

Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 30 October 2019

Subject: Zero Carbon and Health

Report of: GP Board Member (Central), Manchester Health and Care
Commissioning
Director of Population Health

Summary

In March 2019 the Board received a report on Manchester's climate change targets and agreed the nomination for Dr Murugesan Raja to join the Manchester Climate Change Board.

Over the past six months the focus on climate change internationally, nationally and locally has been unprecedented. The City Council and the Greater Manchester Health and Social Care Partnership have all declared a climate emergency.

Furthermore, the 2018 Public Health Annual Report on Air Quality was recognised nationally and work on Clean Air across the city has made significant progress.

These developments are important in themselves but the need for urgent action becomes even more compelling when we consider the poor health status of many of our residents. In this report we focus on respiratory disease to highlight the interdependencies between our environment and health across the life course.

This report provides the Board with an update on:

- 1) Zero Carbon Framework (2020-38)
 - 2) Air Quality
 - 3) Respiratory Disease
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Recommendations

The Board is asked to:

1. Note the report.
 2. Encourage the respective partner agencies on the Board to declare and deliver their own climate emergency response.
 3. Request that all public sector partners represented on the Board develop their Sustainable Development Management Plans (SDMPs) and Climate Change Action Plans by March 2020.
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Board Priority(s) Addressed:

| Health and Wellbeing Strategy priority | Summary of contribution to the strategy |
|--|---|
| Getting the youngest people in our communities off to the best start | Improving air quality will benefit babies and young children by avoiding the developmental and respiratory issues currently caused by poor air quality across Manchester. Energy efficiency measures will provide warm and comfortable homes, removing this as a contributory factor in low educational attainment. |
| Improving people's mental health and wellbeing | Walking, cycling and local food growing will improve mental health and reduce CO ₂ emissions. |
| Bringing people into employment and ensuring good work for all | The transition to a zero carbon city will help the city's economy become more sustainable and will generate jobs within the low carbon energy and goods sector. This will support the implementation of Manchester's emerging Local Industrial Strategy. |
| Enabling people to keep well and live independently as they grow older | Older people will have warm and comfortable homes by delivering domestic energy efficiency measures, including to the 34,000 Manchester households living in fuel poverty. |
| Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme | Reducing energy bills through domestic energy efficiency measures will help address financial pressures, including for the 34,000 Manchester households living in fuel poverty. |
| One health and care system – right care, right place, right time | Social prescribing for physical activities as alternatives to cars will improve health outcomes and reduce CO ₂ emissions. Improving domestic energy efficiency for those living in cold and damp homes will save the NHS an estimated £17m per year. |
| Self-care | Increased walking and cycling will increase health outcomes and reduce CO ₂ emissions. |

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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.

Climate Change Board Nomination - Report to Manchester Health and Wellbeing Board, 20 March 2019

1. Introduction

- 1.1 In November 2018, Manchester City Council adopted new climate change targets for the city, based on work by Manchester Climate Change Agency and the Tyndall Centre for Climate Change Research at the University of Manchester. The targets commit Manchester to:
 - Limit its CO₂ emissions to 15 million tonnes during the period 2018-2100, our 'carbon budget' (recognising that the city currently emits 2 million tonnes per year);
 - Rapidly reduce CO₂ emissions, by an average of at least 13% year-on-year and;
 - Become a zero carbon city by 2038 at the latest.
- 1.2 On 10 July 2019 the City Council declared a climate emergency and the details of the Council Motion are provided in Appendix 1.
- 1.3 Following this, at the end of August 2019 all Manchester NHS organisations represented on the Greater Manchester Health and Social Care Partnership also declared a climate emergency. They committed to far ranging actions to "slash carbon emissions and avert predicted illness and disease". Pressure on the NHS to deliver an effective response to the climate change agenda has increased, with Simon Stevens (Chief Executive of NHS England) recently stating that 'climate change is a health emergency' and that the NHS needs to 'generate a more robust and concerted effort than is currently on the cards'.
- 1.4 The declarations share a number of important commitments including:
 - Cutting carbon emissions from energy use by improving efficiency and using low-carbon sources
 - More efficient use of workplaces and buildings
 - Encouraging staff to use low carbon travel and for all organisations to have healthy travel plans in place
 - Reducing waste, managing waste better and recycling
- 1.5 Manchester Climate Change Partnership and Agency are currently developing the 'Manchester Zero Carbon Framework 2010-25' for publication before the end of 2019. This builds on the Draft Framework published in February 2019 and endorsed by the City Council in March 2019.
- 1.6 Partnership members are currently developing bespoke plans for their organisations and sectors, setting out how they will contribute to the city's climate change targets.
- 1.7 For example, the City Council is developing a new 5 year Climate Change Action Plan and have established a senior officer Zero Carbon Co-ordination Group to oversee progress. The plan will be presented to the Council Executive in March 2020 and 4 key workstreams have been identified which respond to the climate emergency motion. They are:
 - Decision making, policies and standards

- Investment and delivery
- Catalyst for change
- External influence

1.8 Similarly, NHS organisations in Manchester are required to produce and implement their Sustainability Development Plans and examples of good practice are provided in section 3 of this report.

