

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 16 July 2019

Subject: Public Health Task and Finish Group

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

Summary

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

Recommendations

The Committee is asked to note the report.

Wards Affected: All

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

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

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

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

1. Introduction

- 1.1 The Manchester Health Scrutiny Committee Public Health Task and Finish Group met four times in autumn/winter 2018 and made eight recommendations to the Health Scrutiny Committee.
- 1.2 The Committee have asked for a progress report on the implementation of the recommendations and this is provided below.

2. Recommendations

2.1 Recommendation 1

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

- 2.1.1 A series of national bodies including the Kings Fund and British Medical Association have called on the Government to reverse the cuts to public health funding.
- 2.1.2 The Council through the Director of Population Health have provided evidence and information to the Local Government Association and Parliamentary Select Committees on a range of public health issues where funding reductions have had impacts on services.
- 2.1.3 It is hoped that the forthcoming Prevention Green Paper will move beyond the rhetoric and provide an indication of whether investment nationally in public health will be increased.
- 2.1.4 On a more positive note, the recent update on the NHS Long Term Plan has referenced potential funding for tobacco, alcohol and obesity related services.

2.2 Recommendation 2

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

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

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

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

2.3 Recommendation 3

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

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

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

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

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

- 2.3.2 The position taken by the Population Health Team (PHT) is that we support the use of E Cigarettes as an aid to giving up smoking. They help smokers by reducing the risks associated with tobacco as there is no tobacco in an E Cigarette. E Cigarettes also help or combat cravings for nicotine in a similar way that Nicotine Replacement Therapy (NRT) does. The PHT do not advocate that people use E Cigarettes if they do not smoke already and are advocating a “harm reduction” approach. This approach is also taken by the Greater Manchester “Make Smoking History Team”, who have funded other local authority Stop Smoking Services in GM (e.g. Salford) to actually give out free vaping/ E Cigarette starting kits. Also, Randomised Control Trials (RCTs) have shown that their use is at least as effective as NRT in helping people to give up smoking.
- 2.3.3 The Greater Manchester Health and Social Care Partnership have drafted a policy and position statement around the use of E Cigarettes. Once this draft policy is finalised, the DPH will discuss with the Executive Member for Adult Health and Wellbeing whether Manchester City Council would wish to adopt the policy subject to any local amendments and additions.
- 2.3.4 Finally, there is still a recognised need for the ongoing and long term collection of data around the use of E Cigarettes and this is happening across the world. The PHT will work with partners to keep abreast of new evidence as it emerges and to act upon it.

2.4 Recommendation 4

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

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

2.4.2 The campaign led to extensive levels of engagement including:

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

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

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

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

However, the interim key findings are:

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

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

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

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

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

2.5 Recommendation 5

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

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

2.6 Recommendation 6

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

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

Breastfeeding Friendly Manchester

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

- 2.6.2 Businesses and organisations in Manchester are encouraged and supported to signal breastfeeding mums are welcome by displaying a window sticker and adopting a simple policy, including specific staff training.
- 2.6.3 The MCC Communications team helped launch and promote the scheme, including design and print of leaflets and window stickers plus social media campaign. It received significant press attention, including a segment on BBC North West Tonight. Over 100 venues have joined Breastfeeding-Friendly Manchester and this campaign is ongoing.

Sexual Health

- 2.6.4 At GM level the PHT have been working with the Passionate about Sexual Health (PaSH) Partnership (BHA for Equality, LGBT Foundation and George House Trust). The PaSH is the provider of a sexual health prevention support service across Greater Manchester, which is jointly procured by the 10 GM Authorities, to develop a communications strategy for sexual health.
- 2.6.5 As part of this work PaSH have been tasked with identifying key campaigns and methods for supporting commissioners and others to boost them. This will include, for example, providing wording for briefings for elected members and general practice, suggested tweets and other social media messages for partners to use and managing the sourcing and delivery of available resources such as posters for General Practice display.
- 2.6.6 The work is at an early stage and will be integrated into the HIVE (Elimination of new cases of HIV in a generation project funded by GMHSCP) communications work-stream which PaSH have been awarded funding to develop a media campaign and resources. Whilst much of this work focuses on HIV it will also look at key messaging and any campaigns across sexual health such as the response to the Public Health England (PHE) syphilis action plan.
- 2.6.7 The main national campaign activity for sexual health was the Health Protection England “It Starts with Me” campaign and the campaigns around National HIV Testing Week in November. In November/December 2018 LGBTF received additional funding from the campaign for additional HIV testing and PaSH conducted a range of testing sessions and other associated activity across GM linked to this campaign.

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

- 2.6.8 A key action for the HIVE project will be to boost HIV testing during these major campaigns especially as any testing done through the national self sampling service during this period is funded by PHE.
- 2.6.9 Finally, the PHT are coordinating the presence of services at Pride and the key messages that will be communicated, predominantly around national messages on HIV testing, U=U (undetectable equals untransmittable), Pre

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

Keeping antibiotics working campaign

- 2.6.10 As part of PHE's "Keeping antibiotics working campaign" to support efforts to reduce inappropriate prescriptions for antibiotics, posters and advice were provided to all Manchester leisure centres, libraries, care homes and children's centres.
- 2.6.11 To improve clinical practice and promote wider understanding of the need to reduce inappropriate prescribing, antimicrobial resistance is now highlighted in training for health and social care providers. During World Antibiotic Awareness Week in November 2018 the PHT shared key messages with all partners and this campaign will be repeated later this year.

