January and March 2018. This resulted in homes having to close to admissions for a number of days thus impacting upon the discharge process from local trusts.

2.2.2 The CICT plays a major role in coordinating MCC/MHCC response to Flu outbreaks across the City.

2.2.3 What worked well in the 2017/18 season?

- The care homes who reported outbreaks were alert to early identification of possible cases due to CICT training.
- MHCC inter-team working has been good with excellent support provided to the CICT by MHCC's Medicines Optimisation team.

2.2.4 What needs to be improved?

- GPs to be encouraged to suspect flu as an initial diagnosis during flu season.
- Early prescribing of antiviral treatment for cases of flu and their contacts.

3. TB Management

3.1 Outbreaks and single cases of TB

3.1.1 There have been a large number of complex cases of TB in Manchester in the last 18 months.

3.1.2 In 2017/18 there were two cases in particular that had significant resource implications in regard to legal costs and accommodation requirements.

3.1.3 In 2017/18 there were three outbreaks in educational establishments and from April-September 2018, there have been two similar outbreaks. These outbreaks present their own challenges in regard to contact tracing and screening.

3.1.4 A summary of the TB outbreaks and single cases in 2017/18 is shown below:

- 1 school outbreaks (including one extended outbreak)
- 2 university outbreaks (including an extended outbreak)
- 1 case requiring part 2a Public Health Order (complex)
- 1 multi drug resistant TB case requiring 6 months accommodation
- 2 multi drug resistant TB case linked to above
- 1 TB case in school staff
- TB cluster out of area (teleconference and readiness work required)

3.1.5 A summary of the TB outbreaks and single cases between 1st April 2018 and 30th September 2018 is shown below:

- 1 TB case in school staff
- 1 TB case in a school pupil

These cases have resulted in large scale screening and follow up of contacts

3.1.6 What has worked well?

- The CICT and GM PHE worked closely with MFT TB Nurse Specialist team to organise the 'Find and Treat' bus visit in February 2018 targeting hard to reach groups.
- Response to all incidents lead by MFT TB Nurse specialist team

3.1.7 What needs to be improved?

- There is a gap in commissioning and service provision for BCG vaccination in 1-16 year olds in Manchester which is currently being addressed.

4. Hepatitis A

4.1 There has been an unusual number of Hepatitis A incidences in Manchester in the last 18 months.

4.2 In 2017/18 there was one outbreaks of Hepatitis A in the MSM community and 2 single cases related to Manchester schools, leading to vaccination response.

4.3 Between April-September 2018 there have been four outbreaks Hepatitis A, again leading to vaccination/screening response. Cases have been within families with young children, schools, commercial premises and people who are sleeping rough.

4.4 What has worked well?

- MFT school immunisation team response in vaccinating children in affected schools.
- Cooperation by the management and staff of all facilities involved.
- Outbreak Control Team (OCT) quick response to cases to implement recommended actions.
- Excellent response from MCC/MHCC teams including Environmental Health and CICT.
- The prolonged outbreak response in people who are sleeping rough tested our multi agency systems. Many of this cohort of people are not in a fixed location and some are not registered with GPs. Furthermore, their living conditions affect how control measures are implemented.

4.5 What needs to be improved?

- Impact fell mainly to one GP practice who specialises in caring for this group to deliver the response.

5. Measles

5.1 A national measles outbreak was declared by PHE in the Roma community in November 2017.

5.2 In Manchester 2 measles cases were notified but were not linked. PHE advised that a programme of preventative vaccination should be undertaken in key groups at short notice. It was agreed with PHE, for Manchester to mount a multi-agency response. This included MCC, MHCC, MFT, voluntary sector groups and PHE working closely together identifying Roma communities in Manchester, assessing their levels of MMR uptake and to provide vaccination for those who did not have MMR vaccination. Following further analysis by MFT Child Health Service, it was highlighted that Manchester had a high number of children who had not had the MMR vaccination or incomplete vaccination courses.

5.3 What has worked well?

- Manchester's response to the measles outbreak in the Roma community was highlighted as good practice by PHE and a detailed report is available from the CICT
- MFT School Immunisation Service response and cooperation to each situation and outbreak has been excellent. The service vaccinated 828 children in total between mid-December 2017 and early Jan 2018.
- The coordinated multi-agency response across Manchester
- Excellent response from MHCC teams including Medicines Optimisation, Primary Care and Communications

5.4 What needs to be improved?

- The notification by the GM Screening and Immunisation Team of issues in vaccine uptake levels of MMR in school age children in some areas of Manchester

6. Scarlet Fever and Chickenpox

6.1 There has been an ongoing increase in cases of scarlet fever nationally for the past four years and this has been reflected locally in an increase of notified cases in Manchester. At the beginning of 2017, a number of outbreaks of scarlet fever were reported in schools and nurseries, which became a particular issue when chicken pox was also co-circulating. This co-circulation can increase the risk of complications of scarlet fever in the very young and an outbreak in Manchester of the two together in a nursery age group was only the second in the UK.

