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MANCHESTER
CITY COUNCIL

Health Scrutiny Committee

Date: Tuesday, 16 July 2019
Time: 2.00 pm
Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 1.30pm in Committee Room 6 (Room 2006), 2nd Floor of Town Hall Extension

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Curley, Holt, Mary Monaghan, Newman, Riasat, Watson and Wills

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 5 - 10
To approve as a correct record the minutes of the meeting held on 18 June 2019 .

5. [2.00-2.30] Discussion item: Menopause Awareness
The Committee have invited Veronica Hyde, Member of the British Menopause Society to discuss menopause awareness.

6. [2.30-3.00] To Age Friendly Manchester and Health Services - To follow

7. [3.00-3.30] Manchester Health and Care Commissioning Cancer Improvement Programme 11 - 28
Report of the Manchester Cancer Commissioning Manager, MHCC, Director of Population Health, MHCC, Director of Performance and Quality Improvement, MHCC

This paper describes the current overview of cancer services across Manchester, including commissioning arrangements, and outlines the proposed Cancer Improvement Programme for Manchester Health and Care Commissioning (MHCC). The paper also highlights those workstreams contributing to the delivery of the NHS Long Term Plan requirements and the recommended priority areas for 2019/20 and 2020/21.

8. [3.30-3.50] Recommendations of the Public Health Task and Finish Group 29 - 68
Report of Director of Public Health, Manchester City Council / Director of Population Health, Manchester Health and Care Commissioning

The Health Scrutiny Committee considered and agreed the recommendations from the Public Health Task and Finish Group in December 2018. This report provides an update to the Committee on the implementation of the recommendations.

9. [3.50-4.00] Overview Report 69 - 80
Report of the Governance and Scrutiny Support Unit

This report includes a summary of key decisions that are within the Committee's remit as well as an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked to amend or agree as appropriate.

The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission (CQC) within Manchester since the Health Scrutiny Committee last met.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

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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, 8 July 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 18 June 2019

Present:
Councillor Farrell – in the Chair
Councillors Curley, Holt, Mary Monaghan, Newman, Riasat, Watson and Wills

Councillor Craig, Executive Member for Adults, Health and Wellbeing
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning (MHCC)
Michelle Irvine, Director of Performance and Quality Improvement, MHCC and Trafford Clinical Commissioning Group (CCG)

HSC/19/16 Urgent Business

A Member requested that a briefing note be circulated to the Committee that provided an update on the response to the recent reports in the media that six people had been diagnosed with a serious Listeria infection between April 25 and May 15 that had resulted in the death of two people at Manchester Royal Infirmary.

Decision

To request that a briefing note from the Director of Population Health and Wellbeing be circulated to Members that provides an update on the response to the recent Listeria outbreak.

HSC/19/17 Minutes

Decision

To approve the minutes of the meeting held on 5 March 2019 as a correct record.

HSC/19/18 Delivering the Our Manchester Strategy

The Committee considered the report of the Executive Member for Adults, Health and Well Being, which provided an overview of work undertaken and progress towards the delivery of the Council's priorities, as set out in the Our Manchester strategy, for those areas within her portfolio.

Members welcomed the report and commented that it was presented in a coherent manner and demonstrated that the Executive Member had a good command of her portfolio. The Member stated that this gave the Committee great confidence.

A Member noted that she welcomed the introduction of a city wide smoking cessation service that would go live in October of this year and would welcome further information on this service.

A Member commented that it was important that the support offered to people with Autism or other Learning Disabilities was available to those individuals who had been engaged with the judicial system to ensure that the correct levels of support were offered. The Executive Member for Adults, Health and Well Being acknowledgement this comment.

The Executive Member for Adults, Health and Well Being stated that the Autism Friendly Strategy had been launched across Greater Manchester and that it had been co designed to examine a wide variety of areas such as access to services; community support; health and care support, employment and transition. She described that the Manchester Autism Board had been developed to look at the specifics of this in a Manchester context and the work of this Board would inform future commissioning. She informed the Committee that a Joint Strategic Needs Assessment was being undertaken and the findings of this would be shared with the Committee at an appropriate time.

A Member commented that when the report on Autism and Learning Disability was scheduled for consideration by the Committee, Learning Disabled citizens, family and carers should be invited to the meeting to partake and inform the discussions. The Committee endorsed this recommendation.

In response to comments regarding Neighbourhood Teams and Neighbourhood working the Executive Member for Adults, Health and Well Being described that challenges had been experienced due to the different, and often changing ‘foot print’ that each partner had, and the challenge this presented to bringing services together. However, whilst this and other challenges around IT systems, data sharing and recruitment had resulted in a delay to the implementation of Neighbourhood Teams the commitment remained amongst all partners to work together to reduce health service variation and improve outcomes for the residents of Manchester, noting the positive impact that was being realised in North Manchester where this model had been introduced.

Members commented that feedback and lessons learnt from North Manchester experience should be shared across all teams to support them as they developed.

The Executive Member for Adults, Health and Well Being stated that the ambition to connect services across Health and Social Care needed to be a broader, system wide approach and commented that this agenda needed to be included and considered across all directorates when panning services.

In regard to staffing within Neighbourhood Teams and the need for local knowledge the Executive Member for Adults, Health and Well Being said that wherever possible staff had been recruited who had an experience and/or knowledge of the local community and neighbourhood in which they would be working.

The Executive Member for Adults, Health and Well Being further acknowledged a comment regarding the commitment to be a Carbon Free City and the need to ensure this was a key priority, stating that there was a strand of work to address this that included sustainable travel commitments for example.

In response to comments from Members regarding the services that would be provided in respective Neighbourhood Teams, the Executive Member for Adults, Health and Well Being said that the Health Plans for each ward were to be shared with Members in July and this would contain a directory of services and contact details. She further described that work was ongoing to produce infographics to explain services and how they related to each other within the new teams.

The Committee further welcomed the inclusion of Social Value in the Commissioning arrangements that were described within the report.

A Member requested that an update on the Mayor of Greater Manchester commitment given in 2018 to be part of the Fast-Track Cities Network to end all new transmissions of HIV within a generation. The Executive Member for Adults, Health and Well Being stated that the Committee may wish to consider a report on this at an appropriate time and that colleagues from Greater Manchester be invited to the meeting.

Decisions

The Committee

1. Notes the report.

2. Recommends that when the report on Autism and Learning Disability is scheduled for consideration by the Committee, Learning Disabled citizens, family and carers should be invited to the meeting to partake and inform the discussions.

3. That a report be included on the Committee's work programme for consideration at an appropriate time that provides an update on the work to be part of the Fast-Track Cities Network to end all new transmissions of HIV within a generation.

HSC/19/19 Adult Social Care Improvement Programme

The Committee considered the report of the Executive Director Adult Social Services that provided an overview of the Adult Social Care Improvement Programme, including progress to date and upcoming priorities.

The Executive Director Adult Social Services referred to the main points of the report which were: -

- Providing a background and context for the design of the Adult Social Care Improvement Programme, noting that the plan set out the complex, ambitious set of reforms that were needed to integrate services for residents;
- Detailed information on the various workstreams developed in response to the outcomes of diagnostic work;
- Information on the Governance and monitoring arrangements;
- Resourcing and budget arrangements; and
- Progress to date and upcoming priorities.

A Member requested that the information that was provided to the Performance Board that was referred to within the report was also shared with the Health Scrutiny Committee, commenting that this would enable the Committee to adequately scrutinise improvements and performance. The Executive Director Adult Social Services confirmed that this would be shared with the Committee and would include information on the agreed reporting metrics. The Executive Member for Adults, Health and Well Being commented that she would welcome the continued challenge from the Committee regarding this important area of work.

A Member commented that whilst she acknowledged the reported roll out of the LiquidLogic system to support the strengths based approach to citizen's assessment and support planning, this should not replace face to face conversations, stating that these were very important. The Executive Director Adult Social Services acknowledged this comment and sated that examples of how this approach would be used would be provided to the Committee.

The Executive Director Adult Social Services further commented that the feedback from staff on the strengths based conversations / approach had been very positive and well received as a model, and work was currently underway to collate case studies and this would be shared with the Committee. She acknowledged that challenges had arisen around IT systems and data sharing, however this continued to be addressed.

The Executive Director Adult Social Services clarified that the recruitment of the 9 Social Worker Managers was in addition to the 3 that had already been appointed. In response to a Members' comments regarding a specific incident relating to falls in the home she said she would discuss the specific case with the Member outside of the meeting, commenting that reflective learning was important.

In response to reservations expressed by a Member regarding the use of assistive technology, especially for older residents, the Executive Member for Adults, Health and Well Being provided examples of how this could be used to support individuals and assist health professionals manage health conditions and manage risk in a non-intrusive manner. She stated that assistive technology was designed to assist health care and not replace health professionals. The Chair noted that a report on Assistive Technology and Adult Social Care was listed on the Committee's Work Programme.

The Executive Member for Adults, Health and Well Being responded to a comment from a Member by committing to providing information on how this area of work contributed to the Manchester Strategy outcome of a 'liveable and low carbon city'. She also informed the Committee that future funding arrangements for Adult Social Care would form part of the overall Council's budget considerations and decisions, noting that publication of the Governments Social Care Green Paper had been delayed again with no indication as to when this would be released.

A Member commented that she welcomed the upcoming priority listed for the development of more effective integrated hospital discharge services, noting that this was very important to assist people in their recovery and to help them maintain living in their own home. The Executive Director Adult Social Services acknowledged this comment stating that the Manchester Local Care Organisation would work in a

multidisciplinary team model to prevent people from being admitted to hospital in the first instance by coordinating care and services in an effective manner.

Decision

To note the report.

HSC/19/20 Stroke Services – Quality and Performance update

The Committee considered the report of the Director of Performance and Quality Improvement, MHCC and Trafford CCG that provided information on the new centralised model of stroke services that had been implemented across Greater Manchester in 2015. The paper outlined the positive impact this had for the people of Greater Manchester and focused on the city of Manchester provider units at Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital.

The Director of Performance and Quality Improvement referred to the main points of the report which were: -

- Providing a background and context to the stroke services in Manchester;
- Information and data on National Stroke Quality Performance, noting that performance and quality of stroke services were measured nationally by the Sentinel Stroke National Audit Programme; and
- Data on current Stroke Unit Quality and Performance.

The Committee noted and welcomed the reported improvements in the services delivered to patients who experienced a stroke and acknowledged the comment made by the Director of Performance and Quality Improvement who stated that improvements had been achieved, in part by the delivery of the Single Hospital Service. The Chair commented that improvements would further be realised once North Manchester General Hospital, currently part of Pennine Acute Hospitals NHS Trust was transferred into Manchester University NHS Foundation Trust.

The Director of Performance and Quality Improvement informed the Committee that performance at North Manchester General Hospital continued to be monitored and reviewed, and Members welcomed the reported A rating for the Hyper Acute Stroke Unit in North Manchester.

The Director of Performance and Quality Improvement stated that challenges in performance could be attributed to winter pressures. She advised that whilst every attempt was made to protect stroke beds this was not always possible. The Chair described his experience of the difference in care received on a general ward compared to a specialist stroke ward within the same hospital.

A Member commented that to assess the performance and impact of the service it would be useful to have received comparative mortality figures. The Director of Performance and Quality Improvement stated that this would be circulated to the Committee.

In response to Members questions regarding the 48-hour window and appropriate care pathways following an initial stroke episode, the Director of Performance and Quality Improvement stated that this was based on clinical evidence.

Decisions

1. To note the report.

2. To recommend that the Director of Performance and Quality Improvement circulate to Members the comparative mortality figures relating to strokes.

HSC/19/21 Quality Accounts 2018/19

The Committee considered the report of the Governance and Scrutiny Support Unit that provided the responses to the draft Quality Accounts provided by the Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust.

The draft Quality Accounts had been circulated to Members for comment and a response had been drafted by the Chair.

Decision

To note the responses that had been submitted to the respective Trusts.

HSC/19/22 Overview Report

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

In relation to the reported Care Quality Commission inspections, a Member asked if when inspecting GP practices, did they consulted the relevant Patient Participation Groups. The Director of Corporate Affairs, Manchester Health and Care Commissioning advised that he would make enquiries with the relevant Primary Care Commissioning Team to enquire which Practices had an established Patient Participation Group and a note would be provided to the Member.

A Member requested that the report scheduled for the July meeting, entitled 'Age Friendly Manchester and Health Services' included information specific to the Local Care Organisation and Manchester Health and Care Commissioning.

Decision

To note the report and approve the work programme subject to the amendments above.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 16 July 2019

Subject: Manchester Health and Care Commissioning Cancer Improvement Programme

Report of: Manchester Cancer Commissioning Manager, MHCC
Director of Population Health, MHCC
Director of Performance and Quality Improvement, MHCC

Summary

This paper describes the current overview of cancer services across Manchester, including commissioning arrangements, and outlines the proposed Cancer Improvement Programme for Manchester Health and Care Commissioning (MHCC). The paper also highlights those workstreams contributing to the delivery of the NHS Long Term Plan requirements and the recommended priority areas for 2019/20 and 2020/21 including:

- Early Detection of Cancer through improving uptake to national cancer screening programmes and expansion of lung health checks across the city.
- Faster Diagnosis through the implementation of best practice pathways.
- Achievement of Cancer Waiting Times Standards.

This proposed work plan will help to:

i. Improve the health and wellbeing of people in Manchester.
ii. Strengthen social determinants of health and promote healthy lifestyles.
iii. Ensure services are safe, equitable and of a high standard with less variation.
iv. Enable people to be active partners in their health and wellbeing.
v. Achieve a sustainable system.
vi. Avoid the risk of non-compliance with national requirements for cancer service delivery.

Recommendations

The Committee are asked to:

- Note the content of this report;
- Note the national requirements for cancer from the NHS Long Term Plan; and
- Comment on the suggested priority areas and workstreams.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	Developing and recruiting locally to health and care roles in cancer services will benefit residents
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Improving health outcomes in relation to cancer will reduce health inequalities
A liveable and low carbon city: a destination of choice to live, visit, work	Cancer prevention activities have positive environmental benefits e.g. physical activity/active travel
A connected city: world class infrastructure and connectivity to drive growth	Manchester has world class cancer treatment and research facilities that continue to attract investment

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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.

None

1. Introduction and Background

1.1 The breadth and scope of the cancer agenda is momentous, affecting all ages and throughout the health and care pathway from prevention, through diagnosis, treatment, living with and beyond cancer, palliative care, and bereavement.

1.2 Cancer incidence and deaths from cancer (cancer mortality) are higher in Manchester than the national average, with survival rates lower than the Greater Manchester average.

1.3 Well-being and supportive services are needed to help Manchester residents make good lifestyle choices to prevent cancer, as well as other cardiovascular and respiratory long term conditions.

1.4 The uptake of national cancer screening programmes is low and emergency presentations are high. Improvement in these areas will help to increase the proportion of patients diagnosed at early stage and improve cancer survival.

1.5 Cancer workload is increasing with more referrals for suspected cancer, complex treatments and more patients requiring support after diagnosis. Meeting this increasing demand requires stronger collaboration between commissioners and providers.

1.6 Cancer survival is improving in Manchester due to better treatments and multi-disciplinary team (MDT) working; cancer can be considered a long-term condition for many people.

1.7 More people living with and beyond their cancer diagnosis means that patients require on-going support for their condition. Commissioning new models of aftercare will mean that patients are supported to self-manage and sign posted to additional services without the need for routine hospital visits.

1.8 MHCC have built on the work of the Macmillan Cancer Improvement Partnership (MCIP) in Manchester by commissioning lung health check and screening service in North Manchester, developing a new model of aftercare for patients with breast cancer, and strengthening the primary care cancer standards.

1.9 The purpose of the paper is to describe the proposed Cancer Improvement Programme for MHCC:

- providing a comprehensive overview of cancer programmes and services in Manchester;
- highlighting those workstreams contributing to the delivery of the NHS Long Term Plan and Operational Planning Guidance requirements;
- clarifying MHCC role in delivery of each workstream;
- indicating the resource required to deliver each workstream;
- highlighting the likely financial implications for each workstream;

- providing an indication of priority across the cancer commissioning agenda; and
- recommending the priority areas for 2019/20 and 2020/21.

2. Context

Rates of cancer

2.1 The age standardised rate for cancer incidence in Manchester is 725.8 per 100,000 head of population, compared to 639.0 in Greater Manchester. The commonest cancers in Manchester are Breast, Colorectal, Lung and Prostate (see Figure 1 and 2).

