

# Manchester Health and Wellbeing Service

Report on the Service

April 2013 - March 2014

*Where People Matter Most*

## Foreword

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. World Health Organisation, 1948

In April 2013, public health functions transferred from the NHS to the local authority. This created a fantastic opportunity for prevention to be further embedded in a wide range of key services such as education, social care and housing and has helped us to integrate our work on troubled families, worklessness and the care of more vulnerable people including children and those in older age, with the local authority agenda. Combining our work with all the other services which shape people's health helps us to tackle not only illness and poor health but also the root causes of ill health and health inequality and to increase our work on prevention and wellbeing.

It is important for us to focus on the need to improve health and wellbeing for our population. Our service already has good links and partnerships in place across many key policy areas like reducing harm from tobacco and alcohol, tackling obesity and improving mental health and wellbeing, as well as tackling local inequalities in health. We have specialist public health skills and staff already working to support local communities.

Bringing together the expertise of our public health and health and wellbeing staff with the Council's responsibilities for tackling the wider determinants of health, means a cohesive approach can be taken to these causes of ill health.

The Marmot Review highlighted that to reduce health inequalities it was not enough to focus just on the most disadvantaged, but that action should be taken across a community with 'an intensity that is proportionate to the level of disadvantage' (Marmot, 2010). This is the significant challenge for all who live and work in Manchester.

**Ultimately we want the people of Manchester to be living longer, healthier and more fulfilled lives.**

Our Health & Wellbeing Board has a focus on early intervention and prevention issues beyond historical public health business and in 2014/15 the Board will support the commissioning of a new wellbeing service for Manchester with the aim of establishing this service by early 2015/16.

So this is our challenge - we must make the best use of resources, build services around the needs of the public and make sure local people are getting the quality of support they deserve.

When looking at health and wellbeing, it is important to think about the possibilities and not just the challenges we face and as a Health & Wellbeing Service this is something we are used to doing. We will build on our achievements of recent years and reach into new opportunities for better health and wellbeing and be all about positive change.

Our annual report has been produced during a time of economic downturn, the biggest financial challenges facing public sector services for many decades and of major NHS transition. These changes are being felt locally by many people and organisations, but we are using these challenges as opportunities for working differently and improving and protecting health.

We look forward to working with our colleagues and key partners in this new system for the benefit of our local residents. We know changing both unhealthy behaviours and breaking the link between poor health and social conditions will not be easy and will require different groups who previously may not have needed to work together to do so. It demands a new focus on collaboration and cooperation between statutory, voluntary and business sectors and we are used to and happy to continue to improve our work in this way.

The success we have had in delivery has been down to the commitment of our staff and the willing collaboration of so many partners from our colleagues in the Mental Health Trust, the Local Authority, other agencies and the community and voluntary sector. Despite the challenges, the health improvement agenda continues to be championed and opportunities for future development and innovation will continue to be exploited.

This report is part of the legacy as to what has been achieved to improve health across Manchester in recent years, but more importantly I hope the report inspires you, as we focus together on the health and wellbeing of the communities that make up our great City.



Bridget Hughes  
General Manager

## Introduction

The Manchester Health and Wellbeing Service is newly named, being an amalgamation within Manchester Mental Health and Social Care Trust of a number of different public health delivery services.

The service now includes what were Manchester Public Health Development Service, Physical Activity on Referral (PARS), South Manchester Healthy Living Network and the Oral Health Team.

This report describes the work of the service between April 2013 and March 2014. It is a detailed report covering many programmes of work, all aiming to improve the physical and mental health of Manchester people. The report seeks to describe these programmes, their purpose and their effectiveness.

The service is commissioned, with some exceptions, by Public Health Manchester in Manchester City Council. In working to improve health and wellbeing for all Manchester people, there is particular attention on reducing health inequalities, making sure that all of the service's activities are directed to people most at risk of poor health and those less likely to have support in looking after their health.

The Health and Wellbeing Service has worked with three broad strategies to reach the public:

- providing services direct to individual Manchester residents to support them in improving their health, e.g. Stop Smoking Services, Community Health Trainers and PARS. Some such activity works with groups of people, e.g. the Boost course for "emotional resilience". Most of this provision is delivered in partnership with other agencies, e.g. dental health in schools, Health Trainers in GP practices, Community Food Co-ordinators in Children's Centres. The provision of health information and guidance on self care for the public is an important element of this work.
- working with Manchester communities to foster local action by residents or by communities of interest. This can take many forms, e.g. volunteering in South Manchester's Discovery Team or the Dementia Friendly Communities initiative. Such work is characterised by being informed or led by community priorities and by recognition that coming together in communities has health benefits in its own right.
- supporting all Manchester organisations to be able to help people who use their services and their employees, to improve their health and wellbeing. This is chiefly accomplished through the provision of a large scale annual training programme, providing both open courses and courses (sometimes especially designed) for organisations or teams as a whole. There is growing evidence that training is of a scale and effectiveness to have extended the reach of public health "interventions" through the wider workforce. There is, in addition, a pattern of partnership and joint project work across the city, to reinforce the development of skills and professional approaches in a wide range of organisations.

These strategies do not represent different activities but are integral to programme planning and delivery across a range of health topic areas and work targeted at populations likely to have the worst health. As strategies they work in concert.

Manchester has a complex and rapidly changing population that has high levels of ill-health in comparison with most of the country. It also has a fast changing organisational complex, particularly in public services. The Health and Wellbeing Service aims to operate as effectively as possible in this context, particularly in addressing health inequalities, but also in supporting the key national and city priorities, for example, helping people into training and employment, supporting families with complex problems or improving care for people with long term conditions. Engagement with these initiatives is underpinned by a philosophy of promoting self care and recovery, personal and community resilience and motivation to change "lifestyle" factors related to health.

The Health and Wellbeing Service operates from two main office bases and has a number of out posted staff across the city. The service is managed and structured through a number of staff teams, often providing a particular service or focussed on a health topic area, but it is usual for teams to work in collaboration to provide holistic approaches to improving health.

This report provides considerable detail on the work of the service and on the results of that work. Given the volume of the report, some readers may wish to focus on particular topics of interest and this is how the report is laid out, but we would like to draw attention to the ways in which the Health and Wellbeing Service is able to draw together its varied work for greater effect.

## About this report

What follows is an in-depth look at the work of the Health and Wellbeing Care Group that is designed to give you a practical understanding of who we are, why we do the work we do and how well we are doing. It is based on activity reported for the period April 2013 to March 2014.

In this report each section is broken down into the following:

### **Background**

This outlines the reason for the focus of the project or team, including information on the Manchester profile with regards to the population and the prevalence of topic-specific health issues.

### **Who we are**

A brief overview of the team or work area

Key achievements

Information about main areas of work, projects and relevant quantitative and qualitative data

### **Case Studies**

These are designed to give a practical insight into the work that we do and the personal impact of this on service users and Manchester people in general.

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## Part 1

# The Major Killers Team

The Major Killers team is so named because of the team's focus on promoting healthier lifestyles as well as the prevention and early detection of diseases that have a major contribution to low life expectancy - the major killers.

The team addresses a variety of public health priorities, each with a specific focus. The team consists of:

- [Manchester Community Health Trainers](#)
- [GATE \(Getting Active Through Exercise\) project](#)
- [The Green Corridor](#)
- [Physical Activity Referral Service \(PARS\)](#)
- [Stop Smoking](#)
- [Cancer](#)
- [Community Food Coordinator Project](#)

## Manchester Community Health Trainers

### Background

In 2004, 'Choosing Health' (DH 2004), the public health white paper, gave a commitment that from 2006, NHS Health Trainers would be providing advice, motivation and practical support to individuals in their local communities. This paper emphasised that "anyone who wants help to make healthier choices and stick to them will have the opportunity to be supported by a new kind of personal health resource, NHS health trainers."

### Who we are

Health Trainers reach out to people who are in circumstances that put them at a greater risk of poor health. They often come from or are knowledgeable about, the communities with whom they work. In most cases Health Trainers work from locally based services which offer outreach support from a wide range of local community venues.

Health Trainers work with clients on a one-to-one basis to assess their health and lifestyle risks. The Health Trainers have facilitated their clients' behaviour change, providing motivation and practical support to individuals in their local communities, since 2006

Health Champions are people within workplaces and community settings who are also trained to provide a basic level of support. They can provide clients with information and can signpost them to NHS and other community services that will help them to access the support they need and pursue healthier lifestyles.

The Health Trainer service is open to anyone aged 18 or over who lives or has a GP in Manchester. The most important referral criterion is that an individual is willing and able to set themselves goals and targets related to becoming healthier. People can call 0161 861 2583 to use the service.

We currently have 14 Health Trainers working in various community locations in the city and there are over 200 trained Health Champions. The team has a programme manager, a programme support officer and a dedicated administrator.

### Key Achievements

- We have seen 929 clients during the year. 76.4% of all clients lived within the most deprived wards in Manchester
- Of the individuals who set goals, 82% fully or partly achieved their goals, with the assistance of a Health Trainer
- 80% of clients had a maintenance check undertaken, to establish if they are maintaining behaviour change, with 52% reported as maintaining.

- 63 people were trained as Health Champions during this period they all received the Health Trainer Champion Accreditation.

Manchester Community Health Trainers have continued to provide a high quality and flexible health and well being service across the City of Manchester. In order to facilitate this, Health Trainers are often based out in the community they serve.

During this year, sessional work has taken place with:

- GP practices (city wide)
- The Step Down Project
- Sure Start Centres (city wide)
- Primary and Community Mental Health Teams (city wide)
- The Expert Patient's Programme
- The Stroke Survivors' Group
- St Mary's Hospital
- The Roby Church
- Southways Housing
- Northwards Housing
- Manchester Town Hall
- Life Line
- George House Trust
- Somali Community Group
- Neesa Women's Group
- Al Halil Group

The above is not an exhaustive list but gives a flavour of the range of services with which we are collaborating, in order to bring increased health and wellbeing to different community settings.

This year we have also worked on 3 larger projects with varying and interesting results. The service, with its holistic approach benefits from its ability to be able to support different services and initiatives in health improvement.

- a) Health Trainers continue to support the Life Check initiative in Manchester. This means that we encourage all eligible adults who qualify for a free NHS Health Check to book an appointment. The service is also part of the direct referral pathway for people who have had the check and have been advised, in the light of their results, to alter their lifestyle behaviour. During this year we have received over 400 referrals from the health bus, with 60% of these clients achieving or moving towards their lifestyle change goals.
- b) Manchester Community Health Trainers are also collaborating with the newly emerging multi-disciplinary Integrated Care Teams in Manchester. Health Trainers can contribute effectively in terms of enhancing the ability of patients with long term conditions to self care. We are now starting to receive regular referrals from these teams as well as directly from patients with long term conditions.
- c) We have collaborated on a project aimed at increasing the numbers of people who access arts and cultural facilities, with the aim of improving their wellbeing. This has enabled us to offer our clients cheap or free tickets to access cultural facilities such as The Royal Exchange and the Manchester Art Gallery. There have been a number of challenges with the implementation of this project and whilst the number of clients who have attended has been relatively small, we will continue to refine this project with our partners in the City Council.

Our network of Health Champions has continued to increase across the city and we are enhancing the support we give to Health Champions within their workplaces, to enable them to be effective champions of health improvement. This year we intend to develop this further by continuing to provide training, distributing information, developing the Health Champion role expectations and facilitating capacity building events for the network.

## Case Studies

### Marion

*"My name is Marion and I am 55 years old. I had concerns over my health because my family have a history of heart conditions and diabetes. I first met a Health Trainer, (Shahida) at my local library for a talk about my health and wellbeing. We met in January this year. Shahida spoke to me about my diet and lifestyle and then she weighed me. I was eating quite a lot of junk food like crisps, chocolate and fizzy drinks. I had just got into a pattern of eating anything that was available. I do go out every day and so I do exercise a few hours by walking. When Shahida weighed me I was nearly 2 and a half stone over weight for my height and health.*

*I was glad to meet Shahida. She spoke to me about my weight and what foods would be good for me and I felt this was the support I needed to at least get a bit healthier.*

*The first time I met Shahida she gave me the goal to make myself feel healthy and on that first day I started eating healthy foods. I stopped eating the junk food and started eating fruit, fish and many more foods which would make me feel better in myself and more energy.*

*I would see Shahida about every 2 to 3 weeks at my local library and she would make me feel relaxed as she was someone who could help me change my lifestyle which I wanted to do.*

*It has been about 3 months since I started to eat healthy and I was 65kg and now I am just under 57kg. Changing the way I eat and having the support has made me feel better within myself and now I seem to have more energy. I feel without the support of Shahida I would not have improved my diet and it has changed the way I feel about myself. This change in the way I eat and support has helped me so much."*

### Robert

Robert, a 52 year old divorcee from Wythenshawe Manchester, heard about the Health Trainer Service from his GP. He had been feeling depressed for a while and finding it hard to cope with everyday life, so he decided to see a Health Trainer.

*"At the first visit I was a little unsure as to what to expect, but my Health Trainer really put me at ease. He was supportive and listened to what I was saying".*

After a discussion about how Robert was feeling and a review of his lifestyle called a Health & Well Being Assessment, it became clear that Robert was consuming a large amount of alcohol each evening.

*"I was feeling really down and drinking every evening because I was fed up and had nothing else to do, even though I couldn't really afford it. My Health Trainer helped me to understand that alcohol can cause you to feel very depressed and down. He put me in touch with an alcohol support group that was nearby and we arranged to go to the first session together. Without that support I probably wouldn't have gone."*

*"I set myself small targets with the help of my Health Trainer, that were easy to achieve. Two months on and I am drinking less alcohol and I have taken up exercise – swimming once a week and walking. These keep me busy and occupy my time."*

## GATE (Getting Active Through Exercise) project

### Background

Falls are a major cause of injury, disability and the leading cause of mortality resulting from injury for people aged 75 and over (Scuffham & Chaplin, 2002).

Falls often represent a turning point in an individual's life, reducing their independence and mobility and leading them to rely on others for support. Falls, the risk of falls and the associated reduction in health, both physical and mental, is a major reason for older people requiring long term care in their own homes or a residential facility. For some, their quality of life will be severely and permanently affected after falling. In a review carried out by Manchester City Council Adults Services, a fall event was identified as the second most common reason for a Fair Access to Care Service (FACs) assessment.

Many falls amongst older people are preventable - not an inevitable part of getting older, and an older person who has had one fall is usually at risk of further falls, which may have more serious consequences the next time. Falls prevention could be categorised as primary or secondary prevention. Primary prevention is the prevention of falls in those who have not yet had a fall, whilst secondary prevention is seeking to address risk factors in those who have had a fall, with the aim of reducing the risk of future falls.

### Who we are

The Getting Active Through Exercise (GATE) Project promotes the benefits of exercise in the over 65's to improve health and prevent falls. This project is aimed solely at the older population in Manchester in line with the National Service Framework for Older People (Standard 6 – Falls and Standard 8 – Improving General Wellbeing) and guidance from the National Institute for Health & Clinical Evidence (NICE).

### Key Achievements

There are currently 18 classes taking place each week in a variety of locations across the city of Manchester, with over 240 separate attendances at the classes each week. The GATE classes deliver a variety of activities including core strength, stability and mobility exercises, Tai Chi, low impact aerobics and sequence ballroom dancing.

The GATE project has produced a new resource aimed at older people (60+) who have anxiety about or a fear of falling, which has been developed in conjunction with the Public Mental Health Team from the Health & Wellbeing Service. The resource contains information about dealing with the anxiety of falling, techniques to deal with fear of falling, information about the GATE classes and contact details of support services in the Manchester area.

