



Health and Wellbeing Board

Date: Wednesday, 1 November 2023

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Access to the Council Antechamber

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Membership of the Health and Wellbeing Board

Councillor Craig, Leader of the Council (MCC)

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

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

Councillor Chambers Deputy Executive Member for Healthy Manchester and Adult Social Care (MCC)

Katy Calvin, Thomas - Manchester Local Care Organisation

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Bill McCarthy, Chair, Greater Manchester Mental Health NHS Foundation Trust

Mike Wild, Voluntary and Community Sector representative

Amanda Smith, Chair, Healthwatch

Paul Marshall, Strategic Director of Children's Services

David Regan, Director of Public Health

Bernadette Enright, Director of Adult Social Services

Tom Hinchliffe, Deputy Place Based Lead

Dr Murugesan Raja, Manchester GP Board

Dr Geeta Wadhwa, Manchester GP Board

Dr Doug Jeffrey, Manchester GP Board

Dr Shabbir Ahmad, Manchester GP Board (substitute member)

Dr Denis Colligan, Manchester GP Board (substitute member)

Agenda

1. Urgent Business

To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals

To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests

To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. Minutes

To approve as a correct record the minutes of the meeting held on 20 September 2023.

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5. Manchester Partnership Board Update

The report of the Deputy Place Based Lead is enclosed.

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6. Fairer Health for All

The report of the Director of Population Health, NHS Greater Manchester Integrated Care and Director of Public Health, Manchester City Council is enclosed.

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7. Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027

The report of the Deputy Director of Public Health is enclosed.

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8. Stopping the start: Our new plan to create a smokefree generation in Manchester

The report of the Director of Public Health is enclosed.

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Information about the Board

The Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the health and social care services for Manchester. Its role includes:

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;
- providing advice, assistance or other support in connection with the provision of health or social care services;
- encouraging organisations that arrange for the provision of any health related services to work closely with the Board; and
- encouraging those who arrange for the provision of any health or social care services or any health related services to work closely together.

The Board wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the committee officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda.

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Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
Level 3, Town Hall Extension, Albert Square
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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, 23 October 2023** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

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Health and Wellbeing Board

Minutes of the meeting held on 20 September 2023

Present:

Councillor T Robinson, Executive Member for Healthy Manchester and Adult Social Care (Chair)
Councillor Chambers, Deputy Executive Member for Healthy Manchester and Adult Social Care
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Amanda Smith, Chair, Healthwatch
Neil Walbran, Healthwatch
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health
Bernadette Enright, Director of Adult Social Services
Tom Hinchliffe, Deputy Place Based Lead
Dr Murugesan Raja, Manchester GP Board

Apologies:

Dr Doug Jeffrey, Manchester GP Board
Bill McCarthy, Chair, Greater Manchester Mental Health NHS Foundation Trust
Katy Calvin-Thomas, Manchester Local Care Organisation
Dr Geeta Wadhwa, Manchester GP Board

Also in attendance:

Tim Griffiths, Manchester Local Care Organisation
Sarah Doran, Assistant Director of Public Health
Leesa Benson, Lead Nurse Health Protection
Dr Anna Trelfa, Consultant Health Protection, UK Health Security Agency
Ryan Noonan, Lead TB Nurse Specialist, MFT
Kenny Li, Chief Pharmacist, Greater Manchester ICS
Cordelle Ofori, Deputy Director of Public Health, MCC
Katie McCall, Strategic Lead, Making Manchester Fairer
Guy Cresswell, Executive Director, Great Places Housing Group
David Ashmore, Director of Housing Services, MCC
Neil Walbran – Chief Officer, Healthwatch

HWB/23/13 Urgent Business – Manchester Partnership Business

The Chair agreed to an item of urgent business to provide the Board with an update on the work of the Manchester Partnership Board following its most recent meeting.

The Deputy Place Base Lead addressed the meeting and referred to the meeting of the Partnership Board, held on 15 September 2023 which considered proposals for the winter plan for Manchester and the Manchester Board priorities for ensuring the health and wellbeing of residents and the accessing of services.

Hospital at Home programme

Reference was made to the development of the Hospital at Home programme in place to avoid the need for hospital admission, using virtual wards or other technology-enabled care within a patient's home. The pilot scheme has in six months seen a reduction of over two thousand hospital bed days. A further information sharing event is planned for 28 September 2023, for the next stage of the rollout of the programme. It is planned that the 'Hospital at Home' team will be in place to support the Central Manchester area by the end of 2023, and it is expected that this will be extended to the north and south areas of the city by the first quarter of 2024.

Integrated Care Board

An update was also provided on the Integrated Care Board (ICB) and the financial position. It was reported that a turn around director has been appointed to look examine the finances across the integrated care system to work towards improving the current financial position. The current deficit stands at £606 million across the integrated system for 2023/24 financial year. Work continues to ensure financial sustainability for Manchester and a financial stability programme is in place and to integrate services for best value.

Carnall Farrar Leadership and Governance Review

It was reported that following the review, work has proceeded and there is now a revised model for the Integrated Care Board that will be considered by the Board of the ICB, today. The proposed model will set up more clearly the division of responsibility held at a Greater Manchester level. Work is continuing to embed and operationalise the new system, in particular the commissioning of services at a Greater Manchester level.

The Chair reported that he with the Chair of the Health Scrutiny Committee (Councillor Green) had written to the Secretary of State (Health) to highlight concerns regarding the transition of Integrated Care, in view of the financial deficit (£606 million) so late into the financial year. The Secretary of State has been requested lobby the Treasury to highlight the situation, ahead of the Government's Autumn Statement. The Chair made the point was made that, as the winter period approaches there are clear indications of increasing numbers of seasonal illness and health service partners have implemented changes to accommodate additional pressure on existing services.

Decision

HWB/23/14 Minutes

The chair made a correction to the title of members present at the previous meeting.

Decision

To approve the minutes of the meeting held on 7 June 2023 as a correct record.

HWB/23/15 Health Protection - Operational Local Health Economy Outbreak Plan Manchester and Update on Tuberculosis

The Board considered the report of the Director of Public Health that provided background information about the refresh of the Operational Local Health Economy Management Plan for Manchester and includes the draft plan for approval. It also provided a detailed focus on current epidemiology and issues relating to tuberculosis (TB).

The Board was informed that the Health Protection Board had focussed on covid during the covid pandemic, however other diseases such as TB remain a serious public health concern and present a challenge to public health funding. Reference was also made the Outbreak Management Plan (appendix 1, of the report), concerning the operational arrangements in place specific to Manchester. The operational arrangements in place address several diseases specific to the complexity and diversity of city. It was reported that the covid pandemic had highlighted the lack of public health protection capacity and work had been ongoing to address this. The report also addressed the incidence of TB in Manchester which had risen in the latest reporting period. It was reported that there are current funding and capacity challenges regarding levels of latent TB and screening.

The Assistant Director of Public Health reported on the good working relationship with health service partners to help identify and treat TB cases through MFT. It was reported that current funding levels have limited preventative screening work to identify latent TB and this has been highlighted from outbreaks of TB across the city in different settings such as care homes and schools. Health partners were requested to consider the provision of services to ensure health equity for all the city's population.

The Chair thanked officers for their ongoing important work in tackling TB within the city and noted that current funding allows screening for 26% for latent TB, and highlighted the necessity for anyone newly arriving in Manchester to be provided with health screening checks to identify illnesses at the earliest stage.

Members welcomed the report and noted the difficulties of detecting and treating latent TB across communities. The importance of developing a joined-up communications strategy to raise public awareness and provide information to a range of communities on recognising TB symptoms must continue as well as encouraging attendance for screening appointments. The approach taken to engage with communities, in particular migrants, is important to ensure health screening and the take up of vaccination at the earliest opportunity before individuals were resettled to other areas.

The Board was informed that a business plan is in place to address funding issues for services across the city and the help of the Health and Wellbeing Board is welcomed in progressing that work.

Reference was made to those individuals with no recourse to funds, in particular homeless people leaving hospital and requiring accommodation to help sustain their recovery. A recovery pathway has been produced to help homeless people recovering from TB, where accommodation will be provided and located close to hospital to ensure treatment is continued. The system has been recognised nationally as unique to Manchester and will be shared with other public health

providers. Funding for the service has not yet been determined and is currently provided via the Public Health team until NHS funds are available.

The Director of Public Health reported that the NHS GM Migrant Health Group had met on 18 September 2023, and would be the appropriate forum to escalate the matters raised concerning TB. The Group can provide a lobbying role on the subject which is a national issue, and this may provide access to funding to increase TB screening.

Decisions

The Health and Wellbeing Board;

1. Approve the Operational Local Health Economy Outbreak Management Plan for Manchester, as detailed in appendix 1, of the report submitted.
2. Are informed of the current issues around TB and recommend that the Director of Public Health a) escalates migrant health related issues to the newly established NHS GM Migrant Health Group; b) advocates through professional networks for more latent TB testing to be available for all residents with higher risk of TB, not just new entrants and not just adults.

HWB/23/16 Joint Local Health and Wellbeing Strategies

The Board considered the report of the Director of Public Health that described that in November 2022, the Department of Health and Social Care confirmed that local Health and Wellbeing Boards would continue to be responsible for assessing the health and wellbeing needs of their local population through the publication of a Joint Strategic Needs Assessment (JSNA) and a Joint Local Health and Wellbeing Strategy (JLHWS). The report focused specifically on the statutory guidance and the November 2022 update and what it meant for Manchester.

Reference was made to section 3 of the report regarding the Manchester Joint Health and Wellbeing Strategy and the proposal to not write another new strategy but use Our Healthier Manchester Strategy which was refreshed in 2021 alongside Making Manchester Fairer to constitute the Joint Local Health and Wellbeing Strategy. The Our Healthier Manchester Strategy will reflect both the Greater Manchester Strategy and the five year forward view.

The Chair referred to the number of changes to health arrangements, outlined between paragraphs 3.4. and 3.6 and asked how these may be scrutinised or assessed between the Manchester Partnership Board and the Health and Wellbeing Board.

The Board welcomed the proposal to bring the strategies together and refresh them to produce a strategy that aligns with the Greater Manchester framework and that is specific and works for the city, noting also the need to include greater focus on the needs of children and young people and the measurement of outcomes delivered.

Decisions

The Health and Wellbeing Board;

1. Note the report and its statutory duties and powers in relation to the Joint Local Health and Wellbeing Strategy.
2. Agree to delegate the co-ordination of the approach to comply the statutory duty to the Director of Public Health and the Deputy Place Based Lead.

HWB/23/17 Armed Forces Community Joint Strategic Needs Assessment (JSNA)

The Board considered the report of the Strategic Director of Children and Education Services that provided a summary of the evidence and data regarding the health of the armed forces community. It described some of the health issues that may affect members of the armed forces community and what the data from the 2021 Census told us about UK armed forces veterans living in Manchester.

The report also described what Manchester City Council and other organisations working in the city are doing to support members of the armed forces community and their families as well as some of the opportunities for action that existed.

The Chair welcomed the report and referred to the provision of support at a national level to ex-service personnel returning to civilian life, suffering from mental health issues and/or physical injuries or other illnesses. The production of a Joint Strategic Needs Assessment will help to bridge the gap of the national strategy and better focus services for veterans and serving members of the armed forces and their families living within Manchester, to help them to settle and access help with medical issues and employment opportunities.

Members of the Board welcomed the report and acknowledged the work of those to help ex-service personnel and their families to settle within communities and help with employment. Also, the work to help those who are employed and who are members of the TA and serve and return to work. It is important for those employers who have employees serving in the armed forces to allow them time to return and readjust to civilian life. Reference was made to the importance of raising of awareness of local GPs on the process to access the mental health support pathway. There are currently twenty-two GP surgeries involved under the OP Courage and Transition intervention and liaison service operated by MFT. Recognising skills that can be transferred to the civilian workplace is a major factor in helping ex-service personnel, and employers are asked to look further than the individual's academic achievement to include other important skills that have been developed in the armed services, when considering an offer of employment.

The Director of Public Health reported that the new style to the production of Joint Strategic Needs Assessments will be a briefer concise document that will include a structure to include the nature of challenges involved in an area of service and provide opportunities for action. This model will be developed to allow contributors to take ownership of the document. The proposal to include consultation with GPs to raise awareness of OP Courage and Transition intervention and liaison service will

be included in the JSNA to move the matter forward in promoting the service to veterans and armed forces personnel.

Decisions

The Health and Wellbeing Board;

1. Note the content of the Joint Strategic Needs Assessment.
2. Support the opportunities for further action described in the JSNA.
3. To endorse the inclusion within the JSNA of GP surgery liaison and consultation to raise awareness of the OP Courage and Transition intervention and liaison service.

HWB/23/18 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027

The Board considered the report of the Deputy Director of Public Health that provided an overview of progress made during June to August on the Making Manchester Fairer Action Plan and a case study on Manchester Housing Provider Partnership's approach to Making Manchester Fairer and tackling health inequalities.

The Board welcomed the report and acknowledged the role of housing providers in communities by providing more than just good quality homes and working to empower local people and helping maintain the health and wellbeing of residents through maintaining communication and involvement of service provider partners.

The Chair welcomed the report and looked to use the subject matter for inclusion in future meetings of the Making Manchester Fairer Board. The chair requested the amendment to the first bullet of paragraph 4.1 of the report to replace the word 'launch' with 'development'.

Decision

The Health and Wellbeing Board note progress made in implementing the Making Manchester Fairer Action Plan. As well as noting the work that is taking place across partner organisations to integrate the Making Manchester approach and principles system wide.

HWB/23/19 Children and Young People's Health Summit

The Board considered the report of the Deputy Director of Public Health that described that the Children and Young People's Health Summit brought system leaders together to develop, drive and own the future direction and delivery of Manchester Locality's priorities for the health of our children and young people. The report summarised the event and next steps.

Decision

The Health and Wellbeing Board note the key outputs from the event and proposed next steps.

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Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 1 November 2023

Subject: Manchester Partnership Board Update

Report of: Deputy Place Based Lead

Summary

This paper provides a brief update on the meeting of Manchester Partnership Board held 3 October 2023.

Recommendations

The Board is asked to note the discussions at the Manchester Partnership Board meeting held 3 October 2023.

Our Manchester Outcomes Framework

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and social care are an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and social care support significant jobs and skills development in Manchester.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Making Manchester Fairer work in the city.
A liveable and low carbon city: a destination of choice to live, visit, work	There are many links between health, communities and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership.
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health and care for Manchester residents.

Contact Officers:

Name: Tom Hinchcliffe
Position: Deputy Place-based Lead
E-mail: tom.hinchcliffe@nhs.net

Background documents (available for public inspection):

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

1. **Background**

The Manchester Partnership Board (MPB) was formally constituted as a formal hybrid committee of the NHS Greater Manchester Integrated Care Board in February 2023. It is responsible for leading on the planning and delivery of health and care integration in Manchester. MPB meets monthly, alternating between public and private meetings.

2. **MPB meeting held 3 October 2023**

The meeting held 3 October 2023 was held in private.

The following agenda items were discussed: -

i. ICB Update

Tom Hinchcliffe, Deputy Place-based Lead, provided an update on NHS Greater Manchester's (NHS GM) financial position, noting that it was now in NHSE Segment 3. The move to the new NHS GM operating model was noted, along with the work on the Strategic Financial Framework, which was taking a Population Health approach to strategic planning.

ii. Mental Health Strategy and Commissioning

Sandy Bering, GM Strategic Lead Clinical Commissioner – Mental Health & Disabilities, delivered a presentation on Mental Health Commissioning and MPB sought further clarity on the role of the Locality in mental health commissioning and the influence MPB would have over mental health funding. It was recognised that, whilst there was a shared ambition to deliver the Mental Health Strategy, further work would be required to clarify roles and responsibilities across the various partners in the GM/Manchester system.

iii. Health Infrastructure and Development

Vish Mehra, Chair of GP Board, delivered a presentation regarding the future planning for health infrastructure and the need to ensure that it is fully linked into the future development of the City. It was proposed that this work should be taken forward by a refreshed Strategic Estates Group, developing a pipeline of short, medium and long-term opportunities.

iv. Place Budget and Urgent & Emergency Care (UEC) Capacity Funding

Tom Hinchcliffe, DPBL, provided an update on locality finances, including the following three elements: -

- a. Overview of financial position across system partners, for noting;
- b. Delegated locality and running costs budgets, for agreement;

- c. Approach to allocating additional winter funding, in particular UEC capacity funding, for agreement.

- ii. Papers for noting

The following items were received by MPB for noting: -

- a. Operating model and governance update, including a proposed six monthly assurance update to GM for approval;
- b. MPB Board Development Session Action Note;
- c. System Quality Group report;
- d. Clinical and Professional Advisory Group report;
- e. LCO Accountability Board report.

3. Recommendation

HWB is asked to note the discussions at the Manchester Partnership Board meeting held 3 October 2023.

Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 1 November 2023

Subject: Fairer Health for All

Report of: Director of Population Health, NHS Greater Manchester Integrated Care
Director of Public Health, Manchester City Council

Summary

This paper outlines the opportunities for the Manchester Locality, through the Health and Wellbeing Board, to input and shape priorities for co-ordinated action on health inequalities across Greater Manchester. Consideration will also be given to the proposed principles, targets and metrics in the Greater Manchester Fairer Health for All Framework. It is important to note that Manchester already has the well-developed Making Manchester Fairer Action Plan (2023-2027) and the Director of Public Health, Deputy Director of Public Health and the GM Director of Population Health will continue to work collaboratively to ensure plans are aligned and clear.