GM Suicide Prevention Awareness Campaign

- 2.6.12 Manchester Suicide Prevention Partnership continues to work with GM Suicide Prevention Executive.
- 2.6.13 A new campaign launched on 1st May aims to encourage people in Greater Manchester to talk about suicide, the biggest killer of men under 49 and women aged between 20 to 34 in the region. The shining a light on suicide campaign <http://www.shiningalightonsuicide.org.uk/> has been commissioned by the Greater Manchester Health and Social Care Partnership and is supported by the Mayor of Greater Manchester Andy Burnham, and all partners including the NHS, councils, police, fire, emergency services, armed forces' veterans, voluntary and community groups such as LGBT and Samaritans.
- 2.6.14 The campaign follows research and evidence among people who have considered suicide, that talking honestly and openly about suicide helped to save their lives. The campaign will be delivered across Greater Manchester over the coming months in collaboration with a network of organisations to ensure all ten boroughs of Greater Manchester are targeted.

Age Friendly Manchester

- 2.6.15 Age Friendly Manchester (AFM) distributes a monthly eBulletin which has a subscriber base of around 10,000 older people, professionals and organisations. The eBulletin offers a platform to partners to promote both national and GM wide campaigns with health and wellbeing messages. This has included flu vaccinations, lung checks, work and skills opportunities and bowel cancer awareness.
- 2.6.16 In addition AFM have a Twitter account which is used to raise awareness on a range of topics. This is also used to promote the AFM eBulletin, which in turn is retweeted by Manchester Health and Care Commissioning (MHCC) to its 30,000 followers.

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

NHS Blood and Transplant Service

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

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

2.7 Recommendation 7

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

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

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

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

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

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

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

- 2.7.6 The **Widening Access and Participation Strategy** has 50+ as a priority group. While the **Parks Strategy** and the **Green and Blue Infrastructure Strategy** both make reference to older people and there is a commitment to see an increase in the number of age-friendly parks across the city. Under bowling, the **Playing Pitch Strategy** recommends we 'maximise capacity available to provide sport and exercise opportunities for older residents particularly given the ageing population'.
- 2.7.7 **Housing for an Ageing Friendly Manchester Strategy** is in place till 2020 but is being superseded by incorporating an age-friendly dimension to housing strategies more generally. For example the **Manchester Housing Strategy** makes reference to AFM and the need for a wider choice of housing, enabling people to age in place close to families and communities.
- 2.7.8 The recent **Affordable Housing Strategy** makes points on extra care housing, community-led housing, a need for a range of types and tenures, and supporting people to 'downsize'. The AFM Board has challenged this and suggested the term 'rightsizing' is a more appropriate phrase to use. The development of an LGBT Extra Care Scheme is a practical demonstration of how applying an age-friendly lens is bringing about real housing choice for all of Manchester's older people.
- The action plan for the **Homelessness Strategy** commits to 'improving pathways for older homeless people to access suitable retirement housing e.g. sheltered housing and extra care housing'.
- 2.7.9 The **Our Manchester Carers Support Strategy** lists a key action as becoming a 'carer friendly city', on the back of AFM success and learning. However it does not make any commitments to supporting older carers.
- 2.7.10 Finally, Manchester's **Cultural Ambition** lists ageing as a key 'pathfinder project' and commits to doubling the number of age-friendly culture champions by 2020.

2.8 Recommendation 8

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

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

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

- 2.8.2 As well as working with colleagues from within Manchester, the Health Protection Team are working on joint initiatives with colleagues from across GM. Joint working allows for shared learning from health protection prevention and training programmes, learning following outbreaks, professional support from other clinical and non-clinical health protection colleagues and the opportunity to work at scale, where it adds value and makes sense to do so. For example, the team is currently working with GM colleagues on a pilot to increase Measles, Mumps and Rubella (MMR) vaccination in school children in response to the measles outbreak and is involved in the GM TB Collaborative Group, working with GM colleagues to ensure the GM TB strategy is implemented locally.
- 2.8.3 Manchester's Health Protection Team continues to be involved in the GM Health Protection System Reform Group, working with GM colleagues to identify areas where GM wide capabilities can add value to our health protection work locally. The following four areas are being considered as opportunities to strengthen the health protection system across GM: workforce strategy development, policy, guidance development and assurance, operating systems improvement (including outbreak management) and research and development. The team is contributing to a Cost Benefit Analysis to gather evidence and data to describe the impact that this proposed GM work would have.
- 2.8.4 The Manchester Health Protection Group has been established to provide oversight and management of all health protection activity in the city and reports directly to the Manchester Health and Wellbeing Board. The group includes representatives from Manchester Health and Care Commissioning Health Protection, Nursing and Medicines Optimisation teams, MCC Environmental Health, Public Health England, Greater Manchester Health and Social Care Partnership, GPs and local hospitals.
- 2.8.5 Finally, priority areas for health protection and infection prevention and control work in Manchester in the coming year include: increasing vaccinations and immunisations, in particular flu vaccination and MMR vaccination uptake, responding to outbreaks, reducing healthcare associated infections in the community (anti-microbial resistance, C Diff infection, MRSA bloodstream infection, gram negative blood stream infection), work with PHE and the Healthy Schools Team to implement ebug in primary schools across Manchester and work to raise awareness of TB.