### Case Studies

#### Providing falls prevention activity within sheltered accommodation/social housing provider

Eastlands Homes, a social housing provider in East & South East Manchester was invited to host a class and identified a sheltered housing scheme in Clayton, East Manchester, as being a suitable venue. The Health & Wellbeing Service identified a suitably qualified exercise professional to lead the class and provided funding to Eastlands Homes to run a three month pilot at the Clayton venue beginning mid October 2013 and to purchase equipment, suitable chairs (as some exercises are chair based) etc.

A review of the progress of the pilot class in Clayton took place in early January 2014. The class has around 10 regular participants who all live within the sheltered housing scheme (although the class is also open to local people in the area). All the participants have reported increased and improved mobility and core strength as a result of participation in the class. None of the participants have reported a fall since the class has begun and they have all reported that they are less anxious or fearful about falling as they feel more confident when moving about at home.

It was agreed that the class will continue as part of the GATE Project on an ongoing basis. The success of the pilot class in a residential setting has been encouraging and Public Health Manchester are looking to include further service provision in residential settings for older people as part of the review of falls prevention services across the City of Manchester, to begin from summer 2014.

## The Green Corridor

### Background

The Green Corridor is a walking circuit made up of 14 routes which connect many of the parks, green spaces and tree-lined streets around the city. Each route averages 4 miles and is way-marked with the distinct Green Corridor logo. The initiative is a partnership project between the Health and Wellbeing Service, Manchester City Council, Red Rose Forest, Living Streets, Transport for Greater Manchester and the Ramblers. It is the first urban project of its kind in the UK. The aim of the project is to encourage walking by promoting walking routes that are accessible to everyone and to increase the usage of the parks, woodlands and open spaces, making them livelier, safer and more inviting places for people to visit.

Detailed information and guidance about each route is available in paper form and on line at [www.gettingmanchestermoving.nhs.uk](http://www.gettingmanchestermoving.nhs.uk)

### Getting Manchester Moving

The website [www.gettingmanchestermoving.nhs.uk](http://www.gettingmanchestermoving.nhs.uk) is maintained by the Health and Wellbeing Service and aims to be a one-stop shop for information about all physical activity, healthy eating and weight management opportunities across the city.

## Physical Activity Referral Service (PARS)

### Background

Regardless of age, there is sound scientific evidence that being physically active can help people to lead healthier and happier lives. It is also known that inactivity is a silent killer. Inactive lifestyles in England are twice as prevalent as smoking, hypertension or high cholesterol. Evidence shows that the health impact of inactivity in terms of coronary heart disease, for example, is comparable to that of smoking and almost as great as that of high cholesterol levels.

The benefits of regular physical activity have been clearly set out across the life course and there are clear guidelines for each life stage. Within the service delivery model there is a recognition that people will draw upon a range of different activities, varying their participation according to where they are in the course of their life. Parents, grandparents and siblings can be important role models and when families are active together everyone stands to benefit. Barriers related to gender, ethnicity, disability and access must be addressed. The challenge is to work across communities, bringing together a range of partners and organisations to make physical activity not just an aspiration for the few, but rather a reality for all. (Start Active, Stay Active 2011).

Regular physical activity can help to prevent, reduce and manage over 20 chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Physical activity by itself can result in modest weight loss of around 0.5–1kg per month.

In addition, emerging evidence shows an association between sedentary behaviour and overweight and obesity, with some research also suggesting that sedentary behaviour is independently associated with all-cause mortality, type II diabetes, some types of cancer and metabolic dysfunction. Sedentary behaviour is not simply a lack of physical activity but is a cluster of individual behaviours where sitting or lying is the dominant mode of posture and energy expenditure is very low. These relationships are independent of the level of overall physical activity. (Sedentary Behaviour and Obesity Expert Working Group (2010) Sedentary Behaviour and Obesity: Review of the Current Scientific Evidence. London: Department of Health).

Manchester City Council has carried out surveys of the Manchester population at various points in time. The last time residents were asked about their level of physical activity was in the Manchester Residents Survey in 2007 and the Points4Life survey in 2010 – both surveys demonstrated that the lowest levels of physical activity engagement were in some of the most deprived areas of the city, those typically deemed 'hard-to-reach' such as older people and those who were overweight or obese.

### Who we are

The primary aim of the service is to reduce the burden of long term health conditions and to improve the health and wellbeing of Manchester adults through increased levels of physical activity (i.e. getting more people more active more often) specifically targeting those with existing health problems or those at high risk of developing health problems in the future. The service works with General Practices and Primary and Secondary Care Staff. There is a clearly defined referral pathway which has been developed with partners in Manchester Sport and Leisure Trust; SERCO and Active Lifestyles.

## Key Achievements

- 2,215 new clients engaged with the service during 2013/14
- 88% of clients seen have increased their level of physical activity compared to baseline measures at 3 months
- 87% of clients seen have increased their level of physical activity compared to baseline measures at 12 months
- 65% of clients have shown an improvement of their overall wellbeing scores at 3 months compared to baseline
- 63% of clients have shown an improvement of their overall wellbeing scores at 12 months compared to baseline
- 96% of clients achieved their physical activity goals at 3 and 6 month reviews
- 72% of clients achieved their physical activity goals by their 12 month review
- 731 clients were referred to the Active Lifestyle service during 2013/14 to continue with their physical activity programme post discharge from PARS
- 11, 004 new clients were referred to Manchester Leisure and Serco gym sessions during 2013/14 to continue with their physical activity programme, with over 4,000 follow up attendances during the same period
- PARS have launched 3 PSI strength and balance classes during 2013/14 to meet the referral needs of our patients. These have been hugely successful and beneficial to participants and have been vital in the pathway to the phase 4 exercise classes for the more frail individuals.
- 4 volunteer walk leader training sessions have been delivered throughout 2013/14 training a total of 32 new volunteers who have gone on to lead and support existing walks or have set up new health walks within the city.
- Partnership with Macmillan support groups at the 3 Manchester acute Hospitals supporting monthly health walks.
- PARS Sport Relief Mile on 23rd March 2014 encouraged service users with long term health conditions to complete a 1 mile walk in Wythenshawe Park. Approximately £700 was raised for the charity by PARS service users.
- The core stability classes have continued to be well attended throughout the year, with 2 more classes being added to the programme, taking the number to 5 across the city.
- 4 volunteer walk leader training sessions have been delivered throughout 2013/14 training a total of 32 new volunteers who have gone on to lead and support existing walks or have set up new health walks within the city.
- Partnership with Macmillan support groups at the 3 Manchester acute hospitals, supporting monthly health walks.

## Tackling inequalities

Physical activity projects should support efforts to tackle inequalities in the city. In particular, activity levels are known to be lower than average among older people, those from lower socioeconomic groups, some black and minority ethnic groups, and women. In reality simple performance measures will not be able to identify whether services are equitably targeted or achieving reductions in health inequalities. This is the role of detailed health equity audits. Projects should, however report the following as performance indicators and use the information to shape the planning of future services:

The proportion of clients from

- Other ethnic group 6.5%
- Black/Black British 10%
- Asian/ Asian British 17%
- White British 51%
- White Other 6%
- Chinese 0.7%
- Not stated 4%
- Mixed 2%

The proportion of female clients: 59%

The proportion of clients who are over the age of 50: 62%

## Case Studies

### 1. Sue and John

Sue and John were referred to the Physical Activity Referral Service in March 2013. John was referred by his Specialist Diabetes Dietician in order to control his diabetes and lose weight. Sue wanted to support John as well as lose weight herself, so Sue discussed being referred into the service with her GP. They were unsure what to expect when they joined the service. John and Sue met with a PARS Referral Officer in clinic, where they were both health screened to ensure they were safe to exercise and then they discussed their goals. They were then referred to a BACPR structure exercise class at North Manchester General Hospital (NMGH) delivered by PARS. At this initial appointment, John weighed 119kg and had a BMI of 38. John was also on insulin for his diabetes and complained that this was affecting his mood. Sue weighed 77kg and had a BMI of 28.

When they attended their first exercise class at NMGH they were both very nervous, had little coordination and struggled with the exercises. They were continuously encouraged by the instructor and within weeks they had perfected the exercises and could work through them with very little coaching. After 6 weeks they had lost a little weight but they could feel their body shape changing and they felt their mood and energy levels improve. This was enough to motivate them to continue. At their 12 week review appointment with PARS they were referred into the Counterweight Service at their GP Practice, where their Counterweight Advisor coached them through a weight management programme. PARS also suggested that they increase their activity and the intensity and suggested that they attend the PARS indoor walks at the Velodrome and Active Lifestyles easy rhythms class.

At the 6 month PARS review appointment in October 2013, Sue had lost 12kg and now had a BMI of 24.5 and John had lost a staggering 28kg and had reduced his BMI to 30. They were referred to the gym and Nordic walking as this would increase the intensity and the variety and would keep them motivated. As they had with all their sessions both John and Sue thoroughly enjoyed themselves.

At their final 12 month review, the pair were literally unrecognisable. The pair have amazed the PARS team, their clinicians and themselves with their transition and have endeavoured to continue with their healthy lifestyle, hoping to inspire others to do the same.

What they had to say...

*"Every person throughout the pathway has inspired us. We have taken advice from each person which we have embedded into our daily lives. We tell everyone who asks us about our weight loss, that the PARS service is absolutely brilliant! The fact that our routine was regularly changed and developed kept us motivated!"*

John experienced a total weight loss of 40kg, reached a body mass index of 26.4 and a waist measurement of 34 inches (from 50).

Sue experienced a total weight loss of 17kg, reached a body mass index of 22.3 and a dress size of 10 (from 18)

## 2. Peter Williams

Peter was referred to PARS by his neuro-physiotherapist as he has Multiple Sclerosis (MS). Peter's main concern was he had reduced lower limb strength and he was unable to do many daily tasks. Following his initial assessment with PARS, Peter started to attend a specific class for MS sufferers which focussed on building his lower limb explosive power and overall strength, along with his core strength and balance fitness.

Peter attended this class for 12 months and was supported by his PARS referral officer throughout. As MS is a degenerative condition, the challenge for PARS was to help Peter control and stabilise the condition through exercise. Fortunately Peter seemed to grow in confidence and unlike many other people with MS on the programme; he was able to progress through the pathway. Peter is now an independent exerciser and attends the North City Family Fitness Centre gym 3 times a week without fail. The main improvement has been regarding his core strength which in turn has improved his balance and stability and he is now able to do many daily tasks more independently.

# Manchester Stop Smoking Service

## Background

### Smoking and Health

Smoking is the principle cause of avoidable, premature death in the UK and is a major contributor to ill health. The diseases brought about by smoking fall into three main groups: cancers, respiratory diseases and conditions of the circulatory system.

Smoking causes more than one in four cancer deaths including 80% of those from lung cancer. It increases the risk of many others including cancers of the mouth, larynx, oesophagus, liver, pancreas, stomach, kidney, bladder and cervix. Smoking is also a major cause of respiratory conditions accounting for 36% of these, including 80% of cases of chronic obstructive pulmonary disorder (COPD). Around 14% of circulatory disease deaths are a consequence of smoking (ASH, 2013).

Smoking is also closely linked to a number of other health conditions including asthma (both onset and severity), reduced fertility in both men and women, earlier onset osteoporosis in men and women and poor cardio-vascular fitness.

The impact of smoking during pregnancy is highly significant to the developing foetus as well as the woman herself. Of all the modifiable risk factors, stopping smoking has the largest impact on the outcome of pregnancy. Smoking during pregnancy increases the risk of miscarriage, pre-term labour, still birth, death of the baby in the first 4 weeks of life and sudden infant death syndrome (SIDS) (Smoking & Reproductive Life – BMA, 2004).

The breathing in of second hand smoke also has a significant impact on the health of babies, children and non-smokers. It increases risk of croup, bronchiolitis, bronchitis, pneumonia, asthma - onset and severity, middle ear disease and linguistic delay. In adults, exposure to SHS results in an increased risk of heart disease and lung cancer.

### Stopping smoking and the benefits to health

It has been found that the earlier an individual stops smoking, the more health gains are incurred. Stopping smoking at age 30, 40, 50 and 60 years results in increases in longevity of 10 years, 9 years, 6 years and 3 years respectively. These figures demonstrate that, on the basis on longevity alone, there are significant benefits to health of quitting smoking even up to late middle age.

### Supporting smoking cessation

There is a clear evidence base for interventions to encourage and support individuals with stopping smoking. NICE Guidance confirms effectiveness of the following interventions delivered, facilitated or supported by the Manchester Stop Smoking Service (MSSS):

- brief interventions by GP and others working in GP practice and community
- individual behavioural counselling
- use of pharmacotherapies (e.g. Nicotine Replacement Therapy)
- mass media campaigns e.g. using radio, TV and advertising

### The local picture

Manchester rates of smoking are high when compared to elsewhere in the country. The smoking prevalence cited on the Local Tobacco Profiles are 24.5% (for 18 years+). This relates to data from 2012. The corresponding figure for the whole of England is 19.9%.

Although there has been no reliable ward-based research undertaken in recent years, it is likely that this Manchester-wide figure masks significant variations across wards. Rates of smoking are very closely linked to deprivation, and research from 1996 and 2005 showed an approximate doubling in the prevalence between the wards with highest and lowest smoking levels.

In general, Manchester residents experience poorer health outcomes than the UK population as a whole with longevity of 10.8 and 7.1 years for men and women respectively (Health Profile 2012). A large proportion (around 50%) of this life expectancy differential is a consequence of the higher smoking rates.

Manchester's smoking-attributable death rate is the highest in the country at 479.9 per 100,000 as compared with an England figure of 285.5. Furthermore, local smoking-attributable hospital admissions are high at 2428 per 100,000 as compared with 1420 per 100,000 (Local Tobacco Profiles for England).

The picture for smokefree pregnancies in a more positive one with local SATOD (smoking at time of delivery) rates similar to those across the country as a whole. The local approach to tackling smoking and pregnancy has been to train all those who have contact with pregnant women to have the most useful conversation with them about their smoking and to support them to quit (as opposed to refer them on elsewhere for support). Local SATOD rates have steadily fallen since the adoption of this approach and it will therefore be continued.

### Who we are

There is a named member of the MSSS staff to manage each of the following programmes of work: promoting smokefree pregnancy and homes, young people, the community stop smoking advisor scheme (support with stopping smoking on market places and other community venues) and our work with GP practices and pharmacies. Much of the work of these staff members involves the training and support of others to promote smoking cessation. This includes working with partner agencies to promote the importance of delivering smoking cessation support and to develop systems to enable this to take place as effectively as possible.

The Service also has two days a week of communications support for press work, website development etc.

We employ 4.13 wte stop smoking advisors to support people to stop smoking. They run appointment-based clinics in Manchester's NHS hospitals, prison and many community clinics.

### Key Achievements

- During 2013/14 over 3726 people quit smoking at four weeks.
- A total of 1267 people registered their homes as smoke free with us, with around 60% of these households containing babies or children.
- The MSSS holds contracts with GPs and pharmacies across the city to support their delivering stop smoking interventions to their patients and clients.
- The MSSS runs 92.5 hours a week of clinics at hospitals and community clinics across the city. Specialist stop smoking advisor time is also allocated to going around the hospital wards to promote the service.
- The MSSS runs 18 stop smoking weekly drop-ins that run across the city in 11 separate locations including local markets, community centres and supermarkets.
- The Service organised several high profile events in 13-14 including for No Smoking Day at the Town Hall, Wythenshawe Hospital and North Manchester General Hospital.

### Smokefree Pregnancy

- Further success was achieved in smokefree pregnancy with a drop 1.3% over 2013-14 to 12.5% (of women smoking at time of delivery).
- The Air to Breathe Project was conceived, commissioned and delivered alongside partner organisations Wythenshawe Community Housing Group, who also contributed to funding, and University Hospital of South Manchester (see case studies below).