6.2 The multi-agency response agreed for the nursery with PHE, included a vaccination programme delivered by the MFT School Immunisation Team. This was for all the children attending the nursery school and an offer of vaccination to those identified as at risk. GPs were kept informed in regard to case identification and follow-up vaccination.

6.3 What has worked well?

- MFT school immunisation team response, vaccinating in a setting outside their normal working processes, using a vaccine that they had not used prior to this situation
- Cooperation by the Nursery Manager and staff
- Liaison with neighbouring CICTs to ensure 'out of area' communications
- OCT response to implement recommended actions
- Excellent response from MHCC teams including Medicines Optimisation, Communications and Primary care

6.4 What needs to be improved?

- Advice and support to MFT Immunisation team when requested to respond to situations outside of their normal working practice
- GM Screening and Immunisation Team support with issues in relation vaccine supply/administration of unfamiliar products

7. Meningococcal Disease

7.1 All single cases of meningococcal disease are managed by Public Health England and reported by exception to the Director of Population Health & Wellbeing.

7.2 In July 2017, a cluster of 3 cases of Meningococcal B Infection were notified from a Manchester Nursery, which is highly unusual. This required a public health response in the form of immunisation and chemoprophylaxis for the children & staff identified as being in contact with the cases, to reduce the risk of further transmission.

7.3 What has worked well?

- MFT school immunisation team response in vaccinating in a setting outside of their normal working processes.
- Cooperation by the Nursery Manager and staff
- Liaison with neighbouring CICTs to ensure 'out of area' communications
- OCT response to implement recommended actions

7.4 What needs to be improved?

- Advice and support for MFT Immunisation team when requested to respond to situations outside of their normal working practice

8. Nurseries, School, University and Care Home Outbreaks Overview

8.1 In 2017/18 there were 20 outbreaks in universities, schools and nurseries reported to CICT as follows:

- 5 Diarrhoea and Vomiting
- 6 Scarlet Fever
- 3 Scarlet Fever and Co-circulating Chicken Pox
- 1 Viral rash
- 1 Hand Foot and Mouth
- 1 Chicken Pox
- 3 Vomiting

8.2 There were 2 outbreaks in universities, schools and nurseries reported to CICT between 1st April 2018 and 30th September 2018 as follows:

- 1 Diarrhoea and Vomiting
- 1 Chicken Pox

8.3 There were 29 outbreaks in Care Homes reported to CICT in 2017/18 as follows:

- 11 Diarrhoea and Vomiting
- 8 Influenza
- 5 Diarrhoea
- 3 Respiratory Illness (negative for Influenza)
- 1 Scabies
- 1 Vomiting

8.4 There were 10 outbreaks in Care Homes reported to CICT between 1st April 2018 and 30th September 2018 as follows:

- 4 Diarrhoea and Vomiting
- 2 Diarrhoea
- 3 Respiratory Illness (negative for Influenza)
- 1 Scabies

8.5 As a result of these outbreaks, care homes were closed to admissions. In 2017-18 care home closures lasted for an average of 12 days, which added to the delays in hospital discharges. Between 1st April 2018 and 30th September 2018 care home closures have lasted for an average of 9 days.

8.6 Each outbreak in schools and care homes requires daily contact from CICT to obtain an update on current cases and also providing the settings with infection prevention support and advice until the outbreak was declared over.

8.7 The CICT provided a daily outbreak update to local health economy partners in the form of email summaries.

8.8 **What has worked well?**

- MFT School Immunisation Service response and cooperation to each situation and outbreak has been excellent. Despite pressure on the service in regard to routine vaccination programmes in schools
- Working with partners participating in the Outbreak Control Team, coordinated by PHE
- The daily contact by the CICT to offer advice and obtain an update has been welcomed and feedback has been very positive
- The CICT addresses management of outbreaks at each training event with care homes and provides guidance.

8.9 **What needs to be improved?**

- Some care homes are poorer at managing outbreaks and reporting them to the CICT.

9. Gram Negative Blood Stream Infection

9.1 In 2017 The Department of Health set an ambition for each CCG area to achieve a 50% reduction in Gram-negative Blood Stream Infections (GNBSI) by 2021. The number of cases each year in Manchester is approximately 360 all of whom will be admitted to hospital. Over 55% of GNBSI are secondary to Urinary Tract Infections and are more common in the over 65 year old age group, mainly living in their own homes.