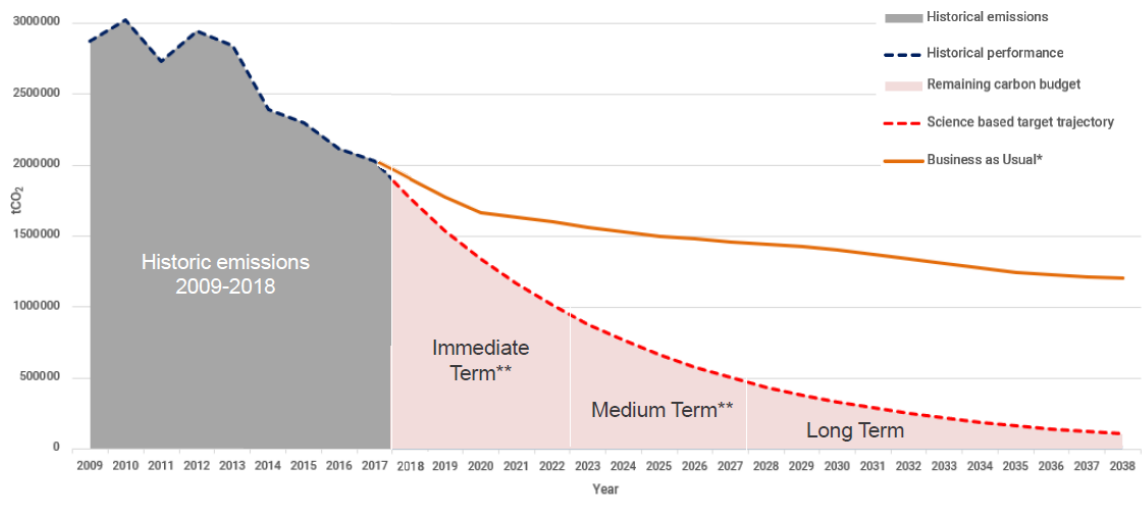
2 Background – Zero Carbon Manchester

2.1 Manchester's first ever climate change strategy, for the period 2010-20, was published in late-2009, and refreshed in 2013. The refreshed strategy set out the links between health and wellbeing and climate in terms of both the negative health impacts of climate change on population health, and the opportunity to deliver actions that can achieve positive health and climate change outcomes. For example:

- Improving the energy efficiency of homes can help to arrest respiratory and other problems caused by the city's cold and damp homes (including for the 34,000 households living in fuel poverty), and reduce CO₂ emissions.
- Replacing petrol and diesel vehicles with zero emission alternatives improves air quality at the same time as reducing CO₂ emissions, helping to address the 10 early deaths per day that currently occur in Greater Manchester due to poor air quality.
- Walking and cycling as an alternative to vehicular journeys improves health and reduces CO₂ emissions.

2.2 The Health and Wellbeing Board were informed about the production of the draft Zero Carbon Framework agreed by the Manchester Climate Change Board. However, it is important to note that work will be undertaken to see if an earlier date for the city to become carbon neutral can be achieved.

2.3 The following graph, taken from the Draft Manchester Zero Carbon Framework 2020-38, sets out a trajectory the city needs to follow to meet its targets (dotted line), versus the current trajectory (solid). In 2018 the city achieved an estimated 5% reduction in emissions, versus the 13% required to stay on budget.

