Manchester City Council
Report for Resolution

Report To: Health and Well Being Overview and Scrutiny Committee - 24 June 2010

Subject: Public Health in Manchester

Report of: Director of Public Health and Partnerships

Summary

This overview report sets out the initial plans to develop an integrated public health function for Manchester following the joint appointment of the Director and Public Health and Partnerships

Recommendations

The Committee is asked to:
1) Note the report
2) Receive an update on progress in December 2010

Wards Affected:

All

Contact Officers:

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Background documents (available for public inspection):

None
1.0 Introduction and Background

1.1 The high level strategic objectives for public health in Manchester are:

I. To increase life expectancy in Manchester and narrow the gap with England
II. To reduce health inequalities within Manchester
III. To improve aspiration and well being
IV. To protect the health of the public

Over the past decade considerable progress has been made as evidenced by the increases in life expectancy for both men and women, and the fact that the gap with England has narrowed by 0.8 years for men and 0.2 years for women since 2000. However the fact remains that within the city there are still significant differences in life expectancy between the most and least deprived wards and too many residents die prematurely from heart disease, cancer and respiratory disease, the three biggest killers. Furthermore global public health threats such as swine flu have demonstrated the need to have good business continuity and resilience plans in place.

1.2 The challenge for the next decade is to accelerate the progress that has been made, reduce the internal health inequalities that still exist and do more to raise aspirations and improve well-being. This paper describes how the public health function will be further strengthened in Manchester to deliver the improvements that are needed, by building on the current infrastructure described below.

2.0 Current public health infrastructure

2.1 The Manchester Joint Health Unit was established in April 2002 as a formal partnership between the City Council and the three Manchester Primary Care Trusts that existed at the time. The business of the Unit has been centred on the following key themes:

- Tackling the major killers and maximising the contribution of the City Council to prevention programmes for smoking, alcohol, food and physical activity
- Developing and implementing the Teenage Pregnancy Strategy
- Addressing the wider determinants of health through Health and Regeneration programmes to tackle worklessness, improve housing, reduce crime and disorder, improve educational attainment and better transport and planning
- Improving the quality of life of older residents through the Valuing Older People Programme
- Providing health intelligence, policy and research support to stakeholders and management of programmes and resources
2.2 The Public Health Directorate of NHS Manchester was established in October 2006 bringing together the public health teams of the three PCTs. The statutory duties of the directorate include:

- Health Protection including emergency planning, infection control, communicable disease control (e.g. TB), and immunisation and vaccination
- Commissioning of public health and health promotion programmes from NHS providers on a wide range of topics (e.g. sexual health)
- Service development including health needs assessments and health equity audits
- Training and development of the public health workforce.

2.3 The two teams have worked closely together and produced their first integrated business plan in 2008/9 led by the Director of the Joint Health Unit and NHS Manchester’s Director of Public Health (DPH). This set the direction of travel and NHS Manchester and Manchester City Council agreed to establish a new joint public health post, the Director of Public Health and Partnerships (DPHP), following the departure of NHS Manchester’s DPH in November 2009. The Director of the Joint Health Unit was appointed to this post on 14 May 2010 and is currently managing the transition and integration of the teams.

2.4 The Coalition Government have also signalled their intention to strengthen the relationship between PCTs and Local Authorities in terms of public health. Manchester is well placed to respond to the new policy directives that will emerge over the next year and ensure that the residents of the City receive even better public health services.

3.0 What will this mean in 2010/11?

3.1 The DPHP will work with the two teams and by 1 September 2010 the integrated function (see 2.1 and 2.2) will be fully described and team members portfolios agreed. There are no plans to have a major restructure as this would be an unnecessary distraction given the public health challenges facing the city and the financial challenges facing both the Council and NHS Manchester. The Joint Health Unit will retain a strong presence at One First Street and will continue to focus on Council and partnership business. However the Unit will benefit from being a formal part of an integrated team that will be able to increase capacity to address the priorities that matter most to the Council and NHS Manchester. These are listed in Appendix 1 and members are invited to comment on the priorities for 2010/11.

3.2 It is important to note that the merger of the two teams will strengthen the public health commissioning function and a key task for the team this year is to scope out and plan for the provision of a new Manchester Healthy Living Service from 1 April 2011.

3.3 A large part of the public health provision currently sits with Manchester Community Health and the transfer and transformation of these public health provider services will require a section 75 agreement with the City Council.
The aim of the Healthy Living Service will be to establish a strong prevention pathway that keeps people well (primary prevention) and supports people to manage their health conditions better (secondary prevention). The pathway will incorporate Council, NHS and third sector services and will make it easier for people to access prevention services along a continuum. There is a considerable amount of work to be done but by December the vision and plans will be well developed through a collaborative approach between commissioners and providers.

4.0 Recommendations

The Committee is asked to:

1) Note the report

2) Receive an update on progress in December 2010 in relation to both the integrated public health and partnerships team and the proposals for the Manchester Health Living Service (provision)
Appendix 1: Public Health Priorities for 2010/11

Reduce deaths from vascular diseases (heart disease, diabetes and stroke)

Early detection and prevention of cancers

Prevention and treatment of respiratory diseases

Commission effective lifestyle interventions (i.e. stop smoking, healthy diet, increased physical activity levels)

A Healthy Start in Life (from pregnancy to age 5) with a focus on the Ardwick City Region Pilot and major improvements in immunisation coverage

Prioritise falls prevention and work on dementia through the Healthy Ageing Programme

Reduce the under 18 conception rate (teenage pregnancy) and improve sexual health

Implement the Healthy Weight Strategy (childhood obesity and adults)

Reduce the harm from alcohol and drugs

Ensure the NHS offer to tackle worklessness is delivered through better mental health programmes (e.g. improving access to psychological therapies)

Improve health care facilities in neighbourhoods

Contribute to Manchester: A Certain Future (e.g. walking and cycling promotion)

Strengthen the health protection and health intelligence functions

NB: Most of these priorities have robust plans in place although it is acknowledged that some new areas of work (e.g. Ardwick) are in the early stages of development.