# Greater Manchester Common Standards for Population Health

# Introduction

In March 2017, following a [review of the current public health system across Greater Manchester](#), Greater Manchester Health & Social Care Partnership agreed to a set of proposals to facilitate the creation of a unified population health system to support the delivery of the [Greater Manchester Population Health Plan](#) at pace and scale.

This included a commitment to the reduction of unwanted variation in standards and outcomes and an ambition to see a more consistent adoption of evidence-based practice and the use of benchmarking data. This confirms the vision to drive improvements in population health across and within Greater Manchester (GM) and through the 10 GM localities, reducing inequalities and setting outcomes that are aligned to place based priorities.

The creation of a Greater Manchester Population Health Outcomes Framework (and accompanying on-line [Dashboard](#)) enables us to focus upon the key Population Health outcomes which adversely impact upon the health and wellbeing of the GM population and seeks to place focus and emphasis on a number of key indicators.

The Greater Manchester Population Health Outcomes Framework has been developed in partnership, and through a process of engagement and co-design, with key stakeholders from across the health and social care system and the wider Public Service. The Framework, formally signed-off by the Greater Manchester Population Health Programme Board in March 2018, contains a suite of outcomes and output measures which are integral to the single integrated assurance process.

# Greater Manchester Common Standards for Population Health

In order to reduce variance, enhance consistency and improve population health outcomes across GM, a programme of work has been undertaken to develop a suite of core **Common Standards for Population Health in GM**. Existing and new GM task groups have worked to consolidate existing standards, evidence and guidance to develop a suite of evidence-based standards for key areas of Population Health activity. The Standards are designed to support localities to achieve the best health gain for their population, and to reduce unwanted variation in population health outcomes across Greater Manchester.

There is no compulsion for localities to adopt and implement GM Common Standards for Population Health. However, this document provides localities with an evidence-based tool to enable population health / public health practitioners to review current local activity and identify any gaps in evidence. This first publication includes standards for the following 7 population health themes and additional standards will follow in due course:

- Mental Health and Wellbeing
- Oral Health
- Sexual and reproductive health
- Drug and Alcohol service standards
- Physical activity
- Health Protection
- Tobacco Control

GM Common Standards for Population Health have been developed through a process of co-design and agreement with subject matter experts and representatives from all 10 GM localities.  They draw on existing standards such as those produced by NICE and Primary Care, and the development of new standards that will drive improvements in outcomes and quality. Each suite of Standards describes the activity required in any defined place / locality to support continuous improvement in population health outcomes.

Details of all GM groups been consulted and contributed to the development of these standards are recorded in this document. Links to evidence-based guidance (such as NICE, PHE and other professional bodies) are embedded for reference.

Each suite of topic-based standards provides a clearly defined outcome and method for measuring impact though it is acknowledged that for some standards appropriate impact measures are yet to be defined. Phase 2 of the development of the GM Population Health Outcomes Framework seeks to develop additional measures / metrics.

GM Common Standards for Population Health will be reviewed and updated regularly by the GM Common Standards Network Group* should existing evidence / guidance change. The group will meet again following the publication of PHE / ADPH Core Principles for Quality Improvement in Public Health: *What Does Good Look Like. (expected 2019).* Further Population Health common standards will be developed for additional population health themes as required.

*GM Common Standards Network Group is chaired by a Consultant in Public Health and consists of lead officer(s) for each topic-based suite of GM Population Health Common Standards.*

## Greater Manchester Common Standards for Population Health: Prescribed and non-prescribed local authority public health functions

In addition to topic-based standards, a suite of GM Common Standards has been developed for prescribed and non-prescribed local authority public health functions. These detail headline standards for the prescribed functions that are outlined in the [Public Health Ring fenced Grant Guidance for 2018/19 to Local Authorities.](#)

Headline GM Common Standards for Population Health are intended to provide guidance on action to be taken by localities in each prescribed and priority non-prescribed areas. In addition to the prescribed functions, standards are included relating to *Drug and Alcohol services*, *Tobacco Control*, *Mental Health and Wellbeing* as these are also key functions related to the Public Health Grant and are of significance to the improvement of GM population health outcomes.

Headline Population Health GM Common Standards have been chosen based on sound evidence and reasoning on how we can best meet the prescribed function and seek to achieve population health improvement for residents within Localities and across GM.

## Self-evaluation matrix

To support localities to review current activities a simple self-evaluation matrix is embedded throughout this document. Positioning current activity using this scale will help professionals identify areas for improvement and to track progress over time. Again, there is no compulsion to use this matrix and localities may wish to use alternative methods to assess and review local activity.

| Score | Assessment | Findings / Conclusion | Action Required |
|-------|-----------|----------------------|-----------------|
| 1 | Standard not met | Significant gaps / weaknesses exist (generally non-compliant) | Actions are identified to secure improvements and move towards compliance. |
| 2 | Standard partially met | Some gaps / weaknesses exist (partial compliance) | Evidence is signposted in support of areas of compliance. Actions are identified to secure improvements and achieve compliance. |
| 3 | Standard fully met | Very few or no gaps / weaknesses exist (compliant) | Evidence is signposted in support of areas of compliance. |

**Greater Manchester Population Health Common Standards**
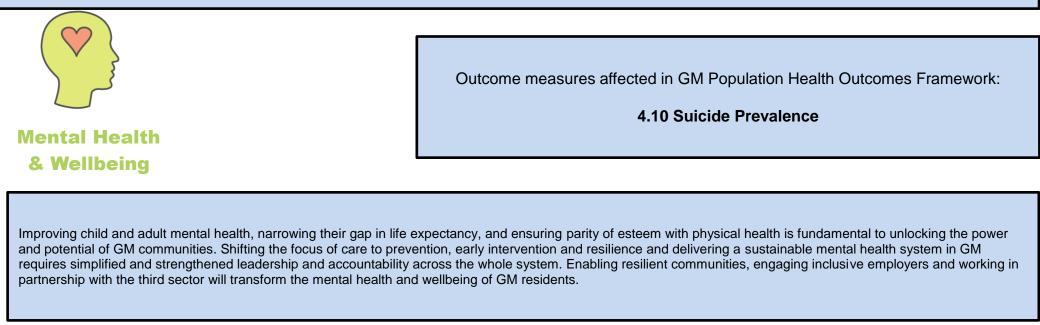
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## 1. Greater Manchester Common Standards for prescribed and non-prescribed public health functions

| | Local Authority Function | Population Health Common Standard | SCORE | | | Measurement |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | |
| PRESCRIBED FUNCTIONS | Statutory Post | Locality has a named Director of Public Health | ☐ | ☐ | ☐ | Named Director of Public Health / Population Health |
| | Sexual health services - STI testing and treatment | Timely open access to STI advice and treatment service (appointment offered within 48 hours) | ☐ | ☐ | ☐ | New HIV diagnosis rate / 100,000 people aged 15+ |
| | | Personalised risk reduction support and information for all who attend sexual health services & their partners | ☐ | ☐ | ☐ | |
| | | Routine offer of an HIV test in high prevalence areas and a regular, targeted offer to those in high risk groups | ☐ | ☐ | ☐ | |
| | Sexual health services - Contraception | All under 18s within a locality are encouraged to access a sexual & reproductive health service or GP before engaging in sexual activity | ☐ | ☐ | ☐ | Total Prescribed Long Acting Reversible Contraception (LARC) (Excluding Injections) |
| | | Open access to specialised services for young people up to the age of 19 | ☐ | ☐ | ☐ | |
| | | All women (15-44 years old) are fully informed about and, if clinically appropriate, encouraged to use Long-acting Reversible Contraception (LARC) as their form of contraception | ☐ | ☐ | ☐ | |
| | | For all women having a LARC removed and requiring contraception to have immediate access to an alternative, reliable method of contraception | ☐ | ☐ | ☐ | |
| | NHS Health Check programme | All eligible individuals aged 40-74 to be offered an NHS Health Check once in every 5 years, with pilot areas prioritising people at greater risk, and for each individual to be recalled every 5 years if they remain eligible | ☐ | ☐ | ☐ | Under 75 mortality rate from CVD considered preventable |
| | | All identified at high risk to receive the advice and support to manage that risk | ☐ | ☐ | ☐ | |
| | Public Health advice to NHS Commissioners | Public Health specialist advice and support is available to NHS Commissioners, integrated commissioners and care organisations in all Localities and at a GM level | ☐ | ☐ | ☐ | n/a |

| | | | | | | |
|---|---|---|---|---|---|---|
| **PRESCRIBED FUNCTIONS** | **National Child Measurement Programme** | Completion of the National Child Measurement Programme with above average uptake | ☐ | ☐ | ☐ | Prevalence of overweight children (including obese) as measured by NCMP |
| | | Documented service offer for children and families identified as being overweight, obese or underweight identified through the NCMP | ☐ | ☐ | ☐ | |
| | **Prescribed Children's 0-5 services** | Commissioning and delivery of the national 0-5 Healthy Child Programme in line with agreed targets | ☐ | ☐ | ☐ | Breastfeeding Initiation |
| | | | | | | Proportion of 5 year old children free from dental decay |
| | | | | | | % of children achieving a good level of development at the end of reception |
| **NON-PRESCRIBED PH FUNCTIONS** | **Drug and Alcohol** | All localities to demonstrate how they are meeting the local needs for the take up and the outcomes of its drug and alcohol treatment services | ☐ | ☐ | ☐ | Alcohol-related hospital admissions (narrow definition) |
| | **Tobacco** | All pregnant women who smoke are referred to services which can help them to quit during their pregnancy | ☐ | ☐ | ☐ | % of women who smoke at time of delivery; Smoking prevalence in adults - current smokers (APS) |
| | | Publicised arrangements in place for smokers to access pharmacotherapy and motivational support in all areas (Including advice about nicotine inhaling products) | ☐ | ☐ | ☐ | |
| | **Oral Health** | Commission oral health preventive programmes in line with Commissioning Better Oral Health guidance and ensure oral health is embedded within children's services | ☐ | ☐ | ☐ | Proportion of 5-year-old children free from dental decay |
| | **Mental Health and Wellbeing** | Localities to (1) support GM Suicide Prevention Strategy & GM/Locality suicide prevention action plans in place and adopt Mentally Healthy Schools and Colleges principles | ☐ | ☐ | ☐ | Suicide Prevalence |
| | **Physical Activity** | Every community will offer a range of high quality spaces and opportunities for people to live active lives, supported by welcoming leaders and suited to different motivations, attitudes and interests. | ☐ | ☐ | ☐ | % of GM population who are Active or Fairly Active |
| | | | ☐ | ☐ | ☐ | % of physically inactive adults (>30 minutes per week) |

# 2. Greater Manchester Common Standards - Mental Health and Wellbeing

## Mental Health & Wellbeing

Outcome measures affected in GM Population Health Outcomes Framework:

**4.10 Suicide Prevalence**

Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of GM communities. Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system. Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and wellbeing of GM residents.