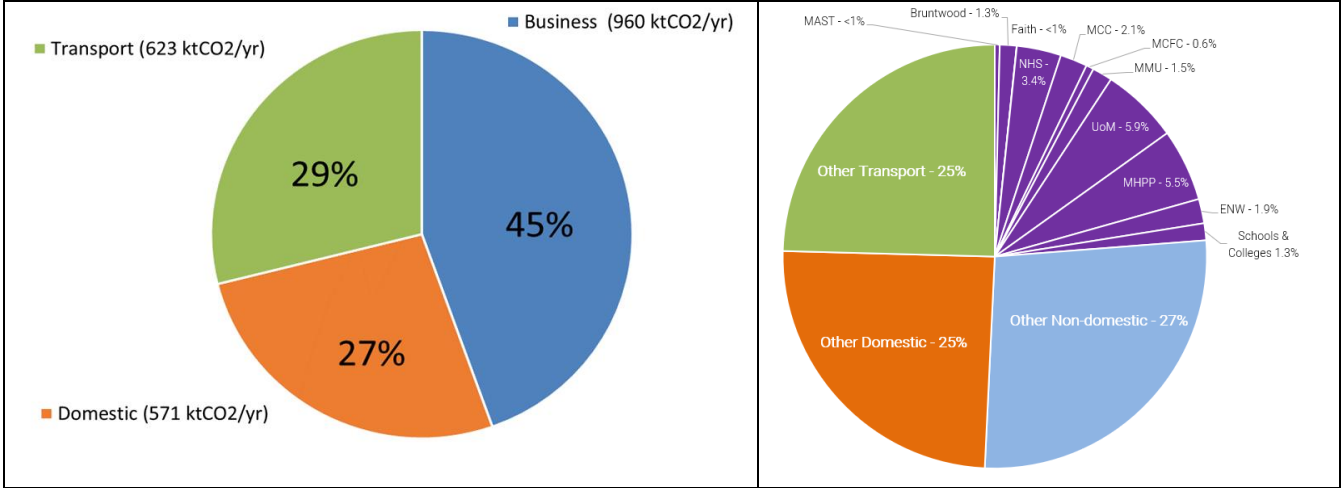


| Total budget (2018-2100) tCO ₂ | Immediate term (2018-2022) tCO ₂ | Medium term (2023-2027) tCO ₂ | Long term (2028-2037) tCO ₂ |
|--|--|---|---|
| 15,187,610 | 6,928,620 | 3,593,560 | 3,046,920 |

* Business as usual as defined by Level 1 ambition thresholds within the Anthesis' SCATTER model.
 ** Immediate Term & Medium Term periods align with the 3rd and 4th nationally legislated carbon budget periods (respectively) under the UK Climate Change Act (2008).

2.4 Manchester currently emits 2 million tonnes CO₂ per year. At this current rate the city will have expended its 15 million tonne budget by 2025, well short of the 2018-2100 period it needs to cover. If Manchester fails to stay within this budget, the city will not meet its commitment to 'play its full part in limiting the impacts of climate change', as set out in the Our Manchester Strategy 2016-25.

2.5 Furthermore, the following infographics highlight the shared responsibility to tackle climate change in Manchester. The pie chart on the left shows the breakdown of the city's 'direct' CO₂ emissions, from buildings, transport and energy used within the city. On the right is a further breakdown of emissions according to the members of the Manchester Climate Change Partnership. The figures are currently in draft but provide an indication of members' direct responsibilities. 3.4% of Manchester's direct emissions are the responsibility of the the city's health sector, although it is important to note that this is likely to higher once additional data has been analysed.



Indirect / consumption-based emissions

- 2.6 It should be noted that the above figures relate to direct emissions only, from the health sector's buildings and transport activities within the city. The sector is also responsible for 'indirect' or 'consumption-based' emissions that are generated outside of the city but in order to provide a product or service required locally. Food, clothing, electronics, construction materials, and vehicle manufacturing are among the highest emitting sources.
- 2.7 According to the C40 Cities Climate Leadership Group, consumption-based emissions are an estimated 60% higher than direct emissions. For Manchester that would mean a direct carbon footprint of 2m tonnes CO₂ per year, and a consumption-based footprint of 3.2m tonnes per year (noting some overlap between the two).
- 2.8 Further work is needed to establish a detailed consumption-based footprint for Manchester, across health and other sectors. However, such work should not delay action in the areas where progress will be needed, including working with and influencing supply chains to rapidly reduce the emissions associated with health sector products and services. These areas will also be highlighted for action in the final Manchester Zero Carbon Framework 2020-38, when published before the end of this year.

Health risks from carbon-based activities and the changing climate

- 2.9 As well as contributing to global climate change, carbon-based activities in Manchester also exacerbate the city's air quality and associated respiratory problems covered later in this report. Transport is the main source of such emissions in Manchester. In addition action also needed to address the risks to Manchester residents from the changing climate: extreme heat (doubling in heat stress incidents over the last 50 years), heavy rainfall and potential flooding (doubling in the number of surface water flooding incidents over the last 50 years), and other local risks are expected due to climate change. Work is needed to understand these risks in detail and put in place plans for their mitigation.