Figure 1: Age Standardised Rate of Cancer Diagnoses per 100,000

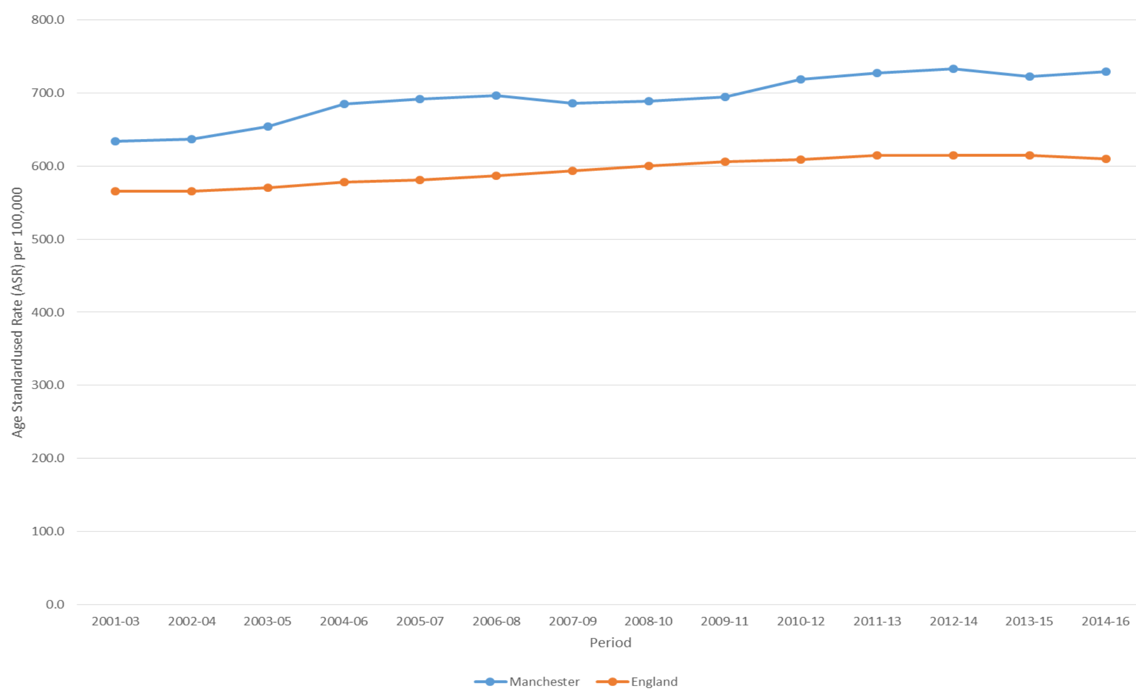
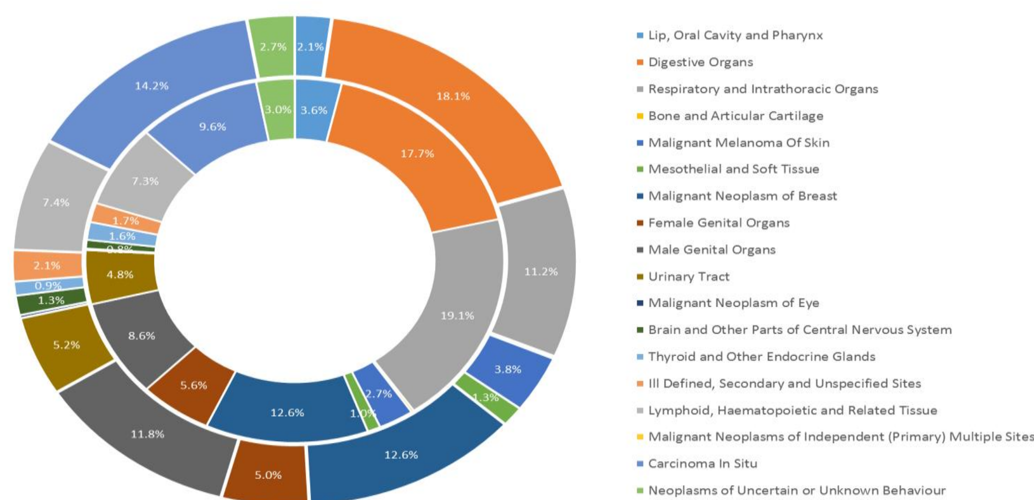


Figure 2: Newly diagnosed cancers by tumour site (2016) compared to Greater Manchester
Manchester = inner circle Greater Manchester = outer circle



2.2 The rate of premature death from cancer (age <75 years) is 194.5 per 100,000 head of population in Manchester compared to a national rate of 134.6 per 100,000 population, and 154.3 in Greater Manchester. Further, the rate of premature death from cancers that are considered *preventable* is also higher in Manchester (127.9 per 100,000 head of population) than Greater Manchester (89.7 per 100,000) and England (78.0 per 100,000 population) (see Table 1).

Table 1: Rate of premature deaths from cancer and respiratory disease in Manchester, Greater Manchester and England

2015-17 (rate per 100,000 population)	**Manchester CCG**	**Greater Manchester**	**England**
<75 premature mortality rate from all cancer	**194.5** (approx. 1160 people)	154.3	134.6
<75 premature mortality rate from all cancer (considered preventable)	**127.9** (approx. 760 people)	89.7	78.0
<75 premature mortality rate from respiratory diseases (considered preventable)	**46.4** (approx. 278 people)	25.7	18.9

2.3 The 1-year survival rate from cancer is 69.8% in Manchester, compared to 71.2% in Greater Manchester.

Social determinants of health

2.4 Life expectancy is lower in the City than in England: 75.8 years for men (compared to 79.5 in England), and 79.9 years for women in Manchester (compared to 83.2 in England).

2.5 There is a strong link between deprivation and increased incidence of cancer. In Manchester, seventy-five percent (75%) of lung cancer patients and 60% of breast cancer patients are from the most deprived localities.

2.6 Lifestyle choices relating to diet, exercise and smoking can increase the risk of cancer. There is a link between lifestyle choices, such as smoking, and deprivation. In Manchester the welcome recent reduction in smoking prevalence will be reported to the Committee in the Public Health Task and Finish report. However, deaths from smoking related diseases are 458.1 per 100,000 population compared to 274.8 per 100,000 population in England.

Screening

2.7 Screening uptake in Manchester is below the national minimum standard for all 3 national cancer screening programmes (breast, bowel, and cervical cancer). Reasons for poor uptake include a lack of public awareness of what screening involves, benefits of screening, i.e. early detection of cancer, a fear of being diagnosed, and accessibility to where screening is offered. The most recent screening coverage figures are lower in Manchester compared to Greater Manchester rates (see Table 2).

Table 2: National cancer screening programmes coverage

Screening programme	Manchester	GM	National Minimum Standard	National Target
Bowel	46.5%	55.9%	52%	60%
Breast	61.0%	68.9%	70%	80%
Cervical	64.7%	71.5%	80%	90%

Provision of cancer services and referrals for suspected cancer

2.8 There are two main Acute Trusts providing cancer services for the Manchester population:

- Manchester University NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust

The Acute Trusts receive over 20,000 referrals each year from MHCC. There has been a consistent upward trend in the number of people being referred to

services with suspected cancer, with a 46% increase between 2013/14 and 2017/18 (see Table 3).

Table 3: All suspected cancer referrals by Manchester CCG, from 2013/14 through 2018/19

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19*
All suspected cancer referrals (SCR)	13,649	15,396	16,722	18,584	19,928	24,043

* The data for 2018/19 are incomplete and reflect data for a partial year.

2.9 There is one specialist cancer centre, Christie Hospital NHS Foundation Trust, which serves the Greater Manchester population as well as patients from across the North of England. Christie Hospital provides approximately 1500 treatments to Manchester patients each year.

Diagnosis

2.10 Over 2,000 people are diagnosed and treated for cancer each year in Manchester. Over half of all cancers in Manchester (54.7%) are diagnosed at an early stage (stage 1 and 2) that is more amenable to curative treatment, compared to 53.2% in Greater Manchester (see Table 4).

Table 4: New cancer diagnoses in Manchester

Year	2013	2014	2015	2016	2017
New cancer diagnoses	2245	2329	2413	2485	2383

2.11 23.9% of cancers are diagnosed via emergency presentation in Manchester, compared to 19.7% Greater Manchester average (see Table 5 and a more detailed breakdown is provided in Appendix 1.

Table 5: Routes to diagnosis

Manchester CCG -2016	Screen Detected	GP referral (all)	Emergency Presentation	Other Route
Breast	25%	65%	5%	5%
Colorectal	5%	37%	30%	14%
Lung	NA	47%	38%	14%
Prostate	NA	76%	13%	11%

Cancer Waiting Times

2.12 Performance against Cancer Waiting Times targets has been challenging over the last two years, with a decline in the achievement of the national / constitutional standards

2.13 Achievement of the 14 day standard for first appointment has declined due to an increase in the number of referrals for suspected cancer, and a national diagnostics workforce crisis. The national target is that 93% of patients should be seen within 14 days of a GP referral: 2016/17 – 95.8%, 2017/18 – 93.9%, Apr – Jan 2018/19 89.5%.

2.14 Achievement of the 31-day standard for first treatment within 31 days of decision to treat has been maintained. The national target 96% of patients should begin treatment within 31 days of decision to treat: 2016/17 – 98.6%, 2017/18 – 98.7%, Apr – Jan 2018/19 98.6%.

2.15 Achievement of the 62 day standard for first treatment has declined due to issues with diagnostic pathways, and complex patient needs. The national target 85% of patients should begin treatment within 62 days of initial GP referral for suspected cancer: 2016/17 – 85.1%, 2017/18 – 80.6%, Apr – Jan 2018/19 75.7%.

2.16 The number of new cancer diagnoses has not increased significantly to account for the decrease in patients treated within 62 days. The decrease in performance is linked to diagnostic capacity issues, rather than treatments.

2.17 Nationally mandated changes to the management of suspected cancer referrals and diagnostic pathways are planned that will streamline the process and ensure patients access the right diagnostic test at the right time, and meet the new 28 day Faster Diagnosis Standard (from 2020). Implementation of these redesigned pathways will be overseen by Greater Manchester Cancer through transformation funded projects, but will need to be sustained through a local commissioning process.

Living with and beyond cancer

2.18 One-year survival rates in England are improving over time (from 72.6% in 2012 to 74.8% in 2016) due to improvements in diagnostic techniques, multi-disciplinary working and effective treatments by specialist providers. The 3-year survival rate continues to improve (from 58.1% in 2012 to 66.0% in 2015). The 1-year survival rates between Manchester and Greater Manchester (GM) is narrowing (Manchester 69.9%, GM 71.8%)

2.19 Around 55% of patients survive more than 10 years after their diagnosis. In 2010 it was estimated that there were approximately 10,000 people living with and beyond their cancer diagnosis, and this is expected to double to 20,000 by 2030. More people are therefore living with cancer as a long-term condition and require ongoing support as a result of the cancer diagnosis as well as the effects of treatment.

3. Commissioning and Governance of Cancer Services

3.1 Manchester Health and Care Commissioning (MHCC) commission cancer services for the City of Manchester. This includes treatment for common cancers (breast and colorectal), diagnostic tests, supportive services for

patients living with and beyond cancer, and end of life care. NHS Trafford was until recently, the designated lead CCG for commissioning cancer services and would oversee the Christie contract on behalf of the local CCGs in Greater Manchester. They do not directly commission services from any provider on behalf of the GM CCGs.

3.2 The Greater Manchester Screening and Immunisation Team from GM Health & Social Care Partnership, and local population health teams have responsibility for cancer prevention and population awareness of cancer signs and symptoms, as well as delivery of national cancer screening programmes.

3.3 NHS England directly commission specialist treatments and interventions for cancer, as well as specialist services including primary care, cancer screening, chemotherapy and radiotherapy. However, in April 2018, NHS England delegated some specialised commissioning responsibilities to Greater Manchester Health and Social Care Partnership (GMHSCP) for surgery for several tumours as well as chemotherapy and PET-CT (Positron Emission Tomography – Computed Tomography).

3.4 Greater Manchester Cancer (GMC) is the cancer delivery programme of the GM devolved health & social care system. Greater Manchester Cancer System Board was established in September 2016 to facilitate the delivery of the GM Cancer Plan. Manchester is represented in the GM Cancer system through the GP cancer leads and cancer commissioning manager. This ensures that opportunities for innovation and changes to services and pathways benefit our population.

3.5 In summary, the commissioning and provision of cancer services is challenging in the context of multiple commissioners and providers for different cancer services and pathways. The complexity of the commissioning arrangements are a potential risk to the provision of integrated, timely and appropriate services for the Manchester population. Managing this risk requires close working partnerships locally, across GM and nationally facilitated by robust governance arrangements.

4. Cancer Programmes and Initiatives in Manchester

4.1 National, regional and local initiatives are in progress to improve outcomes for Manchester residents. The requirements and aspirations are outlined in documents including the NHS Long Term Plan Operational Planning Guidance 2019/20 and the Greater Manchester (GM) Cancer Plan, are reflected in the work programme within MHCC and GM. This work is described in the sections below.

4.2 It is important to note that many of the programmes and initiatives described in the sections below have been developed and championed in Manchester. For example, Macmillan generously supported a programme of service redesign through Macmillan Cancer Improvement Partnership in Manchester (MCIP, 2013-17). Selected local innovations are shown in Table 1.

Table 1. Examples of local innovations in cancer services, Manchester

Macmillan Cancer Improvement Partnership (MCIP) programme (2013-17) A locally commissioned service for cancer care in primary care – findings from the LCS have been used to support the development of primary care cancer standards A new model of aftercare for patients treated for breast cancer, including implementation of the Macmillan Recovery Package and stratified follow up for supported self-management Community based lung health checks and targeted investigations for people at increased risk of lung cancer. This has led to a service being implemented in North Manchester from April 2019, with a proposal for rollout across the city. New model of community based palliative care support for North Manchester – this is now being developed into a citywide service.
National Accelerate, Coordinate, and Evaluate (ACE) programme Pilot site for the National ACE programme, (supported by NHS England, Macmillan Cancer Support and Cancer Research UK) to test a Multi-Diagnostic/Rapid Diagnosis Clinic for patients with non-specific but concerning symptoms. This is now subject to national roll out, with a view to including patients with symptoms that could fit more than one tumour pathway.
Primary care standards and professional development Development of primary care standards for cancer and incentivising GPs to complete modules on Gateway-C, an online learning platform developed by one our Manchester GP cancer leads.
Palliative care Roll out and expansion of the community based palliative care service to cover Central & South Manchester from April 2019.
Lung health checks Implementation of community-based lung health checks in North Manchester from April 2019. Business case being developed for expansion and extension of the community-based lung health checks to cover Central & South Manchester.

Prevention

4.3 The Manchester Population Health Plan (2018-27) is the City's overarching plan for reducing health inequalities and improving health outcomes for our residents. Three lifestyle behaviours - tobacco use, unhealthy diet and a sedentary lifestyle - increase the risk of developing long-term conditions, including cancer, and are associated with the large majority of preventable deaths and health inequalities. Four initiatives are described below.

4.3.1 Smoke Free Manchester

The implementation of "Smoke Free Manchester", driven by Manchester's Tobacco Alliance, is providing stop smoking support. A more detailed update will be presented to the Committee under the Public Health Task and Finish Report item.

4.3.2 Healthy schools

The Healthy Schools Team deliver a Healthy Lifestyle component of their Whole School approach that utilises a range of curriculum linked teaching resources focussing on preventing and reducing the number of children that

are overweight and obese. In addition, there are weight management services commissioned to support families and adults to reduce and control their weight and to adopt healthier lifestyles.

4.3.3 Winning Hearts and Minds

Winning Hearts and Minds is a programme of work to improve heart and mental health outcomes in Manchester. It is a citywide programme with some targeted interventions in the most deprived areas of the city, in order to address health inequalities. Much of the targeted work is focused on north Manchester where health outcomes are poorest. Winning Hearts and Minds will be developed with Manchester Active (MCR Active), established and overseen by Manchester City Council partnering with Sport England and MHCC.

4.3.4 HPV vaccination programme

MHCC continue to support the GM Health and Social Care Partnership HPV (human papillomavirus) vaccine programme that protects against the two types of the virus that cause most cases (over 70%) of cervical cancer. Current results suggest that the HPV vaccination programme will bring about large reductions in cervical cancer in the future.

