Manchester City Council
Report for Information

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

Subject: Alcohol, Age Friendly and Health Protection

Report of: Director of Population Health & Wellbeing

Summary

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

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

Recommendations

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

Wards Affected: All

Contact Officers:

Name: David Regan
Position: Director of Population Health and Wellbeing
Telephone: 0161 234 5595
Email: d.regan@manchester.gov.uk

Name: Jane Pilkington
Position: Deputy Director Population Health, Greater Manchester Health & Social Care Partnership
Email: jane.pilkington1@nhs.net

Name: Dr Rebecca Wagstaff
Position: Deputy Director - Health & Wellbeing, Public Health England North West
Email: Rebecca.Wagstaff@phe.gov.uk

Name: Dr Caroline Rumble
Position: Consultant in Health Protection (Greater Manchester), Public Health England North West
Email: Caroline.Rumble@phe.gov.uk

Name: Chris Phillipson
Position: Professor of Sociology and Social Gerontology, The University of Manchester
Email: christopher.phillipson@manchester.ac.uk

Name: Dr Arpana Verma
Position: Head of Division, Division of Population Health, University of Manchester
Email: Arpana.Verma@manchester.ac.uk

Background documents (available for public inspection):

None

Section 1 – Alcohol

1. Introduction

1.1 Work has taken place over the last year to co-design a single Greater Manchester Drug and Alcohol Strategy with the widest possible range of partners, stakeholders, voluntary and community sector organisations and people with lived experience. Manchester has contributed significantly to the development of this strategy and the final version will be agreed by the Greater Manchester Health and Social Care Partnership Board in the autumn.

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

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

2. Alcohol related harm

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

2.2 The key indicators:

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

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

2.3 The Draft Greater Manchester Strategy (2018-2022)

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

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

2.3.2 The strategy identifies 6 priority areas:

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

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

2.4 Areas for development

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

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

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

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

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

iii) Reducing drug and alcohol related crime and disorder

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

iv) Managing availability and accessibility

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

v) Establishing diverse, vibrant and safe night time economies

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

2.5 Commentary from external partners

Greater Manchester Health and Social Care Partnership

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

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

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

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

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

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

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

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

Public Health England

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

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

Work with the NHS

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

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

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

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

University of Manchester

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

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

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

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

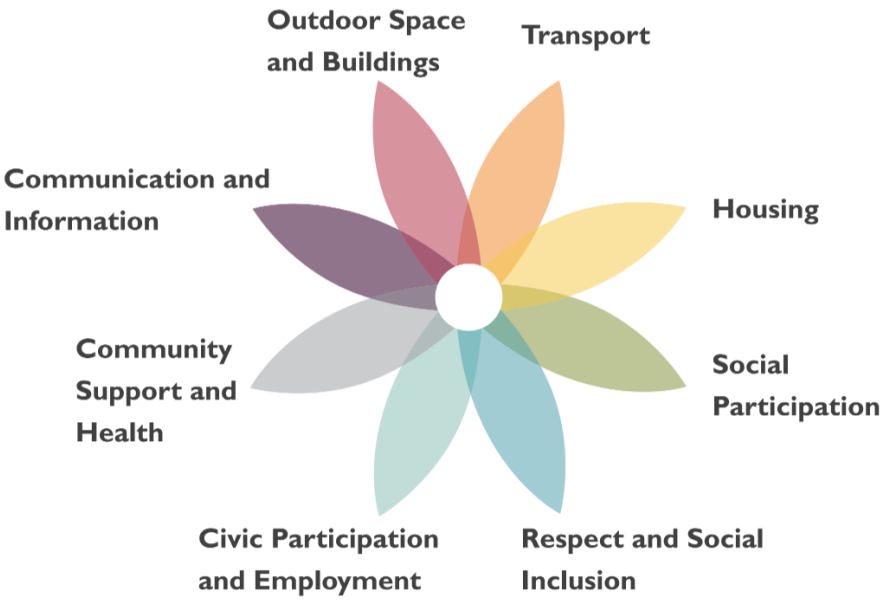
3. Change licensing to reduce outlets in and around places where children may be going to school or playing.
4. Provide a holistic brief interventions services in multiple settings
5. Evaluation of currently commissioned services and adding evaluative framework to newly commissioned services

Section 2 – Age Friendly Manchester Programme

1. Introduction

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

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



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

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

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

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

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

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

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

Some recent successes include:

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

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

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

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

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

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

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

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

Some recent examples include:

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

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

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

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

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

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

Some recent examples include:

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

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

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

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

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

4. Case Study: the North City Nomads

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

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

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

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

5. Commentary from external partners

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

The case for building age-friendly communities

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

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

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

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

References

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

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

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

Section 3 – Health Protection

1. Introduction

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

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

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

1.4 This summary report highlights the work of the Manchester Health Protection and Community Infection Control Team in 2017/18 and in the first six months of 2018 (1st April 2018 - 30th September 2018) and sets out the key actions and challenges for the period ahead in delivering the health protection function.