3. Contribution of NHS Organisations

- 3.1 Manchester University NHS Foundation Trust (MFT)

3.1.1 Strategy

- MFT have had a Sustainable Development Management Plan (SDMP) in place since November 2018, with legacy plans in place prior to that time. The plan is due for its first annual refresh before the end of 2019 and will be updated to better reflect the latest GM policy and requirements of the Manchester Local Care Organisation (MLCO). The plan will be updated again following the North Manchester General Hospital merger.

3.1.2 Healthy Travel Planning

- MFT are currently developing a new healthy travel plan covering the whole of the organisation including MLCO. The aim of the plan is to outline the strategic approach to reducing carbon and air quality impacts of travel and transport activities. To inform the plan a joint staff travel survey was carried out in the summer, with around 2,000 responses being submitted.
- MFT have assessed organisational performance against the Clean Air Hospital Framework (CAHF), which was created by Great Ormond Street Hospital and Global Action Plan earlier in the year. This tool offers support and guidance to hospitals and Trusts on how to create action plans to improve air quality on and around their site
 - The tool covers 7 different areas: travel, procurement, building design, energy generation, communications & training, and hospital outreach & leadership
 - The Trust achieved an overall score of 16% ('starting out' phase) and have prioritised areas for improvement.
 - These will be fully embedded into the new Health Travel Strategy and expanded to the MLCO.
- MFT recently undertook a Green Fleet Review and ULEV (Ultra Low Emitting Vehicle) review. This work assessed the efficiency of the vehicle fleet in terms of energy consumption, and the feasibility of incorporating ULEV's into the van fleet. Recommendations will be incorporated into the new healthy travel strategy.
- The Trust have also been offering free bikes and equipment for hire to staff through the TfGM 'Bikes for Business' scheme. This provides a range of hybrid, folding and electric bikes and the Trust are working with GM partners and Transport for Greater Manchester (TfGM) to improve public transport discounts and offers to staff.

3.1.3 Green Rewards

- Green Rewards is a fun and engaging platform to encourage a range of positive sustainability and wellbeing behaviours from staff. The programme was launched across all 9 hospitals and MLCO in May 2019 and is shortly to be launched at MHCC as a joint initiative. Employees earn Green Points for participating in a range of activities and those that earn the most points in a month are rewarded with a voucher. Every 6 months the top performing departments can nominate Trust charities to receive donations. There are currently 658 members and new activities are added every month.

3.1.4 Other developments

- A substantial investment (£10.9M) in the energy infrastructure at Wythenshawe and Withington sites is underway, with combined heat and power, new high efficiency boilers, LED lighting and control systems and an updated energy distribution system. The project will reduce annual carbon emissions on these sites by 25%, the equivalent of taking 780 cars off the road.

- MLCO have agreed to work closely with NHS Property Services (NHSPS) to improve the energy efficiency of their Estate, of which 43% comprises NHSPS properties.
- MFT joined Healthcare Without Harm (HCWH) Europe in September, a global network of health organisations all focused on reducing the healthcare sectors impact on the environment and being a leader in the global movement for environmental health and justice.
- MFT have also signed up to the HCWH Health Care Climate Challenge – making a public pledge of commitment to climate-smart healthcare. Involves setting, monitoring and achieving carbon reduction targets
- Anaesthesia represents around 4% of the Trust's carbon footprint and they have established a clinician led sustainable anaesthesia forum, with the aim to reduce use of volatile agents with high global warming potential (desflurane), and the Clinical Group are also looking more widely at reducing the other environmental impacts of anaesthesia.
- Whilst discussions surrounding the process for North Manchester General Hospital joining MFT are still ongoing, embedding social value and environmental sustainability is central to the future plans for this site.

3.2 Greater Manchester Mental Health NHS Foundation Trust (GMMH)

3.2.1 Engagement

GMMH have launched a volunteer network, called The Hive Collective, with over 100 champions for sustainability in all its forms (behaviour, recycling, clean air and active travel); and have become members of Manchester Chamber of Commerce to enhance community involvement and partnerships. In early October GMMH had their first Sustainability Steering Group meeting with representatives from clinical and corporate services, the estates function and union representatives. They discussed what sustainability means for the Trust and the priorities the Trust should consider. GMMH are also developing online training and an awards programme to encourage innovation and sharing of good practice.

3.2.2 Measurement

The Trust will work with the Carbon Trust, the Energy Saving Trust (Green Fleet Review) and a specialist consultant to create a Sustainable Travel Plan with emission reduction targets. The Trust are also working to reconfigure energy budgets to ensure all utility use is accurately recorded, and formulating new waste contracts with access to complex data.

3.2.3 Compliance

Following the acquisition of Manchester Mental Health and Social Care Trust there has been a comprehensive and ongoing programme to harmonise policy and contracts and centralise documentation on buildings and environmental compliance. From an Assurance Framework perspective the Trust has a Sustainable Development Management Plan which will be revised and

updated in the next year to support the Sustainability Strategy, which is currently going through the Trust governance processes.

