Committee: Health and Well Being Overview and Scrutiny Committee
Date: 24 May 2007
Report of: Director of Public Health
Director of the Manchester Joint Health Unit

Purpose of Report:

To provide members of the committee with an overview of health in Manchester by presenting the key messages from the report.

Recommendations:

The Committee is asked to:

i) Note the report
ii) Identify the topics/areas that could be included in the 2007/8 work programme
iii) Receive a progress report on the recommendations contained in the document in January 2008

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NB A printed version of the Public Health Annual Report has been circulated to members of the Committee only. Electronic versions of the report are available on request from Manchester Joint Health Unit (0161 234 3391 or E-mail: a.falla@manchester.gov.uk)
1. Introduction

Manchester Primary Care Trust (PCT) has produced the Manchester Public Health Annual Report (2006) in conjunction with Manchester City Council, reflecting the strong tradition of partnership working in the City. The various chapters contained in the report are summarised below and the key recommendations from each chapter are attached as appendix 1.

2. Report Summary

Chapter 1: Introduction

Provides a brief description of health outcomes and challenges facing Manchester and how the delivery of the Manchester Community Strategy will be crucial to health improvement.

Chapter 2: An overview of the health of Manchester people

Provides detailed information on the health of Manchester residents and contains the following key headlines:

- Manchester’s population is increasing—the proportion of people aged 25-34 will increase significantly over the next ten years, the proportion of people aged 60-84 will fall and the proportion of people over 85 will rise slightly
- 22.2% of the population are from black and minority ethnic groups and this is expected to rise to 27.7% by 2011
- Manchester is the second most deprived local authority in England according to the 2004 Indices of Deprivation
- Male and female life expectancy has increased but life expectancy for men is still the lowest in England and for women the fourth lowest
- Smoking cessation services continue to perform well, the number of successful quitters is almost double the national rate and the City has been commended for its work on Smoke Free public places
- Uptake of the flu vaccine by people over the age of 65 and other target groups in 2005/6 was above the national target of 70%
- Teenage pregnancy rates (under 18 conceptions) remain high and a cause for concern
- Infant mortality rates (deaths of children aged less than one year) and the proportion of low birth weight babies (those weighing less than 2500 grams) are higher than the national average
- Childhood immunisation rates have improved but are still lower than the national average
- Childhood obesity was measured for the first time in 2006 and around 15% of children attending schools in Manchester are classed as obese
- Children’s dental health in Manchester is very poor
- Physical activity levels amongst adults are slightly lower than the national average
- Alcohol related deaths are increasing and rising levels of alcohol consumption are placing additional burdens on health services
- Rates of long term limiting illness and people’s perceived health experience (i.e. ‘not good’ health) are significantly worse than the national average.
- Uptake of breast and cervical screening is still well below the required national targets.
- There has been mixed progress in reducing deaths from the major killers as described in the table below.

Table 1: Manchester Community Strategy 2006-15: Health Improvement Targets

<table>
<thead>
<tr>
<th></th>
<th>Circulatory diseases</th>
<th>Cancers</th>
<th>Respiratory diseases</th>
<th>Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Definition</strong></td>
<td></td>
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<tr>
<td><strong>Target</strong></td>
<td>To reduce the mortality rate from coronary heart disease and stroke in people aged under 75</td>
<td>To reduce the mortality rate from all cancers in people aged under 75</td>
<td>To reduce the mortality rate from respiratory diseases in people aged under 75</td>
<td>To reduce the mortality rate from suicide &amp; undetermined injury</td>
</tr>
<tr>
<td><strong>Required performance</strong></td>
<td>40% reduction</td>
<td>20% reduction</td>
<td>20% reduction</td>
<td>20% reduction</td>
</tr>
<tr>
<td><strong>Progress Against Target</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current performance (2003-2005)</strong></td>
<td>151.4 per 100,000</td>
<td>165.2 per 100,000</td>
<td>53.5 per 100,000</td>
<td>12.3 per 100,000</td>
</tr>
<tr>
<td><strong>Progress since baseline</strong></td>
<td>28.5% reduction</td>
<td>12.7% reduction</td>
<td>2.2% reduction</td>
<td>23.1% reduction</td>
</tr>
<tr>
<td><strong>Expected performance against target</strong></td>
<td>Exceed target by 4.4%</td>
<td>Miss target by 0.9%</td>
<td>Miss target by 21.8%</td>
<td>Exceed target by 20.5%</td>
</tr>
<tr>
<td><strong>Performance Rating</strong></td>
<td><strong>Green</strong></td>
<td><strong>Amber</strong></td>
<td><strong>Red</strong></td>
<td><strong>Green</strong></td>
</tr>
</tbody>
</table>
Chapter 3: Measuring Inequality within Manchester