### Young People

- The MSSS worked alongside Manchester Academy and Manchester Media Academy to develop an age appropriate guide to issues around smoking (including use of shisha) for young people. This is called the 'Smoke is on You'.
- The MSSS trained 25 school nurses in encouraging and supporting young people to stop smoking

### Promoting smoking cessation in people experiencing mental ill-health

- The 'Ask the Question' campaign was run for staff within MMHSC to challenge assumptions about mental health service users and smoking and highlight the impact that encouraging quit attempts will have on people's physical and mental health and to encourage staff to attend relevant training
- Around 120 MMSCHT staff were trained in very brief interventions (ie. having the most useful conversation with service users about smoking and making referrals for those interested in the quit). A total of 15 people were trained in supporting quit attempts for their service users and those referred to them by colleagues

### Case Studies

#### 1. Air to Breathe

Inspired by a baby's need for oxygen to grow and develop properly, the sculpture created for an area outside the maternity unit at Wythenshawe hospital by artists Adrian Moakes and Siobhain Moakes, celebrates smokefree pregnancy.

- Ideas based on scan images were developed with pregnant women, their partners and families and with maternity staff in workshops across Wythenshawe.
- Opening in April 2014, the artwork was funded by Wythenshawe Community Housing Group in partnership with Manchester Stop Smoking Service and University Hospital of South Manchester.
- The work drew publicity from BBC Manchester from the time of advertising the artists' brief and is accompanied at the hospital by a permanent exhibition documenting its creation and promoting smokefree pregnancy.

#### 2. Gemma kicks the habit with NHS support!

Gemma managed to stop smoking with support from an NHS stop smoking advisor in her workplace. Gemma mentioned she was thinking of quitting smoking and one of her colleagues, Charli who also happened to be a Community Stop Smoking Advisor, offered Gemma support to quit.

Gemma took up the offer and went to see Charli during her lunch break. After smoking for 7 years she finally had her last cigarette and quit smoking on 6 January 2014. Gemma said:

*"I have tried to quit smoking before by going cold turkey, but I just couldn't do it on my own. Now with support from Charli I'm doing well. I have a nicotine replacement therapy inhalator as well as patches to help overcome the cravings."*

*"I'm only 22 and I am usually very healthy, eating well, going to the gym on a regular basis but I was addicted to cigarettes. After leaving university and starting work it was a new start in my life and a great opportunity to kick the habit. I also wanted to reduce health risks and save money."*

Gemma had previously had problems with her breathing but since quitting smoking she finds her

breathing is much better. Even after a few days she could run a lot further without getting out of breath. Gemma is enjoying the freedom from cigarettes and her parents are happy too as she was the only person in her family that was smoking. Her final words to anyone thinking of quitting: *"If I can quit, you can do it too – just do it!"*

### 3. Margaret is enjoying smokefree living

Margaret is enjoying the benefits of a smokefree life since quitting smoking in January 2014. Margaret decided to quit smoking after reading a hospital letter that said she had smoked all her life and was in a high risk group of getting cancer. Smoking since the age of 11 and now in her early 50s, Margaret knew she had to kick her 25-30 a day habit or she would continue to put her health at risk.

As a member of staff within the Mental Health Trust, Margaret took the opportunity to get support from their department's stop smoking service and she has successfully quit smoking. Margaret said:

*"Hurray! It's week four and I dare to say I am officially a non smoker. However I still have to deal with the thoughts in my head that tell me to have a cigarette!"*

*"I had tried to quit smoking before and had been successful for weeks, months and even two years until that day that the voice in my head said – just smoke one cigarette you will be okay! I know that one isn't satisfying enough so I have to have another one to make sure I enjoy the smoke. It's different this time, with support from the stop smoking service I feel confident and in control."*

Margaret has been using Champix, a non-nicotine medicine to help reduce cravings. She has managed to control some of the side effects, particularly nausea, by eating before taking a tablet. She has also experienced vivid dreams of famous celebrities and jokes that maybe she should have been a TV soap star rather than a health professional!

Margaret shares her personal benefits of stopping smoking:

*"I am richer in my pocket! I am taking £50 a week out of the bank and hiding it in a safe place that only I know about. I am going to save enough money to take a Caribbean holiday. It will be a nice surprise for my hubby because he doesn't know I am saving the cash. I would have found this money for cigarettes so it makes sense to keep on finding it for a better reason."*

*"My skin is fresher; I feel more alive, happier and healthier – no sore throats or headaches. I also don't smell of fags! My colleagues are noticing this too. I think it is because I am sleeping better. When I smoked I would get up in the night if I couldn't sleep and have a fag which would keep me awake. I would then smoke another cigarette an hour later if I was still awake; hence the tired weary look while I was in work the following day."*

## Cancer

### Background

'Cancer screening and early detection have a significant impact on the survival of patients with many cancers' - Improving Outcomes: A Strategy for Cancer (DOH, 2011)

All cancer awareness and prevention work in Manchester is firmly based around the 'Be Clear On Cancer' public awareness campaign led by Public Health England and the Department of Health. This campaign explains the symptoms of a range of cancers and encourages people with symptoms to see their GP. Considerable effort has been made to promote cancer awareness to increase uptake of population-based screening programmes and roll out the National Awareness and Early Detection Initiative (NAEDI) programme in Manchester, by promoting screening services such as breast screening, bowel cancer screening & cervical cancer screening.

## Who we are

The cancer team, of 1.5 wte staff, aims to reduce the incidence of cancer across Manchester by:

- tackling late presentation at primary care and acute services by Manchester residents with signs and symptoms of cancer
- promoting and delivering local cancer awareness campaigns and projects to targeted communities across Manchester
- working with health professionals to raise awareness of signs and symptoms of cancer and to promote signposting into primary care services
- supporting national cancer awareness campaigns such as 'Be Clear on Cancer' at a local level
- developing partnership working with other cancer agencies and colleagues in the NHS, local authority and third sector to plan and deliver co-ordinated awareness activity

## Key Achievements

**Breast screening** - Over the last year, engagement activity and awareness events have taken place to support breast screening rounds in the Longsight, Clayton & Newton Heath and Wythenshawe screening areas. 15 promotional/awareness events have taken place in these areas and approximately 1000 women eligible for breast screening have been engaged during these events and encouraged to attend their breast screening appointment. Work with local primary care providers in these areas has also taken place, with the production and distribution of CD-ROMs to GPs and practice nurses containing information on the breast screening round taking place in their area; PDFs of translated information materials on breast screening services and additional relevant information to support uptake of screening.

**Cervical screening** – the 'You Wouldn't Miss...' cervical screening awareness campaign is ongoing and primarily targets women aged 25-34 years old (although aimed at women up to 60) to encourage uptake of cervical screening appointments. The overall message of the campaign is that women would not miss picking their kids up from school or their hair appointment, so treat a smear appointment in the same way. Over 6000 separate pieces of campaign materials have been distributed to all 105 GP/primary care providers, third sector and community groups in Manchester and has been supported by targeted awareness road shows in key ward areas. 3 events took place over the last year and over 200 women aged 25-35 were engaged at these events.

**Bowel Cancer Screening** – work has been ongoing with the Greater Manchester Bowel Cancer Screening Health Improvement Team and joint awareness and promotional events have taken place across Manchester. Presentations on the work of the service and the Bowel Cancer screening team have been made to primary care providers and representatives from the new Clinical Commissioning Groups (CCGs).

**Healthy Living Pharmacy Project** - The Health & Wellbeing Service have also trained up 15 pharmacy based Cancer Champions as part of the local Healthy Living Pharmacy project. They will act as a primary information contact and to signpost customers with concerns onto the GP. Further training for 20 primary care based staff is planned for later in 2014, and ties into wider Cancer Champion development work being undertaken by the CCGs.

**Male Cancers Resource** - Development of an information resource for gay and bi-sexual men is currently underway, with a focus on testicular and prostate cancers. This project is in partnership with the Lesbian & Gay Foundation and will be launched during the Manchester Pride festival in August 2014.

## Community Food Coordinator Project

### Background

A balanced and nutritious diet is vital for both physical and mental wellbeing and protects against the onset of many diseases throughout life. Conversely, an unbalanced and nutrient-poor diet is associated with many serious illnesses.

The Points4Life Survey showed that in Manchester just under a third (30%) of respondents reported that they eat five or more portions a day of fruit and vegetables a day, which is broadly consistent with the national average of 26%. These figures suggest an upward trend in the proportion of residents consuming five or more portions of fruit and vegetables a day, which the earlier Manchester Residents Survey showed had increased from 16% to 23% between 2004 and 2007. Respondents in the youngest age group (16-24) are more likely to consume both 'fatty or fried foods' and take away 'fast foods' than those in older age groups. In terms of ethnicity, non-white respondents are more likely to eat red meat everyday (10% compared with 4%) and to consume takeaway 'fast food' on a regular basis, i.e. three or four days a week (7% compared with 2%) Source: Manchester Points4Life Population Survey, March 2010

The findings of the Points4Life Survey also suggest that diet, deprivation and level of health are linked, with the most deprived and those with a poor level of health being the most likely to have a poor diet (low in fruit, salad and vegetables and high in fatty, sugary and takeaway 'fast foods'). This is only partly consistent with the findings of the earlier Manchester Residents Survey of 2007, which showed that the proportion of the population reporting that they ate five portions of fruit or vegetables per day was lowest in Moss Side, Longsight and Levenshulme and highest in Fallowfield. Source: Manchester Resident Survey, 2007

### Who we are

The project has 3 full time Community Food Co-ordinators (CFCs) working in North, South and Central Manchester. They are supported by 10 sessional workers who help with the running of groups.

The Community Food Co-ordinator (CFC) project is a BIG Lottery funded programme of work aimed at improving knowledge and skills around healthy eating, nutrition and food preparation/cooking skills. The project works with populations in targeted areas of deprivation across the city of Manchester, including young mothers, school aged children, asylum seekers and various community groups. The project has received a second amount of funding from BIG Lottery and will now continue until June 2015.

This project works with groups across the city to help address the increase in obesity and chronic diseases and to support people to make changes in their diet to improve their health.

We have also been involved in the delivery of the Royal Society for Public Health's Nutrition courses at levels 1, 2 & 3, along with partners from the NHS and third sector. This year we have continued to build on the work we do with cooking clubs.

### Key Achievements

Over the past year, the CFCs and 10 sessional workers have delivered around 120 events and engaged over 3600 people, with 994 'beneficiaries' (people who recorded change in knowledge or behaviour) of the project being achieved. This is against an agreed annual target of 528 beneficiaries during the first year of new funding. The CFC project will also employ a new Cookery Clubs Development Worker during 2014 to work on a one year project to setup and maintain cookery clubs in various parts of Manchester and to build on and sustain the work already done by the project to promote and encourage healthy eating and cooking skills.

The CFC project is currently making a DVD containing a number of easy to follow recipes (in a similar format to cookery shows seen on TV) that is aimed at the carers of people with learning disabilities/difficulties, but which is also suitable for all audiences. The DVD, developed in conjunction with Manchester Learning Disability Partnership, aims to encourage carers to prepare nutritious food in the residential setting and has been made with involvement and participation of MDLP service users and Salford University Media students. The DVD, which includes an endorsement from local celebrity chef Simon Rimmer, will be available in summer 2014.

### A Case Study

#### 'Back to Basics' cookery course (Charlestown)

A 6-week cookery course took place at Charlestown Children's Centre throughout March, finishing 3rd April. The course focused on basic cookery methods and preparing healthy, tasty meals that do not break the bank. 9 parents took part, with 6 of them attending the core sessions and of those, all reported either increased confidence or knowledge improvement from attending the course. Recipes included basics such as: stews, curries, meatballs and healthy desserts.

Comments included:

*'I learnt confidence to cook with different food I've never used before'*

*'My shopping is less pricy now'*

*'I know how to do it proper'*

*'Learnt how to cook meals from scratch, rather than ready made'*

## Part 2

# Oral Health Improvement Team

### Background

Oral health is poor in the Manchester population and one of the main dental diseases, tooth decay continues to affect children and young people's lives, yet it is largely preventable. Inequalities in oral health do exist as children from more deprived communities have poorer oral health compared to those living in more affluent communities. For example, 21.2% of five year olds had tooth decay in south-east England compared to 34.8% in north-west England with even greater inequalities within local authorities, in Manchester 39% of five year olds have experienced tooth decay. (National Dental Epidemiology Programme for England: Oral health survey of five-year old children 2012, Public Health England).

Poor oral health can have an impact on general health as it can affect children's ability to eat, speak and socialise. Other impacts include pain, infections, poor diet and impaired nutrition and growth. According to the Global Burden of Disease Study in 2010, five to nine year olds in the UK experienced the most disability caused by poor oral health.

Untreated tooth decay can lead to young children needing dental treatment under general anaesthesia (GA), which presents a small but real risk of life threatening complications for children. The financial impact of dental disease is also significant; tooth extractions under a GA are not only potentially avoidable but also costly. The cost of extracting multiple teeth in children in hospitals in England in 2011-12 was £673 per child with a total cost of nearly £23 million.

The Service aims to improve oral health, reduce health inequalities and meet local needs by engaging with individuals, health, education and social care partners and communities to enable and empower them to improve self care habits and make a difference. The service aims to do this by delivering evidenced based programmes which focus on education and training, fluoride interventions and access to dental services to reduce both the prevalence of oral disease and inequalities of oral health among a variety of groups.

### Who we are

The oral health team comprises of 4.25 WTE including part time administration support. The personnel have previous clinical experience and oral health / health improvement and teaching qualifications. The team is geographically based in the North, South and Central parts of the city to enable the team to provide a city wide service; this also supports the vital work we do with our partners, ensuring consistent health information and advice.

### Key Achievements

#### 1. Preventive Practice Award

This service provides support to all NHS contracted General Dental Practices so the practice can develop a prevention pathway to enable all the dental care professionals (DCP's) within that practice to deliver against key prevention indicators in-line with the Department of Health's, Delivering Better Oral Health Tool Kit. This requires education and training to increase the skill mix within the practice.

To enable DCP's to increase their knowledge and enhance their clinical skills the service offers the 'Making Prevention Work in Practise Course'. This is a 12 week course which teaches DCP's to apply fluoride varnish as prescribed by the dentist (following DBOH guidance) and improve their oral health knowledge and communication skills to empower and enable them to provide oral health advice within the clinical setting and the skills to apply fluoride varnish.

The first course delivered in 13/14 saw 11 students from Manchester undertake the course and complete course assessments and a final examination. All 11 students passed the course and are now implementing those skills in their practices with their patients and 6 of the students are now running nurse lead clinics which show how the course has impacted on their learning and the skill mix.

92% of NHS contracted dental practices are now delivering a prevention pathway in-line with the Department of Health's guidance.

## 2. Oral Cancer Awareness Month

This service also works to improve awareness of oral cancer due to the year on year increase of reported cases. Some adults are at particular risk, e.g. those who smoke and drink alcohol at high levels. The service ensures all clinical teams are sufficiently trained to give advice on prevention of oral cancer, recognise suspicious lesions and make referrals correctly. The service also plans and delivers with our relevant partners a city wide campaign during oral cancer awareness month.

## 3. Buddy Practice Programme

This programme is now in its third year and it aims to improve access to dental care for those children who have not accessed care in the previous 12 months. It also aims to provide fluoride varnish (evidence based intervention to help control tooth decay) to those who wish their child/children to have it and provides parents/carers with direct prevention advice and toothbrush and family fluoride toothpaste (1450 parts per million of fluoride).

The programme is targeted to schools within the most deprived wards and the results from 12/13 are shown below, the aim is to see the same children in phase 1 and 2 but there was an increase in new children attending some of the schools, some children had left school and not all schools were able to take part in the 2nd phase.