3.3 Manchester Local Care Organisation

- 3.3.1 Manchester Local Care Organisation is primarily comprised of staff deployed from Manchester City Council and Manchester University Foundation Trust, operating out of a broad ranging community estate managed through a number of different landlords and organisations.
- 3.3.2 The estate that its community health services operates out of, is principally managed by a combination of MCC (10 properties), NHS Property Services (19), and Community Health Partnerships (19). MLCO teams also operate out of estate managed directly by MFT and through commercial landlords.
- 3.3.3 The staff of MLCO are not directly employed, rather deployed into the organisation. As a result there are a range of employing organisation staff initiatives and policies that have been adopted by MLCO.
- 3.3.4 The delivery model for MLCO is built on 12 Integrated Neighbourhood Teams operating out of 12 neighbourhoods. Each of these neighbourhoods have developed neighbourhood plans and the teams (which have only recently become operational) are beginning to undertake more bespoke activity based in their neighbourhoods that begins to address the climate change agenda.

3.4 Manchester Health and Care Commissioning (MHCC)

- 3.4.1 MHCC are now members of the Greater Manchester Health and Social Care Partnership Sustainability Network. This network will facilitate the sharing of best practice in relation to commissioning levers (e.g. procurement and social value) and other developments relating to the wider estate (e.g. primary care). The network also includes all Manchester based NHS Trusts including The Christie. MHCC as part of their system leadership role, will collate information to ensure the Manchester Climate Change Board has a comprehensive overview of Manchester specific programmes and impacts.
- 3.4.2 MHCC are also being supported by MFT in relation to the Green Rewards scheme described in section 3.1.3.

1. Manchester Public Health Annual Report 2018 on Air Quality – Update on recommendations

4.1 Health and social care partners to further develop and implement policies for Active Travel to enable shifts to healthier modes of travel for staff, patients and users of services.

- 4.1.1 As set out in section 3.1, MFT has developed a number of activities to encourage active travel amongst, including the introduction of personalised travel plans for all staff. The cycling scheme, 'Bikes for business', in conjunction with TfGM has resulted in additional investment in bicycle storage

across the estate and an introduction of monthly bicycle maintenance sessions. MFT are also part of a collaborative network of Trusts to share ideas on best practice.

- 4.1.2 Work is also underway to assess the travel behaviour impact of night time workers who make up a significant amount of NHS staff but who have much reduced public transport options.

4.2 NHS organisations working with Public Health England to actively promote clean air campaigns and positive public health messages on cycling and walking.

- 4.2.1 MFT have adopted the 'Clean Air Hospital Framework' as a method of improvement and this will be rolled out across all of their hospital sites.
- 4.2.2 The 'Green Rewards' programme adopted first by MFT which actively incentivises sustainable and environmentally-friendly behaviour is now being rolled out across partner organisations in Manchester.
- 4.2.3 Manchester organisations were active participants in the Clean Air Day Campaign work on 20th June 2019.

4.3 Wellbeing services in Manchester to incorporate key messages on reducing air pollution into 'making every contact count' when providing 1 to 1 lifestyle advice to residents.

- 4.3.1 The Be Well Social Prescribing Service is providing 1:1 advice to individuals who need tailored messages on air quality in relation to their health condition. All wellbeing services are promoting physical activity messages and shifts to healthier forms of transport.
- 4.3.2 Mcr Active are leading a number of innovative programmes of work including the pre-rehabilitation programme with people who have had a cancer diagnosis.

4.4 Systems to be developed to help GPs and primary care staff provide bespoke advice to patients with Chronic Obstructive Pulmonary Disease (COPD) and asthma on how to manage their conditions when air quality is poor (e.g. text alerts).

- 4.4.1 MHCC are supporting a pilot project 'Providing Advice for Primary Care Patients During Air Pollution Events', to launch in October. This pilot project will aim to improve the awareness and response to air pollution events for patients with chronic obstructive pulmonary disease (COPD) and asthma, and primary care staff. This will involve implementation of evidence-based NICE guidelines on outdoor air quality and increasing the use of the Greater Manchester air pollution alert system at four GP practices located in Wythenshawe.

4.5 The Manchester Healthy Schools Programme and the School Health Service to work with schools on education programmes that raise

awareness about the risks of poor air quality and how to reduce the negative health impacts on children and young people.