4.4 Early detection

4.4.1 National Cancer Screening Uptake

Greater Manchester Health and Social Care Partnership (GMHSCP) are currently procuring a cancer screening prevention and screening awareness engagement service across Greater Manchester. This will focus on priority areas and communities, using a diverse range of approaches and interventions that use a community development and social movement approach. The aim is to raise awareness of and uptake of the three cancer screening programmes: bowel, breast and cervical. The service will connect to all GM cancer screening/promotional activity in order to ensure a collaborative approach. As well as this Public Health England have launched a new national Cervical Screening Campaign.

4.4.2 Health professional awareness of cancer signs & symptoms (Gateway C)

GatewayC is an online cancer education platform developed for GPs, practice nurses and other primary care professionals. The platform aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience. The platform has been developed by GPs (including Manchester GP Dr Sarah Taylor), cancer specialists and patients. Courses are endorsed by Cancer Research UK and Macmillan Cancer Support. Each course is accredited by the Royal College of General Practitioners.

4.4.3 North Manchester Lung Health Checks

Implementation of community-based lung health checks, and ultra low-dose CT (**c**omputerised **t**omography) scans for those at increased risk of lung cancer in North Manchester started in April 2019. The ability to diagnose

conditions at an earlier stage will increase the number of patients having curative treatment, improve symptom management and increase survival.

A business case is being developed for expansion and extension of the community-based lung health checks to roll out across Central & South Manchester. The Health Scrutiny Committee in November 2018 supported the proposed wider rollout of this programme across the City. NHS England has stated an intention to roll out lung screening in community settings, based on the MCIP model, and this will be a national cancer plan objective for 2019 onwards.

4.5 Rapid Assessment

4.5.1 Pre-referral questions, investigations and examinations

MHCC have been working with primary care and secondary care colleagues to ensure that suspected cancer referral pro-formas contain the required information to ensure efficient processing and booking of patients into a test or out-patient appointment. Consideration is also being given to pre-referral investigations (e.g. scans/blood tests) which could inform the GPs decison to refer patients and streamline the diagnostic pathway in secondary care.

Faecal Immunochemistry Testing (FIT) can be used for patients at low risk of colorectal cancer prior to referral. MHCC estimates that 10% of all colorectal referrals could be avoided if FIT was used as a decision supporting test. This would also avert invasive colonoscopies as well as out-patient appointments, and reduce demand for our providers. This test is being implemented during 2019 by Pennine Acute Hospitals NHS Trust with support from the North East Sector CCGs. Further rollout across the city will be determined following this initial phase.

4.5.2 Straight to Test/One Stop Clinics

Triage by a clinician with an interest in cancer (not an oncologist) has been shown to be effective in directing patients to the most appropriate investigation or clinic. This does not yet happen uniformally but GP cancer leads in Manchester will continue to work with specialist colleagues to develop robust protocols to direct patients to an initial investigation (that may not require a follow up out-patient appointment) or to a clinic that has all investigations performed in a one-stop arrangement.

4.5.3 Multi Diagnostic Clinic (MDC)/Rapid Diagnosis Clinics (RDC)

Wythenshawe Hospital (part of Manchester Foundation NHS Trust (MFT)) was a pilot site for the National ACE (**A**ccelerate, **C**oordinate, and **E**valuate) programme to test a Multi-Diagnostic/Rapid Diagnosis Clinic for patients with non-specific but concerning symptoms. These patients would typically be referred on multiple pathways until a diagnosis was reached, which could take several weeks and require several out-patient visits.

The results of the pilot project showed that the majority of patients did not have a cancer diagnosis (as expected). All patients were informed of their diagnosis and either referred back to their GP or to an appropriate clinical

team within 14 days, and only one out-patient visit was required. Patient and GP satisfaction with this service was high. The MDC/RDC model is now subject to national roll-out following testing in Manchester and Oldham.

4.5.4 Best practice timed pathways

The aim of the 'best practice' timed clinical pathway for patients with lung, colorectal and prostate cancer is to ensure patients get through the diagnostic part of the pathway faster, meeting the new 28 day Faster Diagnosis Standard, and maximising the number of patients who might benefit from potentially curative treatment.

The lung pathway is based on the Health Services Journal (HSJ) award winning RAPID (**R**apid **A**ccess to **P**ulmonary **I**nvestigation **D**ays) pathway developed by the lung cancer team at Wythenshawe Hospital. This new way of working has seen the time to diagnosis reduced from 28 days to 14 days. Greater Manchester Cancer has been awarded transformation funding to implement these pathways with providers across GM from 2019.

4.6 High Quality Treatment

4.6.1 Reconfiguration of specialist cancer surgical sites

The reconfiguration of specialised services is being undertaken by the Greater Manchester Health and Social Care Partnership (GMHSCP), supported by the GM Transformation Unit. Currently sites across Greater Manchester do not meet the standards set out by the National Institute for Health and Care Excellence (NICE). Concentrating care within specialist centres will ensure clinical expertise and access to the most effective treatments for our patients. The specialist surgical services subject to reconfiguration are:

- **oesophageal** cancer (lead provider Salford Royal Foundation Trust)
- **urology** cancers; prostate (lead provider Christie Hospital); kidney & bladder (lead provider Manchester University NHS Foundation Trust), and
- **gynaecological** cancers (lead provider Manchester University NHS Foundation Trust, key/associate provider The Christie Hospital).

4.6.2 Pre-habilitation before cancer treatment

The importance of pre-habilitation and recovery pathways are being increasingly recognised by cancer patients and providers around the world. The elements of physical activity, nutritional management, well-being and psychological support appear central to improving patients' outcomes and quality of life.

GM Cancer will be the first regional system in the UK to introduce large scale pre-habilitation as a standard of care for cancer patients framed by the Macmillan Recovery Package (described below), with an ambition to support more than 2,500 patients through freely accessible preparation and recovery physical activity packages across GM over the next 2 years. This will give patients the best opportunity for good quality outcomes and long-term survival.

GM Cancer has been awarded transformation funding to deliver this package of care, working with healthcare and community GM leisure services, Macmillan, Health Innovation Manchester and the Manchester Allied Health Sciences.

4.7 Living With & Beyond Cancer

4.7.1 Supporting new models of aftercare and supported self-management
The Macmillan Recovery Package is being introduced to all new cancer patients across GM. The key elements include:

- Holistic Needs Assessment at key points; a written care plan to address identified needs
- Treatment Summary
- Health & Well Being Events
- Cancer Care Reviews

The GM Cancer Pathway Boards will also develop criteria for the stratification of patients. Combined with the recovery package, this will allow aftercare to be delivered based on the patients needs, and may include supported self – management for suitable patients. This means that outpatient capacity that could be used for new patients to be seen more quickly, or allow more time to manage patients with complex needs.

This model has been developed for breast and colorectal cancer patients at Wythenshawe Hospital. Central to this model is access to supportive services for patients (e.g. psycho-oncology, lymphoedema, information, physiotherapy, nutrition). There is also a protocol for patients needing to re-access specialist services through clinical nurse specialist triage. There is now a plan to roll out this new model of aftercare across Greater Manchester.

4.8 Palliative & End of Life Care

4.8.1 Citywide Palliative & Supportive Care Service
In 2013 Macmillan identified palliative care as an issue in Manchester, particularly in North Manchester which was a national outlier in providing choice for preferred place to die. Palliative care services in North Manchester were acknowledged as insufficient at the time by both North Manchester CCG and Macmillan and hence the area was identified to test an enhanced community specialist palliative care service.

A city-wide initiative will be rolled out across the city in 2019-20. The vision for Manchester is for all patients and their carers across the city to have 24/7 equitable access to high quality, consistent and supportive, palliative and end of life care when they need it, with accurate identification and proactive management of all their palliative care needs: physical, social, psychological and cultural.

5. Development of MHCC Cancer Improvement Programme

5.1 The requirement for cancer service improvements and developments, in order to meet the cancer waiting times standards and improve outcomes, is challenging. The development of new therapies and advances in cancer treatments will also mean that the demands will continue to grow.

5.2 To enable a coordinated approach to the delivery of the programmes and initiatives proposed, MHCC has developed a robust programme methodology to inform the Local Cancer Improvement Programme.

6. Recommendations

6.1 The committee are asked to:

- Note the content of this report;
- Note the national requirements for cancer from the NHS Long Term Plan; and
- Comment on the suggested priority areas and workstreams.

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Appendix 1: Detailed breakdown of stage of diagnosis by referral route

Stage at Diagnosis by Referral Route (Breast)

Breast	Screen Detected	Suspected Cancer Referral	GP referral	Emergency Presentation	Other Route
Stage 1	**21%**	28%	29%	8%	14%
Stage 2	10%	**35%**	23%	20%	12%
Stage 3	10%	**36%**	23%	19%	11%
Stage 4	3%	30%	21%	**35%**	11%

Stage at Diagnosis by Referral Route (Colorectal)

Colorectal	Screen Detected	Suspected Cancer Referral	GP referral	Emergency Presentation	Other Route
Stage 1	**48%**	37%	7%	1%	6%
Stage 2	21%	**65%**	8%	2%	4%
Stage 3	13%	**72%**	8%	4%	4%
Stage 4	6%	46%	15%	**27%**	7%

Stage at Diagnosis by Referral Route (Lung)

Lung	Screen Detected	Suspected Cancer Referral	GP referral	Emergency Presentation	Other Route
Stage 1		27%	33%	18%	22%
Stage 2		**36%**	27%	19%	18%
Stage 3		**39%**	24%	22%	15%
Stage 4		26%	18%	**44%**	12%

Stage at Diagnosis by Referral Route (Prostate)

Prostate	Screen Detected	Suspected Cancer Referral	GP referral	Emergency Presentation	Other Route
Stage 1		36%	**47%**	3%	14%
Stage 2		43%	**44%**	2%	10%
Stage 3		**54%**	34%	3%	9%
Stage 4		**53%**	20%	**19%**	8%

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 16 July 2019

Subject: Public Health Task and Finish Group

Report of: Director of Public Health, Manchester City Council / Director of Population Health, Manchester Health and Care Commissioning

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Summary

The Health Scrutiny Committee considered and agreed the recommendations from the Public Health Task and Finish Group in December 2018. This report provides an update to the Committee on the implementation of the recommendations.

Recommendations

The Committee is asked to note the report.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Improving health and wellbeing has positive benefits for economic productivity
A highly skilled city: world class and home grown talent sustaining the city's economic success	Manchester has a strong academic reputation in relation to academic public health
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Reducing health inequalities is a key priority of al population health and public health programmes
A liveable and low carbon city: a destination of choice to live, visit, work	Addressing climate change has quantifiable benefits for other public health programmes
A connected city: world class infrastructure and connectivity to drive growth	

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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.

Public Health Task and Finish Group (www.manchester.gov.uk)

1. Introduction

1.1 The Manchester Health Scrutiny Committee Public Health Task and Finish Group met four times in autumn/winter 2018 and made eight recommendations to the Health Scrutiny Committee.

1.2 The Committee have asked for a progress report on the implementation of the recommendations and this is provided below.

2. Recommendations

2.1 Recommendation 1

Public health funding pays for a range of local services and interventions that help prevent ill health for all Manchester citizens. The Group note that regrettably, public health funding has been reduced over previous years and therefore calls upon the Council to lobby the government for greater funding for public health.

2.1.1 A series of national bodies including the Kings Fund and British Medical Association have called on the Government to reverse the cuts to public health funding.

2.1.2 The Council through the Director of Population Health have provided evidence and information to the Local Government Association and Parliamentary Select Committees on a range of public health issues where funding reductions have had impacts on services.

2.1.3 It is hoped that the forthcoming Prevention Green Paper will move beyond the rhetoric and provide an indication of whether investment nationally in public health will be increased.

2.1.4 On a more positive note, the recent update on the NHS Long Term Plan has referenced potential funding for tobacco, alcohol and obesity related services.

2.2 Recommendation 2

The Group recognise that Manchester has above average rates of smoking in all age groups and the highest premature mortality rate in the country for the three major smoking related conditions; lung cancer, heart disease and stroke. Noting that there are just under 6,000 smoking related hospital admissions per year costing approximately £5.4 million per year to the NHS in Manchester. Smoking is the single largest cause of health inequalities in Manchester and we recommend that the Council establish a 'Stop Smoking' service in line with NICE guideline NG92, published March 2018.

2.2.1 In April 2019, the Population Health Team, senior pharmacists from Manchester Health and Care Commissioning (MHCC) and legal and contracts advisors from MHCC carried out an “options appraisal” around the best way to

commission a new “tobacco addiction service” for central and south Manchester. This would ensure that *all* Manchester residents had access to such a service. Subsequently, the Director of Population Health presented the findings of the options appraisal to the MHCC Executive Committee who recommended that Manchester City Council carry out a tender process to identify and commission a suitable provider. The new service is called a Tobacco Addiction Service, reflecting latest the NHS approach, which is to treat smoking as an addiction and not simply a “lifestyle choice”. The service design and procurement is being led by the Programme Lead for Tobacco Control from the Population Health Team. At the present time a full consultation process is being carried out and project planning indicates that subject to suitable applications, a provider will be appointed in October 2019. The new service will be commissioned according to NICE guidance NG92 and the Population Health Team will build into the specification the requirement to support both the CURE and Lung Health Checks programmes.

2.2.2 This development is a key component of the Smoke Free Manchester Plan which is attached as Appendix 1. The Plan is driven by Manchester’s Tobacco Alliance comprising of a range of public and voluntary sector agencies and leading charities. The work of the Alliance has contributed to the recent welcome news of a 4.8% reduction in smoking prevalence in Manchester for 2018, when compared with 2017. This reduction means that prevalence in Manchester at 16.2% is now only 1% higher than the Greater Manchester average. It is recognised that we will need to see sustained reductions over the next few years to achieve our ambitious target of smoking prevalence being 15% or lower by 2021/22. The attached Plan also provides more detail of the CURE Programme which was presented to the Committee by Dr Matt Evison earlier this year. The CURE Programme (curing tobacco addiction through more effective treatment in hospital settings) was piloted at Wythenshawe Hospital (Manchester NHS Foundation Trust) and will now be rolled out to other Hospital Trusts in Greater Manchester. The new Tobacco Addiction Service will provide ongoing community support once patients are discharged from hospital.

2.3 Recommendation 3

Noting that that there is debate around the use of Nicotine Inhaling Products (e-cigarettes) with e-cigarettes being thought to be 95% safer than smoking normal cigarettes because they do not contain tobacco. However, there still appears to be widespread confusion about how safe e - cigarettes are, relative to normal cigarettes. We therefore recommend that the Council works with health partners to establish an evidence base on the use of e-cigarettes as an aide to stopping smoking.

2.3.1 The Population Health Team (PHT) have worked work closely with partners around the use of E Cigarettes for some time. There is confusion within the general population and some controversy around their use amongst clinicians. However, for the national Public Health system, the position around the use of E Cigarettes is clear and well established. Both Public Health England (PHE) and Cancer Research UK, with whom the PHT work very closely, state that E

Cigarettes are 95% safer than a “normal” tobacco cigarette. In other words, they carry 5% of the risk. Our partners at Cancer Research UK (CRUK) state:

“Our position at CRUK is that we support an evidence-based approach to e-cigarettes: they do not contain tobacco, they are at least 95% safer than smoking tobacco and they are currently the most popular tool that people use to quit smoking. E-cigs contain nicotine- which is highly addictive- but not particularly harmful on its own. We think this is still quite a big public misconception.

We would also advise that any use of e-cigarettes as part of a smoking cessation offer is strictly through the use of products not linked to the tobacco industry. The International British Vape Trade Association (IBVTA) can provide more information on this issue”.

2.3.2 The position taken by the Population Health Team (PHT) is that we support the use of E Cigarettes as an aid to giving up smoking. They help smokers by reducing the risks associated with tobacco as there is no tobacco in an E Cigarette. E Cigarettes also help or combat cravings for nicotine in a similar way that Nicotine Replacement Therapy (NRT) does. The PHT do not advocate that people use E Cigarettes if they do not smoke already and are advocating a “harm reduction” approach. This approach is also taken by the Greater Manchester “Make Smoking History Team”, who have funded other local authority Stop Smoking Services in GM (e.g. Salford) to actually give out free vaping/ E Cigarette starting kits. Also, Randomised Control Trials (RCTs) have shown that their use is at least as effective as NRT in helping people to give up smoking.

2.3.3 The Greater Manchester Health and Social Care Partnership have drafted a policy and position statement around the use of E Cigarettes. Once this draft policy is finalised, the DPH will discuss with the Executive Member for Adult Health and Wellbeing whether Manchester City Council would wish to adopt the policy subject to any local amendments and additions.