Recommendations

The Board is asked to review and comment on the Fairer Health for All Framework Engagement Draft and engagement questions outlined in section 2.2 of the report.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	<ul style="list-style-type: none"> Fairer Health for All aims to maximise the role of the NHS and social care as anchor institutions to create a greener, fairer, healthier and more prosperous GM Fairer Health for All, alongside Making Manchester Fairer, will also focus on targeted prevention through delivery of upstream models of care
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Our Manchester Outcomes Framework

Contact Officers:

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Background documents (available for public inspection): None

1.0 BACKGROUND

What is Fairer Health for All?

- 1.1. More than a mantra or a rally cry, Fairer Health for All (FHFA) is a system-wide commitment and framework for reducing health inequality and tackling inequalities across the wider, social, and commercial determinants of health, leading to a greener, fairer, more prosperous city-region.
- 1.2. The Fairer Health for All framework is a blueprint that sets out a collaborative approach priority action across the system, aimed at advancing equity, inclusion, and sustainability whilst delivering health and care services that better meet the needs of the communities we serve.
- 1.3. FHFA has been co-produced through extensive locality and community participation and engagement over the past fifteen months, which has taken place alongside the development of NHS Greater Manchester's Integrated Care Partnership strategy and our Five Year Joint Forward Plan. It prioritises coordinated action to deliver against the six strategy missions and a roadmap for how we will:
 - Work together to fulfil statutory NHS responsibilities such as unlocking social and economic potential and delivering against Core20Plus5 inequalities targets.
 - Enhance and embed prevention, equality, and sustainability into everything we do as a health and care system.
 - Tackle the discrimination, injustice and prejudice that lead to health and care inequalities.
 - Create more opportunities for people to lead healthy lives wherever they live, work and play in our city-region.
- 1.4. The full engagement draft of the [Fairer Health for All framework](#) outlines core principles and priorities, aligned to two new tools central to workforce development, leadership and strategic intelligence that can be adapted to local contexts. A copy of the framework is attached as **Appendix 1**.

2.0 ENGAGEMENT

- 2.1. The framework sets out the process of engagement to date as well as initial outputs of work. Its purpose is to provide as much opportunity as possible for the final version to be informed and shaped by our colleagues from the VCFSE sector and our service users, partner agencies, practitioners, staff and leaders from across all ten localities, in the way it has been co-produced over the fifteen months to date.
- 2.2. Greater Manchester colleagues are engaging directly with all localities to provide a space for feedback on the following 4 key lines of enquiry:

- a) What are your thoughts on the key goals, targets, and metrics we have identified in chapter 9? Are there any headline ambitions or key metrics that are missing or that require different emphasis?
- b) Have we correctly identified the priorities – are there any that are missing or require a different emphasis
- c) If we collectively implement the proposals set out in the framework, how will this make a positive difference to your experience of achieving Fairer Health for All either as a provider, service user or delivery partner? What could be added to framework to improve on this?
- d) Do you have any other views on the framework?

3.0 FAIRER HEALTH FOR ALL IN ACTION

- 3.1. The framework has focused initially on supporting the development and scaling of a range of work programmes already underway to:
 - Reduce variation in care across major system programmes with a particular focus on CORE20PLUS5 priority areas
 - Focus on targeted prevention through delivery of upstream models of care
 - Maximise the role of the NHS and social care as anchor institutions to create a greener, fairer, healthier and more prosperous GM
 - Comprehensive approaches to prevention and the leading modifiable causes of inequalities in health
- 3.2. These programmes are entirely consistent with the approach of Making Manchester Fairer.

4.0 FAIRER HEALTH FOR ALL TOOLS

- 4.1. The Fairer Health for All ‘tools’ are being iteratively developed over the coming 6 months to enable co-ordinated action across Greater Manchester. The ‘tools’ under development are:
 - a) Fairer Health for All Academy
 - b) Health and Care Intelligence Hub

Culture Change and Leadership

- 4.2. It is recognised that achieving Fairer Health for All requires a step change in the ambition, measurement, resourcing and workforce proficiency to tackle inequalities. Creating the conditions for diverse leadership, workforce and talent to flourish across our public and VCSE sectors will ensure that there is the insight and ability to deliver to diverse communities’ tackling those unwarranted health disparities resulting from institutional discrimination.
- 4.3. The [Fairer Health for All Academy](#) facilitates shared learning, innovation and collaborative approaches to prevention and upstream models of care.

Hosting a range of leadership and workforce development tools and resources, the Academy also provides a dedicated space to share lived experience from across the system. The academy will build capacity and capability for distributed leadership to enable health equity, equality, inclusion and sustainability into health and care commissioning, governance, and leadership at every level.

- 4.4. Existing and emerging leadership and workforce development opportunities will be accessible through the Academy, alongside new collaborations later in 23/24. An intentional co-creation process will create spaces for lived experience to be heard across systems and communities and acknowledge and value the diverse leadership and behaviours required to create Fairer Health for All.
- 4.5. It will be important to ensure that the workforce development approach set out for Making Manchester Fairer and the Communities and Power workstream are aligned in a constructive way to the Academy development. The Communities and Power workstream will also be discussed at the Manchester Health and Wellbeing Board on 1 November 2023.

Population Health Management

- 4.6. The Health and Care Intelligence Hub is part of the Fairer Health for All approach to enable adaptive capability for population health management in relation to our people, systems and analysis. Access to the hub can be requested via https://www.gmtableau.nhs.uk/gmportal/new_Request and is open to all VCSE and public sector partners.
- 4.7. Hosting a range of web-based intelligence tools, the hub has been co-designed to consolidate data and insights from public and VCFSE sector partners across the city-region into a single portal, enabling people and partners the opportunity to:
 - Bring data to life, understanding how health inequalities and variations in care change throughout a person's life
 - Focus on 'names not numbers' by capturing the insight and stories of change from different communities
 - Share wisdom and learning about which interventions work and why
 - Understand which communities have fewer opportunities to live healthily and are more likely to develop poor health by exploring the interactions between individual, family, and community factors
 - Ensure resources are targeted where needed, so policies and programmes can super-serve prioritised communities
 - Proactively work with communities to offer more opportunities to stay well and find and treat illnesses early
 - Measure progress, evaluate outcome indicators for different communities across various clinical pathways, and combine service data with community insights to understand reasons for poor access, unmet needs, and hidden harm

- Model the anticipated impact of policies/interventions on different communities, protected characteristics, and environmental sustainability as well as costs vs benefits
- 4.8. The Public Health Specialist (Health Intelligence) and the Knowledge and Intelligence Team in the Manchester Department of Public Health are already leading and developing this work in Manchester under Making Manchester Fairer. They have excellent working relationships with GM colleagues and will ensure again that there is not duplication of effort around this thematic area.

5.0 RECOMMENDATIONS:

- 5.1 The Board is asked to Review and comment on the Fairer Health for All Framework Engagement Draft and engagement questions outlined in section 2.2 of the report.



Fairer Health For All

Framework for Delivery
July 2023 — Engagement Draft

**Greater
Manchester
Integrated Care
Partnership**



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1. Introduction To Engagement Draft

This Engagement Draft of our Fairer Health for All framework sets out our process of engagement to date as well as initial outputs of work and will be used to support a programme of detailed engagement across our system from August to November.

- Its purpose is to provide as much opportunity as possible for the final framework to be informed and shaped by our colleagues from the VCFSE sector as well as our service users, partner agencies, practitioners, staff and leaders from across all ten localities, in the way it has been co-produced over the fifteen months to date.**
- Our approach to engagement comes in the context of:
- A unique tripartite agreement on housing and health with Fairer Health for All pilot activity building relationships across localities and housing providers.
 - A system wide agreement with the VCFSE sector, GM Combined Authority (GMCA), and NHS GM Integrated Care –which has secured a strong role for people and communities in prevention and community engagement across service planning and commissioning.
 - Integrated neighbourhood working and a move from the medical model towards the social model, with examples across every locality of transforming health through integrated partnerships with residents and a resultant shift towards place and person-centred approaches to care.
 - Investment in upstream models of prevention, including improving school readiness, health and employment support for those at risk of falling out of work and the newly unemployed and an integrated approach to violence prevention with a whole system approach to preventing adverse childhood experiences and developing trauma responsive care.

We welcome all comments and will be engaging directly with all stakeholders to provide a space for feedback on the following 4 key lines of enquiry:

- 1

What are your thoughts on the key goals, targets, and metrics we have identified in chapter 9? Are there any headline ambitions or key metrics that are missing or that require different emphasis?
- 2

Have we correctly identified the priorities – are there any that are missing or require a different emphasis?
- 3

If we collectively implement the proposals set out in the framework, how will this make a positive difference to your experience of achieving Fairer Health for All either as a provider, service user or delivery partner? What could be added to framework to improve on this?
- 4

Do you have any other views on the framework?



2. Summary

Fairer Health for All is GM’s response to ‘Build Back Fairer’ – a set of national and city-region ambitions and recommendations by the **Institute of Health Equity and the Independent Equality Commission** in the aftermath of Covid-19 **to address root causes of ill health and inequalities**, as well as advance equalities across our city-region.

More than a mantra or a rally cry, Fairer Health for All is a system-wide commitment and framework for reducing health inequality and tackling inequalities across the wider, social determinants of health, as well as creating a greener, fairer, more prosperous city-region.

It has been co-produced through extensive locality and community participation and engagement over the past fifteen months, alongside the development of **NHS Greater Manchester’s Integrated Care Partnership strategy** and our **Five Year Joint Forward Plan** for delivery of that strategy and prioritises co-ordinated action to deliver against the six strategy missions.

The framework (see page 9) sets out our ambition for doing things differently; building a society based on the principles of social justice, to reduce inequalities of income and wealth, to build a wellbeing economy and achieve greater health equity. Our Fairer Health for All framework provides tools and resources for how we can collaborate, share, and learn across the system to ensure people have the best possible health as well as wellbeing, no matter who they are or where they live.



“Challenging the whole of Greater Manchester to go further and faster on reducing health inequalities and inequalities in economic, social, environmental, and cultural circumstances”
Marmot Report

3. The Picture Of Health Inequalities In GM

GM can be an amazing place to grow up, get on and grow old, but not everyone has the same opportunities to be healthy and well and to reach their full potential to live good lives. **The conditions we are born, grow, live, work and age in — affect our chance of having a long, healthy life.** Widening the preventable gaps between the people with the worst health and the people with the best health.

Factors like our income, housing, jobs, education, relationships, access to green spaces and air quality all impact on our health. Sharing certain protected characteristics or belonging to vulnerable or excluded groups in society can also impact how we experience health and wellbeing. These are the “causes of the causes” of poor health – also called the wider determinants of health. It is how these factors are distributed across different groups of people that lead to health inequalities. These factors often overlap, meaning people can fall into combinations of these categories and compound the severity of inequalities experienced.

What are the effects of health inequalities?

Health inequalities can be seen and measured through differences in:

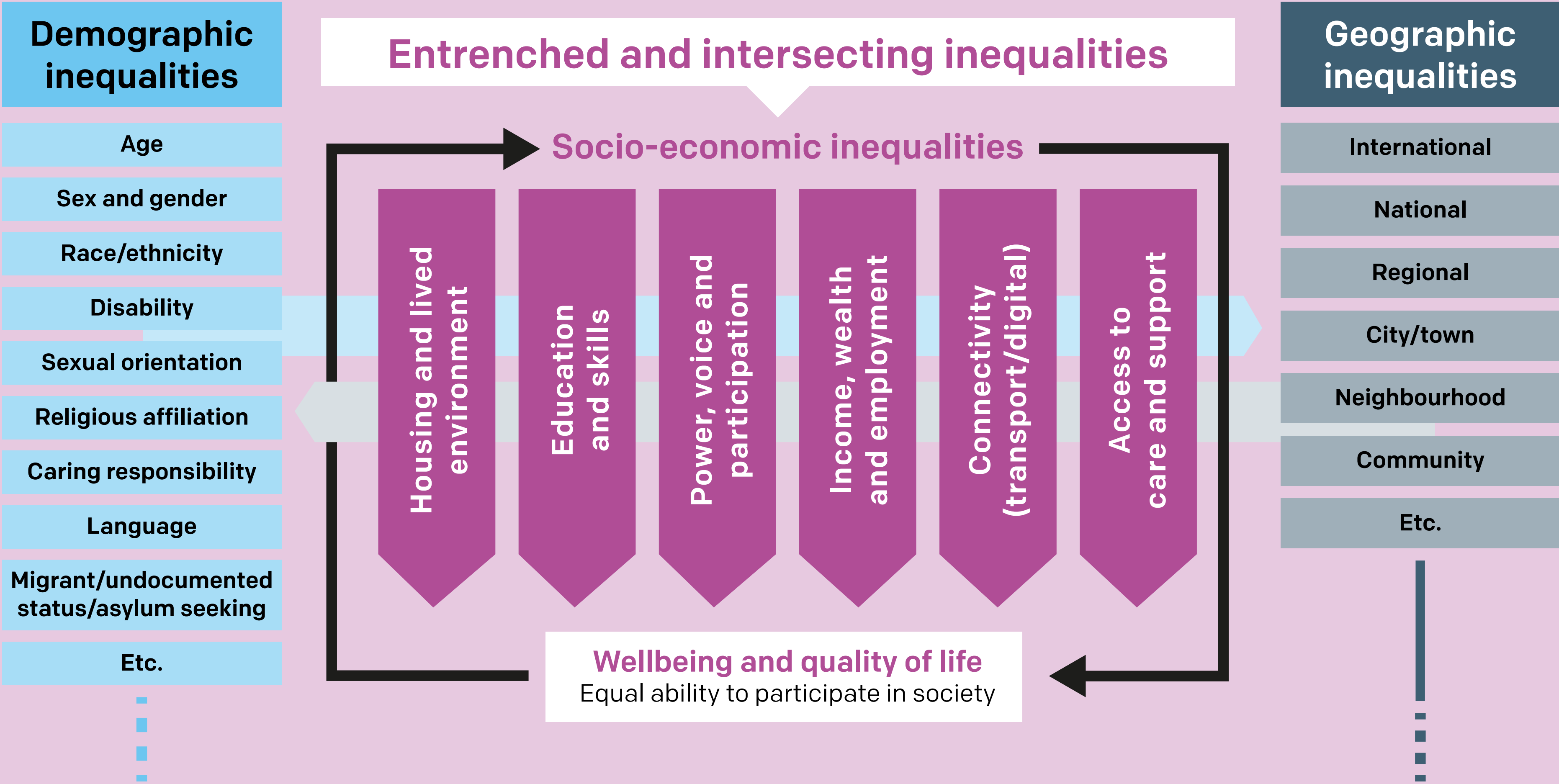
- prevalence of conditions and mortality
- behavioural risks to health such as smoking
- the wider determinants of health such as housing and employment
- access to care
- the quality and experience of healthcare services



Greater Manchester Independent Inequalities Commission

Model of Interacting Inequalities

The diagram to the right developed by the GM Independent Inequalities Commission illustrates the entrenched and intersecting inequalities experienced in GM – highlighting how different communities have unequal opportunities to be healthy. The Commission was established during the Covid-19 pandemic to develop ideas, providing expert opinion, evidence and guidance to reshape GM’s economy and society for the future.



Inequalities At A Glance In GM

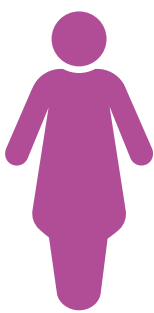


Page 30



There are
2.8
million people
in GM

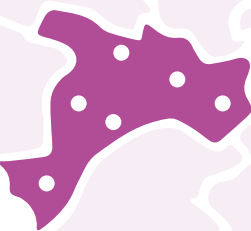
1.1 million of these
residents live in the
most 10% deprived
areas of the UK



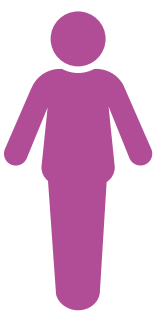
**Female healthy
life expectancy
in GM is 60.9 years**
Vs England average of 63.9

A female born in Salford could expect to live **9.5 years less** in good health than a female born in Trafford.

There are differences within localities too:



A woman living in Salford in the **most deprived neighbourhoods** can expect to live
11.1 years less
than a woman living in the wealthier neighbourhoods.



**Male healthy
life expectancy
in GM is 61.4 years**
Vs England average of 63.1

A male born in Oldham could expect to live **10.3 years less** in good health than a male born in Trafford.

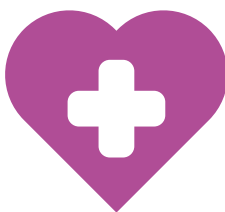
There are differences within localities too:



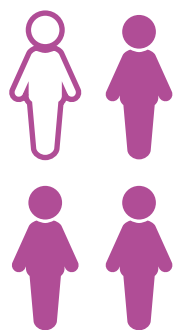
A man living in Salford in the **most deprived neighbourhoods** can expect to live
11.7 years less
than a man living in the wealthier neighbourhoods.



68,200 people
in GM are unemployed
5% compared to 3.5% UK average.



117,400 residents
are economically inactive due
to long term sickness. 30% of our
productivity gap is due to ill health.



1/3 of the GM population
are children and young people (CYP)
around 1 in 4
live in poverty



40% of children
living in poverty in GM live in a smoking
household. Children living in a smoking household
are **4 times more likely to start smoking.**



Asthma-related hospital admissions for CYP
is consistently high in GM. **And 50% higher for
CYP from disadvantaged GM communities.**
Twice the rate of the national average.

4. A Partnership Approach: Supporting The GM Integrated Care Partnership Strategy

Our Vision

The GM Integrated Care Partnership Strategy sets out how we, as an Integrated Care Partnership, comprising the NHS, local authorities, and partners across the VCFSE, Healthwatch and the trade unions, will improve health and care for the people of GM, playing a key role in delivering the ambitions of the GM Strategy to **create a fairer, greener, more prosperous city-region**.