9.2 There is a Whole Health Economy approach to reduce cases in Manchester and this work will include:

- Reducing the inappropriate use of catheters
- Reduce the inappropriate testing of urine samples in care homes
- Reduce levels of dehydration in the target groups and population in general by encouraging us all to drink more fluids
- Reducing levels of inappropriate prescribing of antibiotics

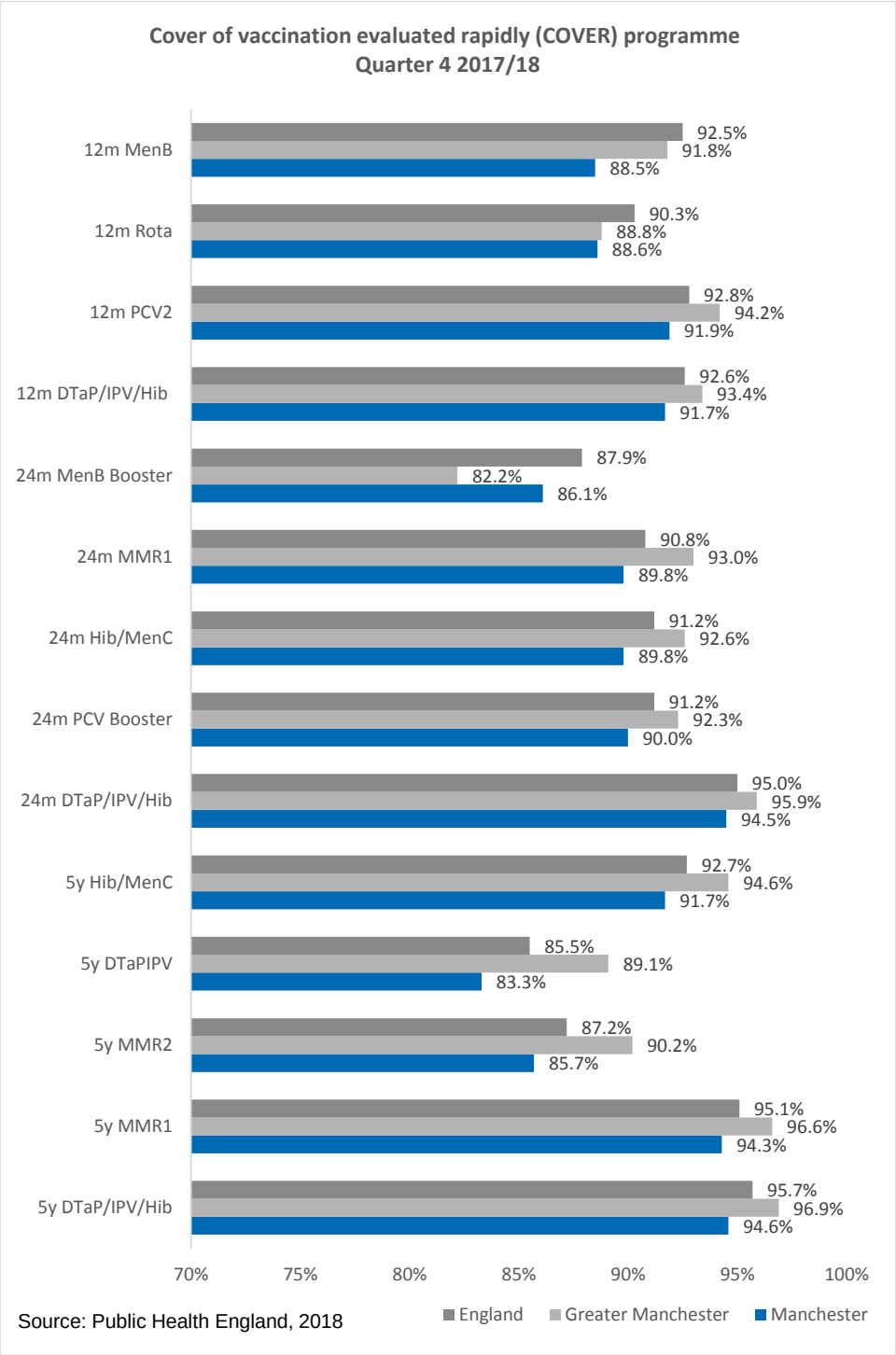
10. Cover of vaccination evaluated rapidly (COVER) programme

10.1 The most recent COVER data available that includes England data is from Quarter 4 2017/18

10.2 Manchester demonstrated lower vaccination coverage than the England average on all vaccinations measured by the COVER programme in quarter 4 2017/18.