2.3.4 Finally, there is still a recognised need for the ongoing and long term collection of data around the use of E Cigarettes and this is happening across the world. The PHT will work with partners to keep abreast of new evidence as it emerges and to act upon it.

2.4 Recommendation 4

Noting the good work of the Communities in Charge of Alcohol project we recognise the changes in alcohol consumption, with an increase of alcohol consumption in the home. We therefore recommend that public health focus on raising awareness on the harms to those citizens who consume a higher than recommended (and potentially harmful in the long term) level of alcohol, but who may not consider themselves as having an issue with alcohol and would not be covered by addiction services.

2.4.1 Between November 2018 and February 2019, the Greater Manchester Health & Social Care Partnership (GMHSCP) worked with local authorities across Greater Manchester to engage local residents in the most comprehensive dialogue in relation to alcohol consumption and alcohol related harm ever undertaken in GM, the 'Big Alcohol Conversation.'

2.4.2 The campaign led to extensive levels of engagement including:

- 5,122 online survey responses
- 60,368 web page views (47,303 unique)
- 215,000 views of two campaign videos, the 'Big Measure' and the 'Big Truth'
- Almost £100,000 in funding awarded to 81 VCSE (voluntary, community and social enterprise) groups across GM
- 881 1:1 interviews hold
- 20 focus groups reaching 200 people

2.4.3 An external partner were commissioned to evaluate the extent to which the Big Alcohol Conversation achieved its stated ambitions which were:

- To increase the level of understanding amongst the GM population about the scale and nature of alcohol related harm
- To test and increase the public appetite for change

2.4.5 To do this, they undertook surveying across GM before the campaign started and after the campaign had ended. The pre and post campaign testing was considered to be a representative sample of the GM population in terms of sample size and sample make up. The full findings from the evaluation will be available shortly and will form part of a separate campaign report.

However, the interim key findings are:

- 24% (approximately 700,000) of the GM population could recall the campaign
- Of those who could recall the campaign, it had a clear impact on the understanding of the nature of alcohol related harm and appetite to see change happen
- Of those who engaged in the conversation, the % of those who felt they had a voice and could make a difference increased from 6% to 22%.
- 68% of those who saw the campaign felt it was 'excellent' or 'good' compared to 7% who felt it was 'not very good' or 'poor'

2.4.6 The evaluation identified 3 cross cutting issues for further consideration -

1. The evaluation found that where we engage the population in meaningful dialogue around alcohol we have an impact but, at present, there is no meaningful ongoing dialogue. This is significant in terms of reaching the population who are beyond treatment and consideration should be given as to how we reach the GM population who are consuming alcohol to harmful levels but aren't in contact with treatment services. We should consider

opportunities to use engagement and dialogue to increase awareness and stimulate population and individual level behaviour change.

2. The evaluation identified an appetite for regulatory and legislative transformation, and support for this increased amongst those who could recall the campaign. The 4 most supported options were - tougher restrictions on alcohol consumption in public places (86% supported), taking health into consideration when granting alcohol licenses (77% supported), alcohol having labels highlighting potential harms to health (76% supported), a ban on alcohol advertising in outdoor and public spaces (67% supported.) Support for Minimum Unit Pricing also increased from 50% to 54% with this increase driven by a surge in support amongst those who had seen the campaign from 50% to 70%. We should consider the level of support for exploring this further in GM and the opportunities to pursue it using a balance of existing powers and potential new powers.

3. The campaign had a negligible impact on the attitudes of adults towards drinking in front of children and we need to give further consideration to alternative approaches to shifting attitudes and behaviours.

2.5 Recommendation 5

That the Manchester City Council statement of licensing policy be amended to include the promotion of public health as a specific licensing objective and recognise Public Health as a Responsible Authority.

2.5.1 The feedback from colleagues in Licensing is that the first part of this recommendation is not viable as primary legislation is required to amend the Licensing Act 2003 to include a new licensing objective and if we were to try to state the above in our licensing policy, it would be unlawful. However, Public Health are already a designated responsible authority and this is recognised in our local policy. The PHT will continue to work with MCC colleagues and GM partners to look at this issue.

2.6 Recommendation 6

Recognising the many publicity campaigns that are delivered on a variety of public health issues, Officers are recommended to co-ordinate the delivery of these campaigns in Manchester and across Greater Manchester in order to gain the best return on investment.

The following examples highlight the co-ordinated approach that the PHT have taken over the last year.

Breastfeeding Friendly Manchester

2.6.1 This campaign was established by the Manchester Infant Feeding Group through a partnership between the Population Health Team and health visiting and midwifery colleagues in the NHS.

2.6.2 Businesses and organisations in Manchester are encouraged and supported to signal breastfeeding mums are welcome by displaying a window sticker and adopting a simple policy, including specific staff training.

2.6.3 The MCC Communications team helped launch and promote the scheme, including design and print of leaflets and window stickers plus social media campaign. It received significant press attention, including a segment on BBC North West Tonight. Over 100 venues have joined Breastfeeding-Friendly Manchester and this campaign is ongoing.

Sexual Health

2.6.4 At GM level the PHT have been working with the Passionate about Sexual Health (PaSH) Partnership (BHA for Equality, LGBT Foundation and George House Trust). The PaSH is the provider of a sexual health prevention support service across Greater Manchester, which is jointly procured by the 10 GM Authorities, to develop a communications strategy for sexual health.

2.6.5 As part of this work PaSH have been tasked with identifying key campaigns and methods for supporting commissioners and others to boost them. This will include, for example, providing wording for briefings for elected members and general practice, suggested tweets and other social media messages for partners to use and managing the sourcing and delivery of available resources such as posters for General Practice display.

2.6.6 The work is at an early stage and will be integrated into the HIVe (Elimination of new cases of HIV in a generation project funded by GMHSCP) communications work-stream which PaSH have been awarded funding to develop a media campaign and resources. Whilst much of this work focuses on HIV it will also look at key messaging and any campaigns across sexual health such as the response to the Public Health England (PHE) syphilis action plan.

2.6.7 The main national campaign activity for sexual health was the Health Protection England “It Starts with Me” campaign and the campaigns around National HIV Testing Week in November. In November/December 2018 LGBTF received additional funding from the campaign for additional HIV testing and PaSH conducted a range of testing sessions and other associated activity across GM linked to this campaign.

https://www.hivpreventionengland.org.uk/it-starts-with-me/

2.6.8 A key action for the HIVe project will be to boost HIV testing during these major campaigns especially as any testing done through the national self sampling service during this period is funded by PHE.

2.6.9 Finally, the PHT are coordinating the presence of services at Pride and the key messages that will be communicated, predominantly around national messages on HIV testing, U=U (undetectable equals untransmittable), Pre

Exposure Prophylaxis (PrEP), combination prevention and the need for regular Sexually Transmitted Infection (STI) screening.

Keeping antibiotics working campaign

2.6.10 As part of PHE's "Keeping antibiotics working campaign" to support efforts to reduce inappropriate prescriptions for antibiotics, posters and advice were provided to all Manchester leisure centres, libraries, care homes and children's centres.

2.6.11 To improve clinical practice and promote wider understanding of the need to reduce inappropriate prescribing, antimicrobial resistance is now highlighted in training for health and social care providers. During World Antibiotic Awareness Week in November 2018 the PHT shared key messages with all partners and this campaign will be repeated later this year.

GM Suicide Prevention Awareness Campaign

2.6.12 Manchester Suicide Prevention Partnership continues to work with GM Suicide Prevention Executive.

2.6.13 A new campaign launched on 1st May aims to encourage people in Greater Manchester to talk about suicide, the biggest killer of men under 49 and women aged between 20 to 34 in the region. The shining a light on suicide campaign http://www.shiningalightonsuicide.org.uk/ has been commissioned by the Greater Manchester Health and Social Care Partnership and is supported by the Mayor of Greater Manchester Andy Burnham, and all partners including the NHS, councils, police, fire, emergency services, armed forces' veterans, voluntary and community groups such as LGBT and Samaritans.

2.6.14 The campaign follows research and evidence among people who have considered suicide, that talking honestly and openly about suicide helped to save their lives. The campaign will be delivered across Greater Manchester over the coming months in collaboration with a network of organisations to ensure all ten boroughs of Greater Manchester are targeted.

Age Friendly Manchester

2.6.15 Age Friendly Manchester (AFM) distributes a monthly eBulletin which has a subscriber base of around 10,000 older people, professionals and organisations. The eBulletin offers a platform to partners to promote both national and GM wide campaigns with health and wellbeing messages. This has included flu vaccinations, lung checks, work and skills opportunities and bowel cancer awareness.

2.6.16 In addition AFM have a Twitter account which is used to raise awareness on a range of topics. This is also used to promote the AFM eBulletin, which in turn is retweeted by Manchester Health and Care Commissioning (MHCC) to its 30,000 followers.

2.6.17 AFM published 15,000 copies of a print newsletter for older people in June 2019 which included a number of articles promoting health and wellbeing, physical activity, falls prevention and reduction in loneliness and social isolation.

NHS Blood and Transplant Service

2.6.18 The PHT have worked with the Council's Communications Team to support the following NHS Blood and Transplant **(**NHSBT) campaigns in recent months through providing information to Council staff and wider promotion to residents through social media channels. These include:

- January 2019 - New Year Blood Donation Campaign
- February 2019 - Know Your Type Event at the Central Library
- April 2019 - Organ Donation Law Change
- June 2019 - National Blood Donation Week

2.7 Recommendation 7

Recognising the important work of The Age-Friendly Manchester programme and the significant contribution this makes to citizen's experience and health outcomes we recommend that all Council strategies are coordinated to include consideration of this programme.

2.7.1 **Manchester: a great place to grow older 2017-2021,** Manchester's ageing strategy sets out three key priorities – developing age-friendly neighbourhoods, developing age-friendly services and promoting age equality. This strategy helps shape and influence our approach across Manchester. Older people and in particular an age-friendly dimension can be seen in the following;

2.7.2 Age-Friendly is already a key part of the **Our Manchester Strategy**, Progressive and Equitable city strand.

2.7.3 **'A Healthier Manchester' Locality Plan** has 50+ specific commitments and **The Population Health Plan** has as one of its priorities an age-friendly city, but also there's reference to providing an additional focus on older people in several other priorities including action on preventable deaths work and its positive impacts on health.

2.7.4 **Northern Gateway Strategic Regeneration Framework**, having originally being challenged by the Age-Friendly Manchester Board of the lack of relevance to older people is now developing new thinking and approaches that will support the development of genuinely age-friendly neighbourhoods.

2.7.5 **Our Manchester Industrial Strategy** is in development and will report to Economy Scrutiny Committee in July 2019 - includes focus on 50-64 cohort in relation to skills and as does the **Greater Manchester Local Industrial Strategy and the Grand Challenge on Ageing** – which has identified our

ageing population as one of its top priorities, enabling residents to fully participate in the economy, progress in their careers and age well.

2.7.6 The **Widening Access and Participation Strategy** has 50+ as a priority group. While the **Parks Strategy** and the **Green and Blue Infrastructure Strategy** both make reference to older people and there is a commitment to see an increase in the number of age-friendly parks across the city. Under bowling, the **Playing Pitch Strategy** recommends we 'maximise capacity available to provide sport and exercise opportunities for older residents particularly given the ageing population'.

2.7.7 **Housing for an Ageing Friendly Manchester Strategy** is in place till 2020 but is being superseded by incorporating an age-friendly dimension to housing strategies more generally. For example the **Manchester Housing Strategy** makes reference to AFM and the need for a wider choice of housing, enabling people to age in place close to families and communities.

2.7.8 The recent **Affordable Housing Strategy** makes points on extra care housing, community-led housing, a need for a range of types and tenures, and supporting people to 'downsize'. The AFM Board has challenged this and suggested the term ‘rightsizing is a more appropriate phrase to use. The development of an LGBT Extra Care Scheme is a practical demonstration of how applying an age-friendly lens is bringing about real housing choice for all of Manchester’s older people.

The action plan for the **Homelessness Strategy** commits to 'improving pathways for older homeless people to access suitable retirement housing e.g. sheltered housing and extra care housing'.

2.7.9 The **Our Manchester Carers Support Strategy** lists a key action as becoming a 'carer friendly city', on the back of AFM success and learning. However it does not make any commitments to supporting older carers.

2.7.10 Finally, Manchester’s **Cultural Ambition** lists ageing as a key 'pathfinder project' and commits to doubling the number of age-friendly culture champions by 2020.

2.8 Recommendation 8

The Group support the strengthening of the health protection function of the Director of Public Health and the Community Infection Control Team across the Greater Manchester footprint, and we welcome the establishment of the new Manchester Health Protection Group that will provide oversight and management of all health protection activity in the city. We recommend that best practice is shared across Greater Manchester between all partners involved with this activity to continue to improve the rates of immunisation across the general population.

2.8.1 The Director of Public Health (DPH)/Director of Population Health continues to lead work to ensure there are plans in place to protect the health of the

population and also has taken on the role of Director of Infection Prevention and Control for MHCC. The Health Protection Team within the Population Health and Wellbeing directorate supports the DPH in health protection work and provides a community infection prevention and control service for Manchester.

2.8.2 As well as working with colleagues from within Manchester, the Health Protection Team are working on joint initiatives with colleagues from across GM. Joint working allows for shared learning from health protection prevention and training programmes, learning following outbreaks, professional support from other clinical and non-clinical health protection colleagues and the opportunity to work at scale, where it adds value and makes sense to do so. For example, the team is currently working with GM colleagues on a pilot to increase Measles, Mumps and Rubella (MMR) vaccination in school children in response to the measles outbreak and is involved in the GM TB Collaborative Group, working with GM colleagues to ensure the GM TB strategy is implemented locally.

2.8.3 Manchester's Health Protection Team continues to be involved in the GM Health Protection System Reform Group, working with GM colleagues to identify areas where GM wide capabilities can add value to our health protection work locally. The following four areas are being considered as opportunities to strengthen the health protection system across GM: workforce strategy development, policy, guidance development and assurance, operating systems improvement (including outbreak management) and research and development. The team is contributing to a Cost Benefit Analysis to gather evidence and data to describe the impact that this proposed GM work would have.

2.8.4 The Manchester Health Protection Group has been established to provide oversight and management of all health protection activity in the city and reports directly to the Manchester Health and Wellbeing Board. The group includes representatives from Manchester Health and Care Commissioning Health Protection, Nursing and Medicines Optimisation teams, MCC Environmental Health, Public Health England, Greater Manchester Health and Social Care Partnership, GPs and local hospitals.

2.8.5 Finally, priority areas for health protection and infection prevention and control work in Manchester in the coming year include: increasing vaccinations and immunisations, in particular flu vaccination and MMR vaccination uptake, responding to outbreaks, reducing healthcare associated infections in the community (anti-microbial resistance, C Diff infection, MRSA bloodstream infection, gram negative blood stream infection), work with PHE and the Healthy Schools Team to implement ebug in primary schools across Manchester and work to raise awareness of TB.

Manchester Health & Care Commissioning
A partnership between Manchester City Council and NHS Manchester CCG

MANCHESTER CITY COUNCIL

NHS Manchester Clinical Commissioning Group

SMOKE FREE MANCHESTER: OUR PLAN FOR TOBACCO CONTROL 2018-2021

DAVID REGAN, DIRECTOR OF POPULATION HEALTH & WELLBEING, CHAIR OF THE MANCHESTER TOBACCO ALLIANCE

Authors: Julie Jerram and Neil Bendel with contributions from partners of the Manchester Tobacco Alliance

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1. Introduction

1.1 Manchester has above average rates of smoking in all age groups and the highest premature mortality rate in the country for the three major smoking related conditions; lung cancer, heart disease and stroke. Smoking is the single largest cause of health inequalities in Manchester. The human cost of these challenging statistics is why this tobacco control plan is so important for the City.

1.2 Adult smoking rates have reduced in recent years nationally and in Manchester (see section 2). Major cultural change was achieved when smoke free legislation was introduced in England in 2007. However, whilst we still have such stark smoking related health inequalities, tobacco control remains a high priority as described in the Manchester Population Health Plan.

1.3 We must continue to help Manchester people who smoke to stop and work towards having a city where children and young people do not start smoking and everyone is protected from tobacco related harm.