2. Flu Season 2017/18

2.1 Seasonal Influenza Vaccination Programme

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

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

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

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

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

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

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

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

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

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

2.1.8 What has worked well?

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

2.1.9 What needs to be improved?

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

2.2 Flu outbreaks

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

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

2.2.3 What worked well in the 2017/18 season?

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

2.2.4 What needs to be improved?

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

3. TB Management

3.1 Outbreaks and single cases of TB

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

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

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

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

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

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

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

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

3.1.6 What has worked well?

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

3.1.7 What needs to be improved?

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

4. Hepatitis A

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

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

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

4.4 What has worked well?

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

4.5 What needs to be improved?

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

5. Measles

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

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

5.3 What has worked well?

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

5.4 What needs to be improved?

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

6. Scarlet Fever and Chickenpox

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

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

6.3 What has worked well?

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

6.4 What needs to be improved?

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

7. Meningococcal Disease

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

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

7.3 What has worked well?

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

7.4 What needs to be improved?

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

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

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

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

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

- 1 Diarrhoea and Vomiting
- 1 Chicken Pox

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

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

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

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

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

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

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

8.8 **What has worked well?**

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

8.9 **What needs to be improved?**

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

9. Gram Negative Blood Stream Infection

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

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

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

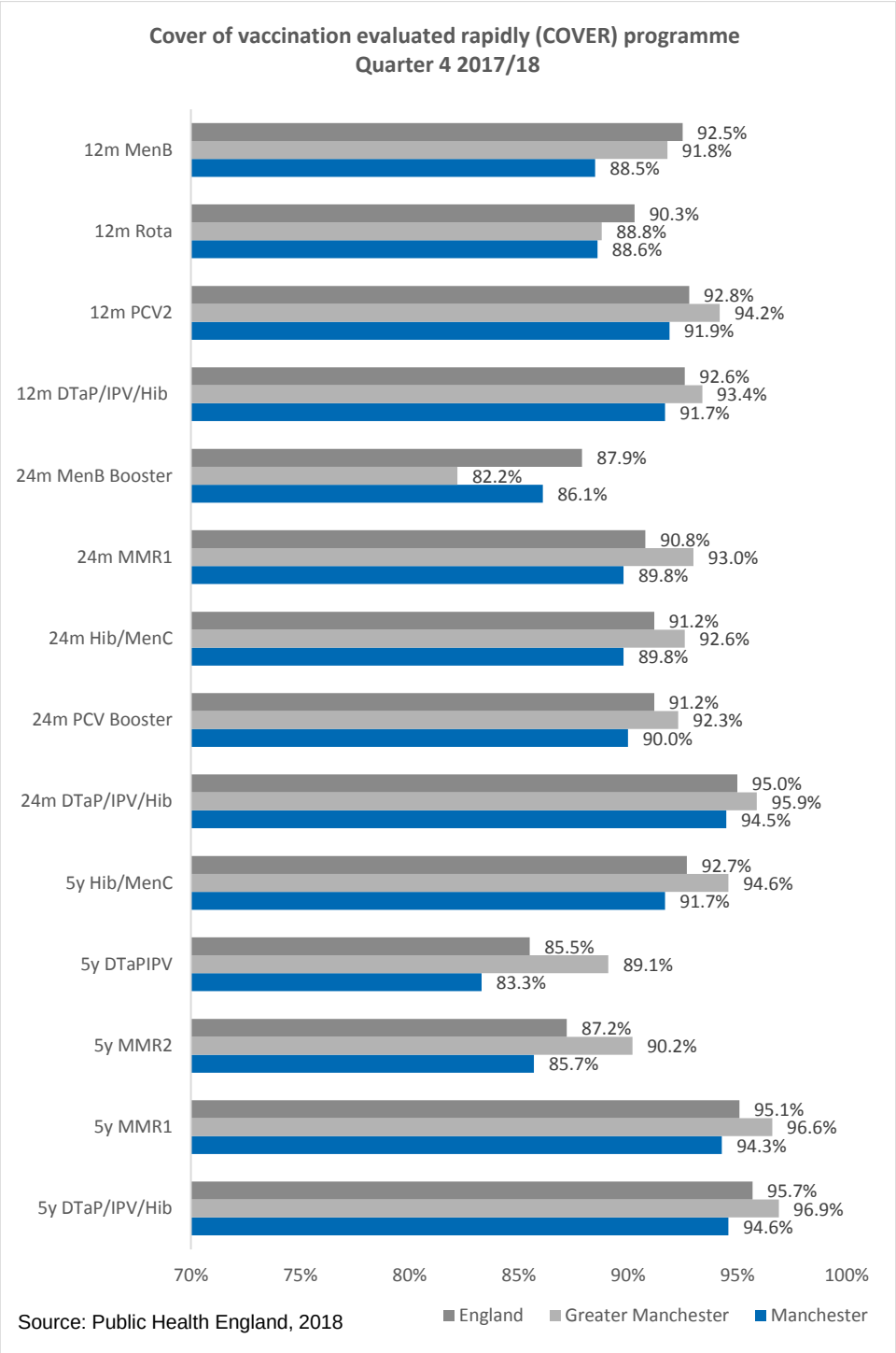
10. Cover of vaccination evaluated rapidly (COVER) programme