30 primary schools involved which were linked to 15 local general dental practices. The number of children involved in the programme was 2'208 with 1'068 of those without a dentist, 993 were seen in school however 293 of the children had an identified treatment need, with a further 9 children requiring urgent referral to the Community Dental Service (CMFT). In addition 856 of the 993 received fluoride varnish as a prevention measure.

From the results at least 50% of the children involved did not have a dentist or had not seen a dentist in the last 12 months, just under 25% of the children had a treatment need and of those 5% had severe decay levels which required urgent referral.

Comparisons between north, central and south Manchester show a very similar picture to the results within the 2012 National Dental Epidemiology Programme Survey of Five year olds. The North area schools have 42% of children affected by decay and requiring treatment, the South area schools have 35% requiring treatment and the central area schools have 18% requiring treatment, and of those 6% had high levels of decay.

Access to a dentist seems much better in the South as there are only 27% of children who didn't have a dentist compared to a very high 60% in Central, North not only have a high number without a dentist with 43% not accessing dental care but nearly half of the children needed dental treatment. During Quarter 2 in 14/15 the OHI team must ensure these children are accessing dental care for the treatment needs identified.

There certainly are higher levels of tooth decay in our North and South schools within our most deprived wards; Central Manchester has some problems with children below 5 years of age not accessing dental care so these too must be promoted more within the Buddy Practice Programme and the Prevention Practice Award.

When key school staff or school nurse staff were asked about the impact they feel the programme has had on the children in their school, some of the feedback is documented below.

*'One particular Roma family have accessed dental care with the help of the Roma speaking teaching assistant and staff from this programme. This has meant one child in-particular has received the treatment he desperately needed'.*

*'Lots of children start school here without a dentist; I think it is because they don't see it as a priority. This programme is good because it highlights it with the parents'*

*'I had one boy in my class who had very bad teeth, I was concerned and even made sure mum attended when the dentist visited so she would be able to listen, be aware and hopefully make a further appointment and I will keep checking'.*

The children really like it and we make sure we read 'Topsy and Tim Go to the Dentist' before the visit, the parents also think it is good as some of them have said they have been unable to find one'.

**Parent/carer feedback**

When asked what they liked about the programme:

*'My child feels less scared about visiting the dentist'.*

*'I didn't have a dentist for the family before but now I have for all the children, it is good'.*

*'I liked it very much and it is good because I now brush the children's teeth and they spit out and not washing the mouth'*

*'It is a great help, I have learnt a lot and I will encourage all the healthy habits. I will take my children in 3 months to the dentist',*

*'I was worried at first because I did have a dentist for my child but she didn't like it, I think because it was in the nursery and she watched the other children she was okay. I really liked the lady dentist and I will make an appointment'.*

**4. Brushing For Life**

Brushing for Life is a programme which is aimed mainly at Health Visitor (HV) teams, who are trained and updated regularly on the key oral health messages.

The scheme enables thousands of babies and children to have access to a toothbrush and toothpaste (1450 parts per million of fluoride) and a trainer cup to discourage the use of a bottle and some important health messages which is in-line with the evidence base on the prevention of tooth decay (DBOH, DOH, 2014). It also provides the resources for the families to make effective behaviour change. The Nursery nurses or health visitors are trained to give the correct advice to families around keeping sugar to mealtimes and discouraging juice in a bottle and also advice on finding a dentist.

An audit looking at the effectiveness of this programme showed a high level of confidence amongst health visitors and provided some recommendations for greater efficiency.

**Some Other Key Achievements**

- Over 1, 068 children under 5 who had not previously accessed primary dental care have now done so
- Many young children and their families are now benefitting from dental contact and many children who had been suffering pain and infection have received care.
- 50% of the children involved did not have a dentist or had not seen a dentist in the last 12 months, just under 25% of the children had a treatment need and of those, 5% had severe decay levels which required urgent referral.
- Over 85% of the children seen in school had fluoride applied to their teeth within both phases
- 47% had accessed the dental practice involved with their school either following the first phase or after the 2nd phase.
- 1, 165 health, education and social care partners trained.
- Development of written information including an A. Mann oral health leaflet in partnership with the prison service and Top Tips for Tiny Teeth for the Health Visitor Service.
- 6'242 free trainer cups provided to parents of babies from the age of 6 months onwards.
- 7'838 free adult strength toothpaste and toothbrushes provided for children aged 1 to 4 years.
- 4,347 children carry out supervised daily tooth brushing at nurseries attached to primary schools.

**A Case Study**

In January this year the service worked in partnership with The Big Life charity to offer oral health advice and free dental checks for the Big Issue vendors at Swann Street in Central Manchester. The team provided oral health advice and tooth brushing equipment to 28 vendors, 12 of which had a dental check. One vendor was referred to the maxillofacial department at North Manchester Hospital for a biopsy on a suspicious lesion on the side of her tongue, the lady attended her appointment and it was found to be non-cancerous.

The level of treatment need was very high and a couple of those seen did attend the dentist following this visit. Unfortunately the biggest barrier for follow up treatment was cost due to low income. The service provided HC1 exemption claim forms to the staff at the Big Issue so they could assist the vendors to claim a certificate of exemption.

## Part 3

# Public Mental Health and Wellbeing

### Background

The Public Mental Health team works to improve the mental health and wellbeing of Manchester people and to prevent mental ill-health.

Mental ill health and low levels of mental wellbeing (often described briefly as not feeling good and not coping well) are increasingly recognised as a central concern for the city. In addition to the personal suffering entailed in mental ill health, it is becoming clearer that this is a central factor in the lives of many Manchester people, affecting their educational attainment, employment, physical health and social engagement.

There is a very high prevalence of mental ill health in Manchester, reflected in a variety of data sources, GP registers, incapacity benefit claims, sickness absence from work, medication prescribing, the incidence of suicide and self harm, local population surveys and use of specialist services.

Our service is commissioned by Public Health Manchester, addressing the priorities of the Manchester Joint Health and Wellbeing Strategy. The activities of the service are underlined by some important strategic principles:

- Providing information and guidance for people to be able better to manage their own mental health and have access to help and support when needed. This is often referred to as “recovery” for people with recognised mental health problems. This approach works as part of a wider emphasis on self care and recognises the therapeutic benefits of greater personal control.
- Increasing the awareness and skills of all Manchester organisations in being able to promote better mental health and wellbeing for their service users and employees. More and more organisations now acknowledge the importance of this for their own effectiveness.
- Working together with Manchester communities, voluntary organisations and services to provide projects that can improve mental health and wellbeing, aiming to support independent and sustainable activity, particularly where such agencies are routinely in contact with people who are very vulnerable to poor mental health.
- These strategies interlink and, together, are designed to decrease the stigma of mental ill health and move towards a common language for talking more about mental health in our everyday lives.

### Who We Are

The Public Mental Health team has developed and refined its range of services over more than a decade, ensuring that delivery during 2013-4 reflects the strategies and principles above. There is a strong emphasis on the evaluation of work to inform further development.

The main areas of provision are detailed below. They include;

- Information and self help guidance to the public through publications, the internet and courses for the public
- Training and developmental support to organisations able to improve mental health and wellbeing for the public and for their staff
- Programmes to improve physical health for people who have a severe mental illness and for people with dementia and their carers

The team also work in liaison with Public Health Manchester to support their strategic planning, for example in needs assessment, public mental health and suicide prevention strategy and contributing evidence of effectiveness of interventions drawn from the team’s practice.

## Key Achievements

### Providing Information and Supporting Self Help for Manchester People

This is sometimes summarised as developing “emotional resilience” amongst the population; in other words, helping people to equip themselves better to manage difficult experiences.

#### The BOOST course

Boost is a structured 6 week course for the general public aimed at improving mental wellbeing. It has 6 brief sessions plus a pre-session which participants can attend to find out more and complete sign up paperwork. Also a ‘reunion’ session scheduled approx. 4 weeks after course completion for participants to share how they have been doing. The course is delivered as weekly 2 hour sessions for groups of between 8 and 12 people in accessible community venues. The course is delivered as ‘open’ courses, but works equally well tailored for specific groups.

Boost is provided as public education rather than therapy. The course promotes self management, introducing participants to ideas, tools and strategies for improving mental wellbeing that they can integrate into their daily lives. All the tools are useful techniques for building life skills and have been selected for their evidence base or suitability in the context of this course. Boost aims for:

- Measureable improvements in mental wellbeing for course participants.
- Self reported improvements in quality of life domains.
- Participants have opportunities to increase social networks and move on to further activities to sustain good mental wellbeing

Boost is delivered in collaboration with ten (and growing) partner agencies to provide courses open to the public as well as courses that provide for particular groups of people. The Public Mental Health team provide training, co-delivery and support to partner organisations as well as delivering courses directly. The team coordinate evaluation and learning from the course and convene a trainers’ network for peer support and development.

Widespread delivery of Boost to Manchester’s very diverse population has led to adaptation and variation of the course to ensure that it is always accessible and effective for different groups of people. This has led, for example, to trials of shorter, more focussed sessions, working with interpreters and translated materials, the use of alternative formats such as Living Life to the Full courses and sessions guided by participant involvement. Finding ways in which participants in courses can maintain their learning, and, in some cases, contact with each other is important for current provision and future development.

- 8 open courses delivered by Self Help Services
- 4 courses for stroke survivors and their carers (Stroke Association).
- 1 course for LGBT community (this service and Lesbian Gay Foundation)
- 1 course for patients of Cheetham Medical Practice ((this service, Primary Care Mental Health Team and Neesa project).
- 1 course for survivors of domestic violence (this service and Manchester Women’s Aid)
- 1 course for the Chinese community (this service and Chinese Health Information Centre)
- 2 courses for parent carers (Manchester Carers Forum)
- 1 course for carers (Self Help Services and Manchester Carers Centre)
- 1 course for users of Cheetham Work Club (ZEST and this service)
- 2 courses for users of the New Roundhouse centre in Openshaw (Self Help Services)
- 1 course for clients of the Sanctuary (Self Help Services)
- 2 courses for parents through Children’s Centres (ZEST)
- Concerned Others (carers/families of people who misuse substances) joining delivery as a new partner.

Boost participants are asked if the course has changed their quality of life. Percentages below are for those who strongly agreed or agreed to the following statements;

- Increases my self-confidence/esteem: 94%
- Gives me a better understanding of my condition/problem: 95%
- Enables me to meet others experiencing similar feelings/emotions: 98%
- Enables me to take up other activities: 85%
- Makes me feel more self aware: 99%

- Helped reduced/break isolation that I had/have experienced: 86%
- Taught me how to take care of my emotional wellbeing: 93%
- Enabled me to take up/stay in/ get back into employment and or further education: 19%
- Helps me establish a support network: 48%
- Enables me to express my feelings: 79%
- Enabled me to learn tools or techniques to deal with my problem: 100%

92% reported that there had been changes in their lifestyle as a result of the course

All participants said yes they would recommend the course

### Information and Self Help Guidance for the Public

The service supplies a range of printed information and self help guides, free of charge, to organisations that are likely to be able to pass them on to people who need them. The self help materials are based in a cognitive behavioural approach to provide consistency with primary mental health care provision. 32 different titles are available.

A local multidisciplinary group oversees production of a new range of guides published by the Health and Wellbeing Service. New guides published in 2013-4 are;

- Unwind Your Mind; managing anxiety and worry
- Work and Mental Health
- Improve Your Mood; managing low mood and depression, amended and republished
- Audio CD of relaxation and breathing techniques, to accompany the Distress to De-Stress guide
- Sleep Well
- Personality Disorders
- A new guide: Build Yourself Up, about building self esteem, is in preparation.

There is research evidence that the use of such guides as a support to conversations about mental health and wellbeing can be very effective. They are used in the team's training programme where participants learn more about the skills for useful conversations. They also support the Boost course. The guides contribute to shaping our common language about mental health.

For more information about the guides, see

<http://www.goodhealth-manchester.nhs.uk/publicMentalHealth/publicMentalHealth-frontline.html> and Self Help Guides Evaluation Report 2013

The team maintains a website for public information about mental health, Mental Health in Manchester Website [www.mhim.org.uk](http://www.mhim.org.uk), providing a guide to looking after your mental health, information about conditions and access to services and treatments. The site also has sections on getting urgent help, information in translation and child and adolescent mental health. The site is much used by professionals as well as the public.

The site has been reviewed and will be freshly designed and further developed to increase access to self help materials and to make use of social media technologies.

### Information and Self Help for Manchester People; Evaluation Highlights:

- **25 Boost courses delivered:** 8 open courses and 17 delivered through partner organisations. 275 people registered with 194 individuals attending 5 or more sessions (70%). Administration of short Warwick Edinburgh Mental Wellbeing Scale (sWEMWBS) demonstrated improvements in mental wellbeing; an average increase 5.5 (a 2-4 point increase is considered significant).
- **4 Boost Facilitator's Forums were convened** involving 20 facilitators from 5 organisations and two meetings held for leads from partner organisations.
- **2 Boost Train the trainer courses delivered for 33 new facilitators** (from Self Help Services, Manchester Healthy Schools Partnership, Neesa Well Women project, Manchester Carers Centre, Concerned Others Project, South Manchester Healthy Living Network, Manchester Women's Aid and the Stroke Association).
- **142 individuals attended one off mental wellbeing and stress sessions** (1-2 hour duration)

including sessions for people with dyslexia, young parents, people with long term conditions, carers and asylum seekers and refugees.

- **22,208 hits on Mental Health in Manchester website:**
- **33,141 mental health self help guides and information leaflets distributed:** of 32 different titles, with 3 new guides published during the year.
- **250 people attended Dementia themed public events**

### Case Study

I have suffered with a chronic pain condition for the past 8 years being in constant pain which has taken significant toll on my mental health. I am of a very low mood most of the time and have little self esteem. I had stopped socialising as it is very painful to walk around and I believed people thought I was playing ill.

I had very little to look forward to, I had severe mood swings and the tension in the house was quite hostile most of the time. I felt inadequate being unable to live a normal life and do the simple things such as taking the kids to the park or going for a day out as the pain would make me cut it short. The course was brilliant. It helped me more than any other treatment I've had (talking therapy and cCBT). I only wish it would have lasted longer.

The most helpful was helping me to focus on me and not my condition.

Also I have gained more self respect by using the skills. I have learned I have restored a sense of calm to a hostile home.

It hasn't helped so much with the chronic pain but I feel more confident about myself and what I am able to do despite the pain. It has vastly improved my self esteem and mood.

I have more confidence, more self belief and I am calmer and happier.

### Increasing Awareness and Skills in Manchester Organisations

The aim of this strategy is to increase the volume and reach of effective ways to improve mental health for Manchester people by working through all organisations in the city. Front line staff in many organisations have contact with people who have low levels of mental wellbeing or are experiencing mental ill health. Many of the organisations' staff will themselves have such experiences and there is an increasing acknowledgement of the impact of workplace stress on staff and organisational performance. Furthermore, there is a gathering expectation that people with identified mental health problems will be able to secure employment.

Many organisations are very keen to consider this approach as they recognise that having regard to the mental wellbeing of people who use their services is important in meeting their organisational aims, e.g. helping people into employment, improving their physical health, maintaining housing tenancies and so on.

The chief means to engage with organisations and staff is through provision of mental health training. The Public Mental Health team provides a varied programme of training, both open courses advertised through the Good Health Manchester programme and those provided on request to organisations or teams as a whole. A number of organisations have requested training for both their staff and their volunteers.

The main training programme is called Connect 5 (previously called Mental Health in Everyday Practice, or MHEP). This programme has been developed over a number of years in collaboration with Public Health in Stockport and Bolton. In addition to these three boroughs, the programme is also delivered in Rochdale by the Council's Skills and Employment team. We are in the process of disseminating this programme to a number of other boroughs in the North West.