1.4 In 2017 the Tobacco Control Plan for England, "Towards a Smoke free Generation" (1) and the first ever Tobacco Control Plan for Greater Manchester, " Making Smoking History, A Tobacco Free Greater Manchester" (2) were launched. In both Plans, ambitious goals were set out for the further reduction in smoking rates and tobacco use, with interim targets set for 2021/22. The Government's vision is to achieve a smoke free generation, with an adult national smoking prevalence rate at 5% or below by 2030.

1.5 The Smoke Free Manchester Plan is consistent with both the national and Greater Manchester (GM) Tobacco plans and we will continue to work closely with Public Health England and the Greater Manchester Tobacco Programme teams.

1.6 It is acknowledged that Manchester will benefit from investments in the Greater Manchester "Making Smoking History" Programme. For example, the development of the CURE Programme (3) at Wythenshawe Hospital (see section5) which if successful will be rolled out across Greater Manchester.

1.7 Manchester City Council and Manchester Health and Care Commissioning teams have led work on enforcement programmes, such as tackling Shisha smoking, illicit tobacco supplies and cigarette littering. We have a strong platform to build on, but there is much more to be done over the coming years.

1.8 In December 2016 the Director of Population Health and Wellbeing established the Manchester Tobacco Alliance, a multi-agency partnership. The Alliance has co-produced this plan and will continue to oversee the implementation of the various programmes over the next three years.

1.8 The targets that have been agreed with partners are:

- **By 2021/22 we will aim to reduce adult smoking prevalence from 21.7% to 15% or less in Manchester**
- **By 2021/22 we will aim to reduce Smoking in Pregnancy from 11.6 % to 6%**

1.9 To achieve these targets the Plan will:

- Adopt an evidence based approach reviewing new emerging evidence (e.g. e-cigarettes) as it becomes available
- Align with and support the Greater Manchester Tobacco Programme, " Making Smoking History"
- Be based on "whole system" partnership working, Tobacco Control cannot be achieved by one agency alone
- Prioritise work with local communities through the Our Manchester approach

1.10 The production of the Smoke Free Manchester Tobacco Control Plan has been co-ordinated by the Tobacco Control and Health Intelligence leads of the Population Health and Wellbeing Team in partnership with the Manchester Tobacco Alliance. The Plan should be read alongside the Joint Strategic Needs Assessment for Tobacco Control (www.manchester.gov.uk/jsna).

1.11 The Delivery Plan is provided in section 4 and further information can be obtained from Julie Jerram, Manchester Population Health and Wellbeing Team, j.jerram@manchester.gov.uk. The Delivery Plan will be reviewed and refreshed each year.

2. Tobacco Related Harm in Manchester

Table 1 : Smoking in Manchester

HEADLINES : SMOKING IN MANCHESTER
There are estimated to be just under 91,500 smokers aged 18 and over in Manchester. This is equivalent to 21.7% of the population compared with the England average of 15.5%.
Smoking prevalence in Manchester has been falling for a number of years but the rate of reduction is much slower than in other parts of the country
There are around 5,999 smoking related hospital admissions per year costing approximately £5.4 million per year to the NHS in Manchester
Manchester has the highest rates of smoking attributable deaths in England
222,288 GP consultations, 43,227 practice nurse consultations, 117,109 GP prescriptions and 27,868 outpatient visits are estimated to be related to smoking, costing approximately £13.5 million per year to the NHS in Manchester
Lost productivity caused by smoking related illness, disability or death is estimated to cost the city approximately £106.2 million per year
The additional smoking related social care costs of current or former smokers are estimated to be approximately £11.6 million per year
Greater Manchester Fire and Rescue Service attend approximately 2 smoking related house fires per week (an average of 7 a month) in Greater Manchester and smoking related fires are still the biggest cause of fire related death in Greater Manchester.
Approximately 977,000 cigarettes are smoked in Manchester every day resulting in 145kg of waste daily. Much of this is dropped as litter which must be collected and which causes environmental damage associated with plastics
Although cigarettes bought through legal channels raise money for the exchequer, the costs attributed to tobacco are one and a half times as much as the duty raised, resulting in a net cost to Manchester of about £47.6 per year
It is estimated that the average smoker in Manchester will spend £2,050 per year on cigarettes

Sources: Action on Smoking and Health (ASH): Local Costs of Tobacco 2018 and Public Health England Local Tobacco Control Profiles

2.1. Smoking prevalence in Manchester and the wider context

2.1.1 The latest data from the ONS Annual Population Survey (APS), based on sample of 1,331 adults aged 18 and over in Manchester, shows that in 2016, just over a fifth of all respondents (21.7%) reported that they currently smoke. This compares with an average prevalence of 15.5% across England as a whole. The graph below shows that prevalence has fallen from a high of 25.5% in 2014 to 21.7% in 2016. However, early indications are that rates will remain the same in 2017. The graph showing Greater Manchester data is also provided (Figure 2).

Figure 1 : Smoking prevalence in Manchester

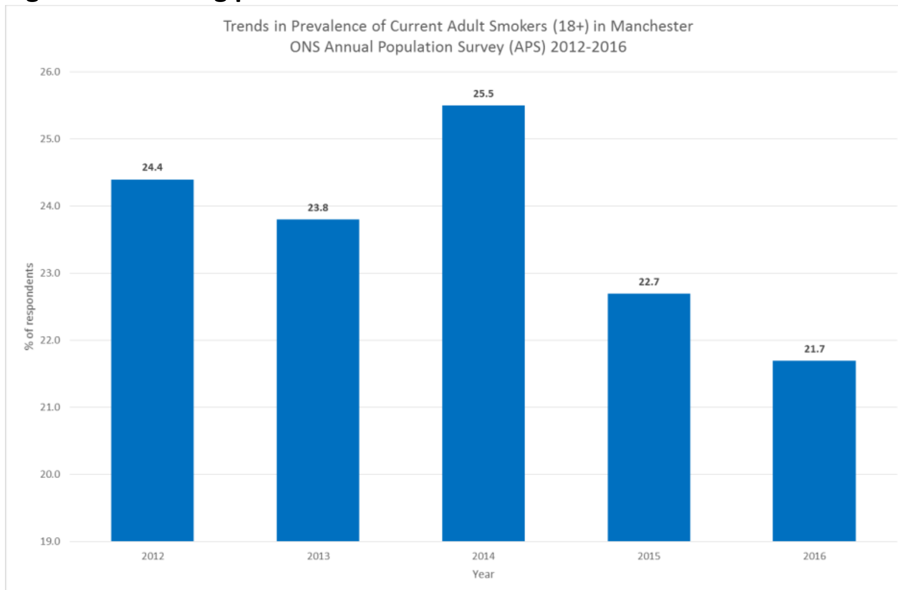
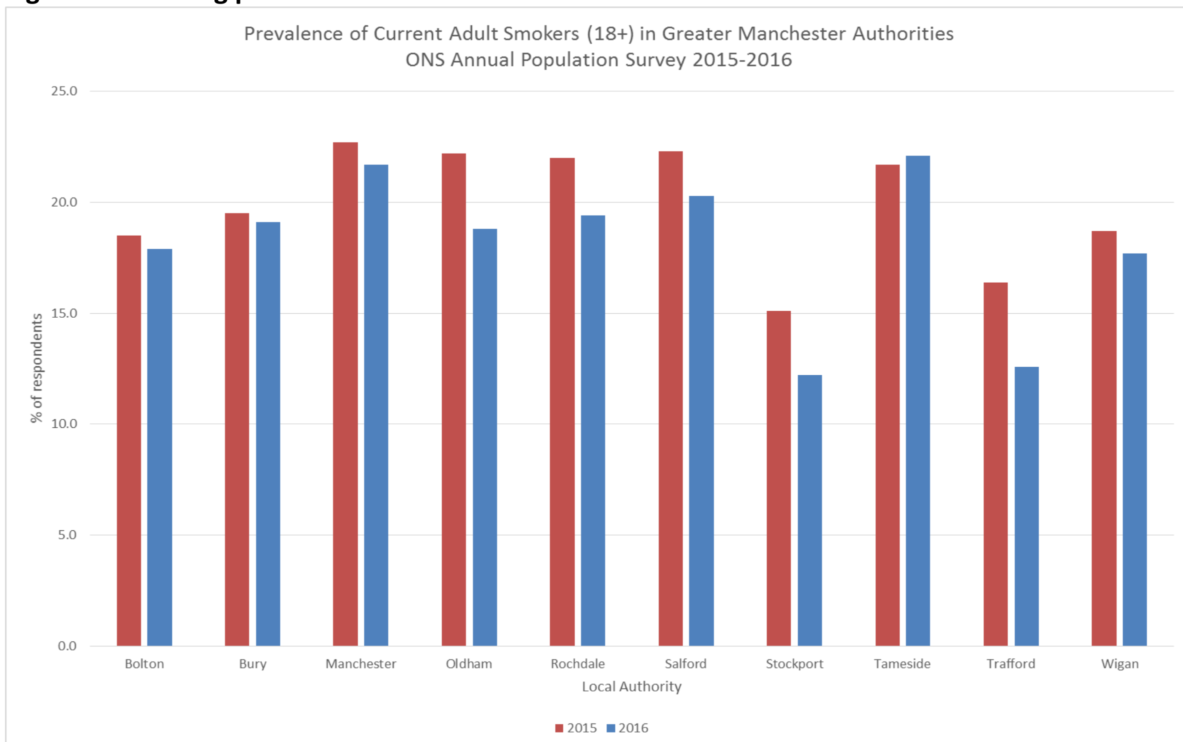


Figure 2 : Smoking prevalence in Greater Manchester



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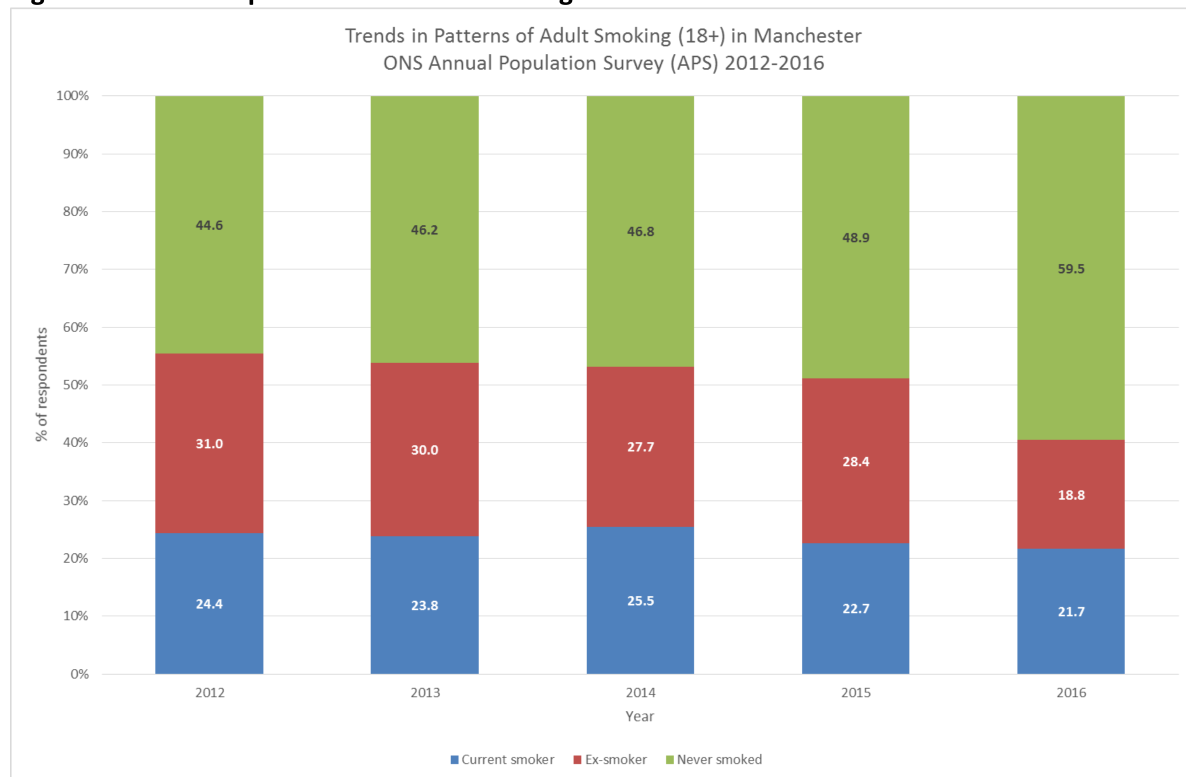
2.1.2 It is also helpful to look at the proportion of adults in Manchester who currently smoke, those that have smoked in the past and those that have never smoked (see Figure 3).

Figure 3 : Trends in patterns of adults smoking in Manchester



The latest figures for 2016 show that, compared with 2015, the proportion of people who currently smoke has fallen very slightly. In contrast, the proportion of adults who reported that they have smoked ('ex smokers') has fallen sharply from 28.4% to 18.8%. At the same time, the proportion of adults who reported that they have never smoked has increased from 48.9% to 59.5%. However, it should be noted that in 2016 there was a change in the questions in the APS, which has had an impact on the calculation of ex-smokers. Furthermore indicators based on self-reported behaviours are likely to underestimate the true level of cigarette consumption and to a lesser extent cigarette smoking prevalence. Evidence suggests that when respondents are asked how many cigarettes they smoke per day, there is a tendency for respondents across all age groups to round the figure down to the nearest multiple of 10.

2.1.3 Data extracted from primary care systems indicates that just under 119,000 patients registered at GP practices in Manchester were recorded as smokers. This is equivalent to 22.7% of the GP registered population and is similar to the national estimate of smoking prevalence generated from the APS (21.7%). The same analysis shows that 17.6% of the GP registered population were recorded as ex-smokers and 74.4% were recorded as being non-smokers.

2.1.4 We know that in some population groups and areas of deprivation, smoking rates are much higher than the average for the population as a whole. For example, workers in routine and manual occupations are twice as likely to smoke as those in professional or managerial roles. Unemployed people are also twice as likely to smoke as those in employment (4). Smoking is twice as common among people with mental health disorders and it is estimated that 37-56% of people with severe mental illness smoke. People from the lesbian, gay and bisexual

communities are also more likely to smoke (5) and prevalence may also vary between minority ethnic groups (6).

2.1.5 Most current adult smokers started smoking before the age of 18 and a key component of this tobacco control plan is to stop people from starting to smoke. Plain packaging legislation introduced in England in May 2017 aims to stop tobacco companies marketing cigarettes in a way that makes them attractive to young people.

2.1.6 People in poorer communities face many other physical and mental health inequalities and smoking serves to make those inequalities even worse by causing serious damage to their health over time. People are more likely to start smoking if they grow up or live in certain areas and may find it harder to give up than people who live in settings where fewer people smoke, or if their circumstances are materially easier (7), (8). We also know that some groups will be more exposed to illegal tobacco sales or the sale of cheaper, unregulated, illicit tobacco.

2.1.8 In Manchester smoking prevalence differs from area to area and some groups are more vulnerable to smoking related harm than others. Parts of north and east Manchester for example, have much higher smoking prevalence rates and worse health outcomes. Therefore targeting help and support in these areas is a key element of work to reduce health inequalities in Manchester. Public Health England strongly advise such an approach in order to accelerate decline in smoking prevalence rates (1). This is consistent with our Population Health Plan.

2.2. The impact of smoking in Manchester

Smoking can have a significant impact on the prevalence of other long term conditions such as respiratory illness and also contributes to the higher rate of hospital admissions and early deaths in Manchester.

Long Term Conditions (LTCs)

2.2.1 Smoking is the major preventable risk factor for Chronic Obstructive Pulmonary Disease (COPD), asthma and other respiratory illnesses. Nationally, around 17% of COPD patients are known to be smokers. However, data from GP practices summarised in the table below, shows that 49% of patients with COPD in Manchester are recorded as smokers.