We propose a whole system approach that includes involvement from the independent and third sector, to improve the mental health and wellbeing of individuals and their families, supported by resilient communities, inclusive employers and services that maximise independence and choice.

• Children and Young People's mental health forms an integral part of our overall strategy. We will use the opportunities through devolution to collectively respond to the challenges outlined within Futures in Mind and in doing so transform the provision of services for the young people in GM.

• We will promote employment for people with mental health problems and provide timely and effective support to help people stay in employment through building on the current GM Working Well whole population approach.

• We will support those most vulnerable in society to help reduce the risk of developing poor mental health, and those with existing mental health conditions from deteriorating further. In doing this we will build on GMs existing approach to supporting people with complex needs with a particular focus on looked after children, child sexual exploitation, those with learning difficulties and disabilities.

This document provides a list of standards and measures and core outcomes linked to the Greater Manchester Mental Health Strategy and GM Health and Social Care Partnership Population Health Plan. Commissioners, providers and health and social care professionals are asked to:

• Review current practice against these standards
• Identify gaps in the evidence and implement these standards
• Develop actions to address these gaps and provide evidence and feed into the development of local transformation plans
• Agree a small number of KPIs to feed into the performance frameworks for local care organisations.

## Greater Manchester Common Standards for Mental Health and Wellbeing

### Improving the Health of the GM Population and Reducing Health Inequalities across GM
"I" Statement: *"I will live a long and healthy life in Greater Manchester "*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Support the delivery of the GM Suicide Prevention strategy and the 10% reduction in suicide rates (baseline 2016/7) by 2020 | All Localities will have a suicide prevention action plan in place. | ☐ | ☐ | ☐ | Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population |
| Reduction in self harm and suicide | All health and social care staff frontline staff to receive the following training as part of workforce development mental health awareness, suicide awareness and mental health literacy training | ☐ | ☐ | ☐ | Presence of mental health and suicide awareness training and mental health literacy within local health and social care transformation plan |
| | | | | | % of workforce who have received defined training |
| | | | | | Staff feedback confirming mental health/suicide training |
| Public mental health, parity of esteem and health inequalities is a strategic consideration within overarching plans for health and social care transformation and is embedded within service provision | Joint strategic needs assessment (JSNA) to adequately address mental health and the public health outcomes framework.  JSNAs should include parity of esteem, health inequalities and address mental and physical health needs of children and young people | ☐ | ☐ | ☐ | ***Locality Transformation Plans for Health and Social Care address:*** |
| | | | | | Public mental health: primary/secondary prevention and recovery interventions |
| | | | | | Parity of esteem: Annual Health Checks, Smoking, Weight, Drugs & Alcohol |
| | | | | | Health inequalities: Healthy Equity Audit for people with SMI |
| | | | | | ***The impact will be measured by:*** |
| | | | | | The reduction of specific physical health problems |
| | | | | | Increased physical health assessments |

| Greater Manchester Common Standards for Mental Health and Wellbeing | | | | | |
|---|---|---|---|---|---|
| **STRATEGIC OUTCOME: Give every GM child the best start in life**<br>**"I" Statement:** *"I will make sure that more children in GM of all ages and backgrounds will have better wellbeing and good mental health"* | | | | | |
| **OUTCOME** | **COMMON STANDARD** | **SCORE** | | | **METHOD OF MEASURING IMPACT** |
| | | 1 | 2 | 3 | |
| Mentally Healthy Schools and Colleges | Develop strategic framework based on whole school /college and approach with principles that focus on leadership and management, curriculum, working with students and parents, staff development and wellbeing, targeted interventions for Children and Young People at risk of poor emotional and mental health alongside universal mental health promotion approaches | ☐ | ☐ | ☐ | % of schools and college in the borough participating in recognised whole school / college programme and Hospital admissions as a result of self-harm (10-24 years) |

## Greater Manchester Common Standards for Mental Health and Wellbeing

**STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential**
**"I" Statement:** *"I will maintain good mental health and wellbeing and have access to timely early preventative interventions"*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Mental health and wellbeing should be embedded across all the local authority's areas of responsibility, including housing, education, community safety and planning. | All Local Authorities will have at least one elected member mental health champion | ☐ | ☐ | ☐ | Number of LAs with at least one mental health champion |
| | | | | | Number of mental health champions in LAs |
| Individuals return to, or remain in work | Support to retrain, retain or gain employment will be part of care plans for all accessing primary, secondary MH services and commissioned VCSE mental health services | ☐ | ☐ | ☐ | Reduced gap in employment rate for those in contact with secondary mental health services and the overall employment rate *(PHOF 1.08iii)* |
| | | | | | *Secondary mental health to measure:* |
| | | | | | Length of time people are off work |
| | | | | | Percentage of successful return to work |
| | | | | | *Primary care to:* |
| | | | | | routinely record Employment / benefit status |
| | | | | | make appropriate connections /referrals to services |
| Improved quality of life for the individual with SMI including greater independence, improved health, greater choice of options on where and how to live and lessened dependence | People with SMI will be supported to find secure accommodation | ☐ | ☐ | ☐ | % of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support |

## Greater Manchester Common Standards for Mental Health and Wellbeing

**STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential** *(continued)*
**"I" Statement:** *"I will maintain good mental health and wellbeing and have access to timely early preventative interventions"*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Improvement the physical health of people living with mental health problems | Robust pathways between mental health services and life style interventions e.g. smoking, weight management, dental and oral health and physical activity | ☐ | ☐ | ☐ | Excess under 75 mortality rates in adults with serious mental illness: ratio of observed to expected mortalities (expressed as a percentage) |
| Prevention of physical ill health, increasing early detection of illness and reducing premature morbidity, enabling people to live healthier and longer lives. | All mental health staff will receive competency-based behaviour change training to address physical health needs are assessed and responded too. | ☐ | ☐ | ☐ | % of mental health staff receiving competency-based behaviour change training to address physical health needs |
| Multi-faceted campaigns including anti-stigma, targeted work with organisations and BAME communities | All Statutory organisations and key partners will sign up to the Time to Change programme | ☐ | ☐ | ☐ | % of time to change workplaces in the borough |
| | Any local surveys to include questions relating to attitudes to mental ill-health and mental wellbeing | ☐ | ☐ | ☐ | |

## Greater Manchester Common Standards for Mental Health and Wellbeing

**STRATEGIC OUTCOME: Age Well – Every adult will be enabled to remain at home, safe and independent for as long as possible**
**"I" Statement:** *"As my needs change I will talk about my feelings, keep active, learn, ask for help and participate in social and community life to maintain good mental health "*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Reduction in social isolation and Loneliness | Develop local social prescribing offer targeting older people that addresses social isolation and loneliness | ☐ | ☐ | ☐ | % of adult social care users who have as much social contact as they like *(Public Health Outcomes Framework 1.18 Social Isolation)* |

**STRATEGIC OUTCOME: Enabling resilient and thriving communities**
**"I" Statement:** *"As my needs change I will talk about my feelings, keep active, learn, ask for help and participate in social and community life to maintain good mental health"*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Improved access to interventions that promote social activities and strong social networks to improve levels of mental wellbeing in the population | All localities will facilitate / commission a range of interventions that enhance social interaction (capital) such as arts, music, creativity, learning volunteering and timebanks | ☐ | ☐ | ☐ | The proportion of people who use services and carers, who report that they have had as much social contact as they would like *(Adult Social Care Outcomes Framework)* |

# Greater Manchester Common Standards for Mental Health and Wellbeing

GM Common Standards for Mental Health and Wellbeing have been co-designed by the following Greater Manchester groups using national guidance.