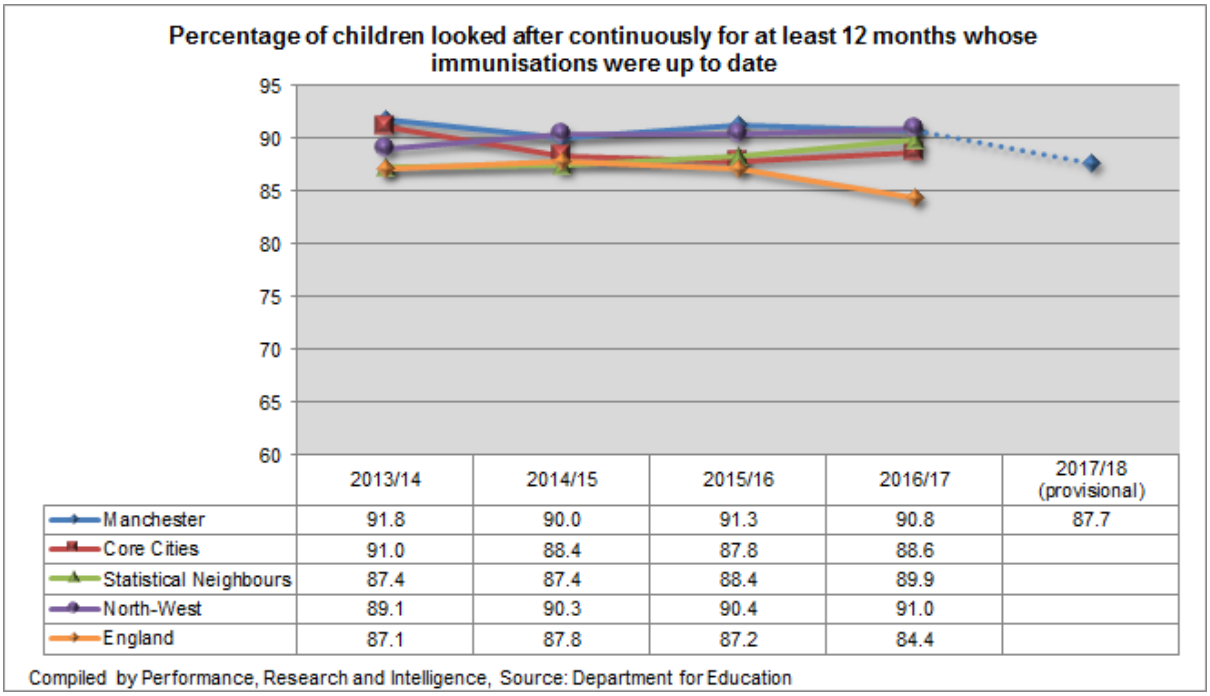
10.3 Manchester demonstrated lower vaccination coverage than the Greater Manchester average for most vaccinations measured by the COVER programme in quarter 4 2017/18. The exception - the Meningitis B booster delivered at 24 months - has seen GM performance impacted by a new child health information system implemented in Bury, Oldham, Rochdale and Trafford.

Vaccination	Manchester	Greater Manchester	England
12m DTaP/IPV/Hib	91.7%	93.4%	92.6%
12m PCV2	91.9%	94.2%	92.8%
12m Rota	88.6%	88.8%	90.3%
12m MenB	88.5%	91.8%	92.5%
24m DTaP/IPV/Hib	94.5%	95.9%	95.0%
24m PCV Booster	90.0%	92.3%	91.2%
24m Hib/MenC	89.8%	92.6%	91.2%
24m MMR1	89.8%	93.0%	90.8%
24m MenB Booster	86.1%	82.2%	87.9%
5y DTaP/IPV/Hib	94.6%	96.9%	95.7%
5y MMR1	94.3%	96.6%	95.1%
5y MMR2	85.7%	90.2%	87.2%
5y DTaPIPV	83.3%	89.1%	85.5%
5y Hib/MenC	91.7%	94.6%	92.7%



11. Immunisation and vaccination uptake in Looked After Children

11.1 Immunisation and vaccination uptake in Manchester's Looked After Children has been consistently high compared with national levels. Provisional data for 2017/18 indicates a small drop in uptake but these figures are yet to be confirmed.



	2013/14	2014/15	2015/16	2016/17	2017/18 (provisional)
Manchester	91.8	90.0	91.3	90.8	87.7
Core Cities	91.0	88.4	87.8	88.6	
Statistical Neighbours	87.4	87.4	88.4	89.9	
North-West	89.1	90.3	90.4	91.0	
England	87.1	87.8	87.2	84.4	

Compiled by Performance, Research and Intelligence, Source: Department for Education

12. Training and Education

12.1 The CICT delivered targeted infection control training across providers including care and nursing homes, primary medical and dental practices.