Table 2 : Smoking and LTCs in Manchester

Respiratory Condition	Current Smokers (%)	Ex-Smokers (%)	Combination – Ever Smoked (%)
COPD	49%	33%	82%
Asthma	24%	14%	37%

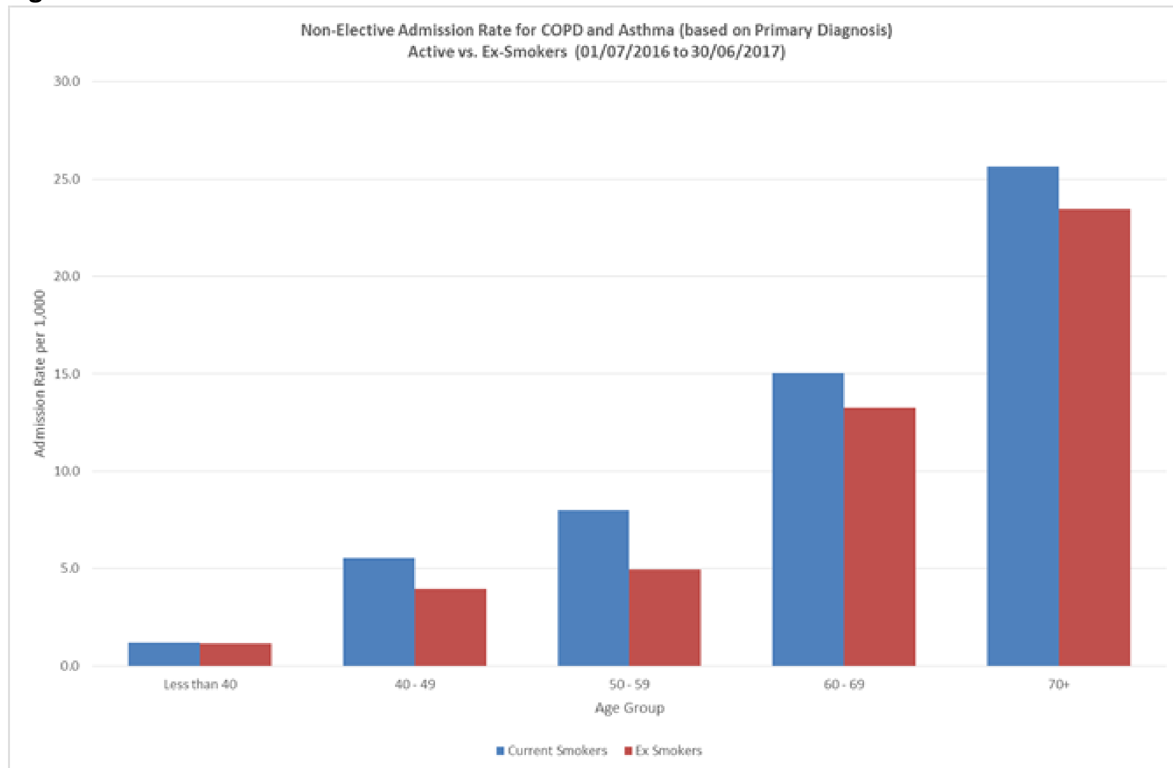
Smoking related hospital admissions

2.2.2 There are just under 6,000 smoking related hospital admissions per year costing approximately £5.4 million per year to the NHS in Manchester. High smoking attributable admission rates are indicative of both poor population health and high smoking prevalence.

2.2.3 The Manchester Health and Commissioning (MHCC) Data Warehouse allows us to look at differences in the care among current and ex-smokers as well as differences in the cost of this care. We can make potential savings from reducing the cost of care among current smokers

down to that of ex-smokers, through effective smoking cessation programmes. Analysis of data from June 2016 to July 2017 shows that the rate of non-elective (i.e. unplanned) hospital admissions for COPD and asthma was higher for current smokers compared with ex-smokers. This pattern persists across all age groups, although 'excess' was highest in patients aged 40-60 years.

Figure 4 : Non elective admission rates for COPD and Asthma



Smoking attributable mortality

2.2.4 Smoking remains the biggest single cause of preventable mortality in the world. It accounts for 1 in 6 of all deaths in England, killing around 79,000 people each year. Causes of death related to smoking include various cancers, cardiovascular and respiratory diseases and diseases of the digestive system. There are huge inequalities in smoking related deaths: areas with the highest death rates from smoking are about three times as high as areas with the lowest death rates attributable to smoking. (Source: Public Health England 2018). Cancer Research UK have provided an excellent summary on 'what influences the risk of cancer from smoking' and this is provided in Appendix 1.

2.2.5 In the three year period 2014 to 2016, there were a total of 2,440 deaths attributable to smoking among people living in Manchester. This is equivalent to around 813 deaths each year. Trends show that the rate of smoking attributable deaths in Manchester fell by just over 8% between 2008-10 and 2012-14, but more recent data suggests that the rate may now be on the increase. The current rate for the period 2014-16 (499.3 per 100,000) is around 9%, higher than that for the period 2012-14.

2.2.6 The rate of smoking attributable deaths in Manchester is the highest in England and is significantly higher than that of other similarly deprived local authorities, such as Hull, Blackpool, Liverpool and Middlesbrough (see Table 3 below). This suggests that deprivation

alone does not fully account for the extremely high level of smoking attributable deaths in Manchester.

Table 3 : Smoking attributable mortality

Smoking attributable mortality 2014 - 16 — Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	244,470	272.0	270.9	273.1
Most deprived decile (IMD2015)	–	24,151	382.2	377.3	387.0
Manchester	–	2,440	499.3	479.5	519.8
Kingston upon Hull	–	1,681	470.3	447.9	493.5
Knowsley	–	1,083	464.5	436.8	493.4
Blackpool	–	1,149	442.9	417.6	469.4
Liverpool	–	2,917	441.8	425.7	458.2
Middlesbrough	–	845	410.5	383.0	439.4
Rochdale	–	1,267	397.8	376.1	420.5
Nottingham	–	1,429	395.8	375.3	417.1
Stoke-on-Trent	–	1,505	393.0	373.2	413.5
Blackburn with Darwen	–	753	390.0	362.3	419.3
Barking and Dagenham	–	737	364.6	338.3	392.5
Tower Hamlets	–	617	340.3	313.1	369.1
Sandwell	–	1,533	333.6	317.0	350.7
Hackney	–	630	322.4	297.1	349.3
Birmingham	–	4,327	308.5	299.3	317.9
Wolverhampton	–	1,238	305.6	288.7	323.2

Source: ONS mortality file, ONS LSOA single year of age population estimates and smoking status from Integrated Household Survey/Annual Population Survey, relative risks from The Information Centre for Health and Social Care, Statistics on Smoking, England 2010.

2.3. Improving the use of health intelligence to support tobacco control

2.3.1 Public Health England provide robust data to local authorities to support their work. In Manchester the MHCC Data Warehouse, referred to in 2.2.3, allows data recorded in primary care to be stored in a central location. This can then be linked to other data sets (e.g. secondary care, community services, mental health and social care) via the NHS Number in an anonymised manner. Data recorded in primary care includes smoking status (current smoker, ex-smoker and never smoked) and smoking reviews, along with other demographic and diagnostic data at an individual patient level.

2.3.3 We can now conduct analysis of the current and historic levels of smoking among patients with a recorded long term condition in primary care, notably COPD and asthma patients who currently smoke or who have smoked in the past.

2.3.4 Another important source of intelligence vital for Tobacco Control, comes from our Council partners (Trading Standards, Environmental Health, Compliance) and Greater Manchester Police and Greater Manchester Fire and Rescue Service. This includes information about the supply and distribution of illicit tobacco, venues where the Health Act is breached (e.g. smoking is allowed indoors in some Shisha cafes) and areas where the sale of tobacco to children aged under 18 is common place. A good example of how intelligence for enforcement work is gathered is the bi-annual survey carried out by Trading Standards North West (TSNW) since 2005. Through schools in the region, young people are asked to complete confidential questionnaires about their tobacco and alcohol use and attitudes.

3. The Greater Manchester Programme

3.1 The Smoke Free Manchester Tobacco Control Plan is aligned with the GM "Making Smoking History" programme. GMPOWER is an acronym for the approach that partners are taking in Greater Manchester and which we have adopted for the city of Manchester.

- Grow a social movement for a Tobacco Free Greater Manchester
- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit
- Warn about the dangers of tobacco
- Enforce tobacco regulation
- Raise the real price of tobacco

> "The Tobacco Free Greater Manchester Strategy sets out a vision that is grounded in an innovative international evidence based framework, our GMPOWER model. This is based on the World Health Organisation (WHO) multi component GMPOWER model introduced globally in 2008, endorsed by the World Bank and UK Government15. This approach advocates a comprehensive, multi-component approach to tackling tobacco. Our Greater Manchester communities offer us a unique opportunity to add a seventh component to the original model to capitalise on coproduction and citizen engagement" Source: Making Smoking History (2).

3.2 In Manchester, helping smokers to stop smoking is only a part of what needs to be done. We also need to bring about a change in social norms across all communities. Social and cultural change was achieved relatively recently when smoke free legislation was introduced in 2007 in workplaces and enclosed public spaces. Compliance rates are now very high without the need for enforcement action in most cases.

3.3 The "de-normalisation" of smoking is crucial if we are to prevent generations of future smokers and also to protect people from the extremely harmful effects of secondary smoke, (also known as environmental tobacco smoke) from pre-birth onwards. National Institute for Health and Care Excellence (NICE) guidance for smoking prevention suggests that school based interventions, mass media interventions and enforcement to restrict illegal access to tobacco are effective in preventing young people starting smoking (4). Exposure to second hand smoke is hazardous to people at any age. Furthermore there is an increase in the risk of low birth weight babies and other harmful effects when women smoke during pregnancy. The Manchester Population Health Plan priority 'The first 1000 days of a child's life' will ensure that support for pregnant women in a range of settings is available.

3.4 We also need to reduce the demand for cigarettes and restrict and regulate their supply. The Council's Enforcement Teams (Trading Standards and the Licencing and Out of Hours Compliance Team) in Manchester work hard to ensure that all of the legislation, particularly around sales to people who are underage, is enforced.

3.5 Evidence shows that "raising tax" is a key tobacco control intervention which has been proven to have a greater effect on more disadvantaged smokers at a population level and so contribute to reducing health inequalities" (4). By making smoking cheaper, sales of illicit tobacco seriously undermine health measures intended to discourage smoking using regulatory and pricing regimes. Enforcement is therefore essential for good tobacco control.

The Manchester City Council teams and others excel in this area and they are valuable partners in the Manchester Tobacco Alliance.

3.6 The Manchester Tobacco Alliance is chaired by the Director of Population Health and Wellbeing and membership of the Alliance is broad in terms of agencies represented. It includes NHS and City Council commissioners, NHS providers, clinicians, GP/primary care representatives, Trading Standards, Environmental Protection, VCS organisations, charities such as Cancer Research UK and Macmillan, GM Fire and Rescue Service, Manchester Prison, Greater Manchester and Public Health England Tobacco Leads.

Greater Manchester Common Standards for Tobacco Control

3.7 The Greater Manchester (GM) Common Standards for Tobacco Control are set out under five overarching strategic outcomes and 'I' statements to show what the outcome will mean for GM residents:

- Improving the Health of the GM Population and Reducing Health Inequalities across GM (I will be increasingly unlikely to be affected by tobacco related health disease as a Greater Manchester resident)
- Start Well: Give every GM child the best start in life (I will ensure that babies, children and young people are protected from the harm caused by tobacco from conception through to adulthood)
- Live Well: Ensure every GM resident is enabled to fulfil their potential (All smokers in GM are given the help they need to quit)
- Age Well : Every adult will be enabled to remain at home, safe and independent for as long as possible (I will be supported to give up smoking to improve my quality of life and smoking related disease at any age)
- Enabling resilient and thriving communities and neighbourhoods (I will be protected from tobacco related crime, fire risk, litter and environmental smoke in my community and the places I visit)

Manchester will use this GM framework for our Tobacco Control Delivery Plan between 2018 and 2021 and this is set out in the next section.

4. The Delivery Plan

For each strategic outcome contained in the GM Plan, a set of common standards have been agreed by Greater Manchester with areas adding local standards if required. The tables below show what we are currently doing in Manchester to meet these standards and what else we need to do over the next three years.

4.1 GM Strategic Outcome 1: Improving the Health of the Population and Reducing Health Inequalities

4.1.1 It is recommended that each area within Greater Manchester will produce its own specific Tobacco Control Plan.

4.1.2 This Smoke Free Manchester Plan demonstrates the commitment of the members of the Manchester Tobacco Alliance, Manchester City Council, Manchester Health and Care Commissioning and Manchester Health and Wellbeing Board to adopt a whole system collaborative approach.

4.2 GM Strategic Outcome 2 : Start Well – Give every GM child the best start in life

4.2.1 Under this outcome we need to ensure that:

- Children are protected from tobacco related harm from conception onwards
- Children and young people will be protected from environmental tobacco smoke

4.2.2 Reducing smoking in pregnancy is the single most important factor in reducing infant mortality. Smoking during pregnancy can also cause serious health problems for the mother and baby, including complications during pregnancy and labour. Smoking during pregnancy carries an increased risk of miscarriage, premature birth, stillbirth, low birth weight and sudden unexpected death in infancy. The Manchester Population Health Plan priority 'The first 1000 days of a child's life' will focus on this area of work.

4.2.3 We also want to protect children from environmental tobacco smoke by initiating a major new work stream around "smoke free" homes. We will be supported by a leading academic from the University of Liverpool in this work and the Manchester Housing Provider Partnership will be a key partner in our Tobacco Control Programme.

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018-19	What we need to do by 2021 in order to meet this standard
All pregnant women will have a Carbon Monoxide (CO) breath test	The GM maternity services specification states that all women must have a CO test. However, at the present time not all women in Manchester are offered a CO breath test and this is an area identified for improvement for 2018-19. Manchester will benefit from GM funding to roll out the Baby Clear Programme, which will ask midwives and smoking cessation staff to give all women a CO breath test. Staff in the newly commissioned north Manchester Smoking Cessation service (part of Be Well) are expected to offer CO breath tests to all women who want one. Plans are now in place to share a midwifery post with Trafford to ensure Baby Clear can be rolled out in central and south Manchester.	All midwives must be trained, equipped and supported to carry out the CO breath test and provide brief advice about the result. We will rebuild our specialist smoking cessation services across all parts of the city and ensure that they work to NICE guidance, offering CO tests to all pregnant women who want one and who want to give up smoking.
All pregnant women who smoke are referred to services which can help them to stop smoking during their pregnancy	Manchester will benefit from GM funding to roll out the Baby Clear Programme which will ensure that all women can quickly access smoking cessation services if they need them. This standard will be met in 2018 in north Manchester for the first phase of Baby Clear. The Baby Clear Programme will then roll out in central and south Manchester in late 2018. As stated above additional midwifery capacity will be put in place later this year whilst plans for 2019-20 are developed.	Sustain the Baby Clear Programme

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018-19	What we need to do by 2021 in order to meet this standard
All families are supported to live in a smoke free home	This standard is met in part, however the number of children who live in a Smoke Free Home in Manchester is not quantified. Working towards this standard is a high priority in terms of protecting the health of babies' and children, but also in terms of changing norms to prevent teenagers starting to smoke and becoming addicted at a young age. We have initiated a Smoke Free Homes work stream. This is a long term piece of work supported by the research findings of a leading academic at the University of Liverpool. Positive early discussions have started with the Manchester Housing Provider Partnership. The Smoke Free Homes work stream will work across all tenures and types of housing. GM Fire and Rescue Service will also be a key partner.	Trying to ensure that Manchester homes, irrespective of tenure are Smoke Free, especially where children live, will be a priority for 2019-20. We will focus on voluntary measures 'working with' rather than 'doing to' households and communities. Partnership working will be essential, including children's health professionals, frontline council staff, Greater Manchester Fire and Rescue Service and landlords and homeowners across all tenures. Good community engagement will be essential. The Manchester Local Care Organisation will be the key delivery vehicle for this standard in future years.
Strengthen efforts to prevent young people starting smoking (Manchester Standard)	The Council's Trading Standards team will continue with existing measures to prevent underage sales of tobacco and reducing the supply of illicit tobacco.	We will work with GM colleagues who are looking at the opportunities afforded by devolution and a GM tobacco licensing scheme. It is possible that Manchester could take a lead role for this area of work on behalf of all 10 local authorities pending further discussions.
Strengthen efforts to prevent young people starting smoking (Manchester Standard)	At the present time, School Nurses provide support for young people who smoke and the Population Health and Wellbeing Team commissioned specialist smoking cessation training for working with children and young people who smoke.	We will involve young people in the development of other interventions and evaluate change in behaviours and attitudes. This will be done with the Healthy Schools Team.