- GM Adult Mental Health Board
- GM Children's Mental Health Board
- GM Mental Health and Wellbeing Group
- GM Suicide Prevention Executive

| Guidance | Link |
|---|---|
| The British academy for humanities and social sciences "IF YOU COULD DO ONE THING..." Nine local actions to reduce health inequalities | http://www.britac.ac.uk/sites/default/files/If%20you%20could%20do%20one%20thing%20-%20full%20report.pdf |
| Joint Commissioning Panel for Mental Health: Guidance for Commissioning public mental health services | http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf |
| DH: No Health Without Mental Health: Implementation Framework | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216870/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf |
| DH: Future in Mind:  Promoting, protecting and improving our children and young people's mental health and wellbeing | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf |
| Mental Health Foundation: Mental Health and Prevention: Taking local action for better mental health | https://www.mentalhealth.org.uk/publications/mental-health-and-prevention-taking-local-action-better-mental-health |
| PHE: Measuring and monitoring C&YP mental wellbeing: A toolkit for schools and colleges | https://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf |
| Centre for Public Health: A Scoping Study of the Implementation of Routine Enquiry about Childhood Adversity (REACh) Blackburn with Darwen | http://www.cph.org.uk/wp-content/uploads/2015/07/REACh-Scoping-Study-BwD.pdf |
| LGA: Being Mindful of mental health June 2017 | https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing |

| Guidance | Link |
|---|---|
| NHS: England Five Year Forward View -Mental Health | https://www.england.nhs.uk/?s=five%20year%20forward%20view&paged=4 |
| NHS England:  Improving the physical health of people with mental health problems: Action for mental health nurses | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/532253/JRA_Physical_Health_revised.pdf |
| Mental Health Foundation: Mental Health and Prevention: Taking local action for better mental health | https://www.mentalhealth.org.uk/publications/mental-health-and-prevention-taking-local-action-better-mental-health |
| NHS: Stepping Forward to 2020/21: The mental health workforce plan for England | https://www.hee.nhs.uk/sites/default/files/documents/CCS0717505185-1_FYFV%20Mental%20health%20workforce%20plan%20for%20England_v5%283%29.pdf |
| DH: The Mental Health Core Skills Education and Training Framework | http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework |
| PHE (2015) Promoting children and young people's emotional health and wellbeing | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf |

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# 3. Greater Manchester Common Standards for Oral Health

**Oral Health**

Outcome measures affected in GM Population Health Outcomes Framework:

**(4.02) Proportion of 5 year old children free from dental decay**

As poor oral health is almost always preventable, these standards seek to set a level of self and professionally led care to establish good oral health. These standards are derived from well-established, nationally published guidelines with a strong evidence base including Commissioning Better Oral Health (PHE, 2014) and NICE.

The document forms part of the common standards suite of population health measures. It links fits within the population health and prevention Theme 1 of the Greater Manchester Health and Social care plan but also contributes to the themes of enabling better care, transforming care in localities and standardising acute hospital care.

Standards for dental services have been outlined within the GM plan for dentistry "Putting the mouth back in the body, 2017-2021" and complement the oral health standards below:

- Improving access to general dental services
- Improving cancer survival rates and earlier diagnosis
- Ensuring a proactive approach to health improvement and early detection
- Improving outcomes for people with long-term conditions
- Improving outcomes in childhood oral health
- Proactive disease management to improve outcomes

Greater Manchester's strategic priorities are as follows:

1. Everyone can eat speak and socialise without the pain or discomfort of dental disease.

2. People can access dental care when needed.

3. Differences in oral health between individuals and groups across GM are reduced.

This is document provides a list of standards and measures, and a core outcome linked to the GM Population Health Outcomes Framework. Commissioners, providers, and clinicians are asked to review current practice against these standards and identify any gaps in evidence. Actions should be developed to address these gaps with supporting evidence and KPIs developed to feed into the performance framework for Local Care Organisations.

## 3. Greater Manchester Common Standards for Oral Health

**STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM**
**"I" Statement:** *"I will live a long and healthy life in Greater Manchester"*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 3 | 3 | |
| Oral Health is embedded within Health and Social Care | Oral Health is a strategic consideration within overarching plans for health and social care transformation and is embedded within service provision. | ☐ | ☐ | ☐ | Presence of Oral Health in plans for Health and Social Care transformation. |

## Greater Manchester Common Standards for Oral Health

**STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life**
**"I" Statement:** *"Every GM child can grow up able to eat speak and smile free from pain and distress of dental disease*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Children are protected from dental disease by the use of fluoride and protection from excess sugar | LA's commission oral health preventive programmes in line with Commissioning Better Oral Health guidance and ensure oral health is embedded with children's services. | ☐ | ☐ | ☐ | % children under the age of 11 taking part in evidence based preventive programmes in locality |
| | All health and social care practitioners promote use of fluoride & good diet and uptake of dental care | ☐ | ☐ | ☐ | % 5 year old children in each borough with experience of dental decay |
| | Parents, Carers & individuals take good oral hygiene & diet and access dental care when needed | ☐ | ☐ | ☐ | |

## Greater Manchester Common Standards for Oral Health

### STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life
**"I" Statement:** *"Every GM child can grow up able to eat speak and smile free from pain and distress of dental disease*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Children are protected from dental disease by the use of fluoride and protection from excess sugar | LA's commission oral health preventive programmes in line with Commissioning Better Oral Health guidance and ensure oral health is embedded with children's services. | ☐ | ☐ | ☐ | % children under the age of 11 taking part in evidence based preventive programmes in locality |
| | All health and social care practitioners promote use of fluoride & good diet and uptake of dental care | ☐ | ☐ | ☐ | % 5 year old children in each borough with experience of dental decay |
| | Parents, Carers & individuals take good oral hygiene & diet and access dental care when needed | ☐ | ☐ | ☐ | |
| Children have access to good preventive programmes in dental practices & other settings | Dental teams deliver quality prevention & access to treatment & promote health & wellbeing | ☐ | ☐ | ☐ | % children aged 0-15 receiving fluoride varnish in previous 12 months at a dental practice |
| All children receive the dental care they need | All Children within a locality are encouraged to visit a dentist before the age of 2 and are having appropriate levels of contact with a dentist during childhood | ☐ | ☐ | ☐ | % children under the age of 2 who have visited a dentist |
| | | | | | % children visiting a dentist in previous 24 months |
| | | | | | Waiting time for hospital admissions for dental General Anaesthetic |

| | Greater Manchester Common Standards for Oral Health | | | | |
|---|---|---|---|---|---|
| | **STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential**<br>**"I" Statement:** *"I will maintain good oral health and access dental care"* | | | | |
| **OUTCOME** | **COMMON STANDARD** | **SCORE** | | | **METHOD OF MEASURING IMPACT** |
| | | **1** | **2** | **3** | |
| Services improve health and wellbeing | Healthy Living Dental practices are delivering a health and wellbeing offer | ☐ | ☐ | ☐ | Number of healthy living dental practices |
| All people can access dental care | All Adults, including those with additional needs have access to holistic dental health care | ☐ | ☐ | ☐ | % people who report difficulty in finding a dentist (GP patient survey) |
| | | | | | Reduced differences in % people visiting a dentist in the previous 12 months between geographical areas & vulnerable groups |
| Good Oral Health amongst the adult population with a long-term condition | Oral health is included within relevant care pathways to ensure that people with long term conditions get the care that they need | ☐ | ☐ | ☐ | % newly diagnosed patients with diabetes signposted for a dental check. |

| Greater Manchester Common Standards for Oral Health | | | | | |
|---|---|---|---|---|---|
| **STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible**<br>**"I" Statement:** *"As my needs change I will continue to maintain good mouth care and access appropriate dental care with appropriate support to be able to eat, speak and socialise and remain independent for as long as possible "* | | | | | |
| **OUTCOME** | **COMMON STANDARD** | **SCORE** | | | **METHOD OF MEASURING IMPACT** |
| | | **1** | **2** | **3** | |
| Dental services seek to improve health and oral health | Healthy Living Dental practices are delivering a health and wellbeing offer | ☐ | ☐ | ☐ | Number of healthy living dental practices |
| Programmes are in place to address poverty & wider determinants of health | Localities have considered oral health within plans to tackle Child Poverty | ☐ | ☐ | ☐ | % children living in poverty |
| | | | | | Presence of oral health in local plans to tackle child poverty |
| Risk factors for oral cancer are reduced | Healthcare professionals identify potential risk factors for cancer and chronic conditions and all people offered guidance and support to reduce that risk. | ☐ | ☐ | ☐ | Smoking prevalence in routine and manual workers |
| | | | | | Incidence of oral cancer diagnosis. |
| | | | | | Alcohol attributed mortality rate |

# Greater Manchester Common Standards for Oral Health

GM Common Standards for Oral Health have been co-designed by the following Greater Manchester groups using national guidance.

- Greater Manchester Local Dental Network
- Managed clinical networks
- Local Dental Committees
- Dental and primary care advisory groups
- Local Authorities
- GM oral health steering group and within the GM Health and Social Care Partnership

| Guidance | Link |
|---|---|
| PHE Guidance: Commissioning Better Oral Health | https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities |
| PHE Guidance: Delivering Better Oral Health | https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention |
| Healthy Child programme | https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life |
| PHE guidance Commissioning better oral health for vulnerable older people | https://www.gov.uk/government/publications/commissioning-better-oral-health-for-vulnerable-older-people |
| NICE guidance NG48: Oral health in Care home residents | https://www.nice.org.uk/guidance/ng48 |
| NICE guidance NG 30: Oral health Promotion: General Dental Practice. | https://www.nice.org.uk/guidance/ng30 |
| NICE guidance PH 55: Oral Health: Local authorities and partners | https://www.nice.org.uk/guidance/ph55 |
| PHE Guidance: Commissioning Better Oral Health | https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities |
| Mouth Care Matters | www.mouthcarematters.hee.nhs.uk |
| GM Toolkit: Healthy Living Dentistry toolkit | http://www.cpgmhealthcare.co.uk/dental.html |
| GM Toolkit: Medical Histories do Matter | http://www.gmhsc.org.uk/wp-content/uploads/2018/04/Putting-The-Mouth-Back-in-the-Body-The-Dental-Contribution-FINAL.pdf |
| GM Toolkit: Baby Teeth do Matter | https://www.nwpgmd.nhs.uk/sites/default/files/Request%20Access%20to%20Baby%20Teeth%20Do%20Matter.pdf |

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## 4. Greater Manchester Common Standards for Sexual and Reproductive Health

**STRATEGIC OUTCOME:  Improving the Health of the GM Population and Reducing Health Inequalities across GM**
**"I" Statement:** *"I will live a long and healthy life in Greater Manchester "*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Sexual & Reproductive Health is embedded within Health & Social Care | Sexual & Reproductive Health is a strategic consideration within overarching plans for health and social care transformation and is embedded within service provision. | ☐ | ☐ | ☐ | Presence of Sexual & Reproductive Health in plans for Health and Social Care transformation. |


**STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life**
**"I" Statement:** *"I will make sure that every GM child will has the best start in life and will develop well "*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Maintain the uptake of syphilis, HIV and Hepatitis B testing in pregnancy | All pregnant women are screened for infectious diseases in line with NHS screening guidelines | ☐ | ☐ | ☐ | % of uptake |

## Greater Manchester Common Standards for Sexual and Reproductive Health

**STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential**
**"I" Statement:** *"I will maintain good health and wellbeing and will have good and equitable access to information, support and services"*
**"I" Statement:** *"I will have swift access to the service(s) I need"*
**"I" Statement:** *"I will be offered choice and support to make an informed decision regarding contraception"*
**"I" Statement:** *"I will have access to the testing and treatment I need"*
**"I" Statement:** *"I will be given information and advice about reducing my personal risk of sexual health issues "*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Positive patient experience | Inclusion of questions around sexual & reproductive health in all annual patient surveys (surveys, focus groups) | ☐ | ☐ | ☐ | Patient survey |
| Patient supported following an HIV diagnosis | | | | | |
| Delivering a responsive service | | | | | |
| 48 hour access to STI treatment and advice for symptomatic patients | 100% offer within 48 hours | ☐ | ☐ | ☐ | Clinic data |
| Improve cervical cancer screening uptake | 80% of women uptake cervical screening | ☐ | ☐ | ☐ | NHS England uptake data |

| | STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential *(continued)* | | | | |
|---|---|---|---|---|---|

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Reduction in unwanted pregnancies | All under 18s within a locality are encouraged to visit a sexual & reproductive health service or GP before engaging in sexual activity and are having appropriate levels of contact with these services during adolescence | ☐ | ☐ | ☐ | Rate per 1,000 (15-17 year olds) |
| | All schools to provide an up-to-date and appropriate age-related RSE programme | ☐ | ☐ | ☐ | tbc |
| | Open access to specialised services for young people up to the age of 19 | ☐ | ☐ | ☐ | No. of clinic sessions available per week with staff trained to work with young people across Greater Manchester |
| | All young people to have access to school based drop-in sessions | ☐ | ☐ | ☐ | School nurse drop-in sessions available in every secondary school |
| Increase in uptake of long acting reversible contraception (LARC) | All women (15-44 years old) are fully informed about and, if clinically appropriate, encouraged to use LARC as their form of contraception | ☐ | ☐ | ☐ | Rate per 1,000 (15-44 year olds) |
| | For all women having a LARC removed and requiring contraception to have immediate access to an alternative, reliable method of contraception | ☐ | ☐ | ☐ | Audit (tbc) |
| Reduction in new and late diagnosis of HIV | Routine offer of an HIV test in high prevalence areas and a regular, targeted offer to those in high risk groups | ☐ | ☐ | ☐ | Number of new diagnoses and % of which are late |
| | Evidence of training re Blood Borne Viruses for Primary Care every 3 years | ☐ | ☐ | ☐ | Training to GPs/Pharmacies for advice and onward referral |

| | STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential *(continued)* | | | | |
|---|---|---|---|---|---|
| **OUTCOME** | **COMMON STANDARD** | **SCORE** | | | **METHOD OF MEASURING IMPACT** |
| | | **1** | **2** | **3** | |
| Improve Chlamydia detection rate | Achieve the agreed population level Chlamydia detection rate and meet PN standards | ☐ | ☐ | ☐ | Rate per 100,000 (15-24 year olds) and maintain PN rate of 0.6 |
| Reduction in the prevalence of STIs and onward transmission | Improved digital offer including self-assessment of risk, campaigns | ☐ | ☐ | ☐ | Number of new diagnoses and rate per 100,000 residents |

| | STRATEGIC OUTCOME: Age Well – Every adult will be enabled to remain at home, safe and independent for as long as possible<br><br>**"I" Statement:** *"I will maintain good health and wellbeing and will have good and equitable access to information, support and services"*<br>**"I" Statement:** *"I will have swift access to the service(s) I need"*<br>**"I" Statement:** *"I will be offered choice and support to make an informed decision regarding contraception"*<br>**"I" Statement:** *"I will have access to the testing and treatment I need"*<br>**"I" Statement:** *"I will be given information and advice about reducing my personal risk of sexual health issues "* | | | | |
|---|---|---|---|---|---|
| **OUTCOME** | **COMMON STANDARD** | **SCORE** | | | **METHOD OF MEASURING IMPACT** |
| | | **1** | **2** | **3** | |
| Reduction in prevalence of STIs and reduction in new and late diagnosis of HIV | Older people will have their diverse/various sexual health and wellbeing needs recognised in the delivery of health service in primary and secondary care and in specialist sexual health services | ☐ | ☐ | ☐ | To be defined |
| Reduce physical, psychological, social, cultural and relationship issues that relate to sexual activities of older people | Health and care staff across all sectors to have evidence-based education about the sexual health needs and difficulties that older adults may encounter. The programs of education should take account of the physical, psychological, social, cultural and relationship issues that impact on sexual activities and intimacy. | ☐ | ☐ | ☐ | To be defined |

| STRATEGIC OUTCOME: Enabling resilient and thriving communities and neighbourhoods |||||
|---|---|---|---|---|---|
| **"I" statement:** "I will live, work and play in a strong and thriving community and neighbourhood" |||||

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Reduction in abortions and repeat abortions | LARC offered post-abortion | ☐ | ☐ | ☐ | Rate per 1,000 (15-44 year old women) and % of who are under 25 |
| Reduction in repeat STIs | Provision of personalise risk reduction support and information | ☐ | ☐ | ☐ | % re-infected within 12 months |

GM Common Standards for Sexual and Reproductive Health have been co-designed by the following Greater Manchester groups using national guidance.

- GM Sexual Health Strategic Partnership Board
- GM Sexual Health Commissioners Group
- GM H&SCP Common Standards Network Group

| Guidance | Link |
|---|---|
| NICE Guidance - Sexually transmitted infections and under-18 conceptions: prevention [PH3] | https://www.nice.org.uk/guidance/ph3 |
| NICE Guidance - HIV testing: increasing uptake among people who may have undiagnosed HIV [NG60] | HIV testing: increasing uptake among people who may have undiagnosed HIV |
| NICE Guidance - Sexually transmitted infections: condom distribution schemes [NG68] | https://www.nice.org.uk/guidance/ng68 |
| NICE Guidance - Harmful sexual behaviour among children and young people [NG55] | https://www.nice.org.uk/guidance/ng55 |
| NICE Guidance - Contraceptive services for under 25s [PH51] | https://pathways.nice.org.uk/pathways/contraceptive-services-for-under-25s |
| NICE Quality Standards - HIV testing: encouraging uptake Quality standard [QS157] | https://www.nice.org.uk/guidance/qs157 |
| NICE Quality Standards - Contraception Quality standard [QS129] | https://www.nice.org.uk/guidance/qs129 |
| NICE Pathways - Preventing sexually transmitted infections and under-18 conceptions overview | https://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions |
| NICE Pathways - HIV testing and prevention overview | https://pathways.nice.org.uk/pathways/hiv-testing-and-prevention |
| NICE Guidance - Long Acting Reversible Contraception [CG30] | https://www.nice.org.uk/guidance/cg30 |
| BHIVA guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals (2016) | http://www.bhiva.org/guidelines.aspx |

| Guidance (continued) | Link |
|---|---|
| BHIVA guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy 2015 (2016 interim update) | http://www.bhiva.org/HIV-1-treatment-guidelines.aspx |
| BHIVA guidelines for the management of HIV infection in pregnant women 2012 (2014 interim review) | http://www.bhiva.org/pregnancy-guidelines.aspx |
| UK National Guideline for the Use of HIV Post-Exposure Prophylaxis Following Sexual Exposure (PEPSE) 2015 | http://www.bhiva.org/PEPSE-guidelines.aspx |
| Greater Manchester Sexual & Reproductive Health Strategy | In development |
| RCGP - Sexually Transmitted Infections in Primary Care | http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/sexually-transmitted-infections-in-primary-care.aspx |
| Faculty of Sexual & Reproductive Health - Contraception Guidelines | https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/ |
| Faculty of Sexual & Reproductive Health - Management of SRH Issues Guidelines | https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/management-of-srh-issues/ |
| NHS Cervical Screening Programme (CSP) | https://www.gov.uk/topic/population-screening-programmes/cervical |
| NICE Guidance - Antenatal care for uncomplicated pregnancies [CG62] | https://www.nice.org.uk/guidance/cg62/ifp/chapter/screening-and-tests |
| FPA the sexual health charity – Older People Policy | https://www.fpa.org.uk/sites/default/files/older-people-policy-statement.pdf |

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# 5. Greater Manchester Common Standards – Drug and Alcohol service standards

**Drug and alcohol services**

Outcome measures affected in GM Population Health Outcomes Framework:

**(10.01) Admission episodes for alcohol-related conditions (narrow definition)**

Drug and Alcohol Common Standards have been developed by GM substance misuse commissioners for the services they commission.  As such they are 'service standards'.
There is not direct reference to important wider system elements such as hospital-based Alcohol Liaison Nurses as typically these are not directly commissioned by local authorities.  However, the need for clear pathways between hospital and community-based services to prioritise improving outcomes for people with co-existing drug, alcohol and mental health problems is clearly addressed.  Similarly, brief interventions that would be delivered by partner agencies are not directly considered but the need for drug and alcohol services to link with Public Service Hubs, Place Based Teams and targeted services is.  GM substance misuse commissioners fully appreciate that the next stage in the process of developing these service standards is to work with providers to ensure implementation.

