

**Manchester City Council  
Report for Resolution**

**Report to:** Health Scrutiny Committee – 4 December 2018

**Subject:** Final Report and Recommendations of the Public Health Task and Finish Group

**Report of:** The Public Health Task and Finish Group

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**Summary**

This report presents the findings of the detailed investigation undertaken by the Public Health Task and Finish Group.

**Recommendations**

The Health Scrutiny Committee is asked to note the findings of the Task and Finish Group and endorse the eight recommendations as set out in section 7 of the report.

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**Wards Affected:** All

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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 the contact officer above.

Copies of the reports and meeting minutes for this Task and Finish Group are available via the Council's web-site:

For the meeting of 26 June 2018 see:

[www.manchester.gov.uk/meetings/committee/130/overview\\_and\\_scrutiny\\_public\\_health\\_task\\_and\\_finsh\\_group](http://www.manchester.gov.uk/meetings/committee/130/overview_and_scrutiny_public_health_task_and_finsh_group)

For all meetings after 26 June 2018 see:

<https://democracy.manchester.gov.uk/ieListMeetings.aspx?CIId=161&Year=0>

## **Foreword by Councillor Wilson, Chair of the Public Health Task and Finish Group**

The Health Scrutiny Committee set up the Public Health Task and Finish Group to look into what we were doing as a Council in the area and what we could be doing better.

In 2015, the Chancellor of the Exchequer announced an in-year cut of £200m to the Public Health Grant followed by real-term cuts averaging 3.9% per year over the following five years. Following the devolution of responsibility for public health to local authorities, these cuts have had severe consequences for Councils' delivery of public health up and down the country.

Manchester has one of the lowest life expectancies and one of the highest number of preventable deaths per capita of any local authority in the UK. There are also vast health inequalities within the city. For example, life expectancy is 8.1 years lower for men and 7.0 years lower for women in the most deprived areas of Manchester than in the least deprived areas. The biggest contributors to these stark statistics are 'lifestyle factors'. Manchester has relatively high levels of smoking, alcohol abuse and physical inactivity and rates of smoking and alcohol consumption are higher in the more deprived parts of our city.

This being the case, the main line of enquiry of the group's work has been how to reduce smoking and alcohol abuse and increase levels of physical activity so that Mancunians can live longer and we can reverse the stark health inequalities both within our city and compared to the rest of the country.

Underfunding of Public Health is a ticking timebomb. For the most part, the consequences of cuts made by this government won't manifest themselves for years but when they do, they will result in more premature deaths and they will hit the poorest communities hardest. We have called for proper funding of public health and explored other ways Manchester City Council can use the resources it does have more effectively.



**Councillor James Wilson**  
**Chair of the Public Health Task and Finish Group**

## **1.0 Introduction**

- 1.1 The World Health Organisation defines public health as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO).

Public health is about helping people to stay healthy, and protecting them from threats to their health, so that everyone is able to make healthier choices, regardless of their circumstances, and to minimise the risk and impact of illness. In recognition of the importance of public health Members of the Health Scrutiny Committee agreed to establish a Member led Task and Finish Group to examine specific issues around public health.

- 1.2 The Committee subsequently agreed the Terms of Reference and Work Programme at their meeting of 5 December 2017.
- 1.3 The Health Scrutiny Committee considered the Manchester Population Health Plan 2018-2027 at their meeting of 22 May 2018. (See minutes of the Health Scrutiny Committee 22 May 2018, ref. HSC/18/18). The Members’ discussions that arose on those measures designed to improve the health outcomes of Manchester residents was to inform the work of the Task and Finish Group.
- 1.4 At the May 2018 meeting the Chair of the Group recommended that the Work Programme of the Group would be amended to include specific consideration of alcohol; tobacco and healthy living.

## **2.0 Membership**

- 2.1 The membership of the Task and Finish Group was approved by the Health Scrutiny Committee at their meeting of 22 May 2018 as:

Councillor Curley  
Councillor Holt  
Councillor Lynch  
Councillor Mary Monaghan  
Councillor Riasat  
Councillor Wills  
Councillor Wilson (Chair)

## **3.0 Objectives**

- 3.1 The objectives and key lines of enquiry were agreed by the Health Scrutiny Committee at their meetings of 5 December 2017 (See minute ref. HSC/17/62) and subsequently amended at the meeting of 22 May 2018 (See minute ref. HSC/18/21). The Terms of Reference were further reviewed and amended at the first meeting of the Group held 26 June 2018 (See minute ref. HSC/PH/18/02). The full terms of reference are attached as an Appendix to this report. The agreed objectives were:

- To review current Public Health and Population Health objectives, including self-care and health protection;
- To review good practice adopted nationally and internationally and in other Local Authorities across Greater Manchester;
- To review current academic research in the area of Public Health and Population Health; and
- To inform future discussions on Public Health and Population Health at the Health Scrutiny Committee.

