

Health Scrutiny Committee – Public Health Task and Finish Group

Minutes of the meeting held on 26 June 2018

Present:

Councillor Wilson (In the Chair)
Councillors Curley, Holt, Mary Monaghan and Riasat

Councillor Craig, Executive Member for Adult Health and Wellbeing

Apologies: Councillors Lynch and Wills

HSC/PH/18/01 Public Health Annual Report

Members received the Public Health Annual Report (PHAR) that provided an overview of the breadth of work undertaken by the Public Health Team that continued under the new Manchester Health and Care Commissioning (MHCC) arrangements.

The Director of Population Health and Wellbeing introduced the report and said that the PHAR informed the development of the Manchester Population Health Plan for 2018-2022. Members of the Health Scrutiny Committee had received and considered that report at their meeting of 22 May 2018.

Members were also provided with the latest set of key statistics for Manchester which were published at the end of 2017 as part of the National Public Health Outcomes Framework (PHOF).

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

- Welcoming the report and the inclusion of case studies was informative, especially when read in conjunction with the Manchester Population Health Plan;
- The importance of addressing the wider determinants of health such as housing and employment;
- Examples of good practice, including informal spaces should be evaluated and good practice implemented to improve public health;
- The premature mortality figures for Manchester were of concern and the issues of smoking; alcohol consumption and physical inactivity needed to be considered as part of the group's investigation;
- The need to target Public Health services and resources at the most deprived communities and to further 'zone in' on specific groups to influence behaviour change and improve health outcomes;
- Using the lessons learnt from the smoking cessation programmes to influence behaviour and cultural change; and
- The importance of screening to detect and treat cancer at an early stage.

The Director of Population Health and Wellbeing said that the new approach adopted to inform and produce the Joint Strategic Needs Assessment was evidence based and was informed by a range of evidence and data from a variety of sources, both nationally and internationally.

He said that staff training and development is important and involved a range of partners, including partners from the NHS. He said this was beneficial as this allowed for an increased awareness and understanding of the wider determinants of health to be understood amongst a range of health professionals.

In response to the comments made regarding smoking; alcohol consumption and physical inactivity he said that levels of smoking remained high in the most deprived communities in the city and accounted for 1 in 5 deaths in Manchester. He said a Greater Manchester response had been developed to deliver smoking cessation support services, implement smoke free zones and tackle the supply of illegal tobacco. He said the smoking cessation service in Manchester was being redesigned to deliver an improved service to residents and that the Local Care Organisation would be able to target these services at a neighbourhood level. He informed the group of a pilot scheme delivered at Wythenshawe Hospital, called the CURE Programme a ground-breaking, innovative and evidence based smoking cessation programme, intended to help the thousands of smokers who are admitted to Manchester hospitals each year. He said that initial analysis of this programme had been very positive and a business case was being developed to roll out this programme.

With regard to the issue of alcohol the Director of Population Health and Wellbeing said that the services provided in Manchester for people with acute conditions were very good, and patients requiring these services were seen very quickly following a referral. He further commented that the number of alcohol admissions to hospitals had reduced over recent years. In response to the discussion regarding high levels of alcohol consumption amongst the general population he said that this was a complex cultural issue and most people underestimated the amount of alcohol they consumed. He said people and health practitioners needed to have honest conversations regarding alcohol consumption and the associated health risks and more needed to be done to raise awareness of this issue, accompanied by campaigns, such as clearer labelling on bottles.

The Director of Population Health and Wellbeing said that the issue of physical inactivity represented a significant challenge and was a complex issue to address. He said it was important to improve levels of physical activity as this would reduce the levels of obesity and other health conditions, such as diabetes and heart disease across the general population, which in turn would reduce the pressures experienced in primary health care.

In response to the comments regarding screening the Director of Population Health and Wellbeing informed the group that NHS England retained responsibility for screening services and cancer screening was a nationally agreed programme. He said that north Manchester had successfully piloted Lung Health Checks as part of the Macmillan Cancer Improvement Partnership programme. The pilot had invited smokers and ex-smokers for a lung health check, coupled with a Computerised Tomography scan if above a risk threshold for lung cancer, and following evaluation it was envisaged that this would be rolled out across Greater Manchester.

The Executive Member for Adult Health and Wellbeing said that the Population Health Plan was a very important development for the city with the Public Health

ethos of prevention becoming embedded across all health practitioners. She said that she acknowledged the comments made regarding the importance of addressing the wider determinants of health and that consideration needed to be given to developing a Council wide approach to ensure this agenda was embedded into all activities. Members agreed that this approach was worthy of further investigation.

The Chair commented that the discussion on this item would inform the groups work programme and an additional meeting could be convened to look at the wider determinants of health if required.

Decision

The group notes the report.

HSC/PH/18/02 Terms of Reference and Work Programme

Following discussion of the previous agenda item the Members agreed to amend the Terms of Reference so the second objective included consideration to review good practice adopted nationally and internationally.

The Chair recommended that the Work Programme be amended so that meeting two focussed on the issues of alcohol; tobacco and healthy living and considered examples of good practice adopted nationally and internationally and in other Local Authorities across Greater Manchester to address these.

Meeting three would consider 'Public Health and Population Groups: Ageing Population' and this item would include information on screening services. Members agreed these recommendations.

The Chair said that he would canvass Members' availability with a view to arranging the next meeting of the Task and Finish Group for the week commencing 10 September 2018 and the third meeting arranged for the week commencing 1 October 2018. Times and dates would be confirmed and Members would be informed at the earliest opportunity.

Decision

To agree the terms of reference and work programme subject to the above amendments.