The vision is to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:
- A place where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse.
- A place where people who drink alcohol choose to do so responsibly and safely.
- A place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life.
- A place where our services and communities work together to build resilience and address the harms caused by drugs and alcohol.
- A place where individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities.

*We will achieve the vision by:*
- Recognising that substance use is diverse and complex, and collectively responding to changing patterns of substance use and behaviour to provide the most effective route to recovery from all types of substance misuse.
- Rooting our approach in prevention and early intervention, anticipating future cost and escalating demand on services, and ensuring responses are appropriate to levels of need and health risk.
- Basing our approach to treatment and harm reduction on a growing evidence base, and a shared understanding of challenges, opportunities and changing circumstances - ensuring that we share learning, expertise and resources.
- Using asset-based approaches to enable long-term and sustained recovery from all types of substance misuse.
- Adopting a whole-person approach to working with complex families and individuals and integrating provision with wider delivery models tackling Complex Dependency.

## 5. Greater Manchester Common Standards for Drug and Alcohol service standards

**Strategic Priority: Prevention and Early Intervention**

**STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life**

**"I" Statement:** *"I will live in a place where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse."*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Reduce alcohol exposed pregnancies and eliminate new cases of Foetal Alcohol Spectrum Disorder (FASD). | Services will provide specific pathways for pregnant women that support them to remain alcohol free during pregnancy | ☐ | ☐ | ☐ | Reduction in the number of alcohol exposed pregnancies |
| | Services will provide additional focus for women with significant and complex needs who are at high risk of using alcohol whilst pregnant | ☐ | ☐ | ☐ | |
| A targeted approach to young people, adults and families most at risk of harm from drugs and alcohol | Services will provide targeted early interventions for high risk young people | ☐ | ☐ | ☐ | Number of high risk young people engaged (NDTMS risk profile data) |
| | Services will provide support for high risk families | ☐ | ☐ | ☐ | Availability and uptake of family support: Number of families supported per local area (Local Audit and Data) |

**Strategic Priority: Reducing drug and alcohol related harm**

**STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential**

**"I" Statement**: *"I will live in a place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life."*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | **1** | **2** | **3** | |
| A place based approach that prioritises early help | Services will be linked to Public Service Hubs, Place Based Teams and targeted services. | ☐ | ☐ | ☐ | Clear evidence of service pathways and processes in place to identify and address the needs of those most at risk. (PSR Local Audit & Self-Assessment Tool) |
| | Services will work closely with primary care and other health and social care agencies established to help meet the complex and overlapping needs of children, young people, adults and their families, including pathways for pregnant women. | ☐ | ☐ | ☐ | |
| Reduce the number of deaths caused by drugs and alcohol | Services will offer access to relapse prevention after exit | ☐ | ☐ | ☐ | Reduction in number of drug related deaths and alcohol mortality rates (PHE data) |
| Develop a GM approach to understanding and reducing drug and alcohol related deaths. | Services will guarantee that those who need to re-enter treatment are able to do so | ☐ | ☐ | ☐ | Local audit approach to be developed as part of GM approach |
| | Naloxone will be available for all opiate users regardless of treatment status across GM | ☐ | ☐ | ☐ | |

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASUREING OUTCOME |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Address the impact of drug and alcohol on our most vulnerable people | Services will deliver targeted interventions for those with the most complex needs and work with PSR hubs to do so | ☐ | ☐ | ☐ | Clear evidence of joint working and integration with PSR hubs (Local Audit. PSR team self-assessment tool) (Local Audit) |
| | Service care plans should identify the full range of an individual's complexities to facilitate joint working and support from other agencies | ☐ | ☐ | ☐ | Clear evidence of care plans identifying need |
| | Services will offer women only provision, including group support | ☐ | ☐ | ☐ | Clear evidence of provision and uptake. (Local Audit including service user feedback) |
| | Services will align and integrate working with women's centres and other organisations that work with vulnerable women | ☐ | ☐ | ☐ | Clear evidence of joint working. (Local Audit including service user feedback) |
| | Services will have agreed transitional pathways between all young people's and adult services | ☐ | ☐ | ☐ | Clear evidence of pathways. (Local Audit) |
| | Services will be part of a multi-agency response to safeguarding | ☐ | ☐ | ☐ | Clear evidence of engagement in safeguarding processes. (Local Audit) |
| | Services will target complex families in partnership with other agencies | ☐ | ☐ | ☐ | Clear evidence of engagement with complex families. (Local Audit) |

**Strategic Priority: Reducing drug and alcohol related harm**

**Strategic Outcome: Live Well - Ensure every GM resident is enabled to fulfil their potential**

**"I" Statement**:*"I will live in a place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life."*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Prioritise improving outcomes for people with co-existing drug, alcohol and mental health problems | There will be reciprocal arrangements for joint support between substance misuse and mental health services. | ☐ | ☐ | ☐ | Protocols between mental health and substance misuse for supporting adults and young people with coexisting mental health and substance misuse issues. (Local Audit) |
| | There will be clear pathways between hospital and community based services inclusive of recovery support. | ☐ | ☐ | ☐ | Clear evidence and uptake of pathways. (Local Audit) |
| | Community based services will facilitate access to inpatient, detox and residential rehab provision. | ☐ | ☐ | ☐ | Uptake and successful completion of provision (NDTMS data) Provision will meet CQC requirements. (Local Audit) |
| | An individual's mental health will be assessed appropriately before discharge from inpatient, detox and residential rehab services. | ☐ | ☐ | ☐ | Requirement through GM Tier 4 framework. |
| Focus on blood bourne viruses to help achieve the strategic aims of eliminating HIV and Hepatitis C as public health issues | Services will screen and test for BVBs, offer vaccinations, and support clients to start and complete treatment (e.g. for Hep C) | ☐ | ☐ | ☐ | Uptake of screening, testing, vaccination and support. (NDTMS data) |
| | Needle Exchange facilities will be available and accessible throughout GM. | ☐ | ☐ | ☐ | Mapping of provision and monitoring of needle exchange data (Local Audit) |
| | Services will meet the specific needs of image and performance enhancing drug users. | ☐ | ☐ | ☐ | Monitoring of needle exchange data and engagement. (Local Audit) |

**Strategic Priority: Reducing drug and alcohol related harm**

**Strategic Outcome: Live Well - Ensure every GM resident is enabled to fulfil their potential**
**"I" Statement:** *"I will live in a place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life."*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Improve the physical health of adults with drug and alcohol problems through screening, early identification and onward referral | Services will conduct routine and ongoing physical assessments for those in treatment. | ☐ | ☐ | ☐ | Monitoring of screenings and referrals (Local Audit / NDTMS data) |
| | There will be will be clear referral pathways linking treatment services with primary care and the wider health system | ☐ | ☐ | ☐ | |
| Reduce drug and alcohol related fires | Services will make referrals to the Greater Manchester Fire and Rescue Service for 'Safe and Well' home assessment visits | ☐ | ☐ | ☐ | Monitoring of referrals and home visits (Local Audit /GMFRS data) |
| Improve recovery outcomes through a detailed understanding of the different needs of our treatment populations | Services will ensure the effective stratification of treatment populations in line with national guidance so that pharmacological and psychological interventions are appropriately targeted. | ☐ | ☐ | ☐ | Monitoring of recovery outcomes (Local Audit / NDTMS data) |
| | Services should deliver asset based continuous assessment | ☐ | ☐ | ☐ | Local audit |

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
| --- | --- | --- | --- | --- | --- |
| | | 1 | 2 | 3 | |
| Clearly link treatment systems to key support services (e.g. mental health, housing and homelessness, employment, education and training) | Treatment systems will evidence clear pathways to and from key support services | ☐ | ☐ | ☐ | Local Audit + NDTMS data |
| | At a neighbourhood level, we are focusing on helping people to help themselves through developing integrated place based services that are responsive to local need, build on the assets of the community and create capacity to deliver change. These integrated teams will work to improve individual and community resilience by understanding individual needs in the context of the family and their community. | ☐ | ☐ | ☐ | Local Audit |
| | Ensure that residential rehab and detox have pathways and links back into community and recovery services with appropriate information sharing | ☐ | ☐ | ☐ | Local Audit + NDTMS data |
| Promote wellbeing and recovery by clearly linking treatment systems with voluntary and community based organisations | Services will promote approaches that focus on people's assets, reduce stigma and encourages people to help themselves and others in recovery communities | ☐ | ☐ | ☐ | Local Audit + NDTMS data |
| | Services will maximise the role played by local people and the VCSE in supporting long term sustained recovery | ☐ | ☐ | ☐ | Local Audit + NDTMS data |
| Services will connect with communities of identity and ensure that barriers to seeking advice and engaging in treatment are removed | Communities of identity will be engaged in the co-production and co-design of services | ☐ | ☐ | ☐ | Local Audit |

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Ensure recovery is visible in our communities and throughout treatment journeys | Services will ensure that those in successful recovery are clearly visible to their peers as examples of hope and what is achievable. | ☐ | ☐ | ☐ | Local Audit |
| | Services will conduct treatment exit plans which assess recovery support required | ☐ | ☐ | ☐ | Local Audit + NDTMS data |
| Involve those with lived experience in the design and delivery of person and community centred approaches | To support rehabilitation and build recovery in our communities, we involve service users and people with lived experience in the design and delivery of drug and alcohol services. | ☐ | ☐ | ☐ | Local Audit |

| Strategic Priority: Reducing drug and alcohol related crime and disorder |
|---|