#### **4.0 Key Lines of Enquiry**

4.1 The key line of enquiry identified was:

Evidence is to be gathered from a range of stakeholders, including Public Health England; Manchester University Urban Collaboration on Health; and the Manchester Institute for Collaborative Research on Ageing (MICRA).

#### **5.0 Evidence Gathering Process**

The Group held three meetings to consider evidence and hear from a number of invited witnesses. The full detail of what the Group considered at each meeting can be found in the work programme, attached as an Appendix to this report.

##### **Formal Meetings and Themes**

5.1 Meeting 1: 26 June 2018

Theme: Public Health Objectives and consideration of the Public Health Annual Report

The Group received the 2016/17 Manchester Public Health Annual Report (PHAR) that provided a summary of the work of the public health team across the life course and specialist areas (e.g. health protection) that the team is responsible for. The organisation of the team is entirely consistent with the Greater Manchester Population Health Plan Framework and the Manchester Health Care Commissioning directorate structures. The team, however, has been renamed as the Population Health and Wellbeing Team.

The PHAR informed the development of the Manchester Population Health Plan which had been considered by the Health Scrutiny Committee at their meeting of 22 May 2018 (See Health Scrutiny Committee minutes 22 May 2018, ref. HSC/18/18).

The Population Health and Wellbeing Team would co-ordinate action against the five priorities contained within the Manchester Population Health Plan and

continued to deliver statutory functions and mandated responsibilities on behalf of the City Council. The five priorities were:

- Priority 1 – Improving outcomes in the first 1,000 days of a child's life.
- Priority 2 – Strengthening the positive impact of work on health.
- Priority 3 – Supporting people, households and communities to be socially connected and make changes that matter to them.
- Priority 4 – Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life.
- Priority 5 – Taking action on preventable early deaths.

At this meeting the Group agreed to focus on three particular aspects of Public Health at their next meeting. The three specific areas were: Alcohol, Tobacco and Active Lifestyles.

## 5.2 Meeting 2: 18 September 2018

Theme: Examples of good practice adopted nationally and internationally and in other Local Authorities across Greater Manchester to address the issues of alcohol; tobacco and healthy living (active lifestyle)

At this meeting the Group considered the measures taken to address tobacco control noting that there was estimated to be just under 91,500 smokers aged 18 and over in Manchester, which is higher than the national average. The impact of this resulted in 5,999 smoking related hospital admissions per year costing £5.4m per year to the NHS in Manchester. In addition, lost productivity caused by smoking related illness, disability or death was estimated to cost the city approximately £106.2m per year.

The Group discussed the models of smoking cessation services, discussed the use of e-cigarettes as a means of quitting smoking noting that whilst the consensus was that the use of these devices had assisted people to stop smoking further research was required as to the long term impact of these on people's health.

The Group further discussed the need for cessation services to meaningfully engage with local communities and that communities needed to be involved in the design of such services.

The Group then considered the issue of active lifestyle noting that Manchester Health and Social Care Partnership, the Councils Sport and Leisure service and Sport England were working to align the physical and health agendas in the city. This approach would result in a new strategy and partnership arrangements; the creation of a not for profit organisation with responsibility for implementing the Sport and Physical Activity strategy; a new leisure facility operating contract.

The Group discussed the Greater Manchester Moving plan, a pioneering comprehensive plan to reduce inactivity and increase participation in physical activity and sport that is aligned to the Greater Manchester Population Health

Plan priority themes and wider reform agenda. Noting that the plan is aimed at children outside of the school setting, adults between the ages of 40 and 60 with long term health conditions and people who were out of work or at risk of losing their job.

The Group also heard the views from representatives from the Greater Manchester Health and Social Care Partnership, Public Health England, Cancer Research UK and the University of Manchester who had attended to contribute to the discussions.

The Group agreed to defer consideration of the alcohol and alcohol related harm to the next meeting.

### 5.3 Meeting 3: 26 October 2018

Theme: Public Health and Population Groups: Ageing Population; Health Protection and Infection Control and Alcohol related harm (deferred from the previous meeting)

#### Alcohol Related Harm

At this meeting the Group considered the issue of alcohol related harm, noting that the most up-to-date estimates (from 2014/15) suggest that 2.4% of adults aged 16 and over living in Manchester are alcohol dependent. Based on the latest Office for National Statistics 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.

The Group heard of the response to this challenge noting the work of the Communities in Charge of Alcohol Project; the Manchester Integrated Drug and Alcohol Service provided by Change, Grow, Live (CGL) that had been operational since 1 April 2016. The Manchester Community Safety Strategy 2018-2021 identified “reducing the crime caused by alcohol and drugs” as one of its five priorities for the life time of the strategy and that Manchester City Council had established a member/officer night time economy group that continued to meet to address issues relating to the city’s vibrant night life.