Missions

Our strategy sets out six missions, which are our priority actions in response to the current challenges. These are:

Strengthening our communities

Helping people get into, and stay in, good work

Recovering core NHS and care service

Helping people stay well and detecting illness earlier

Supporting our workforce and our carers

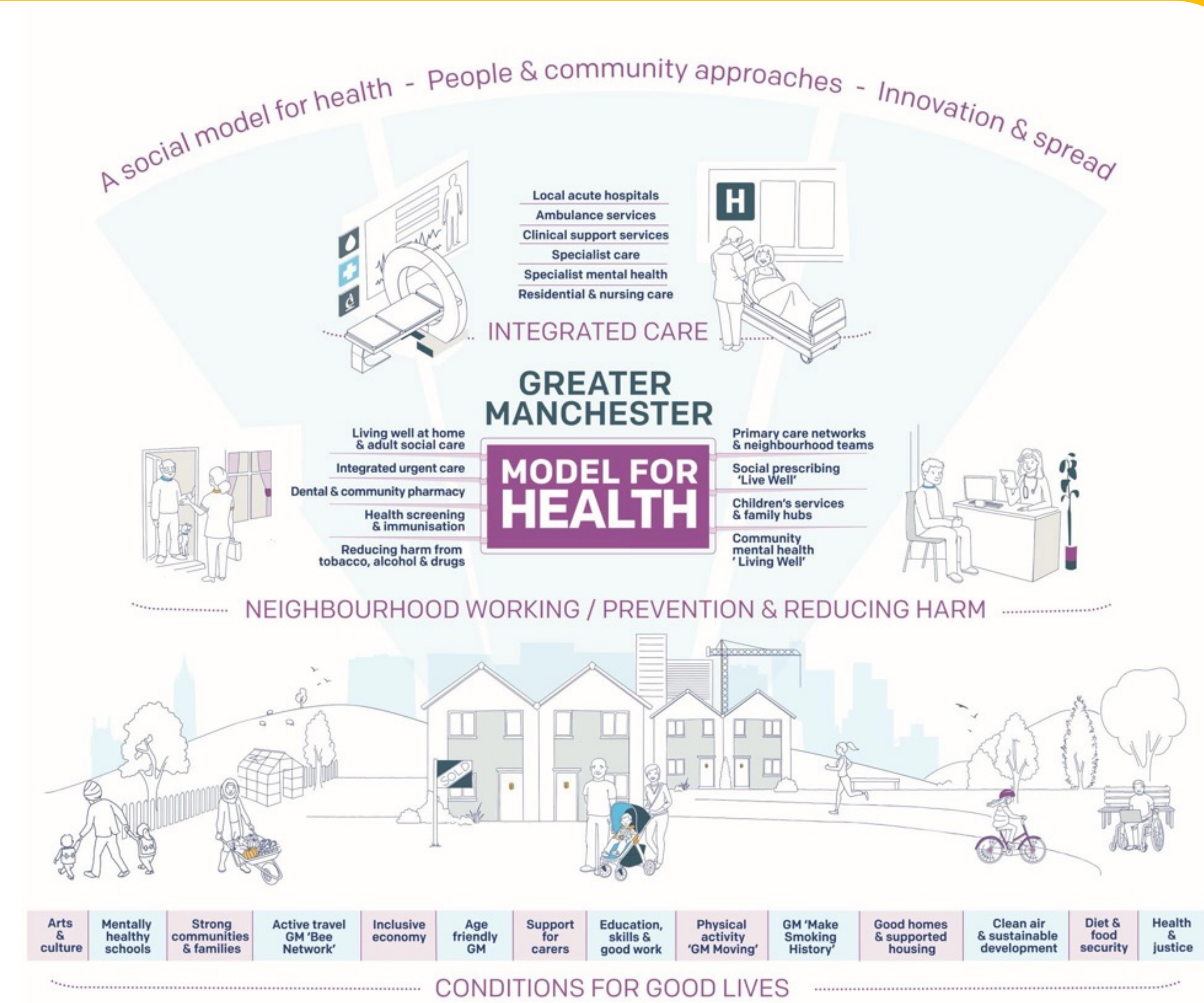
Achieving financial sustainability

Embedding Our GM Model For Health

Our Model for Health sets out how we will work together, with our communities, to enable the conditions for good lives and reduce health inequalities across our city-region. Realising a social model for health offers more than medicine, to positively address the full range of health determinants, including a focus on population health and prevention.

The GM Model for Health is based on core principles of co-production, working with partners, people and communities, and using insight and innovation to maximise health outcomes as well as provide, consistent high-quality care for all.

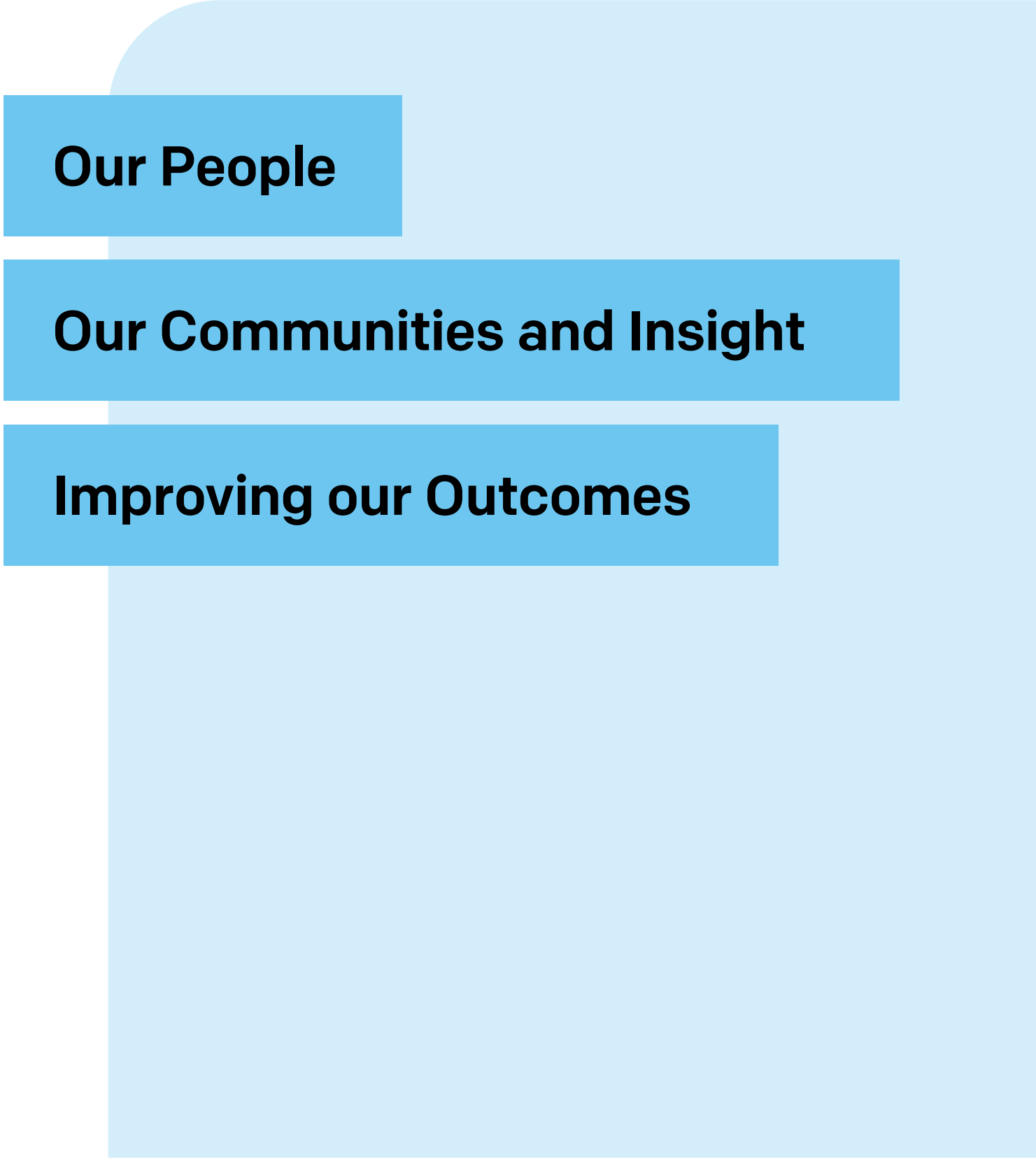
This illustration describes the core characteristics of the Model



5. A Partnership Approach: Equity, Inclusion And Diversity

Central to delivering Fairer Health for All is tackling injustice and advancing equality in our workforces, alongside addressing existing inequality, in our health and care delivery. These are symbiotic actions that will strengthen our ability to evidence a reduction in unwarranted disparities for our diverse communities in health and care access, experiences, and outcomes.

NHS GM has a statutory responsibility to address inequalities and advance equalities. We have prioritised three overall Equality Objectives to cover the period to March 2026.



NHS GM’s equality objectives support our system to respond to urgent priorities we face in health and care. Creating the conditions for diverse leadership, workforce, and talent to flourish, we can generate the insight and ability to deliver to our diverse community’s needs. Delivering effective interventions at the right place and level to improve health outcomes for all that will help tackle long waiting lists and excessive accident and emergency presentations.

There is now ample evidence of how policies and practices can inadvertently, adversely affect the health, wellbeing and outcomes for communities that experience discrimination and disadvantage (systemic discrimination). Integrated Care Systems are expected to deliver effective interventions at the right place and level so that they can make a difference to our diverse population’s unequal outcomes. We can now take systemic practical actions to address and remove unhelpful ‘baked in adverse bias’.

Removing System Bias

Our focus is on understanding and developing practical solutions to removing bias from systems and processes that tackle the underlying causes of inequalities. Creating greater equity for and within our GM population, we can reduce unnecessary and excessive costs to individuals and communities and to system resources. Developing more robust and systematic approaches to engaging our communities, supporting them to have influential voices, especially those from marginalised parts of our system, we can more effectively meet their needs.

Equality, diversity and inclusion is at the heart of everything we do. This includes an extensive and intensive review of our culture, to ensure that our commitment and actions are aligned. Lived experience is central to the way we plan and operate as a public body, an employer, and a planner of healthcare services in line with our Fairer Health for All principles outlined in Chapter 8.



6. Fairer Health For All: What Is It?

The Fairer Health for All framework is a blueprint that sets out how we can work together to tackle inequalities.

It provides a shared approach and consensus of priority action across the system, to advance equity, inclusion, and sustainability and deliver health and care services that better meet the needs of the communities we serve.

Supporting the six key missions from the **Integrated Care Partnership strategy** as well as delivery of the **Five Year Joint Forward Plan**, the framework provides a roadmap for how we will:

- ✓ **Work together to fulfil statutory NHS responsibilities such as unlocking social and economic potential and delivering against Core20Plus5 inequalities targets**
- ✓ **Enhance and embed prevention, equality, and sustainability into everything we do as a health and care system**

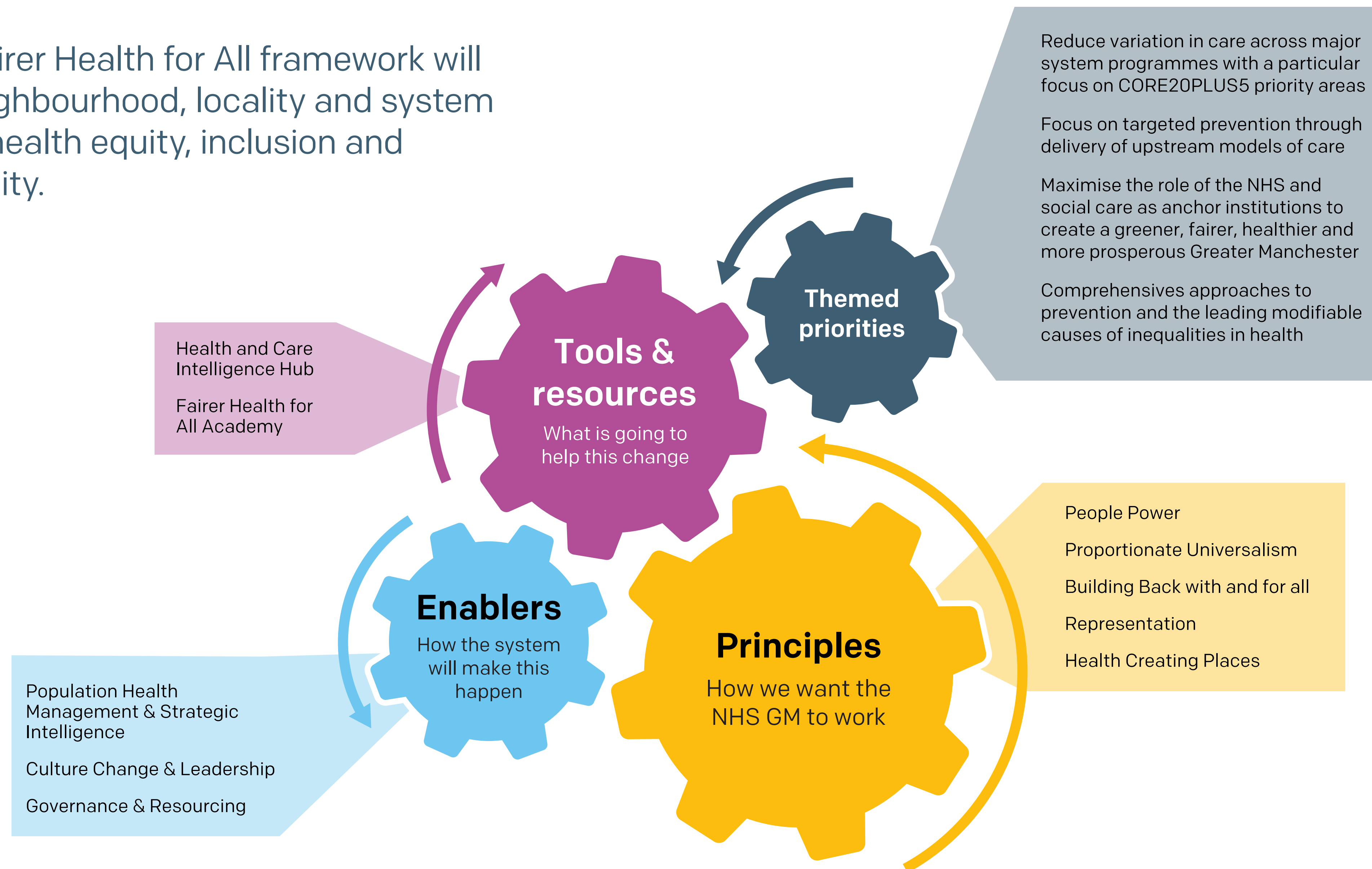
- ✓ **Tackle the discrimination, injustice and prejudice that lead to health and care inequalities**
- ✓ **Create more opportunities for people to lead healthy lives wherever they live, work and play in our city-region**

The Fairer Health for All framework outlines core principles and priorities, aligned to two new tools central to workforce development, leadership and strategic intelligence, that can be adapted to local contexts. A **Fairer Health for All Academy** and **Health and Care Intelligence Hub** will foster shared learning and collaboration and collate vast and diverse intelligence, data and insights from across public and VCFSE partners.

These tools will build capacity – for people, systems and places – and provide strategic insights and collaborative approaches for integrated working for everyone planning, commissioning and delivering health and care. This will transform, guide and enable our systems governance to develop co-ordinated plans to reduce inequalities, deliver greater equity and sustainability.



The GM Fairer Health for All framework will enable neighbourhood, locality and system action on health equity, inclusion and sustainability.



7. Fairer Health For All: Where Did It Come From?

In 2020, the **Institute of Health Equity** (IHE), led by Professor Sir Michael Marmot, published an update on the 2010 Marmot Review of Health Inequalities in England, which included a parallel report published in 2021 – **Build Back Fairer in Greater Manchester**: Health Equity and Dignified Lives. The report highlights how levels of social, environmental, and economic inequalities in society are damaging health and wellbeing. It explores how these inequalities have been exposed and magnified by the Covid-19 pandemic and its impacts. It also provides a blueprint for how GM can 'Build Back Fairer' to achieve Fairer Health for All and signified the establishment of GM as the first Marmot city-region.



The report calls for health equity to be placed at the heart of governance in GM, including resource allocation, and for all policies in the region to be geared towards achieving greater health equity. The report has a particular focus on ‘future generations’, with children and young people disproportionately, and inequitably, harmed by the impacts of coronavirus restrictions and lockdowns.

The Independent Inequalities Commission (IIC) showed the main socioeconomic inequalities in GM to be centred on housing and the lived environment; education and skills; power, voice and participation; income, wealth and employment; connectivity and access to care and support. In a bid to address these inequalities, the IIC recommended that GM focus its energy and resources on attaining two main goals: **equality and wellbeing**.

Professor Sir Michael Marmot also argued that tackling social inequalities in health and tackling climate change must go together and noted that much of what we recommend for reducing health inequalities – active travel, for example walking or cycling or public transport, energy-efficient homes,

access to green spaces, healthy eating, reduced carbon-based pollution – will also benefit the sustainability agenda.

As a result, the Fairer Health for All framework aims to **embed equity, equality and sustainability** within the DNA of the GM NHS Integrated Care system and its constituent parts at all levels.

“The City-Region has made great strides in unifying public services and fostering collaborative work over geographic areas sectors, and this has been enhanced during pandemic. This kind of collaborative work essential for action on the social determinants of health and, even without further devolution of powers, can be extended.”

Marmot Report



8. Fairer Health For All: What Are The Principles?

Our **Fairer Health for All framework** outlines collective priorities for co-ordinated action to reduce inequalities across the lifecourse. It provides a shared language for how we will work together as a system with communities and people power at its heart to deliver the Integrated Care Partnership Strategy vision to tackle inequalities.