- 4.5.1 The Population Health Team (PHT) are exploring with Healthy Schools whether air quality and associated risks can be incorporated into the new Health Education Curriculum, mandatory for schools as of September 2020.
- 4.5.2 The PHT are working with MCC Neighbourhood teams to support their anti-idling scheme, with school children acting as Junior “Community Support Officers”, and ‘Tredge’ (trees and hedges as natural particulate matter filters) pilot projects for schools identified in the Air Quality Management Areas (AQMA). Connected to this is the ‘Air Quality Officers’ programme with schools. This is part of the Skills for Life Curriculum whereby students will complete a course that includes understanding about clean air issues and how they want to implement what they have learned at their school.
- 4.5.3 Neighbourhood officers in Hulme and Ardwick are developing plans to improve how people travel and experience their neighbourhoods in terms of nature and the built environment, reduce road traffic issues and to make the neighbourhoods more friendly and safer for cycling and walking.

4.6 The City Council to lead work in taking forward recommendations from Greater Manchester Making Smoking History Programme in relation to smoke free spaces, which has the support of 80% of residents across Greater Manchester.

- 4.6.1 Denormalising smoking is still a crucial part of the whole system tobacco control programme. Manchester City Council enforces the Health Act rigorously where breaches are witnessed. For example, there are ongoing enforcement operations in shisha cafes if smoking occurs indoors.
- 4.6.2 As part of the Smoke Free Manchester plan there is a Smoke Free Homes workstream and the Tobacco Control lead for Manchester is part of a Greater Manchester tobacco regulatory group which is exploring opportunities to expand opportunities for NHS smoke-free sites and smoke free outdoor spaces.

4.7 Other key actions relating to the recommendations

- Raise awareness of the link between air quality and the Green Infrastructure to explore the potential impact on a range of health outcomes by working with Neighbourhood and Green Infrastructure teams to coordinate projects with residents across the city.
- Further strengthening research links with the Universities to ensure that local work is evidence based.
- Work with School Nursing service to give air quality guidance (including managing conditions such as asthma) to children and staff

2. Respiratory Disease

5.1 Introduction

5.1.1 MHCC continues to focus on respiratory disease as one of the key long term conditions to address poor health outcomes in Manchester. It is recognised that in order to address respiratory inequalities we need to have a system wide approach to change. MHCC are therefore working in partnership with primary care, community care, secondary care, patient engagement and RightCare.

5.1.2 A number of work streams are now in place that will hopefully lead to improved health outcomes, reduce inequality and improve patient's experience of care. A summary of the key population cohorts is provided below:

| | |
|---|---------|
| Manchester total registered population | 658,453 |
| Manchester COPD registered population | 13,349 |
| Manchester asthma registered population | 39,457 |

5.2 Primary Care Respiratory Standards

5.2.1 MHCC developed a set of Manchester wide standards, based on the Greater Manchester Standards for primary care. The current respiratory standards will run to 2020; it should be noted that work up of the Standard for 2020/21 is currently underway. The Manchester Respiratory Primary Care Standards focus on:

1. Chronic Obstructive Pulmonary Disease (COPD) patient reviews
2. Review of COPD patients following an exacerbation
3. Asthma reviews in adults
4. Asthma reviews in children
5. COPD Virtual Clinic for 2019/20
6. Pharmacotherapy for smoking cessation 2019/20

5.2.2 Impact:

- Reduce variation of respiratory disease management in primary care.
- Improved patient experience of care.
- Enable patients to manage their disease more confidently, including what to do when in crisis.

| Standard | Current Achievement 1.9.2019 | Increase in Achievement from 1.9.2018 |
|---|-------------------------------------|--|
| COPD patient reviews | 61% | 55% |
| Review of COPD patients following an exacerbation | 84% | 36% |
| Asthma reviews in adults | 58% | 10% |
| Asthma reviews in children | 67% | 9% |

5.2.3 It should be noted that the above activity will increase significantly for this patient cohort as pre winter reviews are carried out.

5.3 Chronic Obstructive Pulmonary Disease (COPD) Virtual Clinic

5.3.1 The COPD Virtual Clinic model is a multi-disciplinary approach to respiratory care targeting specific cohorts of patients. Primary and secondary care clinicians work together to ensure that patients receive optimal management and proactively manage those patients identified. The model supports and mentors practice respiratory prescribing and active management of patients, as well as a focus on education and relationship building.

5.3.2 A COPD Virtual Clinic involves case discussions between respiratory consultants, senior pharmacists and primary care clinicians. It is regarded as a clinical session with a focus on patient management and education.

5.3.3 This year MHCC has worked with consultant colleagues to rollout this model across Manchester. A booking process has been tested and sessions carried out in south Manchester. The aim is for each practice in Manchester to have hosted a COPD Virtual Clinic by 31st March 2020.