The chapter looks at how we can identify and describe health inequalities and provides some detailed technical information for public health practitioners. The map on page 27 of the report (and reproduced here) is perhaps the most interesting description of health inequalities in Manchester. The map shows premature deaths in persons aged under 75 in different parts of the city and compares this with levels of deprivation. Not surprisingly there is a very strong correlation and the map will help the Manchester PCT, Council and other partners in planning interventions in target wards that will impact positively on reducing premature deaths.
Fig. 1: Mortality (under 75s) and deprivation in Manchester (2003-05)
Lower Super Output Areas (LSOAs)

Mortality (under 75s) and deprivation in Manchester
Lower Tier Super Output Areas (2003-05)
Chapter 4: Prevention and its impact on health outcomes and services

This chapter makes the case for more investment in prevention (upstream measures) to reduce future demand and pressures on health services. Following on from the previous chapter it also describes the major causes of premature death in the city and priorities for prevention.

The pie charts on pages 38/39, and reproduced below, provide a good summary.

Fig. 2: Contribution by Cause to Life Expectancy Gap in Manchester* Males aged under 75, 2002-04

![Pie chart showing contributions by cause to life expectancy gap in Manchester for males aged under 75 in 2002-04. The main causes are Coronary Heart Disease (19.2%), Colorectal cancer (0.7%), Diabetes (1.1%), Digestive disease (inc cirrhosis) (12.3%), Infant mortality (8.0%), Stroke (5.1%), and other causes (6.0%).]

* Compared to England and Wales average

Fig. 3: Contribution by Cause to Life Expectancy Gap in Manchester* Females aged under 75, 2002-04

![Pie chart showing contributions by cause to life expectancy gap in Manchester for females aged under 75 in 2002-04. The main causes are Coronary Heart Disease (17.1%), Colorectal cancer (0.8%), Diabetes (1.8%), Digestive disease (inc cirrhosis) (9.2%), Infant mortality (13.9%), and other causes (8.5%).]

* Compared to England and Wales average
In addition, the tables from page 42 onwards list some of the priority areas and those interventions that will have the most impact. The committee may wish to consider returning to some of these more in depth as part of the work programme for 2007/8.

Chapter 5: Protecting and improving the health of the local population

This chapter describes some of the ‘must dos’ in relation to:

- Emergency planning
- Preventing and controlling infections
- Sexual Health.

It is important to note that Manchester PCT have reviewed the pandemic flu plan and recently participated in a simulated exercise (Exercise Cold Play) organised in conjunction with the Greater Manchester Health Protection Unit. The exercise involved representatives of all NHS Trusts in the City and Manchester City Council.

Chapter 6: Employment for Health

Since the chapter was written, Greater Manchester has been selected as one of the 15 national pilots for the City Strategy. The focus in this chapter on the role of the NHS as a major employer and the need for effective programmes of support for people on Incapacity Benefit is consistent with key themes of the City Strategy. The PCT and other NHS Trusts in Manchester are committed to ensuring that their contributions to the City Strategy are maximised. Again this is something that the Committee may wish to return to or look at jointly with the Economy, Employment and Skills Overview and Scrutiny Committee.