The Fairer Health for All principles were co-designed by GM partners from across the public and VCFSE sectors in Spring 2022 and have been tested and further co-produced through the delivery of Fairer Health for All activity in 22/23. These principles speak to how we will share risk and resources in a way that considers a strengths-led approach to resource allocation, building on the needs and strengths of individuals, communities and partnerships and to collaborative decision making, so that resource can be targeted and tailored for different communities and places to achieve good health.

“Proportionate universalism is an important principle. Funding should be proportionate to the scale of the problem, but universal in reach: more funding should be given to areas of greater deprivation and to communities experiencing high levels of poverty and exclusion.”
Marmot Report



Fairer Health For All Principles

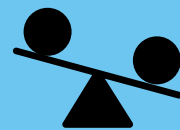


People power

We will work with people and communities, and listen to all voices – including people who often get left out.

We will ask ‘what matters to you’ as well as ‘what is the matter with you’.

We will build trust and collaboration and recognise that not all people have had equal life opportunities.



Proportionate universalism

We will co-design universal services (care for all) but with a scale and intensity that is proportionate to levels of need (focused and tailored to individual and community needs and strengths).

We will **change how we spend resources** – so more resource is available to keep people healthy and for those with greatest need.



Fairer Health for All is everyone’s business

We will think about **inclusion and equality** of outcome in everything we do and how we do it.

We will make sure how we work makes things better, and makes our environment better, for the future.

We will tackle structural racism and systemic prejudice and discrimination.



Representation

The mix of people who work in our **organisations will be similar to the people we provide services for.**

For example, the different races, religions, ages and sexuality and including disabled people.

We will create the space for people to share their unique voice and be involved in decision making.



Health creating places

As anchor institutions we will build on the strengths of our communities and leverage collective power – to support communities and local economies.

We will focus on place and **work collaboratively** to tackle social, commercial and economic determinants of health.

9. Fairer Health For All: The Difference We Want To Make

What We Will Do:

- 1

Improve health and wellbeing to narrow the gap in life expectancy and healthy life expectancy
Between men and women living in GM, between all ten localities, as well as the England average, by at least 15% by 2030.
- 2

Reduce unwarranted variation in health outcomes and experiences
Leading to significant reductions in health inequalities between and within localities in avoidable mortality by 2030. Reducing avoidable mortality will also require us to eliminate the fivefold difference between the highest and lowest social groups in the experience of having 3 or 4 multiple health harming behaviours such as smoking and excess alcohol consumption, through whole system approaches.

Note: the specific targets above are currently subject to further analysis to ensure they are sufficiently ambitious, robust and stretching and will be subject to change during the engagement process.

- 3

Increased social and economic activity because of reduced ill health
Narrowing the 15-year gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population to 5 years by 2030.
- 4

Reductions in preventable or unmet health needs leading to reductions in demand
Evidenced in part by closing the health inequalities gap of smoking prevalence England by 2030. Smoking is our single greatest cause of preventable inequalities and 1 in 4 hospital patients’ smoke.
- 5

Reduce the difference in life expectancy for those with serious mental illness and incidence of physical health conditions, narrowing the gap with England by 15%, by 2030.
- 6

Reducing infant mortality through measures including narrowing the gap with England by 15% by 2030 and closing the school readiness gap within the same period.

How We Will Do It:

1

Continue to develop GM as a **Population Health System**, including shaping an Integrated Care Partnership that takes a population health approach, uses population health management, actively values and includes the contribution and challenge of public health and sees itself as an active participant in shaping the four domains of the GM Population Health model and the overlaps between them.

2

Take action to embed **a strategic approach** to improving health outcomes and tackling inequalities across NHS GM, including through the implementation of the **Integrated Care Partnership Strategy** and the **Fairer for All framework** and the iterative implementation of an **upstream model of care**, supported by key tools including:

- **Fairer Health For All Academy** – supporting workforce and leadership development
- **Health and Care Intelligence Hub** and development programmes – supporting the building of population health management capability including people, systems and analysis
- **Fairer Health For All assurance framework** – supporting governance and resourcing

Strengthen and scale our approaches to **primary and secondary prevention** by building upon our preventive work to date, fulfilling the NHS long term plan commitments, and taking additional **comprehensive action on the leading modifiable causes of poor health** in GM.

3

Shape GM as a place conducive to good health by increasing the role of NHS GM in **social and economic development** across GM, by enhancing the role of the Integrated Care Partnership as an **anchor system** in leveraging change, and by **shaping the wider, social, economic and commercial determinants of health in GM**.

4

Invest in the potential of people and communities to create happy healthy lives and places through the continued expansion of **person and community centred approaches**, including social prescribing, and personalised care and support.

5

Strengthen our strategic approach to contributing to the national **sustainability** ambition for the NHS, through delivery of our **Green Plan** via a collaborative multi-stakeholder approach which maximises delivery of co-benefits such as clean air, improved health and efficient use of resources.

The 160 actions to deliver these strategic objectives are detailed within our recently published [Joint Forward Plan | Greater Manchester Integrated Care Partnership](#)

How We Will Measure Progress:

Our framework for Prevention reflects the high-level ambitions that we will achieve through delivering Fairer Health for All:

- **Improved health and wellbeing leading to a narrowing of the gap in healthy life expectancy between men and women living in GM and between all ten Localities and the England average**
- **Reductions in unwarranted variation in health outcomes and experiences leading to reductions in health inequality in the onset of multiple morbidities**
- **Increased social and economic activity as a result of reduced ill health**
- **Reductions in preventable or unmet health needs measured through reductions in demand**

In addition, a suite of 24 **Marmot Beacon Indicators (MBI)** have been developed as part of the Marmot Build Back Fairer review to monitor progress against the overall ambition to reduce health inequalities. The Institute for Health Equity (IHE) team worked

closely with local GM stakeholders to explore the types of data available to help provide progress assurance. These indicators are available to view at GM and locality level on the Health and Care Hub and will form an important way of assessing our progress as we go forward.

Work is ongoing to develop a wider measurement framework to effectively assure and assess delivery aligned to the **Joint Forward Plan** performance framework including NHS England (NHSE) Statutory Reporting requirements. We will use the measures described above to assess progress but will also add others to enable a balanced view of performance across the whole health and care system and its wider context.

Additional measures will be assessed through the NHS England Health Inequalities Improvement Dashboard, which provides key strategic indicators relating to healthcare inequalities. It covers the five priority areas for narrowing healthcare inequalities in NHS England planning guidance and covers data relating to the five clinical areas in our **Core20PLUS5** approach.



10. Fairer Health For All: In Action

Fairer Health for All is part of our response to urgent priorities outlined in the 'Marmot' and GM Independent Inequalities Commission reports, national planning priorities and the Integrated Care Partnership strategy.

The framework has focused initially on supporting the development and scaling of a range of work programmes already underway to:

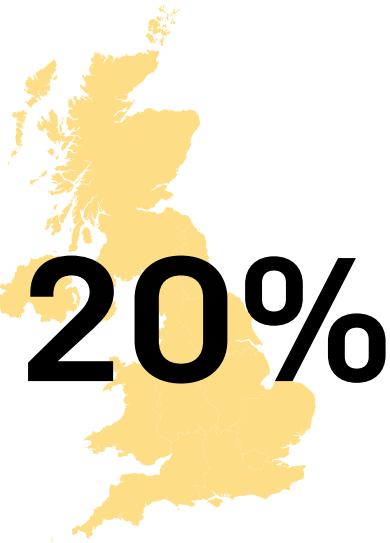
- Reduce **variation in care** across major system programmes with a particular focus on CORE20PLUS5 priority areas
- Focus on **targeted prevention** through delivery of upstream models of care
- Maximise the role of the NHS and social care as **anchor institutions** to create a greener, fairer, healthier and more prosperous GM
- Comprehensive approaches to prevention and the **leading modifiable causes of inequalities** in health



Reducing Health Inequalities

CORE20

The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



COMING SOON...
Click here
to watch our stories
of change across
COREPLUS5

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1



Maternity

ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

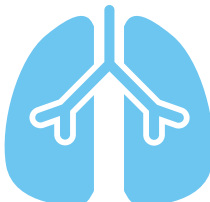
2



Severe mental illness (SMI)

ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3



Chronic respiratory disease

a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of COVID, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



Early cancer diagnosis

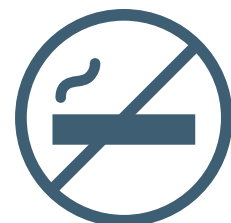
75% of cases diagnosed at stage 1 or 2 by 2028

5



Hypertension case-finding

to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke



Smoking Cessation

positively impacts all 5 key clinical areas

**Reducing Unwanted Variation:
Core20Plus5 Clinical Priority Areas**

Core20Plus5 is NHS England’s approach to drive targeted action in healthcare improvement, focusing on the most deprived 20% of the national population and on ‘Plus’ groups that experience disadvantage, discrimination and poor access, experience, and outcomes of care.

The pilot activity described below based on the CORE20PLUS5 model was commissioned as part of Fairer Health for All in partnership with the VCFSE sector. This work is already beginning to embed scalable models for long-term sustainable VCFSE and Primary Care Network (PCN) partnerships and to support co-production of resources and tools to inform future planning and commissioning:

Test and learn pilots – Five pilots running to June 2023 including a range of localities, conditions, and communities across GM to explore how long-term, sustainable VCSFE and PCN partnerships can drive targeted action using the CORE20PLUS5 model to reduce health inequalities. A diverse range of work has been delivered from addressing barriers to maternity care for Eastern African women in Manchester to supporting people with severe mental illness to engage with their physical health needs in Stockport. [Click for more details on the focus on each site.](#)

Caribbean African Health Network (CAHN) community connectors – The Core20PLUS5 connector roles recognise and value the lived experience, connecting that lived experience with those making decisions in primary care services. The connectors work with key leads in CAHN to explore tailored solutions, better engaging our communities to help address the health inequities. Connectors continue to use their learning to apply it to their own lives or that of others they care for across the 5 clinical conditions. 30 community connectors have been trained to work with PCNs to co-design CORE20PLUS5 adult clinical programmes. [Click for further information.](#)

Excess Winter Death, integrated housing and health pilot – Five localities have reviewed the effectiveness of housing interventions as a mechanism to signpost and refer people into screening/health checks as part of CORE20PLUS5 and reduce winter excess deaths from cold, damp housing. An evaluation by the University of Manchester is due to be published in July 2023.

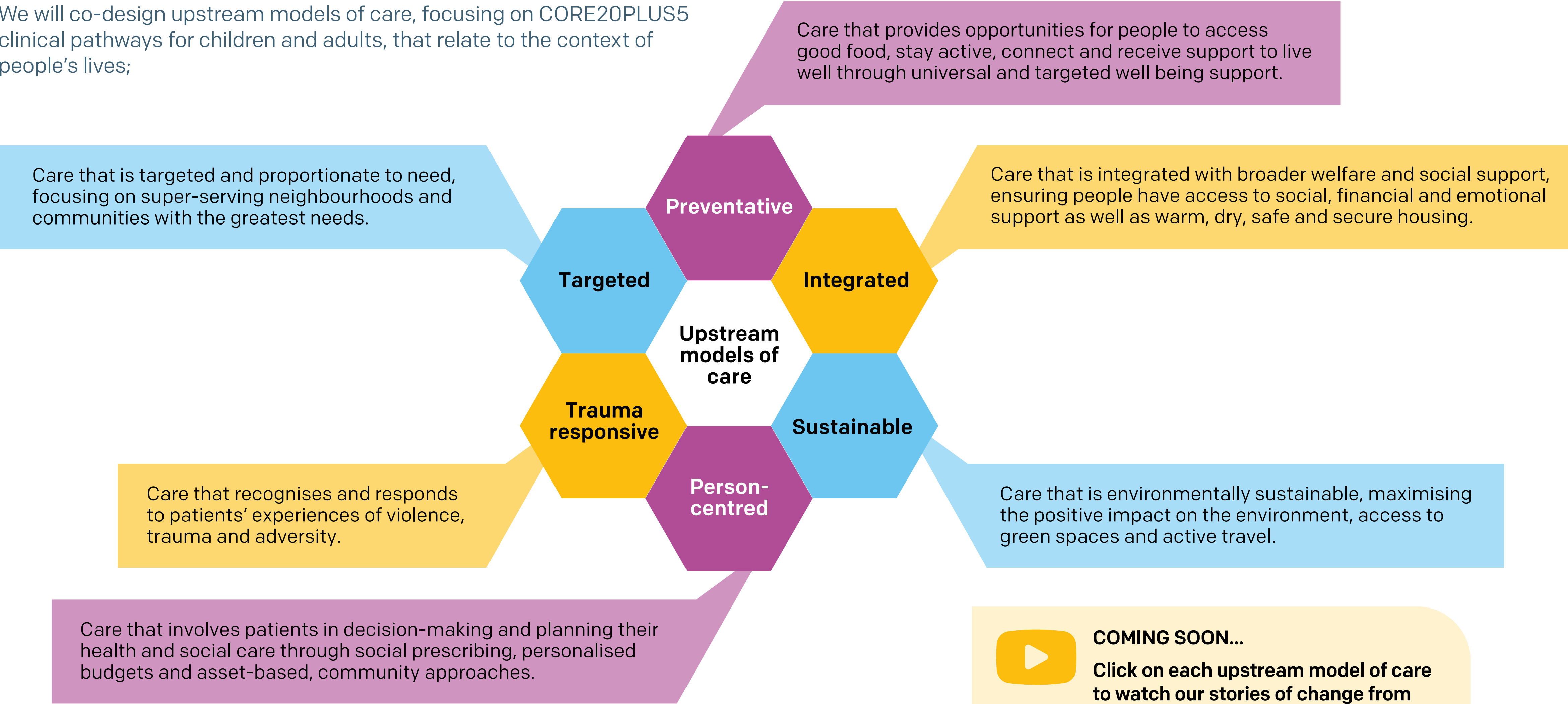
Targeted Prevention Through Upstream Models of Care

We recognise that specific communities face greater challenges concerned with prevention, early detection, and early treatment. These include people with severe mental illness, disabilities and communities facing disadvantage or discrimination because of race, gender, age and poverty. To improve health outcomes for everyone, we will work together to implement more upstream models of care, built on a social model of health and integrated public services approaches that better address the needs of those at higher risk of illness, and those not currently in contact with services.



Fairer Health For All Upstream Models Of Care

We will co-design upstream models of care, focusing on CORE20PLUS5 clinical pathways for children and adults, that relate to the context of people’s lives;



COMING SOON...
Click on each upstream model of care to watch our stories of change from around the system or read about our areas of focus below

Live Well – Our Neighbourhood Social Prescribing Offer

Only by working alongside people and communities to create healthier happier lives will we see sustainable improvements in the health of our population. Live Well is our programme to support this across GM, as a key component of the person-centred neighbourhood model. Every day, people help each other, and take part in activities that keep them moving, creative, and sociable – improving their physical health and mental wellbeing. Many people, particularly those experiencing inequalities, do not have the same chances to access these opportunities - this is where Social Prescribing can help.

Social Prescribing is a way for local organisations, services and professionals to refer people to a worker who acts as a ‘link’ between the health and care system or wider public services and the community. There are now over 250 Social Prescribing Link Workers in GM working alongside GPs and other community organisations. Over 45,000 people a year directly access this. Through Live Well, we are committed to expanding this offer, and to ensuring it makes a targeted difference to people who experience inequalities.



A Trauma Responsive City-Region – Protecting Children From Adverse Childhood Experiences

Our vision to become a trauma responsive city-region and adopt a community-led approach to violence reduction is being realised through a range of innovative programmes in schools, communities and health settings that are enabling a social movement for change. This includes novel partnerships using sport as a medium for young women involved in violence to connect with health professionals and to co-design solutions (**UNITE-HER**); and development of new systems in health care to identify and respond to Adverse Childhood Experiences, trauma and adversity including community-navigator pilots and in Urgent and Primary care.

The GM Gender Based Violence Strategy outlines our commitment to minimum standards for identification, referral and support for victims of domestic violence and abuse in health settings. In 2022, we were the first ICB to pilot the ADVISE programme in sexual health clinics across 4 localities, providing a dedicated pathway for identification of victims of domestic violence or abuse (including historic sexual violence and abuse). We are also establishing system wide intelligence systems to monitor identification and referral of victims of domestic abuse in primary care and ensure equity of victim support across GM.



Comprehensive Approaches To Prevention

We know that unhealthy behaviours are a symptom of the presence of deep-seated societal and commercial causes of poor health. We also recognise there are stark disparities in the prevalence of healthy and unhealthy behaviour and variance in terms of the support that is available to people, which in turn drives unacceptable levels of health inequality culminating in demand for health and care services.

Since 2017, GM has been investing in delivery of nationally acclaimed, comprehensive whole system approaches to prevention which include supporting people to move more and stop smoking through our GM Moving and Make Smoking History social movements. Additional activity has included work around tackling the harms associated with alcohol consumption in pregnancy.

GM Moving is delivering physical activity, health and care integration across the whole life course, in every place in GM, including to support Early Years and School Readiness, Active Children and Young People, Active Adults and Active Ageing. Through **Make Smoking History** we have championed 66,000 fewer smokers and 3,500 more smokefree babies and families. And while a quarter of patients coming into our hospitals are smoking, through our CURE treating tobacco dependency service, 1 in 4 patients are smokefree 12 weeks after leaving hospital saving lives and reducing hospital re-admissions.



GM Health Anchor System

Anchor partnerships and networks include large public sector and VCFSE organisations which are rooted in place and connected to their communities, such as universities, local authorities, VCFSE infrastructure organisations and hospitals. Together, these Anchor partnerships have significant assets and spending power and can consciously use these resources to benefit communities and reduce health inequalities.