**STRATEGIC OUTCOME: Enabling resilient and thriving communities and neighbourhoods**
**"I" Statement:** *"I will live in a place where our services and communities work together to build resilience and address the harms caused by drugs and alcohol."*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| The development of a set of common offers that clearly identify "what works" in reducing drug and alcohol related offending | Services will participate in the development and endorsement of common GM offers across police custody, courts, community orders and *Through The Gate* to create consistent GM approaches | ☐ | ☐ | ☐ | Clear evidence of GM agreement and application (including interaction between services) |
| Maximise every opportunity to address offending behaviour that is driven by the use of drugs and alcohol | Ensure criminal justice and treatment agencies work closely together to improve the effectiveness of out of court disposals and community sentences, such as drug, alcohol and mental health treatment requirements. | ☐ | ☐ | ☐ | Increase in the number of Out of Court Disposals and Community Sentence Treatment Requirements. Reduction in repeat appearances. Court data + data from NPS/CRC |
| | Work closely with prisons in the resettlement of offenders to improve continuity of care | ☐ | ☐ | ☐ | Reduction in the number of people returning into prison custody. Court data + data from NPS/CRC |
| | Ensure suitable post prison offer for people who have become abstinent in prison | ☐ | ☐ | ☐ | Audit of availability and monitor provision |
| Work with criminal justice partners to ensure that responses to young people's drug and alcohol related offending are appropriate to their needs. | Ensure local agencies review how to take every opportunity to identify young people at an early stage and work together to put in place appropriate support. | ☐ | ☐ | ☐ | Reduction in young people's reoffending |
| Focus on targeted geographical problem-solving approaches which involve our communities. | Work with Community Safety and local partners to develop local strategies which address open use of drugs and drug and alcohol related anti-social behaviour. | ☐ | ☐ | ☐ | Improved public confidence |

| 5. Greater Manchester Common Standards – Drug and Alcohol service standards | |
|---|---|
| **Guidance** | **Link** |
| **Advisory Council on the Misuse of Drugs** | |
| 'Hidden harm' report on children of drug users (2011) | https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users |
| Recovery from drug and alcohol dependence: An overview of the evidence (2012) | https://www.gov.uk/government/publications/acmd-recovery-from-drug-and-alcohol-dependence-an-overview-of-the-evidence-2012 |
| What recovery outcomes does the evidence tell us we can expect? (2013) | https://www.gov.uk/government/publications/acmd-second-report-of-the-recovery-committee-november-2013 |
| How can opioid substitution therapy (and drug treatment and recovery systems) be optimised to maximise recovery outcomes for service users? (2015) | https://www.gov.uk/government/publications/how-can-opioid-substitution-therapy-be-optimised-to-maximise-recovery-outcomes-for-service-users |
| Prevention of drug and alcohol dependence (2015) | https://www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence |
| Reducing opioid-related deaths in the UK (2016) | https://www.gov.uk/government/publications/reducing-opioid-related-deaths-in-the-uk |
| **Department of Health** | |
| You're welcome - Quality criteria for young people friendly health services (2011) | https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services |
| The Green Book: Immunisation against infectious diseases (2014) | https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book |
| Widening the availability of Naloxone (2016) | https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone |
| Drug misuse and dependence: UK guidelines on clinical management (2017) | https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management |

| Guidance (continued) | Link |
|---|---|
| **National Institute for Health and Care Excellence (NICE)** | |
| CG51 Drug misuse in over 16s: Psychosocial interventions (2007) | https://www.nice.org.uk/Guidance/CG51 |
| CG52 Drug misuse in over 16s: Opioid detoxification (2007) | https://www.nice.org.uk/Guidance/CG52 |
| PH4 Substance misuse interventions for vulnerable under 25s (2007) | https://www.nice.org.uk/Guidance/PH4 |
| PH6 Behaviour change: General approaches (2007) | https://www.nice.org.uk/Guidance/PH6 |
| PH7 Alcohol: School-based interventions (2007) | https://www.nice.org.uk/Guidance/PH7 |
| TA114 Methadone and buprenorphine for the management of opioid dependence (2007) | https://www.nice.org.uk/guidance/ta114 |
| TA115 Naltrexone for the management of opioid dependence (2007) | https://www.nice.org.uk/guidance/ta115 |
| CG100 Alcohol-use disorders: Diagnosis and management of physical complications (2010) | https://www.nice.org.uk/Guidance/CG100 |
| CG110 Pregnancy with complex social factors: a model for service provision for pregnant women with complex social factors (2010) | https://www.nice.org.uk/Guidance/CG110 |
| PH24 Alcohol-use disorders: Prevention (2010) | https://www.nice.org.uk/Guidance/PH24 |
| CG115 Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence (2011) | https://www.nice.org.uk/guidance/CG115 |
| CG120 Psychosis with substance misuse in over 14s: Assessment and management (2011) | https://www.nice.org.uk/guidance/CG120 |
| QS11 Alcohol-use disorders (2011) | https://www.nice.org.uk/guidance/QS11 |
| PH43 Hepatitis B and C testing: people at risk of infection (2012) | https://www.nice.org.uk/Guidance/PH43 |
| QS23 Drug use disorders in adults (2012) | https://www.nice.org.uk/Guidance/QS23 |
| PH50 Domestic violence and abuse: Multi-agency working (2014) | https://www.nice.org.uk/Guidance/PH50 |

| Guidance (continued) | Link |
|---|---|
| **National Institute for Health and Care Excellence (continued)** | |
| PH52 Needle and syringe programmes (2014) | https://www.nice.org.uk/guidance/PH52 |
| TA325 Nalmefene for reducing alcohol consumption in people with alcohol dependence (2014) | https://www.nice.org.uk/guidance/ta325 |
| NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (2015) | https://www.nice.org.uk/guidance/ng5 |
| QS83 Alcohol: Preventing harmful use in the community (2015) | https://www.nice.org.uk/guidance/qs83 |
| Alcohol care teams: reducing acute hospital admissions and improving quality of care (2016) | https://www.nice.org.uk/savingsandproductivityandlocalpracticeresource?id=2603 |
| NG33 Tuberculosis (2016) | https://www.nice.org.uk/guidance/NG33 |
| NG58 Coexisting severe mental illness and substance misuse: Community health and social care services (2016) | https://www.nice.org.uk/guidance/ng58 |
| NG64 Drug misuse prevention: Targeted interventions (2017) | https://www.nice.org.uk/guidance/ng64 |
| **National Treatment Agency** | |
| The role of residential rehabilitation in an integrated treatment system [with 'Findings' analysis] (2012) | http://findings.org.uk/count/downloads/download.php?file=NTA_25.txt |
| Medications in recovery: Re-orientating drug dependence treatment [with 'Findings' analysis] (2012) | http://findings.org.uk/count/downloads/download.php?file=Strang_J_27.txt |
| **Novel Psychoactive Treatment UK Network** | |
| Guidance on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances (2015) | http://neptune-clinical-guidance.co.uk/wp-content/uploads/2015/03/NEPTUNE-Guidance-March-2015.pdf |
| Harms of synthetic cannabinoid receptor agonists (SCRAs) and their management (2015) | http://neptune-clinical-guidance.co.uk/wp-content/uploads/2016/07/Synthetic-Cannabinoid-Receptor-Agonists.pdf |

| Guidance (continued) | Link |
|---|---|
| **Public Health England** | |
| Medications in recovery: best practice in reviewing treatment (2013) | https://www.gov.uk/government/publications/treating-drug-dependence-recovery-with-medication |
| People who inject drugs: infection risks, guidance and data (2013) | https://www.gov.uk/guidance/people-who-inject-drugs-infection-risks-guidance-and-data#common-infections-among-pwid |
| Routes to recovery from substance addiction (2013) | https://www.gov.uk/government/publications/routes-to-recovery-from-substance-addiction |
| Developing local substance misuse safeguarding protocols: Information on developing local joint protocols between drug and alcohol services, and children and family services (2013) | https://www.gov.uk/government/publications/developing-local-substance-misuse-safeguarding-protocols |
| New psychoactive substances: A toolkit for substance misuse commissioners (2014) | https://www.gov.uk/government/publications/new-psychoactive-substances-toolkit-for-commissioners |
| Non-medical prescribing in the management of substance misuse (2014) | https://www.gov.uk/government/publications/non-medical-prescribing-in-the-management-of-substance-misuse |
| The role of addiction specialist doctors in recovery orientated treatment systems (2014) | https://www.gov.uk/government/publications/role-of-addiction-specialist-doctors-in-drug-and-alcohol-services |
| Optimising opioid substitution treatment: turning evidence into practice (2014) | https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/optimising-opioid-substitution-treatment-turning-evidence-into-practice |
| Preventing drug-related deaths: turning evidence into practice (2014) | https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/preventing-drug-related-deaths-turning-evidence-into-practice |

| Guidance (continued) | Link |
|---|---|
| **Public Health England (continued)** | |
| Improving access to hepatitis C treatment: turning evidence into practice (2014) | https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/improving-access-to-hepatitis-c-treatment-turning-evidence-into-practice |
| Services for image and performance enhancing drug (IPED) users: turning evidence into practice (2014) | https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/services-for-image-and-performance-enhancing-drug-iped-users-turning-evidence-into-practice |
| Treating substance misuse and related harm: turning evidence into practice (2014) | https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice |
| Alcohol and drug treatment quality governance (2015) | https://www.gov.uk/government/publications/alcohol-and-drug-treatment-quality-governance |
| Service user involvement in alcohol and drug misuse treatment (2015) | https://www.gov.uk/government/publications/service-user-involvement-in-alcohol-and-drug-misuse-treatment |
| Substance misuse services for men who have sex with men involved in chemsex (2015) | https://www.gov.uk/government/publications/substance-misuse-services-for-men-involved-in-chemsex |
| Preventing drug and alcohol misuse: international evidence and implementation examples (2015) | https://www.gov.uk/government/publications/preventing-drug-and-alcohol-misuse-effective-interventions |
| The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An Evidence Review (2016) | https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review |
| Understanding and preventing drug-related deaths (2016) | https://www.gov.uk/government/publications/preventing-drug-related-deaths |

| Guidance (continued) | Link |
|---|---|
| **Public Health England (continued)** | |
| People with co-occurring conditions: commission and provide services: Guidance on commissioning and providing better care for people with co-occurring mental health, and alcohol and drug use conditions (2017) | https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services |
| Take-home Naloxone for opioid overdose in people who use drugs (2017) | https://www.gov.uk/government/publications/providing-take-home-naloxone-for-opioid-overdose |
| Alcohol and drug misuse prevention and treatment guidance collection (last updated 2018) | https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance#guidance-for-commissioners-and-providers-of-alcohol-and-drug-services |
| **Strategies** | |
| Greater Manchester Drug and Alcohol Strategy (2018) | In development |
| The Government's Alcohol Strategy (2012) | https://www.gov.uk/government/publications/alcohol-strategy |
| National Drug Strategy (2017) | https://www.gov.uk/government/publications/drug-strategy-2017 |