The Group also heard the views from representatives from the Greater Manchester Health and Social Care Partnership, Public Health England and the University of Manchester who had attended to contribute to the discussions.

#### Age Friendly Manchester Programme

The Group considered the Age-Friendly Manchester (AFM) programme that aimed to improve the quality of life for older people in the city and to make the city a better place to grow older. Noting that 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. The Group also considered the initiatives to deliver the ambitions to create an age-friendly city that promoted good health and wellbeing for people in mid and later life by creating more age-friendly neighbourhoods; creating age-friendly services and promoting age equality by addressing the negative images and portrayal of ageing.

The Group also heard the views from representatives from the University of Manchester who had attended to contribute to the discussions.

### Health Protection

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. The Director of Public Health (DPH)/Director of Population Health and 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.

The Group learnt of the highlights of the work of the Manchester Health Protection and Community Infection Control Team in 2017/18 and in the first six months of 2018 (1 April 2018 - 30 September 2018) and learnt of the key actions and challenges for the period ahead in delivering the health protection function with particular reference to Seasonal Influenza Vaccination Programme, Tuberculosis Management, Hepatitis A, Measles, Meningococcal Disease, Nurseries, School, University and Care Home Outbreaks Overview, Gram Negative Blood Stream Infection.

The Group also heard the views from representatives from the Public Health England who had attended to contribute to the discussions.

## **6.0 Agreement of Final Report and Recommendations**

The Group considered the final report that presented the findings of the investigation undertaken by the Group. Members were asked to consider the content of the report and the recommendations and make any amendments.

The final report, which would contain any amendments made by the Members would then be submitted to the next available meeting of the Health Scrutiny Committee. The Health Scrutiny Committee would be asked to endorse the recommendations contained within section 7 of this report.

## **7.0 Conclusions and recommendations**

Following careful consideration of all of the evidence presented throughout the course of this investigation the Public Health Task and Finish Group agreed the following recommendations:



**Recommendation 1:**

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

**Recommendation 2:**

The Group recognise that Manchester has above average rates of smoking in all age groups and the highest premature mortality rate in the country for the three major smoking related conditions; lung cancer, heart disease and stroke. Noting that there are just under 6,000 smoking related hospital admissions per year costing approximately £5.4 million per year to the NHS in Manchester.

Smoking is the single largest cause of health inequalities in Manchester and we recommend that the Council establish a 'Stop Smoking' service in line with NICE guideline NG92, published March 2018.

**Recommendation 3:**

Noting that that there is debate around the use of Nicotine Inhaling Products (e-cigarettes) with e-cigarettes being thought to be 95% safer than smoking normal cigarettes because they do not contain tobacco (Source: PHE/CRUK). However, there still appears to be widespread confusion about how safe e - cigarettes are, relative to normal cigarettes.

We therefore recommend that the Council works with health partners to establish an evidence base on the use of e-cigarettes as an aide to stopping smoking.

**Recommendation 4:**

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

**Recommendation 5:**

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

**Recommendation 6:**

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

**Recommendation 7:**

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

**Recommendation 8:**

The Group support the strengthening of the health protection function of the Director of Public Health and the Community Infection Control Team across the Greater Manchester footprint, and we welcome the establishment of the new Manchester Health Protection Group that will provide oversight and management of all health protection activity in the city.

We recommend that best practice is shared across Greater Manchester between all partners involved with this activity to continue to improve the rates of immunisation across the general population.

## **8.0 Acknowledgements**

The Public Health Task and Finish Group would like to thank the following people for their advice and support during their investigation:

Councillor Bev Craig, *Executive Member for Adult Health and Wellbeing*

David Regan, *Director of Population Health and Wellbeing*

Marie Earle, *Strategic Commissioning Manager, Public Health, Manchester Health and Care Commissioning*

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Dr Rebecca Wagstaff, *Deputy Director, Health and Wellbeing, Public Health England North West*

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Jane Pilkington, *Deputy Director for Population Health*

Roisin Reynolds, *Senior Advisor, Greater Manchester Health and Social Care Partnership*

Hayley Lever, *Strategic Manager, Greater Manchester Moving*

Stacey Arnold, *Local Public Affairs and Campaigning Manager Cancer Research UK*

Dr Caroline Rumble, *Consultant in Health Protection, Public Health England North West*

Professor Christopher Phillipson, *Professor of Sociology and Social Gerontology, Manchester Institute for Collaborative Research on Ageing, The University of Manchester*

Leasa Benson, *Clinical Lead Health Protection – Community Infection Control Team, Manchester Population Health and Wellbeing Team, Manchester Health and Care Commissioning*