What makes the NHS an anchor institution?

NHS organisations are rooted in their local communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health and care. The NHS can make a difference to local people by:

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.



Purchasing more locally and for social benefit

In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities

The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Widening access to quality work

The NHS is the UK's biggest employer, with 1.6 million staff.



Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact

The NHS is responsible for 40% of the public sector's carbon footprint.



Supporting the NHS in realising its contribution to social and economic development is now a core remit for an ICS.

Institutional NHS anchor strategies have played a significant role in deepening our understanding of where and how the NHS can make an impact locally and now more than ever, the health and care sector’s scale, values and coverage matter is recognised as a key priority in developing thriving communities.

Building on the successes of our NHS Trust organisational and placed based approaches, the next stage of GM’s journey is developing a more strategic and aligned focus on what the ICS wants to change, in partnership with the range of anchors across the system, all pulling and participating in the same direction for the economy.

To this end a GM Health Anchor network has been established to enable shared learning, develop an overarching coherent vision and a focus on core collaborative programmes.

As well as facilitating stronger relationships between locality-based strategies and ICS anchor priorities, the network also helps to underpin key elements of the GM Model of Care and Fairer Health for All ambitions. Mechanisms are also in place to ensure agreed anchor principles and priorities are embedded within strategies and plans, with clear accountability across all spatial levels.

Significant work has already taken place to support the NHS GM Integrated Care commitment to be **Real Living Wage** accredited and a full member of the **Good Employment Charter**; further work is required to ensure all future health and care commissioning also supports this including implementing co-ordinated plans for local supply chain opportunities and enhanced local employment pathways.



11. Fairer Health For All: Support For Delivery

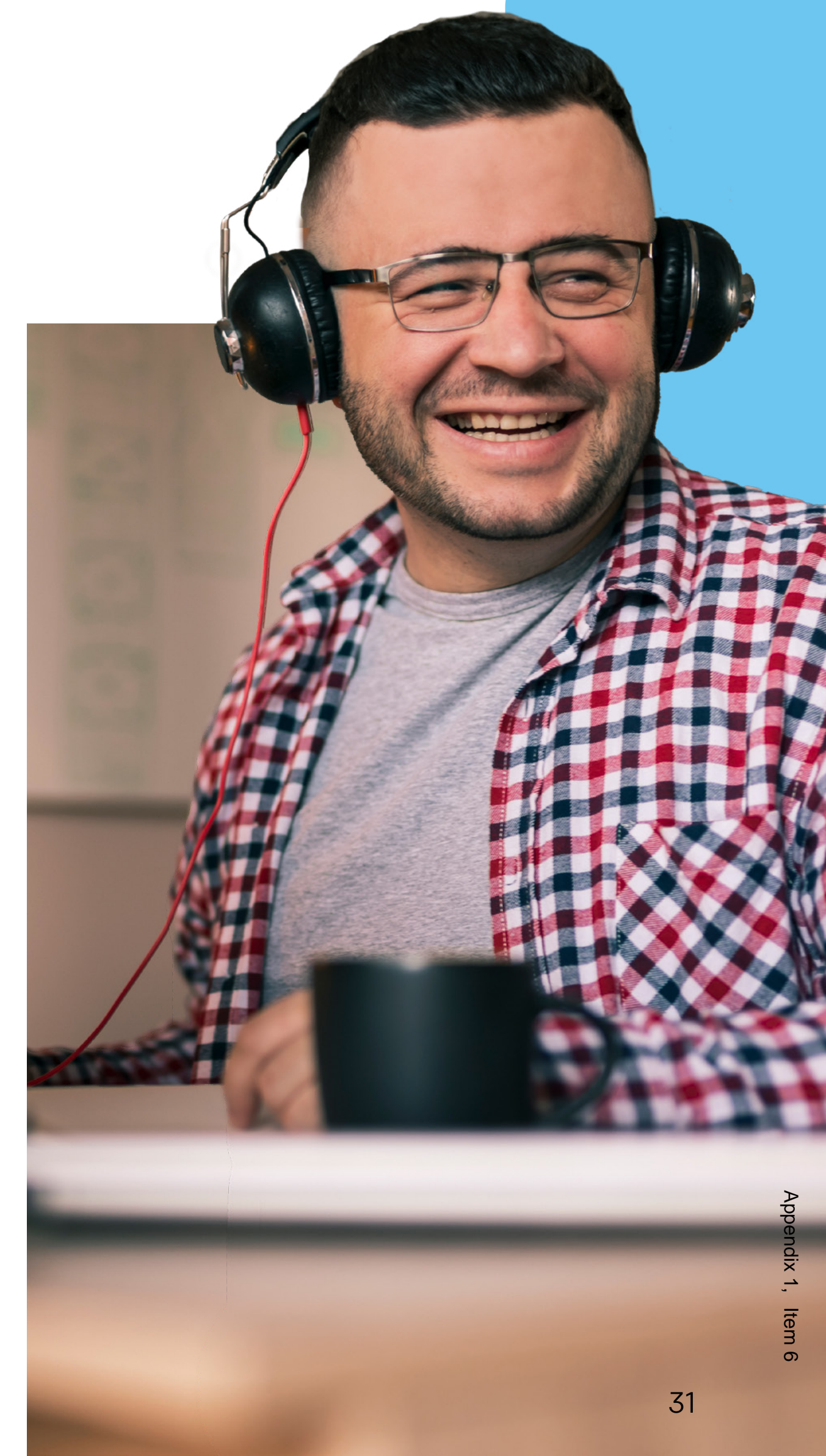
We are committed to utilising our unique data architecture, and pan system intelligence, infrastructure, and innovation to give us a better understanding of inequality across the city-region. In order to facilitate delivery of the framework's ambitions and embed new ways of working as we shift towards a social model of health we will focus on three key enablers:



Culture Change And Leadership

We recognise that achieving Fairer Health for All requires a step change in the ambition, measurement, resourcing and workforce proficiency to tackle inequalities. Creating the conditions for diverse leadership, workforce and talent to flourish across our public and VCFSE sectors will ensure we have the insight and ability to deliver to our diverse communities' tackling those unwarranted health disparities resulting from institutional discrimination.

The Fairer Health for All Academy facilitates shared learning, innovation and collaborative approaches to prevention and upstream models of care. Hosting a range of leadership and workforce development tools and resources, the Academy also provides a dedicated space to share lived experience from across the system. The academy will build capacity and capability for distributed leadership to enable health equity, equality, inclusion and sustainability into health and care commissioning, governance, and leadership at every level. See page 33.





Population Health Management

NHS GM is working with other key stakeholders within the GM system including VCFSE partners to develop a comprehensive data and intelligence functionality capable of delivering actionable intelligence to support population health, planning and service design and front-line clinical decision making. Building a shared understanding of inequalities through insight, as well as data is essential, and can drive and sustain improvements in tackling inequalities in health outcomes. Interactive Impact Assessment Tools which combine health equity, equality and sustainability are under development which will inform commissioning, policy and partnership approaches.



Governance and Resourcing

Work is underway to co-produce a Fairer Health for All Assurance framework with a test and learn approach being taken with the new Maternity System Board, supported by the NHS GM Organisational Development team and the Royal College of Physicians, and prior to agreement of the final assurance process via the NHS GM executive.

As part of this work an Assurance Tool is under development.

- A Fairer Health for All advisory group will be established to support the broader governance arrangements for the Integrated Care Partnership to:
- Support the development of a consistent and joined up strategic health inequalities narrative across the Integrated Care Partnership
- Provide strategic leadership for the development and implementation of the Fairer Health for All framework and assurance process
- Support interpretation and dissemination of health inequalities data and intelligence
- Provide expert advice into NHS GM plans and strategies
- Facilitate building capacity and capability to embed a health equity approach across NHS GM including via the Fairer Health for All Academy and the GM Health and Care Intelligence hub programme
- Enable access to the latest health inequalities evidence, technical expertise and national products

Fairer Health For All tools

The Fairer Health for All resources described overleaf have been subject to extensive and diverse co-production with partners from the VCFSE sector playing a critical role and engagement across NHS GM including Maternity, Children’s, Mental Health, Primary Care and Cancer, Equality and Inclusion, Workforce and Organisational Development, the Strategic Clinical Network and including the Public Health Leadership Network, GMCA and local authorities. This teamwork has helped create practical resources to support all those planning and delivering health and care across the system.

Fairer Health For All Academy

The Fairer Health for All Academy facilitates shared learning, innovation and collaborative approaches to workforce development and leadership. The Academy provides access for VCFSE and public sector partners to:

- **Cross-sectoral, co-produced leadership approaches** which support the culture and behaviour changes needed to embed the Fairer Health for All principles into practice. Existing and emerging leadership and workforce development opportunities have been identified and will be accessible through the Academy, alongside new collaborations later in 23/24 aligned with Good Lives GM. An intentional co-creation process will create spaces for lived experience to be heard across systems and communities and acknowledge and value the diverse leadership and behaviours required to create Fairer Health for All.
- **Fellowship programme, open to people working across VCFSE, primary care and secondary care, including mental health.** The Fellowship programme will enable cross-sectoral learners from a non-public health background to develop their knowledge and skills in population health, equality and sustainability and to put their learning into practice in their workplace with guidance from professional mentors. A limited scheme is underway as proof of concept, with learnings intended to build out a more substantive scheme across the next 3 years increasing capacity for up to 30 GM fellows. This will substantially build workforce capacity and capability to deliver our Fairer Health for All ambitions.

- **Communities of Practice:** will deepen our understanding of the links between inequality, discrimination, climate change, and participatory democracy. These community-learning spaces are capturing shared insight from across the system, focused on priority areas such as:
 - **Women’s Health**
 - **Integrated Neighbourhood Working**
 - **Co-production with Communities**
 - **Population Health Management**
 - **Live Well**
 - **Poverty Proofing Pathways**



COMING SOON...
Click here to access the Fairer Health for All Academy



Health And Care Intelligence Hub

The Health and Care Intelligence Hub is part of our Fairer Health for All approach to enable adaptive capability for population health management in relation to our people, systems and analysis.

Hosting a range of web-based intelligence tools, the hub has been co-designed to consolidate data and insights from public and VCFSE sector partners across the city-region into a single portal, enabling people and partners the opportunity to:

- Bring data to life, understanding how health inequalities and variations in care change throughout a person’s life
- Focus on ‘names not numbers’ by capturing the insight and stories of change from different communities
- Share wisdom and learning about which interventions work and why
- Understand which communities have fewer opportunities to live healthily and are more likely to develop poor health by exploring the interactions between individual, family, and community factors

- Ensure resources are targeted where needed, so policies and programmes can super-serve prioritised communities
- Proactively work with communities to offer more opportunities to stay well and find and treat illnesses early
- Measure progress, evaluate outcome indicators for different communities across various clinical pathways, and combine service data with community insights to understand reasons for poor access, unmet needs, and hidden harm
- Model the anticipated impact of policies/interventions on different communities, protected characteristics, and environmental sustainability as well as costs vs benefits



COMING SOON...

Click here to access the Health and Intelligence Care Hub



We want to hear from you

COMING SOON...

Click on the links below to access more information on the Fairer Health for All framework, including access to strategic intelligence tools, best practice population health management and stories of change from across the system:

- [Health and Care Hub](#)
- [Fairer Health for All Academy](#)
- [Stories of Change](#)
- [Hear from our System Leaders](#)

To find out more, hear about upcoming opportunities to get involved and collaborate across Fairer Health for All, or if you require this framework in easy read or an alternative format email:

[**gmscp.adminpopulationhealth@nhs.net**](mailto:gmscp.adminpopulationhealth@nhs.net)

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Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 1 November 2023

Subject: Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027

Report of: Deputy Director of Public Health

Summary

This report provides the key achievements of the Making Manchester Fairer programme in September as well as update on the Communities and Power Theme and the Race & Health Education Programme.

Recommendations

The Board is asked to note progress made on implementing the Making Manchester Fairer Action Plan, and work that is taking place in the Communities and Power and Tackling Discrimination and Racism Themes.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	This Action Plan has a positive impact on all the strategy priority areas.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection):

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

Building Back Fairer – Tackling Health Inequalities in Manchester – Health and Wellbeing Board, 6 July 2022

Making Manchester Fairer, Tackling Health Inequalities in Manchester 2022-2027 – Health Scrutiny Committee, 12 October 2022

Making Manchester Fairer - The Anti-Poverty Strategy 2023-2028 – Economy Scrutiny Committee, 18 January 2023

Making Manchester Fairer - – Tackling Health Inequalities in Manchester – Health and Wellbeing Board, 25 January 2023

Making Manchester Fairer - – Tackling Health Inequalities in Manchester – Health and Wellbeing Board, 7 June 2023

Making Manchester Fairer - – Tackling Health Inequalities in Manchester – Health and Wellbeing Board, 20 September 2023

1.0 Introduction

- 1.1 Making Manchester Fairer (MMF) is Manchester City Council's five-year action plan to address health inequalities in the city focussing on the social determinants of health.
- 1.2 The delivery of Making Manchester Fairer can be summarised under its 8 themes, 4 ways of involving communities and 6 principles that underpin the way the programme will be delivered. Implementation of the plan has focused on the foundational workstreams required to ensure robust delivery of the plan (see section 2).

Figure 1: MMF Delivery Plan Themes, Principles and Ways of Involving communities

Themes	Principles for delivery	Ways of involving communities *
<ul style="list-style-type: none"> ❖ Early years, children and young people. ❖ Poverty, income and debt. ❖ Work and employment. ❖ Prevention of ill health and preventable deaths. ❖ Homes and Housing. ❖ Places, transport and climate change. ❖ Systemic and structural racism and discrimination. ❖ Communities and power. 	<ul style="list-style-type: none"> ❖ Proportionate universalism and focus on equity. ❖ Respond to and learn from impact of COVID-19. ❖ Tailor to reflect the needs of Manchester ❖ Collaboration, creativity, and whole system approach. ❖ Monitor and evaluate to ensure we are Making Manchester fairer – narrowing gaps within Manchester as well as regional and national averages. ❖ Take a life course approach with action on health inequalities starting before birth and right through to focus on ageing and specific needs of older people. 	<ul style="list-style-type: none"> ❖ Listen to us ❖ Trust us ❖ Employ us ❖ Create and support the conditions for social connections to develop and flourish

*Based on insight from community group engagement

2.0 Key Achievements Since the Last Health and Wellbeing Board Update

- The Children's Kickstarter team held an Early Years transition read event at Moss Side Millenium Powerhouse, featuring Dr Ranj, the author of 'A Superpower like mine'. This book was selected as part of the project's Universal Offer to schools and was distributed over the summer to all children going into reception.

- The final draft of the Building Stronger Communities Together strategy was completed, with design work being undertaken ahead of it being taken to the Communities and Equalities Scrutiny Committee in October.
- Positive and useful feedback about the combined flu/cost of living creative was received from the Community Health Equity Manchester Sounding Boards and filming was completed for a Making Manchester Fairer film.
- Funding was identified to commission an organisation to host the Making Manchester Fairer Community Forum, a key element of the Resident and Community Engagement and Involvement workstream.
- A report on MMF progress to Health Scrutiny Committee, with additional focus on the Voice of Lived Experience, Theme 5 (Homes & Housing) and the Children's Kickstarter was well received.
- Evaluation work in this period focused on the children's element of the Children and Young People's Kickstarter. Nine schools have been identified (five receiving intensive support and four receiving targeted support) and interviews with staff at two schools were completed.
- An organisation called Something To Aim For was selected to host the Anti-Poverty Insight Group.
- Work started on the first phase of the Community Engagement Maturity Assessment, with a kick-off workshop and review of key documents and policies to highlight themes.
- The Race and Health Equity Education Programme was launched at an event at Manchester Art Gallery and module sessions have commenced.

3.0 Theme 7- Systemic and structural racism and discrimination

- 3.1 A comprehensive and immersive education programme on Race and Health Equity has been developed and commissioned. The programme was launched on 18th of September at the Manchester Art Museum with partners from across the council, health, and housing attending. 75 people have been invited as the first cohort which will enable our workforce to be better informed, equipped and confident to implement the right solutions that will improve outcomes for communities experiencing racial inequality and discrimination. Appendix 1 contains a slide deck that provides an overview of the programme.

4.0 Theme 8 - Communities and Power

- 4.1 A Communities and Power Steering Group, co-chaired by Manchester City Council's Deputy Leader Cllr Rahman, and Executive Member for Vibrant Neighbourhoods Cllr Igbon, has been established to drive forward the actions outlined within the two Manchester-specific themes of (i) Tackling systemic racism and discrimination, and (ii) Communities and power.

- 4.2 The Communities and Power Steering Group work has developed several workstreams that will support the delivery of the aims and objectives of the MMF Action Plan. Appendix 2 contains a slide deck that provides an update on these workstreams.

5.0 Next Steps for MMF Action Plan

- 5.1 The next steps for the programme will be:
- Establishment of the MMF Community Forum to strengthen the contribution of local people with lived experience to the programme governance.
 - Development of a coherent approach to workforce development for MMF, focussed on what is needed to achieve health equity, that is integrated and aligns with the City Council's workforce plans.
 - Development of the Phase 2 Kickstarter schemes on work and health and enabling physical activity in communities.
 - Facilitating opportunities to bring the broad MMF network of partners and organisations together to enable collaboration and share best practice.

6.0 Recommendation

- 6.1 The Board is asked to note progress made in implementing the Making Manchester Fairer Action Plan and specific work taking place to deliver Themes 7 and 8 of the action plan.