# 6. Greater Manchester Common Standards – Physical Activity

**Physical activity**

Outcome measures affected in GM Population Health Outcomes Framework:

- **% of children aged 5-15 meeting national physical activity guidelines (At least 60 minutes (1 hour) of moderate to vigorous intensity physical activity (MVPA) on all seven days in the last week)**
- **% of GM children aged 2-15 who are active or fairly active**
- **% of GM population who are Active or Fairly Active**
- **% of physically inactive adults (current method)**
- **% physically active for at least one hour per day seven days a week**

The ambition is everyone in Greater Manchester to be more active to secure the fastest and greatest improvement to the health, wealth and wellbeing of the 2.8m people of Greater Manchester.

Greater Manchester (GM) Moving: The Plan for Physical Activity and Sport (2017-21), is the comprehensive framework to reduce inactivity and increase participation in physical activity and sport that is aligned to the Greater Manchester Population Health Plan priority themes and wider reform agenda. Its shared purpose is to positively change the lives of people across Greater Manchester through physical activity and sport. Building from our strengths and through system wide collaboration, we will double the rate of past improvements, reaching the target of 75% of people active or fairly active by 2025.

*The 12 key priorities/drivers to achieve the above are:*

1. Lead policy, legislation and system change to support active lives, ensuring that physical activity becomes a central feature in policy and practice related to planning, transport, health and social care, economic development, education and the environment.
2. Provide strategic leadership to secure system change for physical activity and sport across the life course, with person centred, preventative approaches in an integrated system.
3. Ensure that children aged 0-4 have the best active start in life with physical literacy prioritised as a central feature of starting well.
4. Make Greater Manchester the best place in England for children, young people and young adults aged 5-25 to grow up, developing their life chances through a more active lifestyle, with a focus on reducing inequalities.
5. Increase physical activity and sport across the adult population, reducing inequalities and contributing to health, wealth and wellbeing.
6. Make active ageing a central pillar within the Greater Manchester Ageing Hub supporting the Greater Manchester ambition for an age friendly city region, which will lead to better health, wellbeing and independence.
7. Develop more active and sustainable environments and communities through active design and infrastructure.
8. Maximise the contribution of the physical activity and sport sector to economic growth across Greater Manchester.
9. Build the knowledge, skills and understanding of the workforce across Greater Manchester to embed physical activity, make every contact count and develop a diverse workforce fit to deliver the ambitions of Greater Manchester Moving.
10. Ensure that evidence, data and insight inform the development of policy and practice to support active lives.
11. Embed high quality evaluation into all Greater Manchester Moving work, developing quality standards, helping to understand impact, learn and improve, and support advocacy.
12. Deliver high quality marketing and communications to support messaging and engagement of people from priority audiences in active lives.

# 6. Greater Manchester Common Standards – Physical Activity

**STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM**

**"I" Statement:** *"I will live a long and active life in Greater Manchester no matter my gender, social class, ethnicity or ability"*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Increase participation in physical activity within the underrepresented groups. | Physical Activity is a central feature (re-engineered) in policy and practice related to planning, transport, health and social care, economic development, education, and the environment. | ☐ | ☐ | ☐ | Presence of Physical Activity plans within the named fields of planning, transport, health and social care, economic development, education, and the environment |
| | Each area in GM will adopt a Making Every Contact Count approach: all frontline staff are able to talk about the risks associated with being inactive. | ☐ | ☐ | ☐ | % of GM meeting 30-149 and 150 minutes per week of moderate level physical activity broken down by underrepresented groups: (Gender / Social class / Ethnicity / Disability) |
| | All commissioners and providers focus on reducing inactivity where significant inequalities exist. | ☐ | ☐ | ☐ | |

**STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life**

**"I" Statement:** *"I will ensure that every GM child will have the best active start in life and will develop their life chances through a more active lifestyle"*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Young people aged 0-4 will be physically active | Every parent will be supported to understand and embrace the recommended levels of activity for their babies and children, supporting physical literacy and good health | ☐ | ☐ | ☐ | % of children in early years meeting CMO recommended levels of activity |
| | Every early year's settings will embed physical literacy as part of their approach to learning, wellbeing and school readiness. | ☐ | ☐ | ☐ | % of Early Year Settings with physical literacy frameworks |
| | | | | | % Number of Schools meeting Ofsted guidelines |
| Children and young people aged 5 - 25 have enhanced life chances through an active lifestyle. | Every school, college and university will support and enable children and young people to meet 60 minutes per day of physical activity. | ☐ | ☐ | ☐ | % of schools completing the daily mile |
| | | | | | % of children meeting 60 minutes per day of physical activity |
| | Every community will offer a range of high quality spaces and opportunities for young people to live active lives, supported by welcoming leaders and suited to different motivations, attitudes and interests. | ☐ | ☐ | ☐ | % of adults meeting - and 150 minutes per week of moderate level physical activity. |

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Increased physical activity across the adult population. | Every employer will support and enable their employees to meet 150 minutes per week of physical activity | ☐ | ☐ | ☐ | % of adults meeting 30-149 and 150 minutes per week of moderate level physical activity.<br><br>% of adults inactive<br><br>% of workplaces completing the daily mile.<br>Number of providers who are industry |
| | Every community will offer a range of high quality spaces and opportunities for people to live active lives, supported by welcoming leaders and suited to different motivations, attitudes and interests. | ☐ | ☐ | ☐ | |
| | Every provider, health professional and influencer in the lives of adults will understand, advocate for, and support the role of activity in healthy, happy, successful lives. | ☐ | ☐ | ☐ | |

**STRATEGIC OUTCOME: Live Well – Ensure every GM resident is able to fulfil their potential**
**"I" Statement:** *"I will maintain an active lifestyle and will have good and equitable access to information, support and services"*

**STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible**

**"I" Statement:** *"I will able to be active and independent for as long as possible "*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | **1** | **2** | **3** | |
| More older adults live active lives leading to better health, wellbeing, socialisation and independence | Physical activity will be embedded in to age friendly community work, creating a range of high quality spaces and opportunities for people to live active lives. | ☐ | ☐ | ☐ | % of adults meeting 30-149 and 150 minutes per week of moderate level physical activity |
| | Every provider, health professional and influencer in the lives of older adults will understand and advocate for the role of activity while using person centred conversations | ☐ | ☐ | ☐ | |

**STRATEGIC OUTCOME: Enabling resilient and thriving communities and neighbourhoods**

**"I" Statement:** *"I will live, work and be active in a strong and thriving community and neighbourhood"*

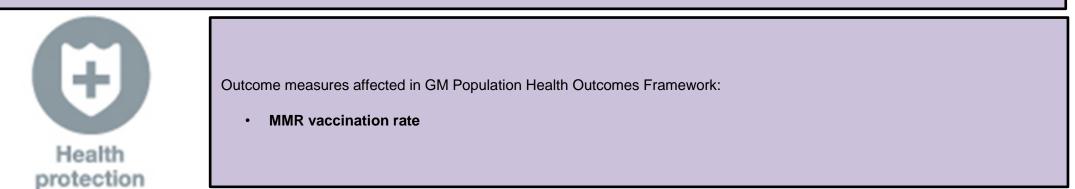| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | **1** | **2** | **3** | |
| All planning, design and layout of urban and rural places and spaces across GM will inspire, encourage and support active lives | Every Local Plan, Planning decision, residential and commercial development will meet GM Active Design standards | ☐ | ☐ | ☐ | KPI's from GM Spatial Framework |
| | Every infrastructure development will meet the standards for walking and cycling/active travel identified in 'Made to Move'. | | | | |
| | Community, leisure and activity spaces will be high quality, with a broad offer to appeal to a wide range of needs and demands, meeting required standards of to encourage engagement and reduce inequalities. | ☐ | ☐ | ☐ | Implementation of the boroughs playing pitch and indoor facility strategies |

# 6. Greater Manchester Common Standards – Physical Activity

GM Common Standards for Physical Activity have been co-designed by the following GM groups using NICE Guidance; National Strategy; GM Strategy:

- GM Physical Activity Commissioners Group (represented by all ten localities)
- GM Sports Managers Network (represented by all ten localities)
- GM Active (represented by all thirteen Leisure Trusts)
- GM Active Aging
- Director of Public Health - Oldham
- Planning & Health Group
- GM Walking and Cycling Commissioner
- GM Early Years

| Guidance | Link |
|---|---|
| GM Moving | http://www.greatersport.co.uk/_media/uploads/5247c0d2-54a5-47f4-b166-1e20f2cbaaff.pdf |
| Sport England Strategy - Towards an Active Nation | https://www.sportengland.org/active-nation/our-strategy/ |
| DCMS Strategy - Sporting Future: A New Strategy for an Active Nation | https://www.gov.uk/government/publications/sporting-future-a-new-strategy-for-an-active-nation |
| GreaterSport - Changing Our Lives Together | http://www.greatersport.co.uk/about-us/our-strategy |
| PHE - Everybody Active Everyday | https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life |
| NICE - Physical Activity Guidelines | https://pathways.nice.org.uk/pathways/physical-activity |
| Active Lives Survey | https://www.sportengland.org/research/active-lives-survey/ |
| Made to Move | https://www.greatermanchester-ca.gov.uk/downloads/download/131/walking_and_cycling_report |

# 7. Greater Manchester Common Standards – Health Protection

**Health protection**

Outcome measures affected in GM Population Health Outcomes Framework:

- **MMR vaccination rate**

Health protection seeks to prevent or reduce the health impact from infectious diseases and environmental hazards such as chemicals and radiation. This is achieved through altering the environment to reduce spread or exposure; the design and provision of health services to prevent, detect and treat infectious diseases; surveillance of health effects and effective response to incidents and outbreaks. Health protection therefore covers follow up of individual cases; outbreak management; surveillance; emergency planning, resilience and response; infection prevention and control; environmental public health; and immunisation.