Connect 5 is a three stage course and participants tend to progress through the stages according to the degree of their engagement with the public:

- 1 – Half day; Brief Mental Wellbeing Advice
- 2 – Full day; Brief Mental Wellbeing Intervention
- 3 – Full day; Extended Mental Wellbeing Intervention

So, the greater number will attend session one, those with more sustained public contact will move on to session 2, and those that have the opportunities for more sustained engagement will complete all three sessions. The course develops skills in having useful conversations with people about their mental health and wellbeing, focussing on helping them to understand their own emotional experiences and be more able to take the first steps to better managing them. The course uses a cognitive behavioural model, aiming to foster common ways of talking about mental health across the range with courses for the public, self help materials and the provision of primary care mental health services.

- In 2013-4, 139 people attended open Connect 5 (MHEP) courses from a wide variety of organisations. Of these, 43 completed the three parts of the course. In addition to open courses, the following organisations had their staff teams trained;
  - Manchester Citizens Advice Bureaux (MHEP 1)
  - Greater Manchester Fire Service (MHEP 1)
  - Access Summit (support to university students) (MHEP 1, 2 & 3)
  - Lesbian and Gay Foundation, Mentoring for Employment Success (MHEP 1)
  - Manchester Carers Forum (MHEP 1 & 2)
  - Oasis (drop in and employment services) (MHEP 1 & 2)
  - The Roby (counselling and drop in services), staff and volunteers (MHEP 1 & 2)
  - 4CT Get Experienced (volunteering and employment service) (MHEP 1)
  - Cornerstones Day Centre staff (for homeless people) (MHEP 1, 2 & 3)
  - Integrated Care Teams for North Manchester and South Manchester (MHEP 1)
  - Nada Residential & Nursing Home (MHEP 1)
  - Riverside EC Housing Group, Street Buddies project (MHEP 1)
  - Manchester Community Alcohol Team (MHEP 1, 2 & 3)
  - South Manchester Healthy Living Network volunteers (MHEP 1, 2 & 3)
  - Southway Housing (MHEP 1)
  - Westcroft Community Centre, Management Committee volunteers (MHEP 1)
  - MCC Mediation Service (MHEP 1&2)
  - Ordinary Lifestyles (learning disability) (MHEP 1)
  - Citizen's Advice Bureaux (MHEP 1)
  - Chorlton Community Central Church, staff and volunteers (MHEP 1)
  - Breakthrough UK, disability employment advisers (MHEP 1)
  - Work Solutions (sub-contractors for the Work Programme) (MHEP 1 & 2)
  - Wythenshawe Community Housing Group (Willow Park and Parkway Green) (MHEP 1)
  - Physical Activity on Referral Service (MHEP 1)
  - Manchester City Council, Housing Connect teams (MHEP 1, 2 and 3)
  - Riverside ECHG, Hostel and Prison Visitor staff and volunteers (MHEP 1)
  - MACC – infrastructure and support for the voluntary and community sector in Manchester (MHEP 1)
  - MARIM (Manchester) – for organisations supporting asylum seekers and refugees (MHEP 1)
  - Manchester City Council, Substance Misuse Carer's Peer Support (MHEP 1)

Some of these organisations, having done session 1, have subsequently progressed to sessions 2&3.

In all, 66 sessions were attended by 558 people (870 attendances), an average of 72.5 attendances each month.

#### **Connect 5 (MHEP) Course Evaluation**

Overall 85.2% of participants felt they increased their knowledge and understanding about mental health and wellbeing. 96.6% said their confidence in talking to individuals about their mental health increased. See [Appendix 1](#) for detail of evaluation for each session.

There is now a programme in place to follow up organisations in receipt of training to see how they have used these skills in their work and to find whether further support can be offered to organisations with an interest in developing responses to public mental health and wellbeing. Samples of participants on open courses are being followed up by telephone or survey.

#### **Other courses provided include:**

- Emotional Aspects of your Consultations, two, two hour workshops for clinical staff aiming to increase awareness of the psychological aspects of health conditions and to discuss improved responses.
- Emotional Aspects of Stroke brief sessions for staff working on the stroke pathway: 70 participants

- A Good Night's Sleep, improving knowledge and confidence in supporting people who have problems with sleep, 2 courses: 36 participants
- Building Self Esteem and Self Compassion, 1 course: 13 participants
- Being Active for Better Mental Health, 2 courses: 22 participants
- Food and Mood Workshop, 1 course: 5 participants
- Stress at Work course for managers of Manchester Mental Health and Social Care Trust
- Mental Health at Work for VCS organisation managers
- Stress Management Techniques for staff at Saheli women's refuge: 7 participants

In addition to this range of courses, training about mental health is part of the Supporting Health Programme, below, and is also delivered in a variety of informal settings.

### Improving Physical Health for People with Mental Health Problems

The Manchester Supporting Health Programme has two related parts: one seeking to improve physical health for people with a diagnosis of a severe mental illness (the, not entirely appropriate, abbreviation; SMI is used here), and one for people with dementia and their carers.

#### The Supporting Health Programme (SHP) for people with severe mental illness

People with severe mental illnesses often have very poor physical health, it is estimated that they are likely to have between ten and twenty less years of life, on average, than the general population. This is due to a mixture of causes but many of them are preventable. This programme aims to tackle that inequity by ensuring that people in this group have equal access to the whole range of opportunities to improve their health. It is provided by a part time health and wellbeing advisor and a full time nurse who is able to provide specialist advice on physical and mental health and to provide individual health checks.

This programme has evolved many times since its beginnings in 2007, always attempting to break new ground in improving physical health for people living with severe mental ill health. It has worked effectively both with mental health services, embedding improved attention to physical health, and with health improvement services to ensure their ability to support people with SMI. It has, though, found that there are significant limitations to these approaches and so has changed its emphasis to work more in community settings and with general practice. The intention is to reach people living with severe mental ill health and complex problems in the community and engage them in the process of improving their physical health. This change has largely been informed by learning from the work of past years, principally:

- People with severe mental health problems often require quite intensive support in order to engage in activities and changes to improve their health that is not sufficiently available from mental health services or from health improvement services.
- Many people with severe mental health problems, complicated by multiple adverse social circumstances, are not necessarily in contact with mental health services. Many people with mental health problems are isolated. This has a big impact on their capacity to engage with activities and organisations.
- Many people with severe mental health problems will be served by their GP and not by specialist mental health services.

In this light, the main aims for the Programme are:

- To develop more sources of support for people with severe mental health problems to encourage "lifestyle" changes and activities that will improve physical health. The main focus is on collaborations with local community and voluntary organisations, in liaison with mental health services and healthy living services, in order to foster social settings more accessible to people with mental health problems and to reduce isolation.
- To extend the programme to engage directly with people with mental health problems who are less engaged with mainstream specialist and primary care services. This includes people who are homeless, who are migrants or refugees, who have additional problems involving drugs and alcohol.
- To seek further collaboration with GP practices with a view to supporting them to engage with people who have mental health problems and are at risk of physical ill health. This will include both direct contacts with such practice patients and support to practice staff in their provision for this group.

The programme has piloted close engagement with two community organisations with a view to evaluating the effectiveness of this approach, in particular:

- Is this a good way to engage with people who are not supported within mental health services; to find ways by which they may improve their physical health and also ways in which they may inform or lead the direction of the programme?
- Are contacts in community settings valuable in helping vulnerable people to secure access to health services?
- Is there a role for volunteers in supporting people in activities to improve their health?
- What is the best way to support community organisations in this purpose, including provision of training?
- Are initiatives that engage community organisations in this purpose sustainable and able to be used elsewhere?

The programme has piloted close engagement with a number of GP practices, through the programme nurse, with a view to evaluating the value and sustainability of such collaboration, for example;

- Working with practice staff to identify and follow up those patients on the practice mental health register who are not in receipt of regular health checks.
- Working with practice staff to deliver better quality health checks and improved practice systems that support them.
- Strengthening the link between GP practices and access to health improvement opportunities.
- Improving links in respect to patients' physical health, with mental health services

In order to strengthen the skills of mental health specialist staff, the programme provided training in Solution Focussed approaches to working with people who are likely to have low levels of confidence and motivation (79 participants) as well as two workshops to support improved liaison between mental health service staff and health improvement services.

#### **The Supporting Health Programme (SHP) for people with dementia and their carers**

This programme was launched in 2009 in recognition that people with dementia and their carers will often experience worse physical health and have fewer opportunities to undertake activities that will improve health. It is estimated that only a half of people with dementia are on GP dementia registers. The programme's first phase was evaluated by the University of Manchester and found to be effective in highlighting the needs of people with dementia and their carers in relation to physical health. It demonstrated ways to address those needs by direct provision of health checks, working with clinicians and health improvement services and collaborative work with voluntary and community organisations.

This programme operates in parallel with and in collaboration with the SMI programme. It has similarly moved towards a focus on working with communities and with general practice in recognition that there needs to be a supportive social context for health improvement, as well as effective clinical engagement. The programme employs a health and wellbeing advisor and a specialist dementia nurse.

The programme has adopted a "dementia friendly community". This is a national initiative that the programme is piloting in Cheetham and Crumpsall, two Manchester wards notable for very high degrees of population diversity. It involves working together with local voluntary and community organisations, providers of services and facilities and residents to increase awareness about dementia and to foster sympathetic and helpful responses to people with dementia. The advantage of focussing on a small area is the degree of detail this enables, e.g. liaison with local shops, dentists, drops in centres, police and so on. This aspect of the programme maintains consistency with the Alzheimer's Society's local provision, e.g. the Dementia Alliance, Dementia Friends and Champions, courses for carers and so on.

The programme nurse also works within two GP practices in the area, following similar aims to the SMI programme, above.

Examples of programme delivery in 2013-4 are:

- Dementia awareness training for social housing managers (Eastland Homes) and the Prevention Team, Greater Manchester Fire and Rescue Service
- Dementia and Physical Health Training, District Nursing Team, Cheetham Hill Medical Centre
- Dementia, Health and Wellbeing session, Harpurhey Health Forum
- Living Well with Dementia community event in the Ukrainian Community
- Dementia and Physical Health session, Carers Support Group, Cheetham Hill Medical Centre (9 participants)
- Dementia Friends Information Sessions: 106 participants in 10 courses, including for Healthy Living Pharmacies, Manchester Carers Forum, NEESA (South Asian) Well Women's Group, North Manchester Black Health Forum, Al- Hilal Community Project.

- Delivery of Staying Healthy Session, included within the Carers Resource, Information and Support Programme (CRISP) run by the Alzheimer's Society
- Support to North Manchester Black Health Forum to set up a support/activities group for people with dementia and their carers 'Sweet Memories Cafe'
- Support to Carers Forum to set up monthly Carers Support Group at Cheetham Hill Medical Centre

Planned sessions like these supplement routine liaison with communities, services and facilities in the locality, building awareness and network of support.

Because the programme is relatively small and locally focussed, it is important that its activity is evaluated with a view to effectiveness, sustainability and the potential to be spread to other areas. Key points for evaluation are:

- How engagement with social opportunities networks may benefit the health of people with dementia
- A particular emphasis on showing how best we may engage people in diverse ethnic and cultural communities in understanding and responding to dementia.
- The value of integrating work for dementia friendly communities with wider relevant initiatives, e.g. Age Friendly Manchester or the development of integrated care services for people with long term conditions.
- The value of working closely with GP practices
- The potential to develop preventative approaches to dementia, understanding and concentrating on key risk factors for local people

## Part 4

# Enabling Self Care for People with Long Term Conditions

### Background

During 2013-4, Manchester has been engaged with the strategy for “Living Longer, Living Better”, aiming to increase the support to people with long term conditions at home and in community settings through the delivery of integrated care by multi disciplinary teams. In this process, it is important that care and support is planned and delivered “in partnership” with the patient in order to support the person’s self management of their long term conditions. It has been recognised that this will involve a considerable shift in culture and practice for many care providers. With this in view, Public Health Manchester commissioned a programme of self care training for integrated care teams in the north of the city.

This has been developed for pilot delivery since October 2013. A practitioners’ forum has been started in collaboration with clinicians, to embed learnt skills into practice. We have contributed to the broader development of integrated care through participation in project forums, advising on enabling self care, evaluation, culture change, co-production and learning and development. This self care training complements the delivery of Connect 5 mental health courses for integrated care teams across the city.

### Who We Are

This programme of work is led by one senior advisor working in close collaboration with other staff in the Health and Wellbeing Service and in the City Council, in order to draw together a wide range of skills and experience.

### Key Achievements

Enabling Self Care is a one day training course for multi-disciplinary team practitioners; GPs, nurses, case managers and social workers, later extended to practice staff. Between October and March, 8 courses were attended by 106 people and 18 practitioner action learning forums facilitated to help embed the learning attended by approx 70 people.

#### Participant Evaluation Summary (Oct-Jan)

100% of participants reported they had increased their learning about self care against all the stated aims of the course.

For each aim of the course, the following percentage of participants reported great increases in learning:

- What enabling self care is, how it works and potential benefits 69.9%
- Communication skills that enable conversation about self care with people 74.2%
- Learning tools and approaches that support change in people 72%
- Offering tailored advice and signposting to support lifestyle change and improved mental wellbeing 78.7%

99% of participants reported an increase in awareness about enabling self care as a result of attending the training. 91% of participants reported an increase in confidence about enabling self care as a result of the training.

The top 3 elements of the training that participants found most useful were:

- Using scaling to support behaviour change
- Communication skills to support conversations about self care
- Improved or refreshed understanding of enabling self care

Some comments from participants about what was useful

- Looking at other ways to empower people and don’t just focus on what you are there to do if the person feels another issue is more important to them
- Tools to use during consultations
- Understanding how self care can impact on patients lives
- Reflecting on my own current practice and where I can change / adapt in the future
- Section on using scales to establish motivation, even when the person may appear uninterested in change

*Very informative and feel I have benefited well from this’*

*‘the NMINC which I have become involved in now seems clearer and not as much of a worry’*

*‘the trainers brought out knowledge and skills we as a group had but did not realise’*

## Part 5

# Sexual Health and Harm Reduction

### Background

Promoting sexual health and reducing the harm from drugs and alcohol are inextricably linked in terms of promotion, prevention, screening and treatment, so these programmes of work are delivered by one sexual health and harm reduction team. This enables comprehensive and consistent programmes to be delivered city wide, increases skills within an already established and respected team, and ensures that work is appropriately targeted in line with relevant sexual health, alcohol and drug strategies nationally and locally.

### Who We Are

The team is made up of a number of staff all experienced in public health. Work areas include strategy and policy development; training frontline staff; distributing condoms; provision of harm reduction services (including needle exchange and steroid user services); promoting responsible alcohol retailing and undertaking general sexual health, drugs and alcohol prevention projects with targeted populations.

We work across Manchester undertaking targeted work with identified high risk and vulnerable populations. These include young people; older adults; looked after children; prisoners and ex offenders; injecting drug users; steroid users; students; the lesbian and gay community and black and the minority ethnic community. This work is provided through a range of settings including children's homes, HMP Manchester, drop in centres, harm reduction and needle exchange services, supported accommodation and voluntary sector agencies. We reach the public in a range of ways including partnership working with the voluntary, acute and private sector, primary care and a range of outreach venues.

The team works across a number of specific but interlinked areas:

**Alcohol** - working with the police, local authority and the licensed trade, to reduce the impact of alcohol misuse in the community by promoting responsible alcohol retailing and supporting the use of licensing powers. We also provide help to encourage people to drink less by training frontline staff to routinely carry out alcohol identification and brief advice (IBA) as well as amplifying national social marketing priorities at a local level.

**Harm reduction** - provision of needle exchange and steroid user services in order to reduce numbers of blood borne viruses and increasing uptake of testing and screening for Hepatitis B & C.

**Sexual health** - provision of a condom distribution scheme as part of a newly established Manchester Condom Partnership we have approximately 80 agencies registered as members, who distribute condoms directly to service users and get support from us through training and appropriate governance. We encourage and support testing for all STIs and HIV, to prevent onward transmission.