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MAKING MANCHESTER FAIRER

Communities and Power

Communities and Power Steering Group

- The Steering Group meets quarterly
- Co-chaired by Cllr Rahman and Cllr Igbon
- Members of the group include:
 - Key internal stakeholders
 - 2 x staff who are part of the Black, Asian and Minority Ethnic Leadership Programme
 - 2 x external members who were selected to join the steering group after a recruitment process invited community representatives to apply

Key Projects

- Community Engagement Maturity Assessment
- Building Stronger Communities Together Strategy
- Community Development Review

Community Engagement Maturity Assessment - Background

- Equality, Diversity and Inclusion embedded within the Our Manchester Strategy
- Thriving and increasingly diverse population with over 200 languages spoken in the city
- Sound relationships in place with the city's communities and there is a strong commitment to maintain and build upon this.
- Rapid population growth and change in the city
- The 2021 Census showed the Black, Asian and Ethnic Minority population has increased from 33.4% to 43.2% since 2011. Over half of the population recorded (52%) were from groups that do not identify as white British.
- Diversity of population further demonstrated through the school census where 62% of school age children are of ethnicities other than 'white'
- Wide range of engagement activity embedded across different services within the organisation

Community Engagement Maturity Assessment - How?

- Research from a range of sources
 - Corporate documents
 - Interviews with relevant staff
 - Observations of practice in meetings or events
- Focus of observations in 3 key areas – Neighbourhoods (widest sense), VCSE Infrastructure Team, Public Health
- Development of Manchester Quality Standards for Engagement
- Analysis – Use a 'how are we doing?' Tool to judge where MCC is Emerging, Aspiring or Established for each standard.
- Reflection – development of an action plan.

Community Engagement Maturity Assessment - Timeline

- September - Kick off
- September/ October – Discovery
- October/ November – Engagement
- November/ December – Analysis and Reflection
- March 2024 – Update to Communities and Equalities Scrutiny on Communities and Power workstream.

Community Engagement Maturity Assessment - Why?

- Putting resident's voices at the heart of change
- Ensuring that our approach is appropriate, effective and delivered to a good standard
- Provide an evidence base that allows us to develop and strengthen our approaches
- Enable the development of a set of quality standards for community engagement in Manchester.

Building Stronger Communities Together Strategy

- Manchester's first strategy focused on social cohesion - 3-year strategy
- Bridging and bonding is key – it's about people
- Empowering communities to contribute towards making their neighbourhood and the city a better place for everyone
- Focus on what we have in common as well as celebrating our differences
- Distinct but complimentary of the 52+ Our Manchester strategies
- Consultation took place in 2022 – mixture of online survey, face to face focus groups and 1-1 interviews.
- Due to go to Scrutiny/ Executive in October with an aim to launch by the end of the year

Building Stronger Communities Together Strategy

3 Key Themes:

Relationships

- Not just about people who are like us and who we normally mix with
- Relationships are importantly about people who are not like us and who we do not normally mix with
- Understanding and respecting difference but importantly what we have in common
- Building trust is key – between people, communities and organisations

Participation

- Participation is about bringing people together to get involved in meaningful activities, for a shared purpose and engage in decisions about things that affect their lives
- Enabling and supporting communities and services to come together to co design solutions (shifting the power dynamic)

Belonging

- People and place – understanding the change and churn in neighbourhoods and impact on community relations and resources
- Connection between self and the neighbourhood you live in and then how this extends to other parts of the city and the city as a whole
- Valuing diversity and what we have in common

Building Stronger Communities Together Strategy

- Year 1 Action Plan currently in development
- Pilot areas in North, Central and South (street level)
- Complex area of work – first year will aim to:
 - Build our understanding about the impact of change in neighbourhoods and on our communities
 - Test ways of working and codesign activities with communities and identify what is successful in bringing people together and getting them involved in local activities
 - Consider how we celebrate what everyone has in common in an inclusive way and respect difference

Community Development Review

- In January 2023, the Community Development Service commissioned by Population Health transferred into the MCC Neighbourhood Teams from Greater Manchester Mental Health.
- Community development brings people together to take action on what is important to them. This might be with communities of place, or communities of shared identity or shared experience. It builds community power, control and resilience by enabling communities to develop their own solutions to the challenges and issues that are important to them.
- Community development practitioners work alongside people in communities to help build relationships with key people and organisations, identify common ideas and concerns, and create opportunities for residents to learn new skills, enabling people to act together.
- The service came over as a 'lift and shift' to allow a transition period for staff to understand each other's roles, responsibilities and work programmes, as well as embedding in the team structures and identifying opportunities for collaboration and sharing best practice.
- A review is underway to assess what approach should be taken going forward to ensure there is an embedded Community Development offer within the 3 x Neighbourhood Teams, which takes a whole place perspective.

Community Development Review

- The review aims to:
 - Clarify the roles and responsibilities within the Neighbourhood Team.
 - Apply proportionate universalism to the approach, using data and intelligence to understand where some communities may need more intensive support.
 - Identify how we can embed and integrate community development ways of working.
- This will allow resource to be used most effectively to meet the needs of Manchester's communities.

MAKING MANCHESTER FAIRER

Race and Health Equity
Education Programme

1. Improve experience & outcomes of communities experiencing racial inequality & other communities marginalised or facing racism and discrimination by **designing, delivering & evaluating a Race and Health Equity educational programme** which is immersive & participatory in the pursuit of racial justice and equity and includes lived experience insights to enhance understanding of equality issues & how bias and stereotypes affect decision making.

Tackling Systemic & Structural Racism and Discrimination

2. Support & educate workforce to improve knowledge & confidence when asking communities questions about **protected characteristics**, improving data collection, building trust & enabling communities to understand why it is important for them to share information about protected characteristics

4. Improve quality of equalities data by ensuring it is collected in an inclusive way, **enabling accurate identification of patterns & gaps** in services & monitor improvements & outcomes across all the themes of the plan

5. Strengthen approach to engagement to ensure that people from marginalised communities/communities that face discrimination are adequately represented and included. Use engagement infrastructure & place-based approaches to work in partnership with communities to develop, deliver and evaluate **culturally proficient services**

Theme 7: Tackling Systemic and Structural Racism and Discrimination

Develop a comprehensive and immersive education programme which will enable our workforce to be better informed, equipped and confident to implement the right solutions that will improve outcomes for communities experiencing racial inequality and discrimination

Aims of programme

An increased understanding of racism and discrimination in its structural, institutional, and individual forms and its impact on health outcomes and inequalities

Further develop skills, knowledge, and expertise to implement anti-racist and anti-discriminatory practices

Build confidence to challenge racism and discrimination in the workplace and effectively engage and involve inclusively with communities that experience racial inequality and discrimination

Share learning and best practice and create race and health equity advocates and peer networks across Manchester

Increased responsibility and accountability for own role(s) in contributing to new ways of working to produce a wider impact and make more intentional choices about how they act

Learning Outcomes

- Understanding how racial inequity operates at different levels within a system and the impact that has on health outcomes
- A better understanding of Manchester's population and its demographics with the ability to use data and insight effectively to make informed decisions
- An understanding of the importance of involving communities in co-designing and co-creating solutions to inform actions to reduce inequalities
- The development of knowledge, skills, resources, tools and confidence to create more inclusive work practices and approaches to services giving participants the time, space, encouragement and permission to collaborate on planning and improving delivery

Who is this programme aimed at?

The education program is aimed at participants who are either directly or indirectly involved in delivering Making Manchester Fairer, this includes;

- 3 x Teams Around the Neighbourhood
- Making Manchester Fairer Task Force
- Relevant members of Manchester City Council's Senior Management Team, Senior Leadership Group, Directorate Equality Leads
- Key leads in partner organisations: (Manchester Integrated Care Partnership, Manchester Local Care Organisation, Manchester Foundation Trust, Manchester Housing Providers Partnership and Primary Care)

Programme Outline

- Participant Preparation – Creative materials, survey and self-assessment
- Programme Launch: 18 September 2023
- Reflective Learning Journal: September 23 & October 23
- Module A: Racism & Discrimination Foundations: October 23 – December 23
- Module B: Race, Racism and Health Inequalities: February 24 – May 24
- Module C: Skills Development and Behaviour Change: June 24 - July 24
- The Learning Portfolio & Accreditation

Total time commitment c22 hours plus self-directed learning over the course of the 9 month programme (September 23 – October 24)

Further Learning and Support

Running alongside the education sessions will be;

- Masterclasses- expert speakers will provide insight into a range of topics with a focus on the most persistent and pervasive issues marginalised communities face
- Action learning sets- to promote peer to peer support and collaborative problem solving during the programme and beyond

Evaluation and Impact

- An evaluation of the programme will be conducted during and after the completion of the programme
- The evaluation will enable us to ascertain whether the aims of the programme and learning outcomes as set out have been achieved
- The evidence gathered will help inform next steps for the programme

Ultimately, we want to be able to articulate what change, effect, benefit has happened as a result of this intervention, and ideally which of these changes would not have happened had the programme not taken place

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Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board - 1 November 2023

Subject: Stopping the start: Our new plan to create a smokefree generation in Manchester

Report of: Director of Public Health

Summary

On 4th October 2023, the Rt Hon Steve Barclay MP, Secretary of State for Health and Social Care, wrote to Directors of Public Health to advise them of the government's future plans to control tobacco use and vaping. This letter was accompanied by the publication of a Command Paper titled, *"Stopping the start: our new plan to create a smokefree generation."* The Command Paper sets out the government's plan to prevent addiction to all forms of tobacco, to support current smokers to "quit" and to enhance the controls and legislation around electronic cigarettes, with the particular aim of curtailing the worrying phenomenon of youth vaping.

The proposals contained within the Command Paper are the subject of a major public and professional consultation which closes on the 6th December 2023.

The Department of Public Health at Manchester City Council welcomes the contents of the Command Paper because smoking remains the biggest cause of preventable death in Manchester. Government estimates suggest that there have been as many, if not more, deaths from smoking, as from COVID-19 in England since the start of the pandemic. In Manchester, although improvements have been made, smoking rates are still higher than national averages.

Vaping, when used appropriately, could be one of the treatment solutions available to support tobacco users to manage their addiction to Nicotine and ultimately to "quit" smoking. However, Manchester is experiencing some of the social problems associated with vaping, in terms of youth vaping and a significant counterfeit market.

Manchester City Council and partner organisations have taken a whole system approach to Tobacco Control for many years. The well established partnership programme has been extended to incorporate the phenomenon of vaping and is well placed to implement all the government's recommendations and indeed, much of this work is already underway.

This paper provides an update to previous reports about our Tobacco Control and Vaping Programme and sets out our response to the government's proposals.

Recommendations

The Board is asked to:

- (1) Note the report.
- (2) Agree that the Chair, supported by the Director of Public Health, responds formally to the consultation on behalf of the Manchester Health and Wellbeing set out in section 6.4.

Our Manchester Outcomes Framework

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	A thriving and sustainable city economy relies upon its residents being healthy and economically active. Smoking is the biggest cause of preventable disease and premature mortality and places a heavy economic burden on the city. By ending tobacco addiction residents will also have more money available to them for other uses
A highly skilled city: world class and home-grown talent sustaining the city's economic success	This work protects throughout the life course from pre-pregnancy, pregnancy, through to later life so that individuals and whole families are healthy and can engage fully in education and work
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The proposals contained within this report are progressive and in line with international good practice. They would bring forward new legislation and protections to reduce health inequalities and supporting work towards Manchester being a Child Friendly City
A liveable and low carbon city: a destination of choice to live, visit, work	Cigarettes are the biggest source of microplastic pollution globally. Disposable electronic cigarettes are made from single use plastic, lithium and from production, transportation, use and then disposal, place a significant carbon burden on countries of production and Manchester
A connected city: world class infrastructure and connectivity to drive growth	This work reduces health inequalities, which is vital to help residents achieve their full potential. The tobacco and vaping control programmes are also part of a national and international system of Public Health through the <i>WHO Framework Convention on Tobacco Control</i> , which have been adopted locally

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Background documents (available for public inspection):

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

1. <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>
2. Report to Health and Wellbeing Board, 6 July 2022:
<https://democracy.manchester.gov.uk/documents/s34450/The%20Khan%20Review%20and%20Tobacco%20Control%20in%20Manchester.pdf>
3. Report to Health Scrutiny Committee 8 February 2023:
<https://democracy.manchester.gov.uk/documents/s38108/drugs%20alcohol%20and%20smoking%20addiction%20report.pdf>

1. Introduction

- 1.1 The Chief Medical Officer for England, Professor Sir Chris Whitty, visited Manchester in December 2022. During this visit he spoke with our Director of Public Health, clinicians, and Public Health managers about tobacco control work in various Manchester settings. Professor Whitty's commitment to tackling tobacco related disease has been unwavering and his foreword to the Command Paper outlines the issues so powerfully as set out below:

"Smoking damages and cuts short lives in extraordinary numbers. From increasing stillbirths, through asthma in children, to dementia, stroke and heart failure in old age, it causes disability and death throughout the life course. It drives both cancers, especially lung cancer which is the most common cause of cancer deaths in both women and men in the UK. It causes and accelerates heart disease, the biggest single cause of deaths overall. Large numbers of people are confined to their home by heart failure or chronic obstructive pulmonary disease caused by smoking, unable to even climb stairs. Non-smokers, including children and pregnant women are exposed to the risks of second-hand passive smoking....."

.....Data over the last 5 years shows that most smokers want to quit, but cannot, due to an addiction that started on their teenage years. Over 80% of smokers started before they turned 20, many as children. They have had their choices taken away by addiction, and their lives will be harmed and cut short by an addiction they do not want".

Source: Professor Chris Whitty, Chief Medical Officer for England. Stopping the start: our new plan to create a smokefree generation.

- 1.2 The summarised proposals contained within the Command Paper are:

- i) To bring forward legislation that will ensure that children turning the age of fourteen, or younger, will never legally be sold tobacco.
- ii) To increase investment in stop smoking services.
- iii) To support the use of vaping devices for existing tobacco smokers who wish to stop. The "Swap to Stop" scheme will provide up to one million free vapes in England (in conjunction with local services).
- iv) A suite of measures to protect and discourage children from vaping.

NB. The tobacco products included in new legislation include cigarettes, cigarette papers, hand rolled tobacco, cigars, cigarillos, pipe tobacco, waterpipe tobacco products (for example shisha), chewing tobacco, heated tobacco, nasal tobacco (snuff), herbal smoking products.

- 1.3 On the 12 October 2023, the governments of England, Scotland, Wales and Northern Ireland agreed to a joint consultation in accordance with the Command Paper. The consultation asks for views on 3 areas:
- i) Creating a smokefree generation: the consultation gathers views on the smokefree generation policy (above) and its scope, to inform future legislation.
 - ii) Tackling youth vaping: the consultation gathers views on several options to ensure we take the most appropriate action to tackle youth vaping. The proposals in the consultation include restricting vape flavours, regulating point of sale displays of vapes, regulating packaging and presentation of vapes, and considering restricting the sale of disposable vapes. In addition, the consultation gathers views on the implementation of a new duty on vapes.
 - iii) Enforcement: the consultation asks about introducing new powers for local authorities to issue on-the-spot fines (Fixed Penalty Notices) to enforce age of sale legislation of tobacco products and vapes.
- 1.4 The Department of Public Health at Manchester City Council and its partners have delivered a comprehensive Tobacco Control Programme for many years and works closely with the Office of Health Improvement and Disparities (OHID) in relation to tobacco and vaping.
- 1.5 This paper provides the latest epidemiology around tobacco use and vaping in Manchester and, an outline of some of the problems our communities have been facing in relation to youth vaping *and* the counterfeit economy, which is exacerbating the problem. The paper will then outline work already underway in the city that will inform our response to the Command Paper.
- 1.6 The Command Paper included an annex setting out the indicative allocations to Local Authority Stop Smoking Services. This additional investment will be delivered through a new Section 31 grant and Manchester will receive £909,515 per annum from 2024/25 until 2028/29. These indicative allocations have been calculated based on localised estimated adult smoking prevalence data, as per National Tobacco Profiles. The Manchester Department of Public Health commissions the Specialist Stop Smoking Service for the city and will be able to scale up the treatment service infrastructure once this funding is confirmed. The Director of Public Health and his team are preparing more detailed plans that will be brought back to the Health and Wellbeing Board in January.

2. Background

- 2.1 Tobacco contains the highly addictive chemical, Nicotine. Nicotine in the short term, helps people to relax, to concentrate and is extremely addictive. The long history of tobacco use in cities like Manchester is beyond the scope of this paper, but its use correlates highly with deprivation. Tobacco is used in the form of cigarettes, hand rolled tobacco, cigars, cigarillos, pipe tobacco,

waterpipe tobacco products, chewing tobacco, heated tobacco, nasal tobacco (snuff), herbal smoking products. Sometimes tobacco can be mixed with drugs such as Cannabis. However, the most popular way that tobacco is used in Manchester is cigarettes, which is why professionals and public use the terms “smoking cessation” and “stop smoking services”, for example. It is important to stress that the Manchester Tobacco Control Programme and treatment services do address and treat *all* forms of tobacco use.