13. 2018/19 Plans

13.1 The Manchester Health Protection Group meets quarterly and will report to the Health and Wellbeing Board. The Group replaces the disestablished Expert Advisory Group. The revised group membership reflects recent organisational changes (e.g. Manchester Local Care Organisation) and the 2019 work programme for the Group will be agreed at the January 2019 meeting. The Manchester Health Protection Group will assist the Director PH and DIPC in ensuring oversight of key strategic challenges and the health protection arrangements of partner organisations.

14. Commentary from External Partners

Dr Caroline Rumble, Public Health England

The PHE North West Health Protection Team has a good working relationship with Manchester City Council and work closely with their Director of Public Health and Public Health Team. The link consultant for PHE attends the Manchester Health Protection Group, chaired by the DPH, and the membership and Terms of Reference for this group have recently been revised. We collaborate well to address strategic aims, such as to increase diagnosis and treatment of blood borne viruses and prevent new infections through the work of the Greater Manchester Viral Hepatitis Strategy and Group. We also work in a reactive approach to respond to outbreaks and other situations. These often require an Outbreak Control

Team to be rapidly convened to agree risk assessment and control measures to be implemented. We have strong working relationships and have effectively responded to a number of large and complex situations in recent months. Following complex situations we hold debrief sessions to identify lessons learned and ensure action is taken.

There are a number of issues that have been identified for further work in Manchester including increasing vaccination rates and we have used levers, such as a national measles outbreak, to facilitate vaccination uptake. In this instance Manchester City Council worked hard within the Outbreak Control Team to identify the target group for vaccination and offer MMR vaccination in a timely fashion.

The Public Health Team engage well with care homes in their area to increase awareness of infectious diseases and promote infection prevention and control measures and we are working together to prepare for influenza season. MCC, MHCC and PHE have co-presented a session on seasonal flu to Manchester partners to promote partnership working and increase awareness of the national guidance and local plans. Reducing Gram Negative Blood Stream Infections (GNBSIs) is a current priority area for work and PHE, MCC and MHCC (along with primary and secondary care) are working closely to understand the current epidemiology and develop strategies for reducing GNBSIs to reach the national reduction ambition.

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Appendix 1 - Alcohol Services & Programmes

1. Community Alcohol Champions – Communities in Charge of Alcohol (CICA)

1.1 Background

A 'Communities in Charge of Alcohol' (CICA) project has been developed, which aims to develop a network of community alcohol champions across Greater Manchester (GM.) The project builds on the principle that local communities should be empowered to take charge of their own health and people in communities are best placed to influence their friends, families and colleagues.

The project is an innovative partnership between the 10 Greater Manchester Local Authorities, Public Health England (PHE), the Royal Society for Public Health (RSPH) and the University of Salford (who will be evaluating the work). The evaluation will look at whether the champions have an impact on alcohol related harm (including hospital admissions and alcohol related crime) and whether it is cost effective. If the answer is yes, there is a possibility of expanding the initiative at little cost.

CICA reflects the GM strategic commitment to develop innovative community and person centred approaches as part of the GM and Manchester Population Health Plans.

There is an ambition that the residents of GM will be active participants in achieving their own improved health outcomes, through their personal responsibilities and also through their advocacy in networks and social movements for change. Manchester already has a number of excellent examples of how this has been successful through innovation like the Age Friendly Programme and the hosting of the GM Recovery Walk in 2014.

1.2 Rationale

The social and health harms associated with alcohol hit Manchester and other areas in GM harder than in most areas of England as they do for the most of the North West. This is despite innovation and the provision of quality services in the community.

The 10 GM Local Authorities are identifying neighbourhoods of high alcohol related harm. The neighbourhoods are to consist of two LSOA (or lower super output areas) made up of approximately 3,000 residents.

Analysis has taken place of the following indicators across north Manchester:

- Perceptions of anti-social behaviour (drunk and rowdy behaviour) by Ward 2015-16
- Alcohol related incidents 2014-16
- Alcohol related crime locations 2014-16

- Alcohol related crime offender homes 2014-16
- Alcohol specific hospital admissions 2015-16
- Weekend evening A&E attendances 2015-16

High levels of alcohol related harm across all indicators are confirmed in a number of neighbourhoods in north Manchester including an area of Newton Health & Miles Platting. A survey of residents in 2015-16 shows that a higher proportion of residents in Newton Heath & Miles Platting (26.9 %) notice drunk and rowdy behaviour in their area more than residents across other areas in north Manchester. Community safety partnership data shows high levels of alcohol related crime call outs to the police also.