**Prisons** - within HMP Manchester, our Healthy Prison Coordinator offers health promotion awareness sessions in order to create opportunities for prisoners, to encourage them to adopt healthier behaviours and with the team, produce a range of targeted resources.

We also develop targeted health promotion and prevention campaigns and associated resources alongside each of these areas.

### Key Achievements from the Sexual Health and Harm Reduction Team

- A team member, Colin Tyrie, won the NHS Emerging Leader award at the NHS North West Leadership Recognition Awards, for his continual effort to develop and better himself, both as a nurse and a leader in the substance misuse field.
- New resources created including: the Student Sexual Health Goody Bag produced for Valentine's Day Sexual Health Campaign; Andy Mann Alcohol Resource, Guide to Alcohol, Guide to Physical Activity and Guide to DIY Health produced; Over 50s Health Guide completed and a new website highlighting alcohol's hidden harms on parenting
- 1,172 prisoners in HMP Manchester attended health promotion sessions covering sexual health, mental health, cancer, smoking awareness etc.

- Congratulations from Duncan Selbie, Chief Executive of Public Health England, who commended the team's response to alcohol awareness week where we provided brief advice to over 450 people at our multi-agency Supermarket Road show
- We piloted the first project of its kind in Greater Manchester in partnership with police and local authority officers inviting off-licences to voluntarily remove high strength lagers, beers and ciders above 6.5% abv

## Sexual Health

### Background

The challenges for professionals working within sexual health in Manchester are numerous and complex. Sexual health is a major public health issue in this City and there are no easy solutions.

The work of the sexual health team is not only concerned with disease or infection but with promoting positive sexual health in a wider context in line with the definition below:

*"A state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."* (WHO, 2004, p1).

HIV and AIDS and the increasing incidence of specific sexually transmitted infections (STIs) have resulted in sexual health becoming a major international health concern in the 21st Century. Nationally, each year more than 1.5 million new episodes of STIs are seen in UK clinics and the figures seem set to rise. The North West has the highest incidences of HIV, HIV related illness and STIs outside of London and the South East, (HPA, 2011), with the majority of these occurring within Manchester. Sexual ill health is a particular health issue in Manchester, with high teenage pregnancy rates and increases in new incidence of syphilis, chlamydia and gonorrhoea.

### Key Achievements

- The Condom Distribution Scheme has provided condoms to a record number of agencies throughout Manchester, 78 in total, all of whom work with hard to reach or vulnerable groups. The scheme has run for the last twenty years and is now in the final year of its commission.
- The team has recognised and responded to the need to provide clear advice and information to front line workers on a range of sexual health related issues, by producing appropriate resources for both workers and the public. These included the Sexually Transmitted Infection fact sheets, 'Where to Get Tested' Credit Cards and the Manchester A-Z of Sexual Health.

Working in Partnership with the Third, Statutory and Private Sector, the Team has worked in an innovative, imaginative and pioneering way. Projects include:

- **The Great Sex Debate** – A 'Question Time' style debate with the Gay Community, exploring condom use and positive Sexual Health.
- **Let's Talk about Sex Conference** - A regional conference with speakers, workshops and interactive sessions exploring all aspects of sexual health.
- **Project XXX** – The Team staged a performance of Project XXX, at Manchester University. This Theatre in Education performance explored the issues of young people and pornography. Following an after show discussion, a steering group has been established to develop more work around this topical and current issue.
- The team has been involved in work to develop protocols relating to child sexual exploitation, for clinical and non clinical staff in sexual health, along with the roll out of a regional training programme.
- Working with Family Recovery and vulnerable young people services using "Let's Talk about Sex" training and a sexual health pilot project.
- Sexual health training provided in relation to the over 50's provided with Keele University and

MMHSCT Later Life teams.

- Leading work on a range of activities for World Aids Day, including a health promotion stall and the vigil working with young people on an arts based project.

## Drugs

### Background

Harm reduction is essentially a pragmatic public health response to the complications and health harms through drug use. Originally conceived by drug users and concerned others in Holland after the hepatitis B outbreaks in the early 1980's, then followed by a more global response to HIV in the mid 1980's, harm reduction is now a fundamental cornerstone of good practice in public health with a robust evidence base of support.

Ancoats Drugs Harm Reduction Service has been providing needle exchange services for injecting drug users for over 20 years and has developed to respond to changes in drugs policy and law as well as changing patterns of drug use and the needs of the individual service user. This has resulted in the development of the PUMP Clinic, a nationally recognised service responding to the needs of performance and image enhancing drug users (PIED users).

Commissioned through Public Health Manchester, we deliver specialist and generic training around drug use, professional advice and support to services on issues relating to drug use, input into the Greater Manchester Hepatitis C Strategy and Sexual Health Strategy, and support to GP's, pharmacists and other health professionals in improving the health and wellbeing of people in Manchester who use drugs.

### Who we are

The Drugs Harm Reduction Team is a small but dedicated team of three workers all of whom have no less than twenty years experience in drugs harm reduction including; needle exchange services, drugs treatment services, street agencies, drugs education, HIV and Hepatitis C treatment, prevention and support, GP shared Care and pharmacy support.

The services provided are:

- An easily accessible drugs harm reduction service including needle exchange for people who are currently injecting any form of non-prescribed drug. This service is open 9:00 to 18:00hrs Monday to Thursday, then 12pm to 9pm on Friday, Saturday and Sunday. The service is also available to anyone who is using drugs but not wishing to enter treatment and recovery services although we will support any referral into the Manchester RISE treatment and recovery service, we offer a space for people who may be pre-contemplative, non-dependent or attempting self-managing their drug use.
- The PUMP clinic. This is a specialised clinical service for people who are, or who are considering using 'human enhancement drugs' including anabolic steroids.
- 'Heads Up'. A web-based advise service for people who are using new and emerging substances, including 'legal high's', 'research chemicals', 'synthetic cannabinoids' and internet bought drugs.
- Specialist and Generic training delivered in a structured or 'bespoke' style for services that request support to work with people who are using drugs in Manchester.
- Strategic support around drug related issues.

### Key Achievements

- Leading on blood-borne virus prevention within the Greater Manchester Hepatitis C Strategy Group. This resulted in the development of the Greater Manchester BBV Prevention Policy, offering guidance in good practice and consistency for services and service users across the ten Greater Manchester Local Authority Areas. <http://greatermanchesterhepc.com/>
- Winning a commissioning tender from the Greater Manchester Hepatitis C Strategy to develop a

comprehensive package of training around drugs harm reduction and blood-borne viruses. This culminated in the training package 'Pass it on – the knowledge not the virus' and training sessions (all involving four expert patients) delivered within all the ten GM areas with a total of over 100 staff having received the two day training to be enabled to 'cascade' the 'Pass it on' training using the training package.

- Another successful tender was gained through the GMHCV Strategy Group to develop a DVD resource for young people at higher risk of BBV infection due to their circumstances. Using data provided by Manchester Drug and Alcohol Strategy Team (DAST), we were able to identify a target group of young people in, or leaving care, and those excluded from mainstream education. A video resource of three films was produced using young aspiring actors who had all experienced residential care or exclusion and they were able to utilise the end result film for their portfolios to improve their own chances of future work.
- Supporting the training and uptake for testing of HCV infection amongst injecting drug users through promoting the Dried Blood Spot Testing kits developed and processed through Central Manchester Pathology Labs and the Health Protection Agency (Now Public Health England). This has resulted in higher levels of testing and treatment for HCV across Greater Manchester and a consistent process for referral into treatment centres.
- Award for 'NHS Emerging Leader of the Year' won for North-West Region, Leadership Academy, and finalist in National Awards for the same title. This was following work undertaken with the media to highlight the work of the team, reduce stigma of drug use and promote drugs harm reduction.
- Nominated for 'Quality in Care' award for 'Best Hepatitis C Prevention Programme', reaching finals (award ceremony in September 2014).
- Recognition of PUMP clinic work by Liverpool John Moore's University (Centre for Public Health), presenting the work of the PUMP Clinic at the first conference on Human Enhancement Drugs.
- Supporting the Lesbian & Gay Foundation in Manchester with harm reduction work including male saunas where drugs and sexual risk behaviours have been identified and 'chem sex parties' (use of drugs, including injecting of drugs, to enhance sexual performance and enable disinhibition by those involved) are being reported as high risk activities across some parts of Manchester. Also supporting both RISE Manchester and the Hathersage Sexual Health Centre (CMFT) with training and support in working with injecting drug users who are attending their services and reporting chem-sex as their reason for injecting. [www.lgf.org.uk/mirror](http://www.lgf.org.uk/mirror)
- Partnership working with Manchester's third sector; The BHA, RISE Manchester, The LGF, Eclipse, Survivors Manchester, MASH, and with other Manchester NHS Trusts; Central Manchester Foundation Trust, South Manchester Foundation Trust and Pennine Acute Foundation Trust, and the University of Manchester (Manchester Urban Collaboration for Health) on aspects of drugs and blood-borne viruses. <http://issuu.com/thebha/docs/healthequalities1?e=4921064/2697649>

### Specific Outcomes over last 12 months

- Over 300 hits on webpage on legal highs hosted on the MMHSCT website for harm reduction advice specific to this issue.
- 662 clients attended the Needle Exchange, with 34% new clients and a total of 3,222 contacts. 441 Clients visited the PUMP Clinic. The total number of clients registered with the Harm Reduction Service at Ancoats now exceeds 1300 people.
- 21 training sessions were delivered for health and social care staff. Bespoke training was provided for Housing Support Units, Manchester Grammar School for Boys, and Manchester High School for Girls, The Boaz Trust (working with female asylum seekers) and training on drug related deaths for 70 staff from Rise drugs services. Drugs and sexual risk training was delivered to 26 workers from CMFT, training on the use of Dried Blood Spot Testing kits was delivered to 22 drug workers.
- Six harm reduction campaigns, including the Drugs Mirror card with access to MHSCT web pages on

drugs harm reduction advice. The Bad Mix postcard and poster campaigns (cocaine and alcohol and pills and alcohol). The legal high's 'Do you know what you're getting?' postcards and packs of 'Dolly Mixtures' with the same slogan. The injecting advice page for 'slamming' and 'chem-sex' 'SAVVY!' – Spike Arm Vein Virus You! Working closely with Key 103 radio on their 'Bitter Pill' campaign to promote awareness around legal high's and club drugs amongst young people. Khat information e-bulletin provided to GP's and other health workers. <http://www.mhsc.nhs.uk/legalhighs>

- Partnership working with 'Drugswatch' to provide information around new and emerging drugs and alerts about specific incidents involving substance use. Five early warnings have been issued via this system and several information sheets on new and emerging drugs.

## Case Studies

### Service User Involvement.

Four expert patients; Mark, Stewart, Sue and Jan have been involved in designing and delivering the work around BBV prevention (Pass it on) and other streams of work that we have delivered. All four have been paid consultants on various project areas offering a unique insight into both their substance use in the past and their health issues which include; HIV, hepatitis B and C, mental health and experience of the use of the Mental Health Act from a service user perspective, surviving sexual and physical abuse, the criminal justice system and an invaluable insight into the life of an injecting drug user before needle exchange was available widely to reduce the risks around injecting behaviours. All four expert patients are in their own recovery from drugs, alcohol and hepatitis C infection and all of these are unique to them but with shared issues within this.

Their experiences can be heard on the 'Pass it on' DVD package as a short film entitled 'Their Stories', available from the Health & Wellbeing Resource Library.

### PUMP Clinic User (Paul)

'Can U just start by saying thank you for your excellent service yesterday? I was very impressed and look forward to my (blood) results. I would like to see what you think of the course (steroid and associated enhancement drugs course) attached in the email as this is what I am planning to run?'

The above is typical of many statements given about the PUMP clinic which provides bio-feedback for the service user through blood results and increases available information for us as a service to share across the national PIED Forum Network to improve knowledge and evidence of effectiveness. Similar recommendations can be seen on UK Muscle Forum and other bodybuilding forums on the internet.

<http://www.uk-muscle.co.uk/steroid-testosterone-information/227488-pump-clinic-manchester.html>

'I have my bloods done by Gary at the pump clinic in Ancoats regular, sound bloke, always gives me loads of pins and barrels too. Normally get results within 5 days.'

<http://www.uk-muscle.co.uk/steroid-testosterone-information/211361-pump-clinic-manchester.html>

From another website forum:

The PUMP Clinic: 'Does anyone here use these for free bloodwork, before, on and after their cycles? I've not been yet but as far as I'm aware everything is done free. You can get tested for Test, oestrogen, thyroid etc. I'm going there soon and wonder if they do a complete blood count and lipid profile? Also I'm on TRT and am not allowed to donate blood because I'm a steroid user which sucks. i wonder if they'll take a pint of my blood and discard it because no blood transfusion company will. My blood is getting thick and doctors don't give a. I only see the endo every 6 months.'

'I'm in Manchester let me know how you get on. They are based in Ancoats mate.

Should be all free mate and the guy who runs it knows a lot about steroids'

# Alcohol

## Background

The World Health Organisation identifies alcohol as one of the top three risk factors to health in developed countries, with only smoking and high blood pressure accounting for more disability-adjusted life years; and the Chief Medical Officer has recently highlighted that harmful drinking is now second highest risk factor for early disability and early death in the UK.

Alcohol use is widespread in society, and the majority of people who drink do so without harm to themselves or others. But alcohol has become more available and more affordable than at any time in recent history, and levels of alcohol consumption have doubled over the past half-century. There have also been changes in the way alcohol is consumed, with more alcohol purchased in supermarkets and off-licences for drinking at home.

Alcohol misuse is a major cause of ill health, contributing to a range of preventable health problems and injuries. Many of the health harms from excessive drinking accumulate over time, contributing to liver disease, pancreatitis, diabetes, heart disease and strokes, high blood pressure, depression and anxiety, as well as alcohol-related brain damage. Alcohol is now the second biggest risk factor for cancer after smoking, with links to a range of cancers including oral cancers and breast cancer.

There are also links between alcohol and other public health issues including antenatal care, sexual health, obesity, as well as fire deaths. The social harms are equally as wide-ranging and include crime and disorder, homelessness, family breakdown, child abuse and neglect, unemployment and poor educational achievement.

There is a strong and growing evidence base for the harmful impact that alcohol misuse can have on individuals, families, employers, and communities in Manchester. Levels of alcohol-related problems have been increasing year on year, and particularly affect our most deprived communities and contribute to health inequalities across the city. Hospital admissions for alcohol-specific conditions are associated with increased levels of deprivation, and alcohol-related death rates are about 45% higher in those areas. The cost of alcohol misuse in Manchester is estimated to be £280 million per year.

## Who we are

Since Manchester's first partnership alcohol strategy in 2005, we have been a key partner in local delivery plans. Alcohol's wide ranging harms means that multi-agency and partnership work is fundamental to the team's work with dedicated members of staff focusing on Manchester's Alcohol Identification and Brief Advice Programme, activities to control the impact of alcohol misuse in the community as well as local campaigns to amplify national social marketing priorities.

As a key delivery partner of the Manchester Alcohol Strategy 2012-2015, our current programmes of work aim to reduce alcohol-related harm in the city by working towards the following objectives:

- Promoting and supporting changes in attitudes and behaviour
- Ensuring alcohol is sold responsibly
- Improving access to early intervention and recovery- focused treatment
- Protecting children and families from alcohol-related harm
- Reducing alcohol-related crime and disorder

## Key Achievements

- The annual Alcohol Awareness Week road show was bigger and better this year, rolling out to five major supermarkets across the city and joined by multi-agency teams from the Fire Service, Oral Health Promotion, Health Trainers and Stop Smoking Advisors. A particular highlight was a visit from Duncan Selbie, Chief Executive of Public Health England, who congratulated the multi-agency team on their partnership response to alcohol awareness week. Brief advice was offered to 460 people during the road show (average 92 a day).
- A new campaign focusing on the impact of alcohol on family life was launched, developed in collaboration with parents as well frontline staff working with families, to create a website called

faceuptodrink.co.uk and a series of posters illustrating alcohol's hidden harm on parenting. We also piloted the first project of its kind in Greater Manchester inviting off-licences to voluntarily remove high strength lagers, beers and ciders above 6.5% abv to help reduce alcohol-related crime.