5.3.4 Impact:

- Reduce respiratory management variation in primary care.
- Upskilling of primary care clinicians.
- Improved management of patient.
- Most difficult to manage patients are prioritised.
- Prescribing cost savings.

5.4 Spirometry

5.4.1 Spirometry is one of the main investigations used for diagnosing respiratory diseases such as COPD and asthma. Quality assured spirometry is an important tool in preventing the misdiagnosis or late diagnosis of COPD, which can result in unnecessary complications, disease progression, late presentation, avoidable acute admissions and premature mortality. Delayed diagnosis or wrong diagnosis, is a significant burden to the health economy as well as the quality of life and care for patients.

5.4.2 Manchester is currently working with colleagues across Greater Manchester to develop a model for quality assured spirometry in primary/community care.

5.4.3 Impact:

- Early and accurate diagnosis of lung disease is absolutely vital in improving respiratory health.
- Improving the quality of diagnostic spirometry will improve clinical diagnosis and the long term monitoring of those affected by respiratory disease.

5.5 Manchester Integrated Lung Service

- 5.5.1 Respiratory colleagues across primary, community and secondary care collaboratively developed and produced the service specification for the Manchester Integrated Lung Service (MILS).
- 5.5.2 The service is run by the community respiratory teams across the city. The service will manage COPD and home oxygen as well as other long term respiratory conditions bronchiectasis and interstitial lung disease.
- 5.5.3 The service currently provides the COPD element of the specification and contract discussions continue with the aim of the specification being delivered by the Manchester Local Care Organisation (MLCO)

5.5.4 Impact:

Moving to community based models of care from a hospital-centric model:

- Team-based community care from doctor led out-patient clinics.
- Continuous community support from episodic management of crisis.
- Integrated seamless pathways of care from current disjointed care between providers.
- Proactive / preventative care from reactive care.
- 'Patients as partners' from 'patients as recipients'.
- Carers being valued and supported from carers being unsupported.
- High-tech integrated data systems and use of technology from low-tech paper based systems.

5.6 Pulmonary Rehabilitation (PR)

- 5.6.1 Following the update provided to the Health Scrutiny Committee in December 2018, MHCC Communications and Engagement Team are currently developing a patient focused video to promote attendance at PR as well as using the opportunity to highlight health messages (e.g. the importance of flu vaccination). Posters have been produced and shared with primary care to encourage patients to seek a referral to PR and patient information leaflets are being developed. This work should be concluded by the end of this year and all products produced will be shared with all Manchester practices.

5.6.2 Impact

- Increased awareness of PR by clinicians and patients.
- Increased referrals to PR.
- Improved patient understanding of COPD.
- Increased attendance and completion rates for PR programme.

5.7 Health Innovation Manchester

5.7.1 MyCOPD app

The app is currently in the early stages of implementation and training has taken place across primary and community care and clinicians are now starting to issue the app with patients.

5.7.2 Virtual Learning Hub

This is a COPD virtual online learning hub which has been promoted to Manchester practices. This includes videos of specialist COPD clinicians speaking alongside primary care clinicians, using example consultations with pharmacist input into inhaler optimisation.

5.8 Breathe Better – Community Respiratory Model

5.8.1 This proposed model is community based where patients would attend for social activities (e.g. bingo, quizzes) but receive Respiratory Consultant / other Health Care Practitioner (HCP) reviews at the same time. Over the last year the model has been tested in south Manchester and north Manchester and the aim will be to establish a sustainable programme in 2020.

5.8.2 Impact

- Improving quality of life for people with breathing conditions.
- Improving knowledge and confidence of patients in managing their respiratory disease through better understanding of the disease.
- Improving health outcomes in people with respiratory disease.
- Improving mental health and reducing social isolation in people with respiratory disease.

5.9 RightCare

5.9.1 The Manchester RightCare Delivery partners regularly attend the Manchester Adult Respiratory Steering Group for deep dive data analysis and discussion. A presentation from RightCare colleagues to the Manchester Adult Respiratory Steering Group in June 2019 showed that Manchester is:

- Below national average for asthma Quality Outcomes Framework (QOF) exception reporting.
- Better than peers at identifying patients with COPD.
- Pneumococcal vaccine - higher than national average and second best amongst peers (also second best across Greater Manchester).
- Flu vaccine - uptake did improve in 2017/18 but in line with the national trend dipped slightly in 2018/19.
- Lung Cancer - One of the best in the country at early detection of lung cancer. High number of urgent referrals which links closely to success in early diagnosis and above national average for 1 year survival rates for lung cancer

5.10 The CURE Programme

5.10.1 This comprehensive hospital wide pilot Tobacco Addiction Service, covering the Wythenshawe Hospital site at MFT, has been successfully implemented over the past two years. The evaluation of the pilot shows that approximately 66% of patients eligible for the programme were abstinent from tobacco three

months after discharge. The programme will now be rolled out across Greater Manchester including other MFT sites.