4.3 GM Strategic Outcome 3 : Live Well – Ensure every GM resident is enabled to fulfil their potential

4.3.1 Under this outcome we need to ensure that:

- All smokers in Manchester understand the risks of smoking and tobacco related harm
- Manchester smokers are able to access all available frontline pharmacotherapies and combination Nicotine Replacement Therapies (NRT) should always be an option. Any pharmacotherapy supplied should be alongside motivational support
- Tobacco Control measures, including smoking cessation support, focus on groups who have higher smoking prevalence rates in order to further reduce smoking related health inequalities
- All smokers admitted to hospital are assessed and treated for nicotine addiction irrespective of the cause of admission. Working towards zero tolerance to smoking for staff, patients and visitors on all hospital and health service sites.

4.3.2 Statistically the most effective way to give up smoking is using a dual approach of appropriate pharmacotherapy and psychological / motivational support. Manchester Health and Care Commissioning are committed to rebuilding community based smoking cessations services based on the latest evidence and NICE guidance. These community based services will support the pathways of new programmes such as Baby Clear and CURE. Specialist Smoking Cessation services will be commissioned to reach into those communities where smoking prevalence is highest and target population groups, including people in routine and manual occupations, people with mental health problems, the LGBT community, homeless people and offenders.

4.3.3 In Manchester, we have senior clinicians in our acute hospital trusts who are committed to making sure that their hospitals fulfil NICE guidance PH48 (9) and that all patients are offered a high quality smoking cessation service. The CURE programme, led by Dr Matthew Evison is a pioneering example of this (see section 5). Manchester hospitals will benefit from funding made available from the GM Health and Social Care Partnership to develop and implement CURE.

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
Each area in GM will adopt a Making Every Contact Counts approach: all front line staff are able to talk about the risks associated with smoking.	In 2018 we will partially meet this standard. We successfully piloted training for school nurses and staff working with families with complex needs in 2017. This will be repeated.	We will identify all front line staff who need to be trained to talk to people about smoking and to deliver brief interventions. We will work in a creative way with staff and their respective organisations to ensure that appropriate training is provided. This work will also be crucial if we are to increase the number of smoke free homes in Manchester.

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
	Staff working for our integrated health and wellbeing service, buzz, offer support and advice to people who would like to stop smoking. The staff working for Be Well, our new social prescribing service, will also offer support and advice.	
Publicised arrangements are in place for smokers to access pharmacotherapy and motivational support in all areas (including advice about Nicotine Inhaling Products i.e. e-cigarettes).	Publicised arrangements are in place for services in Manchester. Information has been made available to all GP practices about the Be Well service and buzz, who can offer support for smokers. Information is available on the Health and Wellbeing pages of the Manchester City Council (MCC) website. Manchester benefits from information hosted on the GM Making Smoking History platform and can access a telephone based smoking cessation service. This number is listed on the MCC website too. We are aware that there is controversy around the use of Nicotine Inhaling Products (e-cigarettes), Manchester supports the approach of Public Health England and GM in supporting the use of these products as a "harm reducing" aid to giving up smoking completely. E-cigarettes are thought to be 95% safer than smoking normal cigarettes because they do not contain tobacco (Source: PHE/CRUK). However, there still appears to be widespread confusion about how safe e - cigarettes are relative to normal cigarettes and we will make sure that accurate information is available to smoking cessation	In line with PHE advice we will continue to develop local policies around the use of nicotine inhaling products for our smoking cessation services. As smoking cessation services develop and change across Manchester, we will ensure that all websites and other communications are up to date and widely available to professionals and residents. Consider the recent findings of the Parliamentary Science and Technical Committee in relation to e-cigarettes and vaping.

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
	practitioners, health care professionals and smokers themselves.	
All areas will have plans to focus resource on the areas and groups with the highest prevalence of smoking (e.g. people in routine and manual occupations, LGBT people, people with mental health issues, people with complex long term conditions and offenders)	In conjunction with our partners, Manchester has made a good start in respect of this standard. The first of our new stop smoking services was launched in north Manchester in 2018. North Manchester has high numbers of smokers from all of the vulnerable and at risk groups mentioned and high deprivation. The LGBT Cancer Support Alliance has a strategy called Proud2Bsmokefree which is supported by the Manchester Tobacco Alliance. In 2017 Manchester Prison became Smoke Free.	The NHS target for Mental Health Trusts to be Smoke Free remains a challenge across the country. We will work with Greater Manchester Mental Health Trust to progress work in local settings. We need to ensure that targeted stop smoking services for key vulnerable groups are available across the city by 2020. Further work needs to be carried out to address high levels of smoking and subsequent health inequality in our LGBT community. This will include work initiated in 2018 to make PRIDE smoke free in years to come. The highly successful Lung Health Check Service, which was piloted by the Macmillan Cancer Improvement Programme (MCIP) in north Manchester will be rolled out across Manchester and GM. This programme targets smokers in deprived communities many of whom may be in routine and manual work or un employed.
All smokers admitted to hospital will receive appropriate pharmacotherapy and motivational support as inpatients and on-going support on discharge. The "CURE" programme is the model for actioning this in GM.	This standard describes what is actually recommended in full by NICE guidance PH48 (9) for people in secondary care, mental health patients and pregnant women. Acute trusts in Manchester (and beyond) have not met the recommendations of PH48 and this standard is not met currently. However, the CURE programme (8),	Phase 1 of CURE will launch in Wythenshawe hospital in 2018. Phase 1 will test proof of concept and "iron out" operational issues. This programme is ambitious and innovative and we anticipate will deliver not only improved health outcomes for patients, but also reduce hospital admissions. If successful, CURE will be rolled out across all GM and Manchester sites

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
	launched at Wythenshawe hospital in September 2018 will fulfil and exceed this guidance if fully implemented.	We acknowledge that CURE is dependent upon the provision of specialist community stop smoking services which all patients will be able to access on discharge from hospital. It is therefore a priority for MHCC to commission city wide stop smoking services which will deliver our intended outcomes and support the CURE pathway. Proposals will be developed in 2018-19 for implementation in 2019-20.

4.4 GM Strategic Outcome 4 : Age Well – Every adult will be enabled to remain at home, safe and independent for as long as possible

4.4.1 Under this outcome we need to ensure that:

- People who have conditions caused by, or exacerbated by smoking will be supported to stop smoking
- All smokers aged 50 and over admitted to hospital will be assessed and treated for nicotine addiction, irrespective of the cause of admission. Working towards zero tolerance to smoking for staff, patients and visitors at all hospital sites and health service settings.

4.4.2 The important principle underlying our commitment to this particular standard is that we believe that it is never too late to stop smoking. No matter how long an individual has smoked health outcomes can be improved significantly in the short and long term if smoking is ceased. Stopping smoking will not only impact on life expectancy but also “healthy life expectancy”. We recognise that some older people might have smoked for many years and giving up might be really difficult. However, we will make sure that older people receive the help they need to stop smoking, which will include a pharmacotherapy offer and working with the Age Friendly Manchester Team will inform our approach. The CURE programme will also be an important intervention for this age group.

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
All people aged 50 and over who have a smoking related or smoking exacerbated chronic	We will promote this standard by making the 2018 Festival of Ageing a voluntary “Smoke Free” event with the support of the GM Making Smoking History team.	The first “Smoke Free” Festival of Ageing events will demonstrate the commitment to becoming Smoke Free at

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
condition will be offered evidence based support to stop smoking	Whilst many Smoke Free events will be aimed at children and families, it is important to value the health of older people and to address health inequalities in this group.	any age. We also acknowledge the important intergenerational influence that this age group can have. We acknowledge that there are gaps in our smoking cessation service provision citywide and we will address these as described earlier. Over 50s must be offered services based on need and older smokers must also be supported to stop at any age.
All smokers, irrespective of age, who are admitted to hospital will receive appropriate pharmacotherapy and motivational support as inpatients and on-going support on discharge. The CURE programme (8) is the appropriate model for accessing this in GM.	Please see information in relation to the CURE programme (see section 5) which will offer support to smokers irrespective of age.	Please see information in relation to plans for the implementation of the CURE programme.

4.5 GM Strategic Outcome 5: Enabling resilient and thriving communities and neighbourhoods

4.5.1 Under this outcome we need to ensure that:

- Tobacco legislation is enforced and the supply of illicit tobacco is tackled
- There are fewer smoking related accidental dwelling fires so homes and residents are safer
- Smoke free hospitals - working towards zero tolerance to smoking for staff, patients and visitors at all hospital sites and health service settings
- There will be more smoke free public spaces in Manchester
- We have a smoke free public sector

4.5.2 This set of standards relate to the wider determinants of smoking and will be challenging to achieve. For example, whilst there is general acceptance that people should be supported by health services to stop smoking and that children should be protected, there may be resistance to further changes. However, if residents of the city are involved in shaping programmes so much more can be achieved.

4.5.3 We can build on the excellent work of the Council's Enforcement Teams (Trading Standards and the Licensing Out of Hours Compliance Team). The Teams enforce all tobacco related legislation across the city. For example, the partnership work to combat the health harm caused by widespread smoking of Shisha in some parts of the city. Work is planned and carried out in conjunction with other agencies such as Greater Manchester Police, HM Revenue and Customs, Greater Manchester Fire and Rescue Service, the Population Health and Wellbeing Team, Border Force and the Prevent Team as part of wider measures to ensure all legislation to keep people and premises safe is monitored.

4.5.4 Manchester has also added "tobacco related littering" as a local standard to support the Council's Waste, Recycling and Street Cleansing team. We aim to reduce cigarette littering and associated plastic pollution as part of a wider campaign launched this year with Keep Britain Tidy.

4.5.5 Greater Manchester Fire Service are a critical partner in terms of making communities safer by preventing fires and also important work they do in carrying out domestic "Safe and Well" checks. At the present time, smoking remains the top cause of fire ***deaths*** in Greater Manchester, despite the huge improvements in fire prevention and associated reduction in domestic fires generally.

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
Publicised arrangements are in place for members of the public to report concerns about illicit tobacco and breaches of legislation, e.g. underage sales.	We believe that this standard is met in 2018 and that by running a communications campaign annually, we will improve publicised arrangements. Most reports received by Trading Standards come through the National Trading Standard's Helpline which is hosted by Citizens Advice. Reports are also received via a website called keep-it-out.co.uk. The Council and partners advertise these places and numbers.	The objectives of enforcement teams are clear and set out in legislation. Our aim for 2018-2021 would be to ensure that these operations can continue.

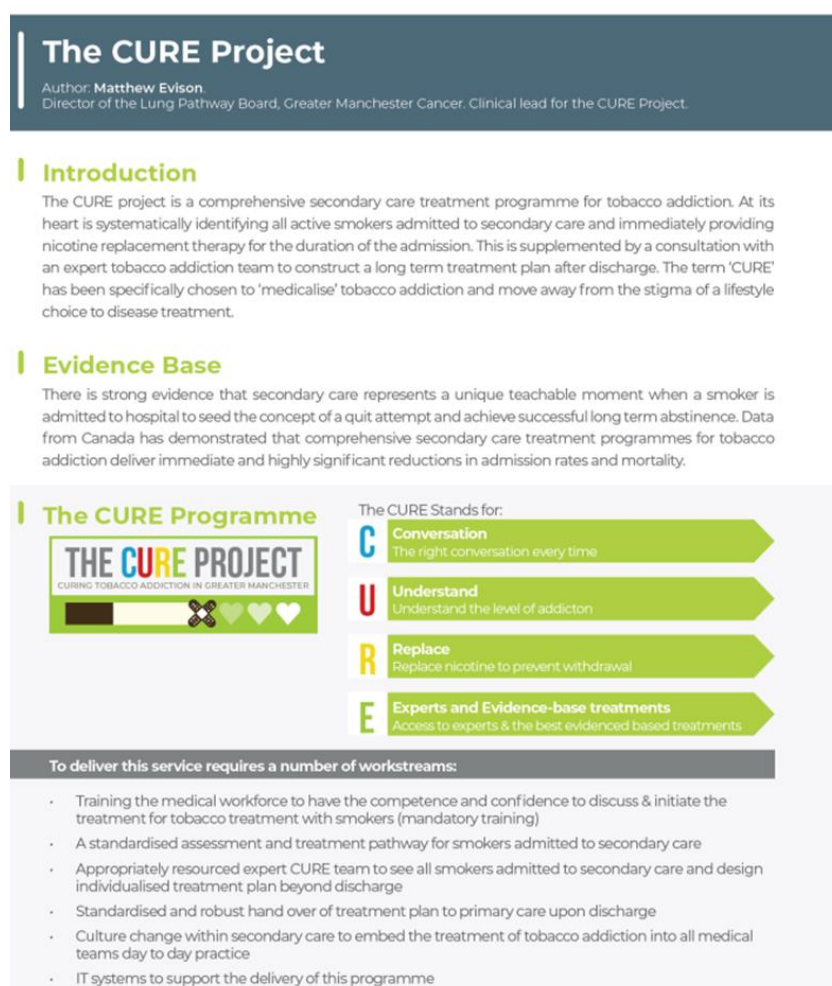
Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
	We want to do more to improve intelligence reporting and subsequently intelligence led operations. We have initiated work with the MCC Communications Team to run a campaign in 2018 which will aim to increase the number of reports received and to explain to the public why tackling these issues is important for them and their communities. The Shisha work which has run throughout 2018 will continue. An ongoing programme of operations is carried out by the Council's Trading Standard team to prevent sales of tobacco and related products to people aged under 18. This includes the action against supply of illicit tobacco and ensuring legislation around tobacco advertising and plain packaging is complied with.	
Manchester will work towards making all homes Smoke Free	Elements of this standard relate to accidental dwelling fires. The Greater Manchester Fire and Rescue service Safe and Well check programme has been strengthened in recent years.	We will progress our partnership work on Smoke Free Homes as set out in section 4.2.
All acute and mental health trusts to develop and implement a Smoke Free policy	Whilst the hospital and mental health trusts in Manchester do have Smoke Free policies, full implementation remains challenging. This situation is not unique to Manchester and Public Health England and the GM teams will provide	CURE, if fully implemented, will provide an excellent catalyst for Smoke Free hospital sites. Further work will be undertaken with the Greater Manchester Mental Health Trust (GMMHT) as described earlier.

Tobacco Common Standard	What we currently do in Manchester to meet this standard in 2018	What we need to do by 2021 in order to meet this standard
	additional support to progress local work in 2018-19.	
All areas will increase the number of voluntary schemes promoting Smoke Free family spaces	In 2018 Manchester does not have any voluntary smoke free family spaces. We will be making our Manchester Festival Of Ageing Smoke Free in summer 2018 and are exploring options to include other events.	The Population Health and Wellbeing Team will work with Manchester City Football Club and other partners to look at smoke free grounds and stadia policies, given the number of children and families who go to sporting events.
All public organisations' sites and grounds are supported to be smoke free	Achieving Smoke Free outdoor public spaces will be best achieved by working with partners across GM. Work has begun to make PRIDE 2019 partially Smoke Free. This is an important step in de-normalising smoking in the LGBT community where rates are much higher than the population average. The learning from this programme will be helpful in rolling out more smoke free spaces and events.	We will support the work of the GM Tobacco Regulatory Sub Group under the Combined Authority. This group is exploring options for tobacco licensing schemes and legislation to support Smoke Free outdoor spaces. Work on other smoke free spaces must involve the public of Greater Manchester and target population groups building on the survey results from Making Smoking History. For example, there was widespread support for Smoke Free Children's Playgrounds.
To reduce cigarette littering and plastic pollution caused by cigarettes (Manchester standard)	The Council's Waste, Recycling and Street Cleansing Team has launched a major new anti-littering campaign in conjunction with Keep Britain Tidy.	The wider impact of smoking on the environment and the involvement of communities will add momentum to this campaign in future years.

5. The CURE Programme

A number of standards refer to the CURE programme and this Plan would not be complete without crediting the Manchester team who have developed it. CURE is an approach to smoking cessation based on the Ottawa Smoking Cessation model (10). The approach involves a comprehensive treatment programme to people admitted to hospital both as in patients and on discharge. It treats smoking primarily as an addiction, necessitating pharmaceutical intervention in order to help smokers to quit.

CURE was a concept (see summary sheet) designed and developed by Consultant Dr Matthew Evison from Wythenshawe Hospital, now part of Manchester University Hospitals Foundation Trust. CURE, we hope will save many lives and reduce costs in relation to hospital admissions and morbidity in both the short and long term. The Manchester Health and Wellbeing Board endorsed the CURE Project and will support its development and delivery over the coming months and years. In June 2018, Greater Manchester Health and Social Care Partnership committed £2.5 million to support the roll out of CURE across Greater Manchester and phase 1 will be implemented at Wythenshawe Hospital in autumn 2018.



The CURE Project

Author: **Matthew Evison**.
Director of the Lung Pathway Board, Greater Manchester Cancer. Clinical lead for the CURE Project.