Consideration has been given to the location of two suitable LSOAs that are coherently located and represent a neighbourhood. It is proposed that a neighbourhood area in Newton Heath & Miles Platting (which includes Old Church Street and the adjacent end of Briscoe Lane would be suitable. This area contains a shopping district, residential areas, and a number of community services including library and health centre.)

1.3 Proposal

It is proposed that it would be beneficial to pilot the CICA project in this neighbourhood area. This is an opportunity to improve community health and wellbeing, and will involve identifying and training around 10 local residents or individuals who work in the area to become community alcohol champions. The Royal Society of Public Health (PSPH), local authority officers, and CGL will lead on the training. The aim is to provide community members with the knowledge, skills and key contacts to support them to:

- Have informal conversations about alcohol and health with family, friends and colleagues
- Support people to reduce drinking through brief advice or guiding them towards specialist services
- Attending local community events to speak to people about alcohol and health
- Provide support for communities to get involved with licensing decisions by helping them to raise issues with the local authority about venues selling alcohol

Through their conversations they will be able to influence a much large number of people who in turn will share their knowledge with others. Commissioned Public Health services will have a role in supporting the community alcohol champions.

The CICA project has been rolled out across Greater Manchester and the Manchester work started in Miles Platting and Newton Heath in June 2018. Other areas will follow over the next 9 months.

2. Manchester Integrated Drug & Alcohol Service provided by Change, Grow, Live (CGL)

2.1 The service is for adults (aged 18 +) and provides a number of key components summarised below:

i) **Prevention and self-care, including training on alcohol for other providers.** A comprehensive programme of alcohol and drug awareness and early intervention training, resulting in increased capacity for prevention of alcohol and drug-related harm.

ii) **Engagement and early intervention, including harm reduction.** A single referral, triage and assessment process for all alcohol and drug interventions delivered from a range of community-based settings including early help hubs and homeless/rough sleeper settings.

iii) **Structured treatment.** A comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions that will address multiple/more severe needs.

iv) **Recovery support.** An increased focus on recovery from alcohol and drug dependence so that more individuals successfully complete their treatment and are able to access education, training and employment opportunities and reintegrate into the community.

2.2 The service is available city wide in a range of community-based settings in Manchester, and provides a single access, assessment, and care coordination process for all alcohol and drug misusers. The service is accessible through a range of referral pathways, with particular focus on those individuals and groups who pose a high risk of harm to themselves and others. The service works with users/misusers of a range of substances including alcohol, illegal drugs, new psychoactive substances (NPS) and misusers of prescription/over the counter medication. As well as providing clinical treatment for alcohol and drug dependency, the service works in partnership with other services to support individuals to achieve a range of recovery goals. These partnership arrangements are summarised below.

i) Acorn Housing Association Ltd who deliver structured group work programmes, including RAMP (Recovery and Motivation Programme) which aims to motivate people to consider and become abstinent from alcohol or drugs and DEAP (Dependency Emotional Attachment Programme) for people who have achieved abstinence and are motivated to achieve long term recovery.

ii) Emerging Futures who deliver asset based community development (ABCD) across the city, engaging with people in treatment for 2 years or more.

iii) LGBT Foundation who support people to access structured treatment, support people involved in chemsex and provide harm reduction advice to communities.

iv) The Work Company deliver the 'Building Employability and Self Confidence' programme, finding volunteering and employment opportunities and access to mentoring schemes.

3. Drinkaware Club Crew

3.1 Introduction

There is a memorandum of understanding between the Drinkaware Trust (Drinkaware), Greater Manchester Police (GMP), and Manchester City Council (MCC) to deliver the Drinkaware Crew. The programme aimed at reducing the harm caused by binge drinking and public drunkenness through consumer education and engagement in nightclubs in Manchester City Centre.

The Partnership will be implemented by activity commencing in Manchester City Centre starting in autumn 2018. GMP and MCC have agreed to fund a 3 month pilot of Drinkaware Crew in venues identified as meeting the criteria for needing additional alcohol and vulnerability support. This partnership will last until January 2019 but may be extended with all parties' agreement, and the individual premises are expected to continue employing Drinkaware Crew after the initial funded trial.

3.2 Overview of Drinkaware Crew

Drinkaware Crew are trained paid members of staff who work in venues at night with large numbers of 18 to 25-year-olds such as bars and nightclubs who are solely focussed on offering welfare support to those who are or are in danger of becoming vulnerable due to alcohol. They wear a clearly identifiable uniform and work in pairs during busy periods. They are trained to identify and deal with a variety vulnerabilities and sexual harassment.