- 2.2 Tobacco is highly carcinogenic and contains many other toxic chemicals which cause harm to humans. The additive agent, Nicotine, consumed in an isolated form, without tobacco, is much less harmful. For this reason, Nicotine Replacement Therapy (e.g., Nicotine patches and gum), has been a mainstay of treatment to support smokers for many years, allowing smokers to gradually reduce their addiction in a managed way. Electronic cigarettes, which contain isolated Nicotine, but not tobacco, can have the same pharma-therapeutic benefit, again, without exposure to tobacco.
- 2.3 Electronic cigarettes (also known as vapes or vaping devices) are provided to smokers as just one of a range of treatment options in our Manchester community Stop Smoking Service, (called Be Smoke Free), the smoking in pregnancy service and in some secondary care smoking cessation services.
- 2.4 Although in legal, chemical and health impact terms, vaping and smoking tobacco are completely different activities, it became clear some time ago that the issue of vaping had become both a solution and a challenge for our multi-agency Tobacco Control programme in Manchester. This is because some adult *non-smokers*, children and young people have taken up vaping, which is contrary to Public Health advice.
- 2.5 In 2016, the Director of Public Health in Manchester established the Manchester Tobacco Alliance. This group gave governance and direction to our Tobacco Control Programme. Manchester has adopted the World Health Organisation Framework Convention on Tobacco Control. The framework clearly sets out that reducing smoking and tobacco use requires a programme of activity which reduces the chances and opportunities for people of all ages to start smoking, including enforcement activity, helps smokers and tobacco users to “quit,” using evidenced based treatment programmes, and carries out activities which help to de-normalise smoking.
- 2.6 In April 2020, the city-wide Stop Smoking (tobacco treatment) Service, called Be Smoke Free was launched. This is a nurse led, evidence-based service which provides free pharmacotherapy alongside a twelve-week course of behavioural and motivational support. The service was able to mobilise and adapt even during the initial parts of the pandemic, when face to face treatment in stop smoking services was not permitted. Since then, the service has continued to develop and embed in our communities and achieves Quit Rates which comfortably exceed those stipulated by NICE guidance.
- 2.7 The NHS Long Term plan recommends the systematic identification and treatment of smokers in maternity, secondary care and mental health inpatient

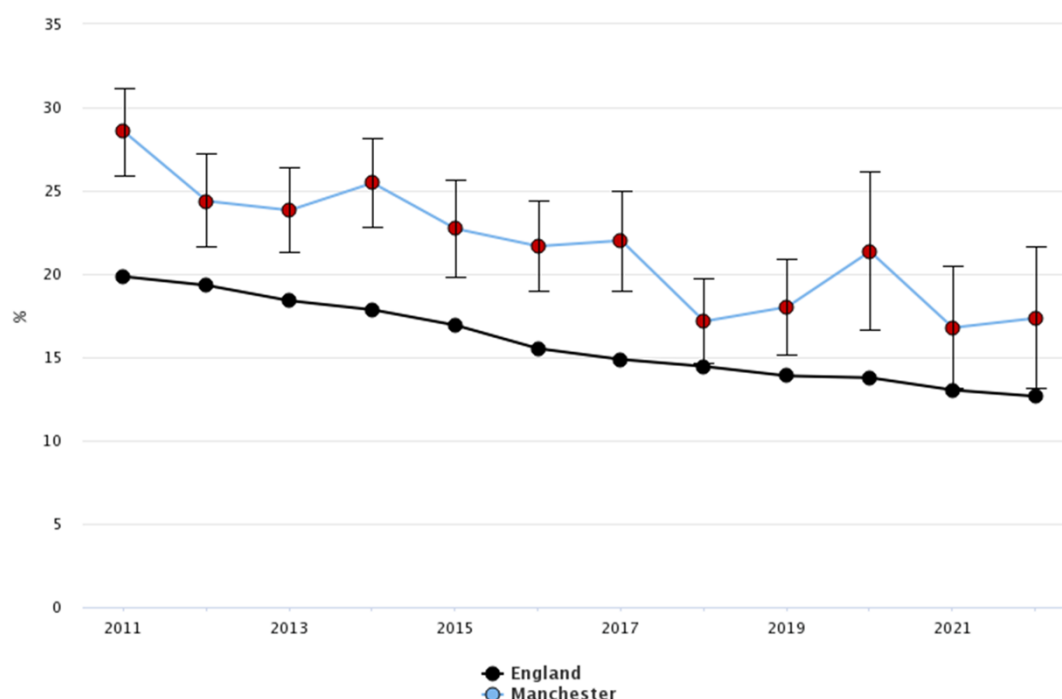
settings. The Greater Manchester Making Smoking History Team, now part of NHS Greater Manchester Integrated Care, have led the introduction of programmes, which were often piloted in Manchester city. The CURE programme, Smoking in Pregnancy Service, Lung Health Checks Programme and Mental Health Inpatient Programme are almost fully implemented across Manchester and Greater Manchester. Therefore, in the last six years, the opportunities for smokers to be identified and treated have increased hugely across Manchester.

- 2.8 Manchester now has a high quality and comprehensive programme around tobacco control and vaping, however, the ambition to do more has been limited by current legislation. The Government have looked at evidence from other countries, such as New Zealand, Australia, the USA and some European countries, to see what has worked well elsewhere and what measures the UK might adopt to protect children, populations and to narrow health inequality gaps.

3. Prevalence of Smoking and Smoking Related Disease in Manchester

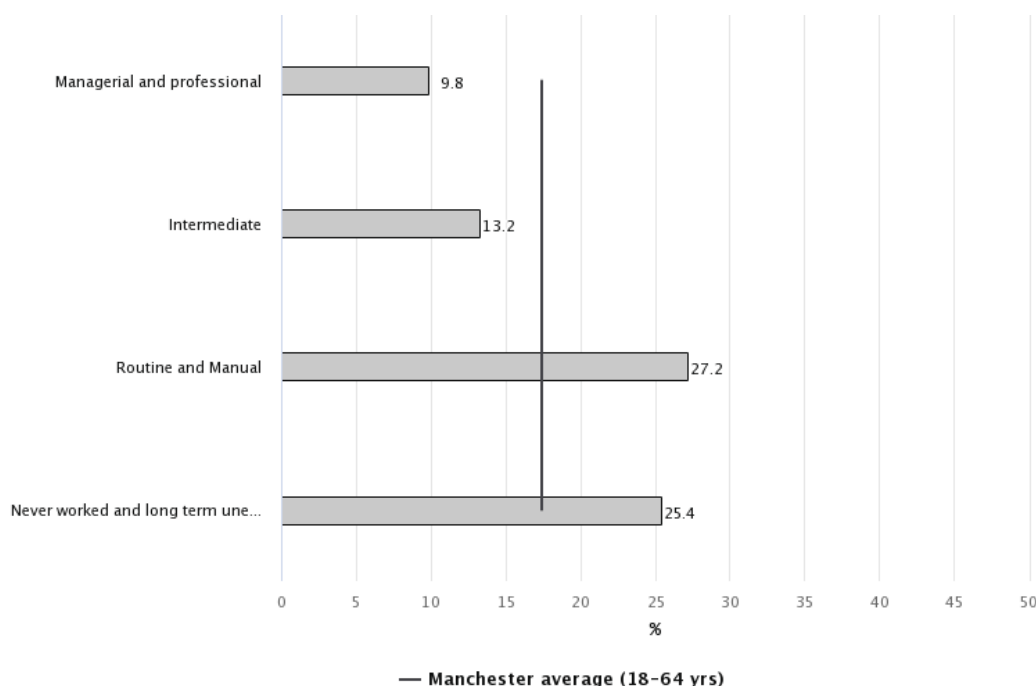
- 3.1 Reducing smoking rates is one of the biggest single health interventions to contribute to the government's levelling up agenda and in particular to Making Manchester Fairer. Information on the prevalence of cigarette smoking in Manchester is based on data collected as part of the Annual Population Survey (APS), a continuous household survey, carried out by the Office of National Statistics (ONS). Survey respondents are asked whether they have ever smoked cigarettes regularly and, if so, whether they smoke cigarettes at all nowadays. Based on this, respondents are classified as a "current smoker", "ex-smoker" or "non-smoker". The APS focuses on cigarette smoking and does cover other modes of tobacco consumption, such as shisha or vaping.
- 3.2 The latest published data covers the calendar year 2022 and suggests that 17.3% of adults aged 18 and over in Manchester currently smoke cigarettes. This compares with a figure of 12.7% in England as a whole. The current figure is a small but not statistically significant increase on the figure for 2021 (16.8%). Looking back further, the prevalence of cigarette smoking among adults in Manchester has fallen since 2011, when the prevalence rate was estimated to be 29.5% (see chart below).

Smoking Prevalence in adults (18+), 2011-2022



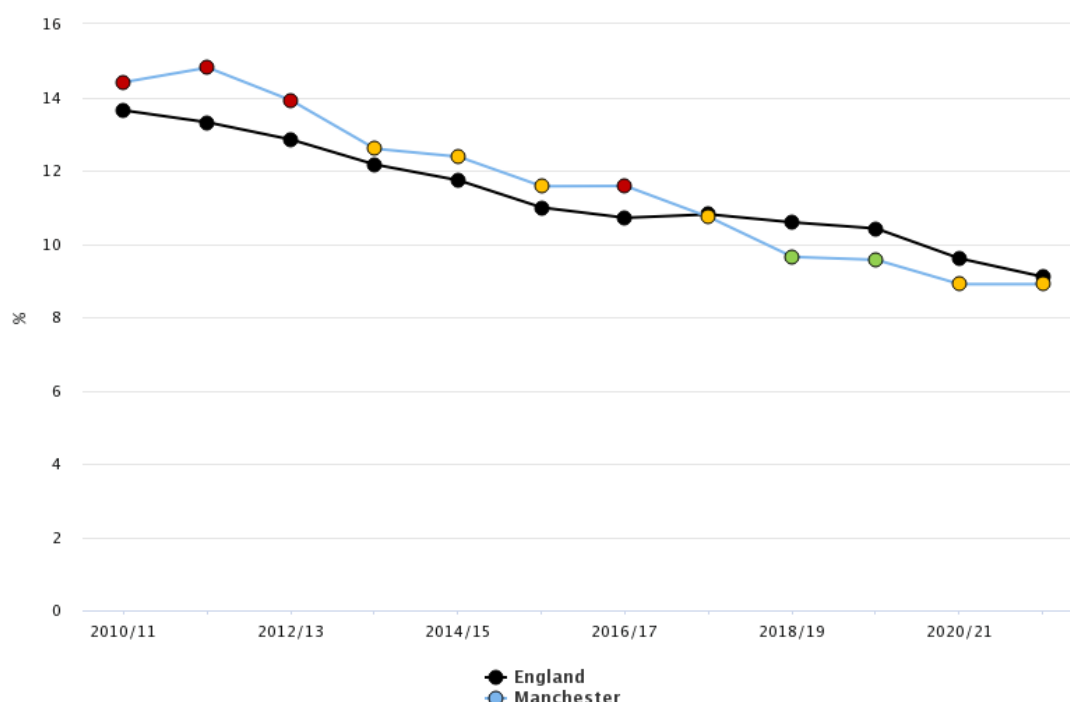
- 3.3 Within Greater Manchester, the prevalence of adult cigarette smoking ranges from 20.2% in Tameside to 8.0% in Trafford. Manchester is ranked 2nd out of the 10 Local Authorities in Greater Manchester. Tameside and Manchester are the only local authorities within the conurbation where smoking prevalence in adults is statistically significantly higher than the rate for England overall.
- 3.4 The prevalence of smoking is not consistent across the whole of the adult population and there are differences between men and women and also between people from different occupational groups and housing tenures. For example, in 2022, 20.5% of adult men in Manchester were estimated to smoke compared with 13.9% of adult women. This pattern is broadly consistent over time. Smoking prevalence is also higher in people renting from a local authority or housing association (34.7%) compared with those who own their house outright (10.9%) or with a mortgage (10.5%).
- 3.5 Smoking prevalence among in adults (aged 18-64 years) working in routine and manual occupations remains much higher than that for the general population. In 2022, smoking prevalence among in adults in routine and manual occupations (27.2%) was nearly 10 percentage points higher than that for the adult population as a whole (17.3%). Adults working in a routine or manual occupation in Manchester were just over twice as likely to smoke compared with those working in another occupation.

Smoking prevalence in adults (18+) by socioeconomic group (18-64 years)



- 3.6 Smoking in pregnancy has well known detrimental effects for the growth and development of the unborn baby, the health of the mother and can cause serious pregnancy-related health problems, including complications during labour, an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Encouraging pregnant women to stop smoking during pregnancy may also help them quit in the long term, which would provide health benefits for the mother and reduce exposure to secondhand smoke for the infant as he/she grows.
- 3.7 In the 2021/22, 8.9% of pregnant women in Manchester were known to be smokers at the time of delivery (SATOD). This is a significant reduction compared with 2010/11, when 14.4% of pregnant women in the city were known to be smokers at the time of delivery. In 2021/22, the percentage of pregnant women known to be smokers at the time of delivery in Manchester was not statistically significantly higher than the average for England as a whole (9.1%).

Percentage of pregnant women known to be smokers at the time of delivery:



- 3.8 The impact of persistently high rates of smoking among adults in Manchester can be seen in the rate of hospital admissions and deaths attributable to smoking. In 2019/20, there were 4,393 hospital admissions attributable to smoking in Manchester - a rate of 2,422 admissions per 100,000 population compared with the England average rate of 1,398 admissions per 100,000.
- 3.9 The most recent set of data (for the three year period 2017-2019) shows that around 637 deaths each year can be attributed to smoking. This is equivalent to a rate of 389 deaths attributable to smoking per 100,000 population. This compares with a rate of 202 deaths attributable to smoking per 100,000 population across England as a whole. The rate of smoking attributable mortality in Manchester is the highest of any local authority in the North West region and the second highest in England (behind Kingston upon Hull).
- 3.10 Smoking costs the NHS and social care sector millions of pounds each year in direct costs. It also places a burden on the economy in various ways, for example, in lost earnings, unemployment caused by ill health and premature death. Action on Smoking in Health (ASH) research suggests that being a smoker is associated with a 7.5% lower probability of being employed and about £1,424 lower earnings a year. Government estimates suggest that each lung cancer case costs society £360,000 from lost productivity, morbidity and mortality. This impact is amplified in Manchester because a greater percentage of our adults smoke compared to many more affluent areas.

- 3.11 ASH estimates that smoking causes a £897 million productivity loss in Greater Manchester, compared to a £191 million in Cambridge and Peterborough.
- 3.12 These cycles of deprivation, poor health and further deprivation, could be addressed to a significant degree, on a personal and city level by reducing smoking rates.
- 3.13 There are limitations in data collection about the extent and types of other tobacco usage because questions about such are not routinely asked or recorded in NHS settings. Work is underway with colleagues in primary and secondary care in Manchester to try to address this situation and to ensure that questions about Shisha use and other forms of tobacco use are asked by health professionals. What is unequivocal, is that Manchester City Council enforcement teams regularly enforce the Health Act 2006 in Shisha Cafes in the city to stop indoor Shisha smoking, which is illegal and hazardous to the health of the smoker, staff and other people in the cafes. (Appendix 1).

4. Vaping in Manchester

- 4.1 Nationally, data collected as part of the [Smoking Toolkit Study \(STS\)](#) run by University College London (UCL), suggests that the use of e-cigarettes in adults has increased gradually since 2020, especially among young adults. E-cigarette use by people who have never smoked cigarettes has increased since 2021 but remains relatively rare (<2%) while use among long-term ex-smokers has continued to grow since 2013. E-cigarette use in smokers and recent ex-smokers plateaued between 2013 and 2020 but has grown since. Around half of e-cigarette users are 'dual users' (i.e. they also smoke cigarettes). E-cigarette use for quitting has declined from a peak in 2016 through to 2020 but has grown recently. The growth in e-cigarette/vaping as a quitting method has been accompanied by a reduction in use of licensed Nicotine products and prescription medication,
- 4.2 Youth vaping is thought to have tripled in the last three years, with one in five children having now used a vape. An ASH survey 2023 found that 20.5% of children (aged 11 and 17) had tried vaping, up from 15.8% in 2022, and 13.9% in 2020.
- 4.3 It is difficult to pinpoint exactly when vaping became popular in the UK. It has certainly been a phenomenon in Manchester for at least six years. Although views about the risks and harms associated with vaping remain polarized and sometimes confused, what is clear is that if you are a habitual smoker, vaping as an alternative to smoking tobacco will reduce the smokers risk of health harm. Vaping is a "harm reduction" intervention *only* recommended as a treatment option only for existing smokers. Rechargeable vapes/electronic cigarettes are supplied to some clients in a supervised and evidence based way, by our community Stop Smoking Service, Be Smoke Free.
- 4.4 A significant number of vaping companies are owned by tobacco companies. Marketing appears to have been effective and is widespread. Vaping products are sold openly in many retail settings and often has highly attractive branding.

There are concerns that the marketing makes vaping attractive to children, young people and non smokers, as well as those who may benefit, i.e. smokers trying to “quit”.

- 4.5 Had vaping been confined to people trying to give up smoking, the issues posed by this activity now would be quite different. However, unfortunately some adults who were not smokers now vape and most worryingly, a significant number of young people vape, despite the fact that selling or supplying an electronic cigarette/vaping products to someone aged under 18 is illegal. It is regrettable that an intervention and device which could have helped many smokers has been misused and now causes a range of health and social problems.
- 4.6 The Chief Medical Officer has highlighted youth vaping as a concern and this certainly echoes intelligence from partners in Manchester, e.g. our Trading Standards Team, the Healthy Schools Team and the Young Persons Substance Misuse Team. Although much less harmful than smoking or using tobacco, there is evidence suggesting that in adolescence the brain is more sensitive to the risks of Nicotine, posing additional risks to children and young people who vape.(1)
- 4.7 Vaping liquids also contain Propylene Glycol and Glycerine which can produce toxic compounds if overheated in a vaping device. The long term health harms are as yet unclear. Furthermore, the long term health harms of colours and flavours added to this mix of Glycerine and Propylene Glycol are unknown. It is for this reason too, that government departments, NICE guidance, the NHS and Public Health system nationally and in Manchester have repeatedly advised that vaping should only be used as a short to medium term way of stopping smoking.