3. Next Steps

As stated previously, chapters 3, 4, 5 and 6 each contain a series of recommendations (see appendix 1). Some of these are very broad but many require specific responses by the PCT, City Council, NHS Trusts and other partners. The new Health and Well Being Partnership Board for Manchester will monitor the implementation of the recommendations. It is also suggested that the Manchester Health and Well Being Overview and Scrutiny Committee receive a progress report on all of the recommendations in January 2008.
Appendix 1

Summary of recommendations from the Manchester Public Health Annual Report 2006

Chapter 3

Recommendations for reducing health inequalities in Manchester

Manchester PCT and the City Council should:

1. Continue to emphasise the importance of tackling the wider socio-economic determinants of health as well as taking forward the national emphasis on lifestyle and behavioural change

2. Ensure that equity is a central component of every service and that plans and service specifications take tackling inequalities into account

3. Encourage all services to use equity audit as a tool to assess and improve equity of service provision, alongside equity and diversity reviews

4. Insist on the consistent recording of ethnicity in primary care and other services in order to enable equity auditing and appropriate service planning and commissioning

5. Develop common indicators and targets for monitoring progress on tackling inequalities within Manchester.

Chapter 4

Recommendations for improving the impact of prevention activity

Manchester PCT and the City Council need to:

1. Put prevention at the heart of the commissioning agenda and implement evidence-based interventions across the different sectors (see tables in chapter 4)

2. Plan, commission and monitor the quality of service provision

3. Increase support for improved self-care

4. Develop public support for prevention through public engagement and communication.
Chapter 5

Recommendations: Emergency planning

The Manchester PCT and partners must:

1. Review the MIP and the Pandemic ‘flu plan early in 2007 and the PCT must ensure that all managers and staff are aware of how these plans are to be implemented in the new structures
2. Provide regular training for the PCT Board, Chief Executive and other members of the on-call rotas
3. Regularly test out the Business Continuity Plan for the Manchester PCT to ensure that the new operational structures can respond effectively in a major emergency.

Chapter 5

Recommendations: Preventing and controlling infections in Manchester

The Manchester PCT and partners must:

1. Increase the uptake of childhood vaccines in line with the Manchester Children and Young People’s Plan and national targets
2. Work across the City to improve the coverage of MMR vaccination and ensure all school leavers have received two doses of MMR
3. Work to increase the uptake of influenza and pneumococcal vaccine beyond the target levels achieved
4. Build on existing work to reduce levels of healthcare acquired infection, including MRSA and clostridium difficile
5. Commission further work to support decontamination in primary care with a particular focus on dental services
6. Work collaboratively with the Manchester Prison Service, Genito-Urinary Medicine (GUM), needle exchange and drug services to provide training and clinical advice to support the implementation of the hepatitis vaccination programme
7. Implement the Greater Manchester Hepatitis C Strategy.
A number of these changes have costs attached, but there is robust evidence that investment will save substantial sums of money in the short, medium and longer term.

Chapter 5
Recommendations: Sexual health

The Manchester PCT and the City Council must:

1. Prioritise the development of accessible information and sexual health services for young people to support a reduction in teenage pregnancy and STIs. This will include work with schools on the quality of SRE (sex and relationships education)

2. Improve access to screening and treatment for STIs via GUM services, family planning services and primary care and ensure that the access targets to GUM services are met

3. Continue to develop appropriate services for vulnerable and marginalised groups in community settings including looked after children, sex workers and prisoners

These changes will require the full relevant allocation from Choosing Health.

Chapter 6
Recommendations to support employment for health

The Manchester PCT, other NHS Trusts and partners should:

1. Review their role in relation to corporate citizenship and engage with programmes that promote the employment of local people

2. Continue to develop the Health Trainer scheme and promote opportunities for volunteer involvement

3. Request that the public health teams in the City review their support to health at work initiatives