- City 'Reduce the Strength' pilot: at 9 month follow-up, 90% of premises in the 'action zone' were engaged in the project and initial data analysis suggests that alcohol-related crime reduced 2.5 times more than the rest of the City Centre. A key learning from the City 'Reduce the Strength' initiative has been the added value of working with the Integrated Neighbourhood Teams as the project could not have been delivered without close partnership work and collaboration with police and local authority officers. As part of Manchester's Alcohol Identification and Brief Advice Training Programme, a key area for improvement is data collection within organisations who have been trained, so that they can demonstrate that IBA is being carried out routinely in practice.
- Responsible Alcohol Sales training - 182 people attended workshops from 14 different premises. A sample audit of the impact of training found that 98% of staff felt more confident in being able to refuse the sale of alcohol to a person who is drunk.
- Alcohol Awareness Week – brief advice was offered to 460 people during the supermarket road show, an average of 92 per day.
- 476 individuals attended Alcohol Identification and Brief Advice (IBA) training with the majority (88%) participating in bespoke sessions. 100% of delegates reported an increase in confidence and an increase in awareness of the course topics following the training. The highest number of frontline staff trained in Alcohol IBA were inpatient staff of Manchester Mental Health and Social Care Trust.



### A Case Study

Alcohol Awareness Week - 'Bill' attended one of the supermarket road shows while he was doing his weekly shop, picking up a unit measuring glass to take-away and some tips for cutting down from our "Safer Drinking in Later Life" self-help leaflet. Having recently been to his GP for a health check, Bill had been advised to cut down on his drinking but didn't know where to start. He telephoned us a fortnight later to let us know that he had successfully managed to reduce his alcohol intake with smaller home measures using the unit measuring glass.

## Manchester Prison

### Background

Those who end up in prison are more likely than the wider community to have grown up in areas of deprivation, have poorer education and health and to lead riskier lives in relation to drug and alcohol misuse.

Poor health is one of many contributing factors to re-offending so the role of the Healthy Prison Coordinator gives the people who end up in prison the chance to explore issues of risk in relation to lifestyle choices and health. It enables HMP Manchester to maximise the opportunity of custody to encourage healthier behaviours amongst the male prison population. The ultimate goal is to support someone to improve their health on the inside and for them to benefit from better health on release back into the wider community.

### Who We Are

The Health and Wellbeing care group have had a Healthy Prison Coordinator at HMP Manchester since 2005. The role fulfils the requirement of the Prison Service Order (PSO) 3200 - Health Promotion, which states that the 1200 prisoners aged 19 to 75, should have the same access to health promotion as the wider community.

PSO 3200 states that health promotion should address Mental Health, Smoking, Nutrition, Physical Activity, Sexual Health including HIV / AIDS and Drug and Alcohol Misuse.

Our healthy prison coordinator also represents HMP Manchester and the Health and Wellbeing Care Group through involvement with many relevant organisations across the city.

This also enables a multi-agency approach when developing and delivering health promotion interventions.

### Key Achievements

#### Group Work

A full health and wellbeing group work programme was designed with involvement from groups of prisoners. These discussion groups are designed to explore the impact of risky behaviour on health as well as giving a forum for discussion and exploration of related issues. Awareness is also raised in terms of available support either inside or outside of prison. Sessions are structured to make sure that everyone, regardless of literacy levels, is able to participate.

Our presence within the prison also means that the prisoners have access to advice and information on any health promotion related topic.

- 202 Sessions to 1172 Prisoners
- 72.3% of prisoners are “thinking about change” after attending one of the sessions
- 92.4% know where to access further support after attending a session.

#### Prison Specific Resources

Another element of the health promotion work at HMP Manchester is the development of prison specific resources. Following consultation with groups of prisoners it was decided that they would be more likely to pick up and read resources that were written and designed in a certain way i.e. written in language they use and using cartoons and humour. This led to the development of a character, Andy Mann, who has now been used on 10 different self help booklets covering alcohol, sexual health, smoking, nutrition, physical activity, anger management, stress and anxiety management, dental health, kicking a habit and DIY health.

The Andy Mann character and brand have also been used on posters and other communication aimed at the prison population. This project is award winning and receives positive feedback from group work members.

Using this same social marketing approach “A Healthy Living Guide for Over 50s” was developed, using

a different look and feel and aimed at the older prisoners. This new branding will now be used for any future health promotion messages aimed at the over 50s population.

Other prison specific resources developed include A Guide to Healthcare, a What Next discharge leaflet and a series of health awareness posters.

### Case Study

Jay, 40, attended a Hepatitis awareness session in. A past injecting drug user he was unaware of the risks of sharing injecting equipment in relation to blood borne virus transmission. Following the session he was aware that he had taken risks in the past and a blood test was booked. He was found to be co-infected with Hepatitis b and c, was duly treated and successfully cleared both viruses. This means that he has avoided long periods of ill health, potential end-stage liver disease and has become more socially and physically aware which will have a positive impact on his personal relationships both familial and sexual. Jay now has a healthy liver which regenerated post treatment.

## Part 6

# South Manchester Healthy Living Network (SMHLN)

### Background

Since 2001, South Manchester Healthy Living Network has pioneered new ways of bringing people together to promote better health for all.

SMHLN was one of three Healthy Living Initiatives in Manchester, originally funded by the Big Lottery, and was established by Manchester City Council (MCC) in partnership between local NHS agencies, voluntary agencies, community organisations and MCC itself. In 2006 it transferred to the NHS.

The priorities chosen for the SMHLN were derived from the national and local health improvement targets for the NHS but also included local priorities identified by Wythenshawe Regeneration.

The objectives established for the Healthy Living Network are:

- To bring together people and organisations who want to make a difference and improve health in their communities
- To make services better and more accessible to those who need them most
- To help enhance well-being and develop new opportunities and initiatives in the most under-resourced local areas
- To enable local people to have more control over their health i.e. by enabling them to identify their needs through a team of local researchers and volunteers
- To help people and professionals work together and learn from each other

### Who we are

SMHLN works with a range of partners from the local NHS, council and community and voluntary sector to develop and deliver health improvement projects, activities and events in community-based settings. It also recruits, trains and supports local people as volunteers to deliver health improvement activities across the communities of south Manchester.

The methodologies used are community engagement and partnership work.

### Key Achievements

SMHLN works in 11 wards and have health improvement activities in various centres. Local people can refer themselves to all activities.

- Over 4,000 local people have taken part in HLN activities throughout the year
- The Healthy Living Service currently has 287 Network members, local workers and projects from both statutory and community organisations. Members receive weekly health information bulletins.
- 1989 people received healthy lifestyle information, brief advice and signposting at Health Information Points during 2013/14
- 2537 residents were in contact with the service at local events.
- 84 people were seen by the stop smoking advisor volunteer
- 75 people stopped smoking after the 4 weeks follow up.
- 215 people attended the weekly seated exercises.
- Healthy Living Network membership of 266 local workers and projects from the statutory and community sectors

- Weekly health information bulletins/up-dates to this membership
- 2036 people have approached our health stalls at Withington, Wythenshawe and Burnage for healthy living information
- 712 older residents have taken part in Healthy Ageing activities (Come Dancing, Afternoon Teas, regular chair-based exercise classes, and the Over 50's day at Wythenshawe Games)
- 46 active volunteers delivering a range of health improvement activities/events and projects for e.g. health information stalls; alcohol free bar at Garden City Festival; Over 50's day at Wythenshawe Games; the Big Health event at Woodhouse Park Lifestyle Centre; Valuing Older people events and many more.

The service contributes to improve health outcomes for the people of South Manchester and has developed partnerships that further the work.

Key partnerships for health improvement projects/activities in 2013/2014:

- Willow Park Housing Trust Health Strategy:
- Age-Friendly Manchester Networks: Didsbury/Burnage; Old Moat/Withington; Wythenshawe
- Real Food Wythenshawe
- Wythenshawe Games: HLN co-ordinated the Health Zone at the Games
- Garden City Festival: HLN managed the Food Zone
- Ward Co-ordination
- Wythenshawe Dementia Collective: working for a Dementia Friendly Town Centre
- Movember: with Wythenshawe FM radio station; Manchester Royal Infirmary and Manchester City FC

The service also added value to key services and focussed this year in organising thematic display of information to increase awareness and prevention issues with a particular focus on supported campaigns on - Cancer (Promoting Bowel Cancer screening programme; Breast, pancreatic, Ovarian, Prostrate and skin); Falls Prevention; Bone health; Movember; Mental health; HIV/AIDS; Alcohol and Stop Smoking Service.

### Volunteers

The SMHLN approach is to build capacity in local residents and enable people to learn about themselves and their communities. Through the work of the Discovery Team, local people have been encouraged and supported to become involved in improving their health. Local residents are recruited as volunteers and SMHLN continues to create opportunities for volunteering. Volunteers are able to respond to local needs as well as supporting local well being strategies.

The recruitment of volunteers takes place during attendance of community events, through publicity flyers displayed in local centres, libraries, doctors' surgeries and by communicating through diverse media (e.g. Wythenshawe FM radio). Volunteers themselves often recruit new volunteers.

Many volunteers have been involved attended training and have had the opportunity to put their new learning into practice, such as learning how to build confidence in others, one to one conversation and group work skills. Volunteers become increasing skilled in sharing their experience to help others, increasing their own understanding and knowledge and informing the public about improving their health.

Volunteers are encouraged to use their experience as a step towards employment, where appropriate. They are sent regular emails of any job vacancies and support and guidance is provided during completion of application forms. SMHLN tracks the pathways of volunteers towards further training and employment.

- 24 to 26 volunteers were active each month.
- 55 total volunteers in the year.
- 24 new volunteers recruited
- 12 volunteers gained employment
- 15 volunteers entering further education

### A Case Study

Volunteer X from Woodhouse Park ward, Wythenshawe, a young mother of three children and 13 pets say *“Volunteering in the trust has helped me enormously by giving me extra knowledge, both practically and theoretically in fields that I do not necessary have much of an exposures to”*.

The benefits of the qualifications--they bring something for me and something for others I help as a volunteer, while I am also busy looking after 3 small children. All the training helps me be really hands-on at the Healthy Living Network events at the Forum, which I love. I am always the first to volunteer! I have helped with Food Tasting, making smoothies; on Heath Promotion for teenagers--quite a challenge, talking about checking testicles for testicular cancer; at the Men's Health sessions; at the Garden City Festival in Wythenshawe and this year at the Wythenshawe Games.

My learning and how it has transformed my life. Volunteering helped me to build skills, and it provided me with new eperiences and has raised my aspiration levels.

Other gains have been a sense of achievement and I am contributing my own knowledge, ideas and experience, helping other people has helped me cure my isolation, it has filled me with confidence. I have improved my health and integrated into society doing something worthwhile. It is nice to go to places I always wanted to go but not confident enough to go to before.

I now have more confidence and knowledge about keeping healthy, which helps me for myself and helps me help family, friends and others.It has improved my own lifestyle, I have lost 2 and a half stones, and I have supported my sister in dealing with depression and losing 3 stones. Now I know more, I can also talk to, and advise others-like today advising someone on eating smaller portions and how that can help. My children are now all junior wardens at Willow Park Housing Trust and involved in growing vegetables.

I find getting on with local people easy. I am a face in the community. I feel my opinion is valued and have found the whole experience very meaningful

*“One great examples of what my learning and volunteering have meant to me:being able to advise the father of a terminally ill man on how he, as the carer, could access some support, and feeling very humble but pleased when he came back to thank me six weeks later”*.

I am still on my learning journey, still building my confidence. I was looking for a job and this year in March I was successful in finding employment with Ringways Mews a residential home as night staff care assistant.

## Part 7

# Supporting Services

## Good Health, Manchester Training Programme

### Background

In the government white paper “Healthy Lives, Healthy People: Our Strategy for Public Health in England” (DoH, 2010) a “well trained, highly motivated workforce” was cited as being critical to the success of the public health system. This vision included ensuring that those working in improving the health of others are “expert(s) in their field” and the need to maintain and develop this expertise along with the importance of ensuring an evidence-based approach to practice. This paper also outlined the importance of staff having a range of skills across the public health spectrum and knowledge of the interventions required to support them.

Many Manchester people experience poor physical and/or mental health, often making it difficult to participate fully in the life of the city.

Those who work in Manchester are often in a good position to guide people towards improving their health. This is supported nationally by encouraging those working with the public to “make every contact count” (“The NHS’s role in the public’s health. A report from the NHS Future Forum”).

In addition NICE (National Institute for Health & Care Excellence) advocates the use of “brief interventions” whereby advice and guidance can be offered routinely in the course of your working contacts with Manchester people.

*“Very Brief Interventions”* – Perhaps less than 5 minutes in one conversation.

*“Brief Interventions”* – Perhaps 5 to 10 minutes in one conversation.

*“Extended Intervention”* – Perhaps 20 to 30 minutes in a number of conversations over time, based on identified need

### Who we are

We offer a wide variety of courses, covering a multitude of public health topics and skills. Our courses are delivered by experienced trainers who are highly skilled in the subjects they deliver. We offer courses in: Mental Health and Wellbeing; Physical Activity; Health Eating; Cancer Prevention; Oral Health; Sexual Health and Harm Reduction - Drugs and Alcohol; Stop Smoking and Public Health Skills.

We run a multi-agency training programme that has over 50 courses covering all public health topics from mental health and wellbeing to public health skills. In addition to the training programme we offer bespoke and organisation-specific training based on identified need.

Many of our training courses are designed to equip participants with the necessary skills to offer advice and guidance using structured approaches that are known to be effective in the context of brief contacts.

The trainers delivering the Good Health, Manchester Training Programme each have an official qualification that is recognised by teaching bodies in the UK. All our training staff who have not previously obtained a teaching qualification now possess a Preparing To Teach in the Lifelong Learning Sector (PTTLS) qualification -the recognised requirement for teaching in Further Education in the UK.

We regularly review our training programme to ensure the information we provide is of a consistently high quality, containing the most recent evidence-based information. Evaluation is at the core of our training strategy so we can constantly monitor if we are delivering to participants wishes.

Our staff have a wealth of experience gained from the public and private sectors, primary and acute sectors and voluntary and community sectors. They are experts in their field. This gives our trainers a unique understanding of how to deliver public health interventions and training that really makes a difference to the health of Manchester.

The training for the Health and Wellbeing Service is managed a training coordinator with the support of the administrative team and a senior management lead. They support the work of over 40 staff and some external trainers that specialise in delivering courses to organisations and individuals who have a remit for improving the health of people in Manchester.

## Key Achievements

During 2013/14 we developed a new stand-alone online booking system for the training programme to streamline the booking process for 2014/15. Created in conjunction with Duncan Halley from IM and T, this new system has a modern feel and uses the latest web-based technology to greatly improve the experience of booking onto one of our courses. To ensure that we are inclusive to the needs of all those that wish to attend our courses, we have maintained a non-electronic system for those that may not have IT access.

The new system can be reached at <http://goodhealth-manchester.nhs.uk/training> and, by registering their details, users have control of booking and cancelling courses.

In conjunction with the new system, promotional materials have been redesigned to reflect the programme as professional, current and fit-for-purpose. We have also revised our marketing strategies to ensure we reach all organisations and individuals in Manchester that have a remit for improving the health of Manchester residents. This includes investigating and responding to niches within voluntary, statutory and community sectors within Manchester and the development of a social media strategy for advertising the programme.