Youth Vaping in Manchester:

- 4.8 Youth vaping is now common in the UK and many other countries. Intelligence from our Trading Standards Team, who conduct investigations into underage sales with regard to tobacco and vaping, indicates that the trade in counterfeit, non compliant vaping and disposable vaping devices is often aimed or accessible to children and young people. It is evident that some counterfeit devices and vaping liquids contain concentrations of Nicotine far higher than is legally allowed. This makes those devices even more addictive to the people who use them.
- 4.9 The government’s recent youth vaping “call for evidence” found that vape use among children is still increasing with corner shops cited as the most frequent place of purchase. Children and young children often use disposable vapes, some of which are priced as low as £3 each. Intelligence in Manchester indicates that much of the counterfeit market is linked to disposable vapes.
- 4.10 Reports to the Manchester Tobacco Control Alliance about problems of youth vaping in schools led us to establish a dedicated Youth Vaping workstream within our Tobacco Control Programme.

- 4.11 The Manchester Tobacco Alliance and Programme Lead have always worked strategically with system colleagues from the combined authority, the Office for Health Improvement and Disparities (OHID), academics and NHS providers. The same approach has been taken with emerging vaping issues. The Department of Public Health, Manchester City Council and NHS colleagues are part of a “Vaping Task Group” set up by the OHID Northwest. This group will produce a North West Schools Vaping Framework, designed to help, guide and support schools and other organisations in developing their own vaping policies for children and young people which are consistent and clear. The group will respond and advise as evidence emerges and best practice is established.
- 4.12 A Manchester multi-agency Vaping Task Group was established in February 2023 to better understand the challenges and issues around children and young people vaping in Manchester specifically. The group has led the development of a training package for professionals working with children and young people in the city. The training will initially target key front-line professionals with delivery to commence in November 2023.
- 4.13 A recent phenomenon in Manchester is that children, young people and adults have presented to our Stop Smoking Service, the Healthy Schools Service and our Substance Misuse Service for help to give up vaping because they have become addicted to Nicotine. At the present time, relevant teams and professionals in Public Health and its commissioned services, are working to develop appropriate, new, treatment pathways.
- 4.14 Manchester City Council has been receiving requests for permission to hand out various types of free Nicotine products, including vaping devices, for a number of years. Because of the relationship the Department of Public Health has with other council teams, namely Licensing and Event Planning teams, it has been possible to collectively decline requests to hand out Nicotine pouches, products and vaping devices on shopping thoroughfares in Manchester and at events.
- 4.15 The Department of Public Health recently initiated a piece of work with colleagues in the city council to explore the potential to limit what vaping and gambling products were advertised around the city. Partners were keen to set up an “*ethical advertising*” group to look at what can be controlled or influenced in advertising terms. This reflects our focus on limiting the advertisement of products which harm Manchester residents. In the past month a company advertising brightly coloured, attractive looking vaping devices at various sites in the city agreed to remove this advert.

Counterfeit and Illegal Vape Sales in Manchester

- 4.16 For many years, the Trading Standards Team in Manchester have been pivotal to our Tobacco Control work, enforcing Tobacco Control Legislation, investigating underage sales and combatting the trade in illicit tobacco; which not only sells tobacco cheaply so that people stay addicted, but funds

organised crime. This expertise has been needed to deal with developing crime associated with vaping.

- 4.17 The popularity of vaping has been seized upon by businesses who do not operate within the confines of the law and current regulation. There is now a huge market in counterfeit vaping devices in Manchester and is one of the biggest areas of work for the council's Trading Standard's Team. (Appendix 1)
- 4.18 Our Trading Standards team have been flagging issues around what would appear to be marketing aimed at children for several years. In Manchester, the significant counterfeit vaping market tends to revolve around disposable vaping devices which are made from plastic, are not usually recycled, are often dropped as litter, have considerable environmental impact and are in some cases are a fire risk. Banning disposable vapes is a key proposal in the Command Paper and one which the Director of Public Health and his team support.
- 4.19 The vapes which are seized by Trading Standards Officers often have a tank size in excess of the permitted 2 millilitres. They often contain many multiples of the permitted concentration of Nicotine, making them very highly addictive. Illegal vapes are often sold to children by non compliant traders.
- 4.20 Some years ago Trading Standards Officers typically found non compliant and illegal vapes on open sale because traders were not aware of relevant regulations. More recently, the use of Detection Dogs, for example, have resulted in Officers finding stocks of vapes, deliberately hidden in such a way, as to suggest that traders knew they are illegal products.

5. The Current Manchester Tobacco Control and Vaping Programme

- 5.1 The Manchester Plan for Tobacco Control adopts the World Health Organization (WHO) Framework Convention on Tobacco Control as stated above. The programme is governed by the multi-agency Tobacco Alliance, established in 2016 by the Director of Public Health.
- 5.2 The Department of Public Health works with a wide range of partners because WHO framework is based on an understanding that tobacco control (i.e. reducing smoking) is fundamentally about "supply and demand" principles. Operationally, this translates to the prevention of intergenerational smoking, protection from exposure to smoke in all kinds of enclosed spaces, including homes and cars, and this protection must extend to the unborn child. It is important to denormalise smoking in outdoor public places too, in order to support people trying to stop smoking, but also to positively role model to children and young people. The work of our enforcement partners in Manchester City Council's Trading Standards and Licensing and Out of Hours Teams is absolutely invaluable alongside other health based work.
- 5.3 In recent years, our Tobacco Control programme has responded to emerging issues very effectively. The programme has been proactive and anticipated issues early. The issues around vaping have been a clear example of this, as

our network of partners in schools, services and enforcement flagged issues around Nicotine addiction, non smokers vaping, youth vaping, counterfeit and illegal sales, marketing to children etc some time ago. Manchester has been at the forefront of work with partners in Greater Manchester NHS, the Office of Health Improvement and Disparities North West (OHID) and providers such as Change, Grow, Live (CGL), to respond to these emerging issues.

- 5.4 In April 2020, Manchester City Council launched Be Smoke Free, which is “gold standard”, nurse led Specialist Stop Smoking Service. This service has been a success. Helping Manchester smokers to stop is at the heart of our Tobacco Control programme and our service responds dynamically to the needs of Manchester communities and NHS partner programmes.
- 5.5 Manchester is working towards becoming a Child Friendly City adopting the “The United Nations Convention on the Rights of the Child” (UNCRC) as a framework. As part of the ‘Discovery’ stage the council has been consulting and listening to young people about what is important to them in order to make Manchester a more child and young person friendly city. There has been a reoccurring reference to the need to reduce people smoking around young people, especially in public spaces such as parks and outside community facilities such as libraries. Vaping also features as a concern for young people who feel that it is far too easy for young people to access vapes. Young people themselves have called for stricter retail laws and enforcement!
- 5.6 An overview of workstreams which make up our Tobacco Control Programme, as well as recent summary of enforcement activity is summarised in Appendix 1.
- 6. Stopping the Start: our new plan to create a smokefree generation; a Manchester response**
 - 6.1 The measures proposed in the Command Paper, *Stopping the start: our new plan to create a smokefree generation*, resonate strongly with our ambitions for Tobacco Control work in Manchester as described in this report and Appendix 1.
 - 6.2 The Director of Public Health has worked with the Programme Lead for Tobacco Control to collate a Manchester response to the proposals contained within the Command Paper. These are set out in section 6.4 and the Health and Wellbeing Board are asked to comment on each of them. Pending any additions and changes suggested by the Board, the Chair, supported by the Director of Public Health, will submit the formal response to the consultation on behalf of the Board by 6th December 2023.
 - 6.3 It is envisaged that the content of this response will inform responses by the respective partner organisations represented on the Board and other groups and networks. This would include VCSE groups and Clinical Networks.

The Proposed Manchester Response

6.4 The initial summary responses are provided below to each:

- i) **Command Paper Proposal: Bring forward legislation that will ensure that children turning 14 or younger will never legally be sold tobacco**

Proposed Manchester Response: We fully support this proposal, which has been successfully introduced in New Zealand. We will be dependent on Trading Standards colleagues to enforce any new legislation, but the team in Manchester are well practiced in doing so (Appendix 1) and are a strong partner in our Tobacco Alliance. Any enforcement work will be supplemented by education and prevention work with partners in schools, by our smoking in pregnancy work, our multi-agency Smoke Free Homes and Families project and the fact that our community Stop Smoking Service can treat anyone who is already addicted to smoking, from the age of 12 upwards.

- ii) **Command Paper Proposal: To increase investment in stop smoking services**

Proposed Manchester Response: The *indicative* additional annual allocation for Manchester is £909,515, commencing 2024/25 until 2028/29.

Be Smoke Free, our Specialist Stop Smoking Service is a high performing service, however, this service was funded and commissioned to see 5% of the adult smoking population in Manchester annually, (as per NICE guidance (NG 209)). At the present time, the service is in need of further investment in order to expand provision to support Swap to Stop, focussed work in areas of high smoking prevalence and requests to take referrals from secondary care programmes such as CURE and Lung Health Checks, mental health inpatient units. The existing funding envelope is now limiting expansion of the service. We therefore welcome proposed new investment.

- iii) **Command Paper Proposal: To support the use of vaping devices for existing tobacco smokers who wish to stop. The Swap to Stop scheme will provide up to one million free vapes in England (in conjunction with local services)**

Proposed Manchester Response: We welcome this scheme and the Department of Public Health will be submitting a bid.

Our Stop Smoking Service, Be Smoke Free, have been providing free rechargeable vaping devices to some clients since early 2022 because of a persistent national shortage in a stop smoking medication called Varenicline. For those clients for whom other medication had not adequately helped with Nicotine withdrawal symptoms, vaping devices were provided, alongside a twelve week course of support. (N.B. Nicotine levels in vaping devices are titrated down during this period).

This intervention has proved very popular and very helpful for many Manchester smokers.

“Swap to Stop” will enable us to scale up this treatment option. We initially intend to pilot the work in an area of Manchester which has particularly poor smoking related health outcomes working in conjunction with local social housing providers, the Manchester Local Care Organisation and local GP Practices to help us to identify smokers to refer onto the scheme.

iv) **Command Paper Proposal: A suite of measures to protect and discourage children from vaping.**

Proposed Manchester Response: The UK has relatively little regulation around the sale of electronic cigarettes and vaping products generally. The government have looked at practice in other countries and learned from that. Although the measures proposed in the Command Paper are not as far reaching as in some countries, we do welcome the proposed new measures which will improve the current situation we believe and which do certainly respond to the intelligence that the government and Public Health systems have about youth vaping. In terms of the widespread advertising and promotion of vaping products, we would like this marketing to be brought into line with tobacco regulation. At a local level we are trying to limit vaping advertising but powers to do so are limited.

In the last twelve to eighteen months, the Director of Public Health and his team in Manchester have regularly received intelligence, anecdotal reports, concerns and frankly disturbing reports about youth vaping, illegal sales, marketing at children, sales to children and the counterfeit vaping market. We have been reporting these concerns back to our partners at OHID, discussing with various partners clinical, enforcement and otherwise and made the decision to set up a Youth Vaping Project in early 2023, as outlined in section 4 above.

We already feel that we have made some progress in Manchester with regard to treatment pathways, training for professionals, education for children and enforcement. However, we do need more tools as Public Health practitioners and enforcers and believe that those proposed will help significantly. We have the professional networks and experience to quickly implement any changes.

7. Recommendations

7.1 The Board is asked to:

- (1) Note the report.
- (2) To agree that the Chair, supported by the Director of Public Health, responds formally to the consultation on behalf of the Manchester Health and Wellbeing set out in section 6.4.

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Appendix 1: Overview of Tobacco Control and Vaping Work in Manchester

<p>The Manchester Tobacco Control Programme is governed by the Manchester Multi-Agency Tobacco Alliance, which reports to the Manchester Health and Wellbeing Board. The Programme is overseen by the Director of Public Health, the Tobacco Alliance is chaired by an Assistant Director of Public Health. The programme has a Programme Lead and Project Manager.</p>
<p>Prevention and Denormalisation of Tobacco and Non Recommended Vaping:</p>
<p>Prevention and treatment of smoking in pregnancy through Tobacco Control and Reducing Infant Mortality Programmes. Partnership with Greater Manchester NHS and Manchester University NHS Foundation Trust (MFT) who deliver the maternity based Specialist Stop Smoking Service</p>
<p>Smoke Free Homes and Families: A new programme, building on previous learning. To be led by the Public Health Tobacco Control Lead in partnership with other agencies such as academics, the Manchester Local Care Organisation Healthy Lungs Programmes, Social Housing Providers and latterly the Child Friendly Manchester Team</p>
<p>Smoke Free Spaces: Department of Public Health Tobacco Programme, Neighbourhood Services GMNHS, the Mayfield Partnership and the Partnership for Healthy Cities Programme to deliver Manchester's first "smoke and vaping free" park at Mayfield in May 2023. We plan to explore further sites to become smoke and vaping free to support positive role modelling and health environments for children and adults</p>
<p>Proposed Research Project with Manchester University to observe smoking and vaping related behaviours in a location(s) (to be confirmed) in Manchester. This work is at an early stage and is subject to ethics and funding approval, but may give us valuable insight for future behaviour change and smoke free spaces work</p>
<p>All Table and Chairs Licences granted in Manchester are smoke free so that we have Smoke Free Pavements outside licensed premises</p>
<p>Ethical Advertising work initiated to try to limit vaping and gambling product advertising around the city of Manchester</p>
<p>The Manchester Youth Vaping Project began in early 2023 and is led by a dedicated Project Manager. This is a multi-agency group, including partners from the Tobacco Alliance. With our provider Change, Grow, Live we have developed a training course for professionals and carers of children. The project will develop. It also links to the OHID North West Youth Vaping Project</p>
<p>Treatment:</p>
<p>Be Smoke Free Service: Manchester City Council (Department of Public Health) commissions a nurse led, Specialist Stop Smoking Service specified to and exceeding NICE guidance (NG209). Our service offers treatment to any Manchester smoker aged 12 or over. The service offers a free, 12 week supply of Nicotine Replacement Therapy, rechargeable vaping device and Bupropion (based on clinical assesment) alongside a course of one to one psychological motivational support. The service has recently linked to Manchester Active to promote "Physical Exercise on Referral" and other physical activity options to clients to support and boost smokers' physical and mental health as they try to "quit"</p>
<p>Our Stop Smoking Service and Substance Misuse Service provider, Change, Grow, Live (CGL) and Public Health are working together to consider pathways and treatment options for adults who have unintentionally become addicted to vaping (i.e. Nicotine).</p>

The Department of Public Health will submit a bid for the Swap to Stop scheme
New project underway to work more closely with Neighbourhood Teams, Manchester Local Care Organisation and for the first time, Northwards and other social housing providers to try to engage smokers that we haven't reached before for treatment. Swap To Stop will be part of this. We will pilot in Miles Platting and Newton Health to test concept initially
The Department of Public Health connects to and has detailed knowledge of NHS tobacco dependency programmes i.e. CURE, Lung Health Checks, the Smoking in Pregnancy Service, Mental Health Inpatient smoking cessation, CURE Advanced Pharmacy Scheme
The Department of Public Health is currently working with providers to try to improve identification of people and data collection linked to other forms of tobacco, particularly Shisha. This is because we believe that Shisha smokers may not identify as "smokers" and therefore not be advised appropriately, or offered treatment.
Enforcement Activity:
Illicit tobacco and the sale of counterfeit and illicit cigarettes are a significant problem in the UK. Manchester is believed to be a hub as this trade is linked to counterfeit, illicit and serious organised crime. Manchester City Council Trading Standards Team are at the forefront of investigations, seizures and enforcement action alongside other agencies, such as HMRC.
Trading Standards investigate and enforce against underage sale of tobacco
Trading Standards team currently cite work to combat the counterfeit and illegal sale of vaping devices to be one of their biggest areas of work. Many thousands of illegal devices are being seized on a weekly basis. This work can be dangerous and Officers have often to be accompanied by Greater Manchester Police such is the value to criminals of this trade
Trading Standards investigate and enforce against underage vape sales
The Licensing and Out of Hours Team of Manchester City Council carry out regular inspections of Shisha cafes who very often operate in breach of the Health Act. Officers give Public Health Advice, fine users and may take legal action against business owners. Also a significant problem in the city
Tobacco littering is major problem in Manchester. As well as the visible nuisance, tobacco litter is a major source of microplastic pollution as cigarette waste enters waterways and soil poisoning the environment and wildlife. Council Waste and Recycling teams consistently work to combat this issue in innovative ways
Waste and Recycling Teams who deal with tobacco litter now also have to deal with littering generated not only from disposable, plastic vaping devices, but also the packaging they come in. Some devices also present a fire risk

Trading Standards Vaping Operations by Manchester City Council Trading Standards Team

i) Non Compliant/ counterfeit vaping device seizure figures by calendar year:

Legislation Used: *Tobacco and Related Products Regulations 2016.*

2021 – 0

2022 – 13690

2023 (year to date i.e. October 2023) : **153,565**

No prosecutions to date.

ii) Sales to Under 18s

Legislation Used: *Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015.*

Test purchases for vapes to our young volunteers for 22/23 and 23/24

22/23 – 7 sales

23/24 – 10 sales

One prosecution with a £440 fine and costs of £814.

Shisha Cafes

Ownership and management changes frequently, but at anyone time there are around thirty shisha cafes operating in the city. Public Health, Manchester City Council (MCC) Licensing and Out of Hours teams, MCC Planning Department and other agencies, such as Greater Manchester Police inspect and enforce these premises to keep the public and staff safe. One of the most significant breaches is indoor smoking.

Licensing and Out of Hours Summary of Activity October 2021 - October 2023:

Section 8 (1) of the Health Act 2006: (Offence of failing to prevent smoking in smoke-free place.figures from previous 2 years):

7 seizures

1 successful prosecution - hearing date 13/07/23

1 prosecution submitted 28/04/22 awaiting hearing date

1 prosecution submitted 09/08/23 awaiting hearing date

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