5.11 Manchester Community Tobacco Addiction Service

5.11.1 A new city wide Tobacco Addiction Service (TAS) is currently being procured and will be operational from 1st April 2020. This will ensure that there is a less fragmented approach across the city and the links between primary and secondary care (e.g. CURE) will be strengthened.

5.12 Lung Health Checks (North Manchester)

5.12.1 This programme has been delivered across north and east Manchester from 1st April 2019, utilising a 'state of the art' mobile facility. The programme targets people at the greatest risk of developing lung cancer and through early detection and treatment will improve outcomes in cancer survival rates. The north Manchester programme is supported by secondary and tertiary capacity at both the Wythenshawe hospital site and The Christie. As part of a national network lung health checks will also be implemented across Tameside and Salford over the next year and MHCC will consider options for local roll out across south and central Manchester.

3. Summary

6.1 A number of recent reports from the Kings College London and others have highlighted the direct relationship between climate change and health outcomes. Indeed the negative effects on urban populations such as Manchester and other core cities are significantly worse. Given the poor health status of many Manchester residents, there is a real risk that failure to tackle climate change will widen health inequalities and limit the progress of prevention programmes in the city.

Appendix 1

Climate Emergency Motions

Text of 10 July 2019 Council Motion

This Council notes:

- The serious risks to Manchester's people, of climate change/global heating affecting economic, social and environmental well-being, supply chains – including food security, financial systems and local weather, among many others;
- That in 2008 the 'Principles of Tackling Climate Change in Manchester' were agreed as a call to action to engage people from all walks of life in climate change action and, build support for a new way of thinking about climate change;
- That Manchester leads the way, with an agreed Paris compliant carbon budget set in December 2018 and an acceleration of the target for becoming a zero-carbon city by 12 years, setting 2038 as the new target for the city, based on research from the world-renowned Tyndall Centre for Climate Change;
- The recent and welcome upsurge of action by the young people of Manchester, exemplifying the radical traditions of which Manchester is proud.

This Council agrees (or to the extent that the below concern executive functions, recommends to the Executive) to:

- Declare a Climate Emergency;
- Continue working with partners across Manchester and GMCA to deliver the 2038 target, and determine if an earlier target can be possible, through a transparent and open review. Become carbon neutral by the earliest possible date;
- Encourage involvement in all wards by April 2020 through meetings as part of the Our Manchester strategy, to identify residents and partners who want to be actively involved in achieving the target, with provision for those who cannot attend. Ensure ward plans contain specific, measurable, achievable steps;
- Review all policies, processes and procedures to ensure the council can become carbon neutral. Present an action plan by March 2020 detailing how the city can stay within its carbon budget. Report back regularly to the NESC. Review the corporate plan;
- Work with the Tyndall Centre to review the actual emissions from aviation. Investigate the best way to include aviation in our overall carbon reduction programme in the long term;
- Make climate breakdown and the environment, an integral part of activity throughout the Council, including all decision making, ensuring key decisions take into account the impact on achieving the zero-carbon target and including an environmental impact assessment in all relevant committee reports;
- Ensure that everyone in the council receives carbon literacy training by the end of 2020. Make attendance easier by varying times and length of sessions;
- Encourage all staff on council business to use the lowest carbon, appropriate, travel;

- Investigate measures to ensure future procurement is carbon neutral. Increase the percentage of social value with an additional environmental element;
- Work with suppliers to green their supply chains, and support local production;
- Work with training providers to ensure Manchester residents can take on green jobs;
- Investigate and introduce measures to help reach domestic zero carbon levels including addressing fuel poverty and retrofitting existing homes;
- Investigate ways to ensure that future local plans place a mandatory requirement for all new development to be net zero carbon by the earliest possible date;
- Push GMCA to decarbonise public transport, heat and energy as early as possible;
- Through our role on GMPF, encourage divestment in fossil fuels as early as possible;
- Explore the possibility of introducing a 2030 target in line with the IPCC report; and request that a report on its viability be brought back to the Executive before the end of the year.

Call on the government to:

- provide powers and resources to make the zero-carbon target possible including funding for big capital projects
- accelerate the reduction of carbon emissions from aviation;
- accelerate the decarbonisation of the electricity grid, funding low carbon energy generation;
- ensure that the UK prosperity fund focuses on enable the transition to a low carbon economy.