Appendix 2

Public Health England

PHE NW Health Protection Indicative Report

Manchester City Council Health Protection

Public Health Task & Finish Group (Manchester Health Scrutiny Committee)

Meeting 26th October 2018

International

Incidents of interest
Ebola virus disease, Democratic Republic of Congo

- The outbreak in eastern DRC continues in North-Kivu and Ituri provinces, eastern DRC
- As of 1 October, there had been a total of 129 confirmed and 32 probable cases across eight health zones in the two affected provinces
- Since 08 August, over 13,000 people have been vaccinated

Public Health England provide the group with a detailed PDF file on international incidents of interest.

National

3 monkeypox cases diagnosed in England
3 cases of monkeypox diagnosed in the UK in September. Two cases had recently travelled back to the UK from Nigeria (1 case flying in to the UK on 4th September). There was no UK epidemiological link identified between these two cases. The third was a healthcare worker involved in the care of one of the primary cases. PHE guidance Monkeypox: information for primary care was disseminated to GPs through local arrangements. NHSE cascaded relevant information to Acute Trusts through Regional Emergency Planning leads. A briefing note was shared widely. Contact tracing and passive / active surveillance was undertaken (for 21 days after exposure).

Case of MERS-CoV in England
Confirmed case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) initially admitted to hospital in Leeds and transferred to the Royal Liverpool Hospital. The case had travelled from Saudi Arabia and flew in to the UK on 16th August 2018 whilst symptomatic. Contact tracing and active / passive surveillance undertaken (for 14 days after exposure).

[Note: The PHE North West Health Protection team provide the Port Medical Officer (PMO) function for Manchester Airport. The PMO is primarily a public health function and PHE North West leads on health protection assessment and advice where any incident requires the PMO role to be instigated.]

Measles
A national measles incident (standard response) was declared on 2nd May 2018 and led by the National Infection Service. From the 1st January to 13th September 2018 there were 876 laboratory confirmed measles cases but the epidemiology supports that this outbreak is likely coming to an end. Anyone who has not received 2 doses of MMR vaccine is at risk, but young people in environments with close mixing such as festivals are more at risk, as well as unvaccinated people travelling to Romania and Italy, where there are currently large

outbreaks. Anyone planning to travel to Europe should check NaTHNaC travel health advice.

Product recalls in a multi-country outbreak of listeriosis associated with frozen sweetcorn
ECDC reported a European outbreak of Listeria linked to frozen sweetcorn https://ecdc.europa.eu/en/news-events/listeria-monocytogenes-outbreak-47-cases-including-9-deaths. To reduce the risk of L. monocytogenes infection from frozen corn, consumers should adequately heat frozen vegetables before eating them or adding them to salads or any other ready to eat foods. This advice applies especially to consumers at the highest risk of contracting listeriosis – such as the elderly, pregnant women, new-borns and adults with weakened immune systems.

Restrictions on use of Varicella Zoster Immunoglobulin (VZIG) during supply shortage
Due to a current shortage of VZIG, in order to retain stock for the most vulnerable groups, PHE recommends restrictions on VZIG. The restrictions have now been extended to immunosuppressed individuals. Susceptible individuals should now receive either aciclovir or valaciclovir in the event of a significant exposure, unless there is a specific contraindication to these oral antiviral agents, when VZIG will still be required. These updated restrictions on the use of VZIG are available at https://www.gov.uk/government/publications/varicella-zoster-immunoglobulin

Hepatitis B vaccine supplies have improved - vaccine now available for all indications
In view of overall improvement in UK supply, PHE and Department of Health and Social Care (DHSC) have agreed to accelerate the phased re-introduction of vaccine outlined in the recovery plan, so that vaccine is now available for all priority groups 1 to 4 (as defined in the temporary recommendations). The updated guidance is published at https://www.gov.uk/government/publications/hepatitis-b-vaccine-recommendations-during-supply-constraints

Updated Guidance on use of Tetanus Specific Immunoglobulin (TIG) for management of tetanus prone wounds during current supply shortage
Due to a shortage of TIG, interim guidelines, which also include revised definitions for tetanus prone wounds, are now published at https://www.gov.uk/government/publications/tetanus-immunoglobulin-recommendations-on-treatment-and-prophylaxis

Revised guidance for rabies pre-exposure prophylaxis and post-exposure treatment
New guidance can be found via https://www.gov.uk/government/publications/rabies-post-exposure-prophylaxis-management-guidelines

North West/Greater Manchester

Surveillance of notifiable diseases
Details not included in this version of the report but information provided to the Manchester Health Protection Group includes:

- Latest Surveillance report (updated weekly report showing numbers of cases and rates of infectious diseases by GM Local Authority (with GM-wide and NW data) including for:
- Latest Surveillance commentary (further investigation and explanation of the data in the above report provided)

Key situations
Brief outline given of key situations or outbreaks across Greater Manchester, for example:

- **Hepatitis A in a Manchester restaurant**
  Outbreak of hepatitis A amongst staff working at a large Manchester restaurant. Vaccination sessions offered in August. Ongoing enhanced surveillance for new cases.
- **Hepatitis A amongst people who inject drugs who are rough sleeping in 2 GM Local Authorities**
  The outbreak of Hepatitis A in the rough sleeping homeless population in X LA amongst people who inject drugs has been declared over by the outbreak control team. The risk assessment will be reviewed should new cases arise. There were six cases identified since March 2018 potentially linked with this outbreak. The outbreak in a similar population in X LA remains on-going, with six potentially linked cases to date.

New situations in Manchester (during period of time from previous meeting)

Examples include:
X outbreaks of norovirus in care homes
X outbreaks of acute respiratory illness in a care home (microbiological results provided where available)
X hepatitis A situations requiring mass vaccination response: brief details provided
TB situation involving screening in a primary school: brief details provided
Large fire / chemical issue: brief details provided
X cases of measles linked by workplace in Manchester

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Title	Public Health Task and Finish Group
Membership	Councillors Curley, Holt, Lynch, Mary Monaghan, Riasat, Wills and Wilson (Chair)
Executive Member	Councillor Craig, Executive Member for Adult Health and Wellbeing
Strategic Director	David Regan, Director of Population Health and Wellbeing
Lead Officers	
Contact Officer	Lee Walker, Scrutiny Support Unit
Objectives	The Task and Finish Group acknowledges the variation in health outcomes of Manchester residents. The group will seek to understand the range and impact of Public Health and Population Health initiatives on Manchester residents. 1. To review current Public Health and Population Health objectives, including self-care and health protection. 2. To review good practice adopted nationally and internationally and in other Local Authorities across Greater Manchester. 3. To review current academic research in the area of Public Health and Population Health. 4. To inform future discussions on Public Health and Population Health at the Health Scrutiny Committee.
Key Lines of Enquiry	Evidence is to be gathered from a range of stakeholders, including Public Health England; Manchester University Urban Collaboration on Health; Manchester Institute for Collaborative Research on Ageing (MICRA).
Operation	This Task and Finish Group will report its findings to the Health Scrutiny Committee by submitting minutes to the Committee. The Committee will be asked to endorse any recommendations from the Task and Finish Group. A final report will be submitted to the Committee presenting the findings and recommendations of the Task and Finish Group.
Access to Information	Meetings of this Task and Finish group will be open to members of the press and public except where information which is confidential or exempt from publication is being considered. Papers for the Task and Finish group will be made available to members of the press and public on the Council's website and the main entrance to the Town Hall except where information which is confidential or exempt from publication is being considered.
Schedule of Meetings	To be agreed.
Commissioned	September 2017

Health Scrutiny Committee
Public Health Task and Finish Group
Work Programme

Meeting 3: Friday 26 October 2018 at 2pm in the Council Chamber, Level 2 Town Hall Extension **Deadline for reports: 18 October 2018**				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
Public Health and Population Groups: Ageing Population	To consider the role and impact of Public Health and Population Health initiatives on the ageing population. The group will hear from Prof Chris Philipson Manchester Institute for Collaborative Research on Ageing An invitation will be sent to the Lead Member for Age Friendly Manchester. The group with also consider the issue of Health Protection and Infection Control and will hear from Public Health England clinicians. The group with also receive information on screening services.	Councillor Craig	David Regan Director of Population Health and Wellbeing Paul McGarry, Strategic Lead Age Friendly Manchester	Invitation to be sent to Prof Chris Philipson, Manchester Institute for Collaborative Research on Ageing & Dr Caroline Rumble, Public Health England
Alcohol related harm	To consider the section of the report on alcohol related harm that was deferred from the meeting of 18 September 2018.	Councillor Craig	David Regan Director of Population Health and Wellbeing	

Feedback from Members on their findings	The purpose of this item is for members to feed back on the findings of this review and make recommendations that will inform the final report of the Task and Finish Group.		Lee Walker Scrutiny Support Officer	

Meeting 4 (Date and Venue to be confirmed)				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
Final Report and recommendations	To agree the final report and recommendations of the Task and Finish Group. Following agreement by the Task and Finish Group, the final report will be submitted to the Health Scrutiny Committee.		Lee Walker Scrutiny Support Officer in consultation with the Chair	

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