Introduction

The CURE project is a comprehensive secondary care treatment programme for tobacco addiction. At its heart is systematically identifying all active smokers admitted to secondary care and immediately providing nicotine replacement therapy for the duration of the admission. This is supplemented by a consultation with an expert tobacco addiction team to construct a long term treatment plan after discharge. The term 'CURE' has been specifically chosen to 'medicalise' tobacco addiction and move away from the stigma of a lifestyle choice to disease treatment.

Evidence Base

There is strong evidence that secondary care represents a unique teachable moment when a smoker is admitted to hospital to seed the concept of a quit attempt and achieve successful long term abstinence. Data from Canada has demonstrated that comprehensive secondary care treatment programmes for tobacco addiction deliver immediate and highly significant reductions in admission rates and mortality.

The CURE Programme

THE CURE PROJECT
CURING TOBACCO ADDICTION IN GREATER MANCHESTER

The CURE Stands for:

- **C** – **Conversation**: The right conversation every time
- **U** – **Understand**: Understand the level of addicton
- **R** – **Replace**: Replace nicotine to prevent withdrawal
- **E** – **Experts and Evidence-base treatments**: Access to experts & the best evidenced based treatments

To deliver this service requires a number of workstreams:

- Training the medical workforce to have the competence and confidence to discuss & initiate the treatment for tobacco treatment with smokers (mandatory training)
- A standardised assessment and treatment pathway for smokers admitted to secondary care
- Appropriately resourced expert CURE team to see all smokers admitted to secondary care and design individualised treatment plan beyond discharge
- Standardised and robust hand over of treatment plan to primary care upon discharge
- Culture change within secondary care to embed the treatment of tobacco addiction into all medical teams day to day practice
- IT systems to support the delivery of this programme

6. Summary

6.1 The delivery of the Smoke Free Manchester Tobacco Control Plan aims to reduce smoking prevalence in Manchester and to change norms to make smoking a thing of the past in our City. We will focus our efforts on parts of the City that have the highest smoking rates, in order to reduce health inequalities and prevent early deaths from the three major killers; cancers, cardiovascular disease and respiratory conditions.

7. References

1. National Tobacco Control Plan (https://www.gov.uk/government/publications/tobacco-control-plan-delivery-plan-2017-to-2022)
2. GM Tobacco Control Plan, Making Smoking History (http://www.gmhsc.org.uk/wp-content/uploads/2018/04/Tobacco-Free-Greater-Manchester-Strategy.pdf)
3. Report to the Manchester Health and Wellbeing Board: The CURE programme (item 5 of 1 November 2017)
4. Public Health England, Tobacco Control : JSNA Support pack 2018-2019 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647096/Tobacco_commissioning_support_pack_2018-19_-_key_data.pdf)
5. Proud 2 Be Smoke free https://www.mhcc.nhs.uk/wp-content/uploads/2017/05/SO-Proud-2B-Smokefree-online-version-1.pdf
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7. Wilkinson and Pickett, The Spirit Level; Why Equality is Better for Everyone
8. ASH (Action on Smoking and Health) – Health Inequalities
9. NICE – Smoking: acute, maternity and mental health services
10. Ottawa Model for Smoking Cessation

8. Authors and contributors

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GM Health & Social Care Partnership Making Smoking History Team.
Nicola Jepson, Population Health and Wellbeing Team. Manchester Health and Care Commissioning
Lisa Seamark, Trading Standards, Manchester City Council
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Briege Cobane, Neighbourhood Manager - Environmental Health, Trading Standards, Housing Compliance & Enforcement, Manchester City Council
Christine Raiswell, Population Health and Wellbeing Team, Manchester Health and Care Commissioning
Gail Stott, Manchester Safeguarding Board

Louise Marshall, Population Health and Wellbeing Team, Manchester Health and Care Commissioning
Sarah Hardman, Greater Manchester Fire and Rescue Service
Clare Platt, Greater Manchester Fire and Rescue Service
Coral Higgins, Macmillan Cancer Commissioning Manager, NHS Manchester Clinical Commissioning Group
Stephanie Archer, Manchester Health and Care Commissioning

Appendix 1

Cancer Research UK
What influences the risk of cancer from smoking?

Smokers have a much higher risk of lung cancer than non-smokers, whatever type of cigarette they smoke. There's no such thing as a safe way to use tobacco. Cancer is perhaps the most widely known smoking related health risk, although as shown above, it is far from the only one. Many people are also not aware of how many cancers can be caused by smoking.

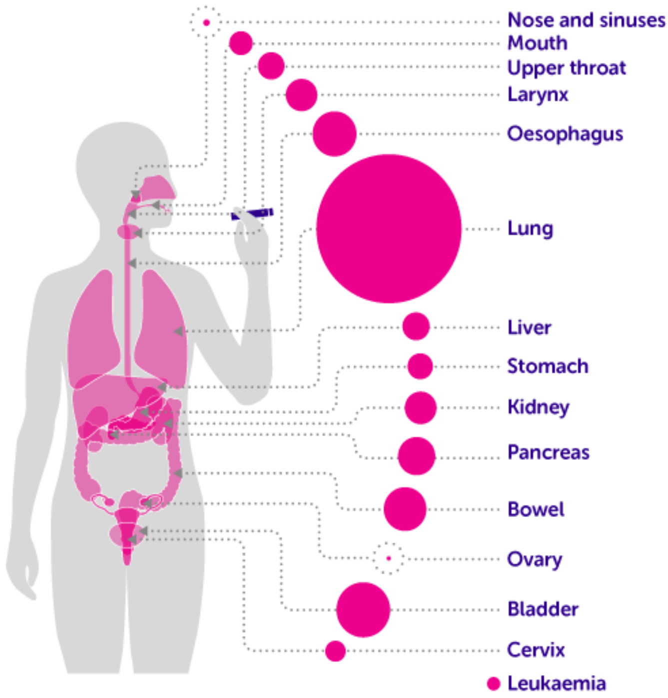
The type of cigarette an individual smokes has not been linked to a changed risk of developing a smoking related cancer. However, there is a positive relationship between the number of cigarettes smoked and the risk of developing cancer. Even "light" smoking can increase the risk of cancer.

Research has shown that the number of years spent smoking affects cancer risk even more strongly than the number of cigarettes smoked per day. For example, smoking one pack a day for 40 years is even more dangerous than smoking two packs a day for 20 years.

It usually takes many years, or decades, for the DNA damage from smoking to cause cancer. Our bodies are designed to deal with a limited damage but it's hard for the body to cope with the number of harmful chemicals in tobacco smoke. Each cigarette can damage DNA in many lung cells, but it is the build-up of damage in the same cell that can lead to cancer. Research has shown that for every 15 cigarettes smoked there is a DNA change which could cause a cell to become cancerous.

(Information provided by Cancer Research UK)

BEING SMOKE FREE CAN PREVENT 15 TYPES OF CANCER



Larger circles indicate more UK cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.
Source: Brown et al, British Journal of Cancer, 2018

LET'S BEAT CANCER SOONER
cruk.org/prevention

(Image courtesy of Cancer Research UK)

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Manchester City Council
Report for Resolution

Report to: Health Scrutiny Committee – 16 July 2019

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: l.walker@manchester.gov.uk

Background document (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.

None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Response	Contact Officer
18 June 2019	HSC/19/16 Urgent Business	To request that a briefing note from the Director of Population Health and Wellbeing be circulated to Members that provides an update on the response to the recent Listeria outbreak.	A response to this recommendation has been requested and will be circulated once received.	David Regan
18 June 2019	HSC/19/20 Stroke Services – Quality and Performance update	To recommend that the Director of Performance and Quality Improvement circulate to Members the comparative mortality figures relating to strokes.	This information was circulated to Members of the Committe via email – 26 June 2019.	Michelle Irvine Director of Performance and Quality Improvement, MHCC and Trafford CCG

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **1 July 2019**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
The Provision of a Citywide Support Service for Manchester 2019/05/15A The Provision of a Citywide Support Service for Manchester.	Executive Director Strategic Commissioning and Director of Adult Social Care	Not before 15th Jun 2019		Report and Recommendation	Mike Worsley mike.worsley@manchester.gov.uk

Adult Social Care Commissioned Service Fees Uplift 2019/02/05A To approve uplifts to fees for adult social care providers for financial year 2019/20.	Executive Director Strategic Commissioning and Director of Adult Social Care, City Treasurer	Not before 1st Mar 2019		Report and recommendation	Rachel Roswell r.rosewell@manchester.gov.uk

Subject **Care Quality Commission (CQC) Reports**
Contact Officers Lee Walker, Scrutiny Support Unit
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

Provider	Address	Link to CQC report	Date	Types of Services	Rating
Lime Square Medical Centre	Lime Square Medical Centre Lime Square Ashton Old Road Manchester M11 1DA	https://www.cqc.org.uk/location/1-5173909625	6 June 2019	Doctors / GPs	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Equality Homecare Services Limited	Equality Homecare Services Limited 124 Altrincham Road Sharston Manchester M22 4US	https://www.cqc.org.uk/location/1-174705289	12 June 2019	Homecare agencies	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Assist and Care Ltd	Assist and Care Ltd 197 Fog Lane Manchester M20 6FJ	https://www.cqc.org.uk/location/1-1713453825	19 June 2019	Homecare agencies	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Mr Mohedeen Assrafally and Mrs Bibi Toridah Assrafally	Polefield Nursing Home 77 Polefield Road Manchester M9 7EN	https://www.cqc.org.uk/location/1-2279393745	19 June 2019	Nursing Home	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Manchester City Council	DSAS- South Network 157 -159 Hall Lane Baguley Manchester M23 1WD	https://www.cqc.org.uk/location/1-2840121187	19 June 2019	Homecare agencies	**Overall: Requires Improvement** Safe: Good Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement

Skolak Healthcare Ltd	Beechill Nursing Home 25 Smedley Lane Cheetham Hill Manchester M8 8XB	http://www.cqc.org.uk/location/1-121486305	20 June 2019	Nursing Home, Rehabilitation (substance misuse)	**Overall: Requires Improvement** Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Requires Improvement
Veincentre Ltd	Veincentre Manchester (St Anne Street) 4th Floor National House 36 St. Anne Street Manchester M2 7LE	https://www.cqc.org.uk/location/1-5262605020	21 June 2019	Doctors / GPs	**Overall: Good** Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

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Item 9

Health Scrutiny Committee
Work Programme – July 2019

Tuesday 16 July 2019, 2pm (Report deadline Friday 5 July 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Discussion item: Menopause Awareness	The Committee have invited Veronica Hyde, Member of the British Menopause Society to discuss menopause awareness.			Discussion item.
Age Friendly Manchester and Health Services	To receive a report that provides information on how the Age Friendly Manchester approach is realised via the Manchester Health and Care Commissioning and in the delivery of health services within the Manchester Local Care Organisation.	Cllr Craig	Ed Dyson Katy Calvin-Thomas	
Manchester Health and Care Commissioning Cancer Improvement Programme	To receive a report that describes the current overview of cancer services across Manchester, including commissioning arrangements, and outlines the proposed Cancer Improvement Programme for Manchester Health and Care Commissioning (MHCC). The paper also highlights those workstreams contributing to the delivery of the NHS Long Term Plan requirements and the recommended priority areas for 2019/20 and 2020/21	Cllr Craig	Nick Gomm	
Recommendations of the Public Health Task and Finish Group	To receive a report on how the recommendations of the Public Health Task and Finish Group are being implemented. The final report and recommendations had been endorsed by the Committee at the meeting of 4 December 2018. This will include information on the Winning Hearts and Minds (heart health and mental health) approach to alcohol and tobacco.	Cllr Craig	David Regan	See minutes of December 2018. Invitation to be sent to Cllr Wilson.
Overview	The monthly report includes the recommendations monitor,		Lee Walker	

Report	relevant key decisions, the Committee’s work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.			

Tuesday 3 September 2019, 2pm (Report deadline Thursday 22 August 2019) Please note deadline date due to Bank Holiday				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
The Our Manchester Carers Strategy	To receive an update report on the delivery of the Our Manchester Carers Strategy.	Cllr Craig	Bernadette Enright	See minutes of 17 July 2018. Ref: HSC/18/31
Annual Adult Safeguarding report	To receive the Annual Report of Manchester Safeguarding Adults Board.	Cllr Craig	Bernadette Enright Heather Clarkson	
Overview Report				

Tuesday 8 October 2019, 2pm (Report deadline Friday 27 September 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Supporting People Housing Strategy	To receive a report on the Supporting People Housing Strategy (including extra care, dementia friendly and learning disabilities.)	Cllr Craig Cllr Richards	Jon Sawyer	
Overview Report				

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Autism Developments across Children and Adults	To receive an update report on Autism Developments across Children and Adults. This item was considered by the Health Scrutiny Committee at their January 2015 meeting.	Cllr Craig	Bernadette Enright	Learning Disabled citizens, family and carers to be invited.
Update on the work of the Health and Social Care staff in the Neighbourhood Teams	To receive an update report describing the work of the Health and Social Care staff in the Neighbourhood Teams.	Cllr Craig	Bernadette Enright	
Manchester Health and Care Commissioning Strategy	To receive a report on the Commissioning Strategy for Health and Care in Manchester. The Committee had considered this item at their July 2017 meeting.	Cllr Craig	Bernadette Enright	See minutes of July 2017. Ref: HSC/17/31
Public Health and health outcomes	To receive a report that describes the role of Public Health and the wider determents of health outcomes.	Cllr Craig	David Regan	
Manchester Macmillan Local Authority Partnership	To receive a report on the Manchester Macmillan Local Authority Partnership. The scope of this report is to be agreed.	Cllr Craig	David Regan	See Health and Wellbeing Update report September 2017. Ref: HSC/17/40
Mental Health Grants Scheme – Evaluation	To receive a report on the evaluation of the Mental Health Grants Scheme. This grants programme is administered by MACC, Manchester's local voluntary and community sector support	Cllr Craig	Nick Gomm Craig Harris	To be considered at the March 2019 meeting. See minutes of

	organisation, and has resulted in 13 (out of a total of 35) community and third sector organisations receiving investment to deliver projects which link with the Improving Access to Psychological Therapies (IAPT) services in the city.			October 2017. Ref: HSC/17/47
Single Hospital Service progress report	To receive a bi-monthly update report on the delivery of the Single Hospital Service.	Cllr Craig	Peter Blythin, Director, Single Hospital Service Programme	See minutes of 17 July 2018. Ref: HSC/18/32
Workforce Strategy	To receive a report on the Workforce Strategy.	Cllr Craig	Bernadette Enright	
Suicide Prevention Local Plan refresh	To receive the refreshed Suicide Prevention Local Plan.	Cllr Craig	David Regan	
Assistive Technology and Adult Social Care	To receive a report on how assistive technology will be used to support people receiving adult social in their home. The Committee will hear from individuals who have benefited from using assistive technology to learn of their experience.	Cllr Craig	Bernadette Enright	
NHS Dental and prescription charges	To receive a report on NHS Dental and prescription charges.	Cllr Craig	NHS England	
Air Quality and Health	To receive a report on the work being done to address air quality and the effect this has on health.	Cllr Craig	David Regan	
Reablement services	To receive a report that describes the activities to improve Hospital discharge rates; the activities to prevent hospital admissions and reablement services	Cllr Craig	Bernadette Enright	

Prevention and Wellbeing Services - Social Prescribing	To receive a report on social prescribing that includes information on the rationale and theory for this approach, information on the uptake and how this approach is monitored.	Cllr Craig	Nick Gomm	
Inclusive Health Care	To receive a report that describes the activities and initiatives to engage with and deliver health care to traditionally hard to reach groups.	Cllr Craig	Nick Gomm	
Estates and the delivery of Primary Care	To receive a report on the estates in which Primary Care is delivered.	Cllr Craig	Nick Gomm	
Manchester Mental Health Transformation Programme	To receive a report a progress report on Manchester Mental Health Services	Cllr Craig	Nick Gomm	
Fast-Track Cities Network	To receive a progress report on the work following the Mayor of Greater Manchester commitment given in 2018 to be part of the Fast-Track Cities Network to end all new transmissions of HIV within a generation.	Cllr Craig	David Regan	Invitations to be sent to partners from GM who are involved in this area of work.
Falls Prevention	To receive a report on the Falls Collaborative work.	Cllr Craig	Nick Gomm Sue Ward Manisha Kumar	Do not schedule for Oct, Dec, Jan meetings.

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