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

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

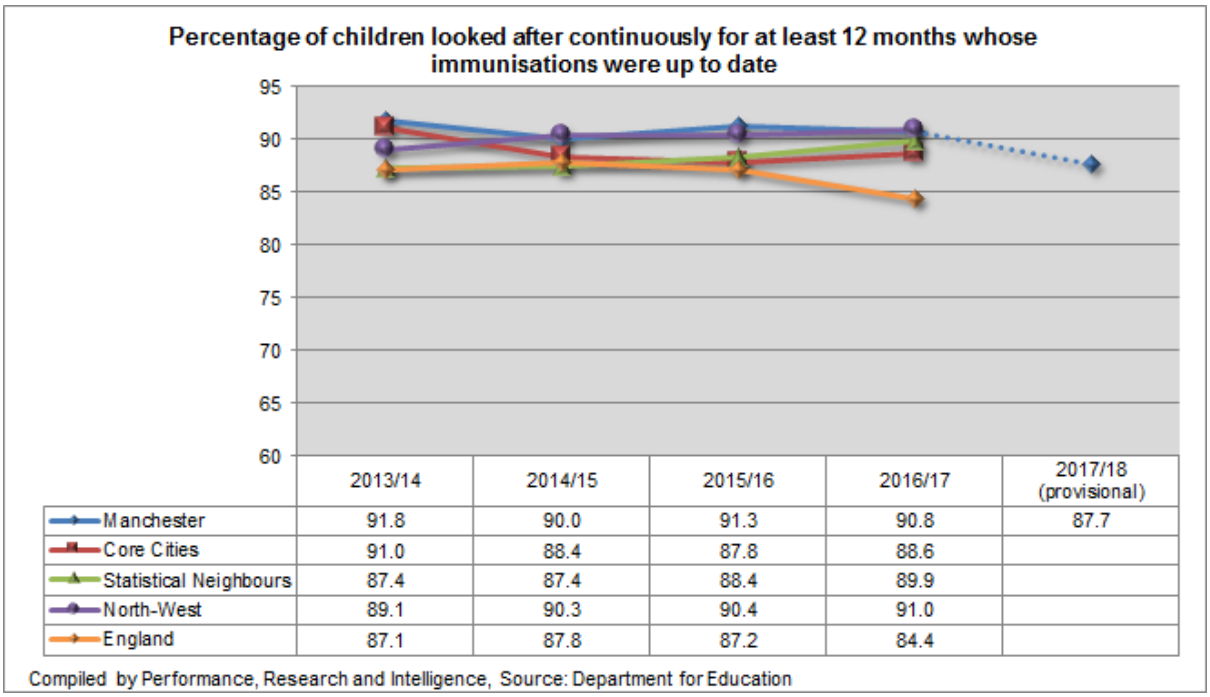
10.3 Manchester demonstrated lower vaccination coverage than the Greater Manchester average for most vaccinations measured by the COVER programme in quarter 4 2017/18. The exception - the Meningitis B booster delivered at 24 months - has seen GM performance impacted by a new child health information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

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



11. Immunisation and vaccination uptake in Looked After Children

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



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

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

12. Training and Education

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

13. 2018/19 Plans

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

14. Commentary from External Partners

Dr Caroline Rumble, Public Health England

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

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

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

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