Evaluation of the programme is a central point-of-focus to ensure we are constantly monitoring and improving the effectiveness of the training we provide. In 2013/14 we introduced new monitoring forms that evaluated with more of an outcome focus to determine practically how well our courses performed in increasing the skills and confidence of those attending. During 2013/14 we have been developing more robust evaluation techniques for the 2014/15 programme that will involve pre and post-course evaluation to give a better insight into the level of effectiveness our courses provide at increasing skills and confidence, and how these are used practically for improving the health of others.

- During the year we ran 145 sessions of 52 different courses for 2,007 attendees (in the scheduled training programme) and 200 sessions for 1,739 attendees (as organisation specific / bespoke training) culminating in a total of 3,746 people trained on 345 courses run by the service.
- Developed and launched a new stand-alone online booking to streamline the booking process for 2014/15. Created in conjunction with Duncan Halley from IM and T, this system uses the latest web-based technology to greatly improve the experience of booking onto one of our courses. <http://goodhealth-manchester.nhs.uk/training/>
- Promotional materials have been redesigned to reflect the programme as professional, current and fit-for-purpose. We have also revised our marketing strategies to ensure we reach all organisations and individuals in Manchester that have a remit around improving the health of Manchester residents.
- Introduction of new monitoring forms that evaluate outcomes to determine how well our courses performed in increasing the skills and confidence of those attending.
- Development of more robust evaluation techniques for the 2014/15 programme that will involve pre and post-course evaluation to give a better insight into the level of effectiveness our courses provide at increasing skills and confidence, and how these are used practically for improving the health of others.

## Health Information and Resources Library (HIRL)

### Background

During 2013-2014 we have continued to work in Partnership with the Trust's Outreach Librarian (based in Research & Innovation) to improve our services and avoid duplication. This partnership allows us to deliver to the service specification despite staffing shortages for long periods during recruitment. We continue to deliver a programme of support for health events and library promotion to Trust staff to support patient care, staff wellbeing, education, training and research.

Our usage saw some decrease in footfall and rates of new members as part of the wider trend in changes in how people access and use libraries and information.

- 2374 items loaned library stock
- 160 new members

- 2173 total downloads of our subscribed e-resources (number of 'sessions' by eligible users from Manchester Mental Health and Social Care Trust via NHS Athens system) Please note that at the time of writing Eduserve were doing a review of Athens statistics and how they are aggregated, so these figures may change.
- 61 professional literature searches, including determining the evidence base to support the Health and Wellbeing Care Group projects and decision making, including the Great Sex Debate, smoking reduction work across the City, service models for Healthy Living Service redesign and Health Check services.
- 29 search skills training sessions
- 8 practices engaged in Primary Care Resource Project. The project has supported practices by delivering up-to-date health promotion resources including leaflets and posters and has helped forge links between the library and GP practices in Manchester.

## Graphics and Media Design Services

### Background

The team provides in-house health promotion design support for the care group. We supply graphic design, new media design, website creation, professional digital photography and print buying. We also provide expert advice to department and external trust staff around corporate branding and printing issues.

The Health and Wellbeing Care Group design service produced 182 new graphic resources this year, including updates to 3 health promoting websites. Additionally, we provided comprehensive press and publicity photography for the service and responded to a growing demand for design production/printing advice sessions by Trust staff this year.

**191 resources produced have included:**

- Good Health Manchester Training Programme 2014/15
- A post card styled flyer to advertise the training programme
- "Physical Activity and Mood" booklet
- Healthy Living Resource binder
- Sexually Transmitted Infections factsheet leaflets set.
- A to Z of Manchester Sexual Health Services Directory
- Dementia awareness banners
- Re-design of service website.
- Connect 5 training pack
- Stop Smoking digital advert for Mancunian Way display unit.
- Manchester self-help guides for mental health x7 booklets
- "Fear of Falling" Booklet

## Administration Team

### Background

Due to the complex, varied and specialist nature of the work carried out by the Health and Wellbeing Service, excellent administration and support is required to ensure the service meets and exceeds its requirements. This is made possible by highly skilled, motivated and adaptable administrators that often have a dual role that involves working within specific teams or programmes, as well as a generic role supporting the overall administration of the service.

The administration support service is able to ensure that efficient and proactive administration support is provided. This is achieved by developing systems, reviewing administration skill mix and delivering improvements across the service in order

to support colleagues in addressing health inequalities and working closely with staff to provide a core support service in order for them to achieve results. Consistency and productivity is achieved by working and supporting each other throughout the administration team.

## Appendix 1

# The Connect 5 Course for Mental Health and Wellbeing

### Evaluation by session

#### Session 1

Number of courses: **41** (8 open, 33 delivered in house for specific organisations)

Number of Individual Participants: **558**

Their feedback indicated:

- 85% for an improvement within their knowledge and understanding of mental health and mental wellbeing
- 87.2% for an increase in their knowledge around emotional health and well being through the use of the 5 areas model
- 83.8% showed a high increase in awareness of the qualities and attitudes needed for work around mental health and wellbeing
- 80.2% felt they had an increase in their understanding of how to have a conversation with people
- 82% felt confidence to talk to people about their mental health and well being had greatly increased
- 85.2% felt an increase in understanding of the importance of self help material and how to use it
- 86.8% for their understanding of services and how to signpost to them

#### Session 2

Number of courses: **16** (5 open, 11 in house for specific organisations)

Number of Participants: **214**

- 84.9% felt an increase in their knowledge and understanding of mental health and mental wellbeing
- 87% had increase confidence in the use of the 5 areas model
- 86.2% had an increase in their ability to use the 5 areas model to understand their own, and others experiences of distress
- 88.36% felt an increase in their ability to develop a clear picture of someone's troubling situation
- 86.5% felt an increase in their knowledge of how to use different tools to help unravel their distressing feeling and experience
- 85.7% felt they had a great increase in how to start, follow up and end a conversation with someone around mental health and wellbeing
- 81.9% had better knowledge in how to promote and use self help resources

#### Session 3

Number of courses: **9** (4 open, 5 in house for specific organisations).

Number of Participants: **98**

- 88.5% felt an increase in their knowledge and understanding of mental health and wellbeing
- 88.1% felt an increase in how to use existing skills, knowledge and techniques to offer people more effective support
- 83.4% felt an increase in their ability to facilitate the use of self-management strategies by others to support a successful change
- 93.5% felt an increase in how to demonstrate a practical technique with others relating to 5 areas model
- 91.6% felt an increase in their ability to work alongside someone to make an action plan they are likely to complete
- 88.2% felt an increase in how to explore and respond to someone's troubling situation including looking at the potential for harm.

## Health and Wellbeing Service Contact Details

**Bridget Hughes**, General Manager,

Health & Wellbeing Service, 2nd Floor, Chorlton House, 70 Manchester Road, Chorlton, Manchester, M21 9UN  
Telephone: 0161 882 1106

Email addresses for individual staff follow this style unless otherwise stated: [firstname.surname@mhsc.nhs.uk](mailto:firstname.surname@mhsc.nhs.uk)

**South Site – 1st Floor, Fallowfield Library**

Platt Lane, Fallowfield Manchester M14 7FB

Main Number: 0161 248 1767

Fax: 0161 248 1767

**Peter Smith**, Senior Manager, Sexual Health & Harm Reduction Team: 0161 248 1756

## Sexual Health and Harm Reduction

**Elizabeth Burns**, Health & Wellbeing Advisor 0161 248 1763

**Josanne Cowell**, Health & Wellbeing Advisor 0161 248 1759

**Kate Campbell**, Health & Wellbeing Advisor 0161 248 1762

**Colin Tyrie**, Senior Health & Wellbeing Advisor 0161 248 1761

Based At Ancoats Primary Care Centre Or Prison

**Mark Edwards**, Harm Reduction worker 0161 274 1652 or 07971 314 896

**Gary Beeny**, Harm Reduction Worker 0161 274 1652 or 07969 218 522

**Rick Plant**, Healthy Prison Co-ordinator, HMP Manchester ([rick.plant@hmps.gsi.gov.uk](mailto:rick.plant@hmps.gsi.gov.uk)) 0161 817 5830

**Rebecca Coyle**, Stop Smoking Specialist Advisor Prison Health 0161 817 5830

## Health Information and Resources Library (HIRL)

[libraryservices@mhsc.nhs.uk](mailto:libraryservices@mhsc.nhs.uk), email [HIRL@mhsc.nhs.uk](mailto:HIRL@mhsc.nhs.uk)

Monday to Friday 9am – 4.30 p.m.

**Dan Livesey**, Health Information & Resources Library Service Manager 0161 248 1912

**Carnell Bell-Smith**, Resource & Information Advisor 0161 248 1755

**Katie Nicholas**, Library Assistant 0161 248 1753

**Rosalind McNally**, Outreach Librarian, Manchester Royal Infirmary 0161 276 3308 or 07501 483 816

## Graphics

**Saleem Zaidi**, Senior Graphic Designer 0161 248 1765

**Paul Mackay**, Media Designer 0161 248 1768

## Major Killers

**Bernadette Murphy**, Community Food Co-ordinator 0161 248 1758 or 07971 331 537

**Emma Farrell**, Community Food Co-ordinator, Withington Hospital 0161 217 3951 or 07971 331 540

**Rose Boyd**, Community Food Co-ordinator, Abraham Moss Centre 0161 234 3722 or 07971 331 539

## Support Services

**Shelley Nuttall**, Finance Administration Officer 0161 248 1766

**Tracy Slattery**, Administration Officer 0161 248 1752

**Peter Stretton**, Administration Assistant 0161 248 1750

**North Site – Ground Floor Victoria Mill**

Lower Vickers Street, Miles Platting, Manchester, M40 7LJ

Main Number: 0161 882 2589 Fax: 0161 203 5817

**Chris Love**, Senior Manager, Major Killers Team: 0161 882 2570

**Douglas Inchbold**, Senior Manager, Mental Health & Wellbeing Team: 0161 882 2577

## Public Mental Health

Nicola Wood, Senior Health & Wellbeing Advisor 0161 882 2578  
Caroline Bedale, Senior Health & Wellbeing Advisor 0161 882 2579  
Shamin Malik, Health & Wellbeing Advisor 0161 882 2580  
Alpa Raja, Health & Wellbeing Advisor 0161 882 2581  
Teresa Czajka, Health & Wellbeing Advisor 0161 882 2575  
Kate Ogden, Health & Wellbeing Advisor 0161 882 2575  
Michelle Ashworth, Health & Wellbeing Advisor (Based at Fallowfield) 0161 248 1764  
Jackie Kilbane Senior Health & Wellbeing Advisor, Enabling Self Care 0161 882 2579

## Stop Smoking Service

Abbie Paton, Senior Health & Wellbeing Advisor 0161 882 2584  
Aurangzaib Amirat, Stop Smoking Advisor 07967 441 813  
Michelle Howarth, Health & Wellbeing Advisor 0161 882 2597  
Lana Burrows, Stop Smoking Specialist Advisor 0161 882 2594  
Jenny Cowell, Communications Officer 0161 882 2596  
Hazel Hughes, Stop Smoking Advisor 07968 863 816  
Jason Kennedy, Senior Health & Wellbeing Advisor 0161 882 2586  
Alison Reid, Senior Health & Wellbeing Advisor 0161 882 2585  
Shazia Kamran, Senior Health & Wellbeing Advisor 0161 882 2595  
Noah Mellor, Stop Smoking Specialist Advisor Central Manchester Foundation Trust 07968 863 816  
Denise Wood, Stop Smoking Specialist Advisor North Manchester General Hospital 07967 505 706

## Major Killers

Paul Nethercott, Senior Health & Wellbeing Advisor, [Cancer](#), [CHD](#) and [Getting Active through Exercise](#)  
0161 882 2576  
Dawn Harris, Health & Wellbeing Advisor, Cancer 0161 882 2582

## Support Services

Brian Goodman, Service Performance and Training Co-ordinator 0161 882 2584  
Sarah Walker, Business Administration Manager 0161 882 2589  
Michelle Dooley, Administration Assistant 0161 882 25 92  
Hayley Evans, Administration Assistant 0161 882 2590  
Maureen Evans, Administration Assistant 0161 882 2588  
Lisa Hayden, Finance Administration Officer 0161 882 2591  
Aurora Robb, Finance Administration Officer 0161 882 2583

## Oral Health Team

Moss Side Health Centre, Monton Street, Manchester, M14 4GP

Vicky Brand, Improvement Manager 0161 232 4204  
Caroline Hardman, Improvement Practitioner, Clayton Health Centre and Baguley Health Centre 0161 230 1833/0161 946 9282  
Christine Topping, Dental Therapist, Baguley Health Centre 0161 946 9282  
Kathryn Fleming, Improvement Practitioner, Moss Side Health Centre 0161 230 1833  
Karen Cashin, Improvement Practitioner, Moss Side Health Centre 0161 232 4203  
Anisa Razzaque-Nawaz, Admin Support, Moss Side Health Centre 0161 232 4204  
Sarah Cash, Oral Health Practitioner 0161 232 4203

## Physical Activity Referral Service (PARS)

Clayton Health Centre, 89 North Road, Manchester, M11 4EJ

PARS Team can be contacted on 0161 230 1857

**Craig Jones**, PARS Team Manager  
**Stephen Bourne**, PARS Officer  
**Anne Carroll**, Office Team Manager  
**Victoria Charnock**, Physical Activity Co-ordinator  
**David Clutterbuck**, Walks Development Worker  
**Lee Connaughton**, PARS Officer  
**Alexis Davis**, PARS Officer  
**Joanne Dawes**, PARS Officer  
**Stacey Howarth**, PARS Officer  
**Serena Kent**, Physical Activity Co-ordinator  
**Jill Foster**, Administration Assistant  
**Clive Smith**, Exercise Tutor  
**Ruby Usher**, Exercise Tutor  
**Tom Openshaw**, Exercise Tutor  
**Maxine Taylor**, Clerical Support Officer

## South Manchester Healthy Living Network

Withington Community Hospital, Nell Lane, Manchester, M20 2LR

**Nigar Franklin**, Discovery Team Manager 0161 217 3035  
**Jane McAllister**, Partnership Health Worker 0161 217 3444  
**Gemma Barrington**, Administration 0161 217 3667

## Health Trainers Team

**Delana Lawson**, Programme Manager, Victoria Mill 0161 882 2587  
**Megan Brown**, Programme Support Officer, Victoria Mill 0161 882 2569  
**Guy Bracewell**, Victoria Mill, 07792 290 647  
**Matthew Brown**, Mental Health team Central, 07792 893 703  
**Sheila Devereux**, Victoria Mill, 0161 882 2569  
**Stephen Hoy**, Manchester United training ground, 07854 187 003  
**Usha Kanani**, Primary Care Mental Health Team South 07791 206 044  
**Khadija Khan**, Woodville Surestart Children's Centre 07854 186 927  
**Gassim Mohammed**, Windrush Millennium Centre, 07792 917 059  
**Salma Nasreen**, Windrush Millennium Centre, 07971 488 757  
**Jane Parker**, Nutrition Service South, 07967 518 617  
**Melissa Penny**, Windrush Millennium Centre, 07791 500 093  
**Sadie Roberts**, Windrush Millennium Centre, 07890 533 374  
**Raphael Sang**, Windrush Millennium Centre, 07792 914 284  
**Jennifer Nina Smith**, Victoria Mill, 07805 693 762  
**Shahida Khan**, Levenshulme Health Centre, 07976 729 964  
**Catherine Burton**, Victoria Mill, 07976 977 979  
**Jayne Rothwell**, Windrush Millennium Centre, 07870 575 219  
**Stephen Hibbert**, Victoria Mill, 0161 882 2569