There is an opportunity to set and raise common standards through taking a GM system wide view of arrangements to identify and share best practice as well as opportunities for more efficient and effective ways of working. These are a set of core common standards for health protection, infection prevention control and EPRR for the developing ICOs / LCOs to create a culture of continuous improvement.

We will work with the LCO Network to ensure common standards are embedded within evolving accountable care systems for reducing long term risk, business as usual and for responding to emergencies within our localities. We want our communities to be empowered and enabled to take action individually or collectively to manage risks and prepare for the consequences of emergencies. In addition to the activity undertaken by the wider public health workforce, there are many individuals and volunteers in our communities that represent a huge resource for peer group health advice, support and community liaison.

Health protection issues and indicators are included in other common standards including sexual health and drugs and alcohol services. These are not duplicated by inclusion here. These standards do not include screenings or civil contingency arrangements outside public health.

| STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM |
|---|
| **"I" Statement:** *"I will live a long and healthy life in Greater Manchester "* |

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Minimise the harm caused by outbreaks and incidents | A written protocol / plan is in place for the management and governance of local outbreaks and incidents | ☐ | ☐ | ☐ | Sector Led Improvement review / PHE national stocktake |
| | Roles and responsibilities of all organisations in outbreaks and public health incidents are clearly defined, agreed and documented | ☐ | ☐ | ☐ | |
| | Incident Management Team structure and responsibilities are defined | ☐ | ☐ | ☐ | |
| | Responsibilities for commissioning and paying for interventions in outbreaks and public health incidents are agreed and documented | ☐ | ☐ | ☐ | |
| | Process for capturing and embedding learning from outbreaks and public health incidents is in place | ☐ | ☐ | ☐ | |
| | Activation and escalation processes are documented for outbreaks and public health incidents | ☐ | ☐ | ☐ | |
| | Arrangements are in place to collect samples (swabbing, blood and stool samples etc) if required in outbreaks and public health incidents | ☐ | ☐ | ☐ | |
| | Arrangements are in place for environmental monitoring and sampling (food, water, premises etc) in outbreaks and public health incidents | ☐ | ☐ | ☐ | |

| | Arrangements are in place for the delivery of clinical interventions (antivirals, antibiotics, vaccines) in outbreaks and public health incidents | ☐ | ☐ | ☐ | |

**STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM**
**"I" Statement:** *"I will live a long and healthy life in Greater Manchester "*

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Minimise the harm caused by outbreaks and incidents | IPC service in place for primary care, social care and other settings (including: tattoo parlours, nurseries, hospices, domiciliary care, prisons, dental, private enterprises and any care provider outside hospital) in line with NICE Quality Standard 61, IPS quality assurance audit and RCN IPC commissioning toolkit | ☐ | ☐ | ☐ | Rate of health care associated Gram Negative Blood Stream Infections (Fingertips) — MRSA — C. difficile |
| | Locality plan is in place and being implemented across the health and social care economy to tackle Gram Negative Blood Stream Infections in line with NHS Improvement resource | ☐ | ☐ | ☐ | Rate of health care associated Gram Negative Blood Stream Infections |
| | Health and Social Care providers comply with the code of practice on the prevention and control of infections and related guidance | ☐ | ☐ | ☐ | Routine audits of social care providers |
| | Providers contribute to relevant surveillance systems to allow early detection of outbreaks | ☐ | ☐ | ☐ | |
| Reduce harms and longer term risks from | Antimicrobial Stewardship arrangements and initiatives are implemented to reduce inappropriate antibiotic prescribing in line with NICE QS121 on Antimicrobial | | | | sepsis CQUIN indicators |

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| Antimicrobial resistance | stewardship and GMMMG strategy | ☐ | ☐ | ☐ | Total number of prescribed antibiotic items per STAR-PU by Clinical Commissioning Group (CCG); proportion of trimethoprim class prescribed antibiotic items as a ratio of trimethoprim to nitrofurantoin |
|---|---|---|---|---|---|

| | STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life | | | | |
|---|---|---|---|---|---|
| | **"I" Statement:** *"I will make sure that every GM child will has the best start in life and will develop well "* | | | | |

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Children are protected against key diseases by immunisation | Arrangements are in place enable providers of vaccination to call and recall for immunisations as recommended in the national schedules, to achieve the national ambition for each programme and when appropriate inform the local CHIS department. | ☐ | ☐ | ☐ | MMR vaccination rate (2 doses at age 5) (COVER) |
| | | | | | Seasonal influenza vaccine uptake in children of primary school age |
| | | | | | Pertussis vaccine uptake in pregnant women |
| | Babies born to Hepatitis B positive mothers receive a full course of Hep B vaccine and testing at 12 months. | ☐ | ☐ | ☐ | Rates of timely completion of HBV vaccination in high risk babies: COVER. |
| | | | | | Rates of HBV testing in high risk infants at 12 months |
| Spread of common infections amongst children is reduced through hand and respiratory hygiene | Promotion of hand and respiratory hygiene in early years settings and schools | ☐ | ☐ | ☐ | Local audit |
| | Provision of hand hygiene facilities in a range of setting including schools and childcare facilities | ☐ | ☐ | ☐ | |

| | | SCORE | | | |
|---|---|:---:|:---:|:---:|---|

**STRATEGIC OUTCOME: Live Well – Ensure every GM resident is enabled to fulfil their potential**

**"I" Statement:** *"I will make maintain good health and wellbeing and will have good and equitable access to information, support and services"*

| OUTCOME | COMMON STANDARD | SCORE 1 | SCORE 2 | SCORE 3 | METHOD OF MEASURING IMPACT |
|---|---|:---:|:---:|:---:|---|
| Adults in risk groups are protected against key infectious diseases by immunisation | Reduce respiratory disease by ensuring high rates of protection in the most at-risk groups through the influenza and pneumococcal vaccination programmes | ☐ | ☐ | ☐ | Flu vaccination rate in clinical risk groups |
| | | | | | Pneumococcal vaccination rate in clinical risk groups |
| | | | | | Flu immunisation for pregnant women |
| Transmission of Hepatitis B and Hepatitis C within GM is minimised | Prevent new HBV and HCV infections through ensuring adequate coverage of needle and syringe provision in communities to reduce the risk of sharing injecting equipment (and alternative measures in prisons) | ☐ | ☐ | ☐ | NICE PH52 coverage estimates |
| | Prevent new HBV and HCV infections by achieving high rates of HBV vaccination coverage in all high-risk groups | ☐ | ☐ | ☐ | Persons entering substance misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination: National Drug Treatment Monitoring System |
| | Increase testing for HBV and HCV in primary care and secondary care for all patients within higher risk groups for infection, including those from intermediate and high-risk countries (NICE PH43). | ☐ | ☐ | ☐ | Number of HBV and HCV tests (and proportion testing positive) in key laboratories |
| | Clinical pathways in place for HBV and HCV from testing to treatment completion with appropriate data collection to enable quality improvement | ☐ | ☐ | ☐ | Offer and uptake of HCV testing in adults currently or previously injecting - both newly presenting to, and all in, drug treatment: National Drug Treatment Monitoring System. |

| | | STRATEGIC OUTCOME: Live Well – Ensure every GM resident is enabled to fulfil their potential (continued) |
|---|---|---|
| | | **"I" Statement:** *"I will make maintain good health and wellbeing and will have good and equitable access to information, support and services"* |

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Reduce transmission of TB, including drug resistant TB | GM commissioners and providers work to TB service specification developed by Greater Manchester TB collaborative group and in line with NICE guidelines | ☐ | ☐ | ☐ | TB incidence (three-year average) https://fingertips.phe.org.uk/profile/tb-monitoring |
| | Participation in TB quality initiatives including cohort review | ☐ | ☐ | ☐ | Cohort Review |
| | Arrangements in place to support TB patients with social risk factors during diagnosis and treatment including those who are homeless and those with no recourse to public funds | ☐ | ☐ | ☐ | Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (Fingertips) |
| | Age appropriate BCG provision to risk groups aged up to 16 | ☐ | ☐ | ☐ | Service implemented and rate of uptake |

**STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible**
**"I" Statement: *"I will able to be safe and independent for as long as possible"***

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Older adults are protected against key infectious diseases through vaccination | Reduce preventable illness by ensuring high rates of protection through the vaccination programme | ☐ | ☐ | ☐ | **Flu vaccination rate in over 65s** |
| | Implementation of recommendations in the Greater Manchester Age Friendly Strategy | ☐ | ☐ | ☐ | Shingles vaccine uptake rate in the eligible cohort |
| | | | | | Pneumococcal vaccination rate (those aged 65 years and over) |

**STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM**
**"I" Statement: *"I will live a long and healthy life in Greater Manchester "***

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| People in GM live and work in areas with good air quality | Health is included as key consideration in local plans to reduce exposure to air pollution in line with NICE Guideline NG70 | ☐ | ☐ | ☐ | Modelled estimates of population-weighted annual average $PM_{2.5}$ concentrations |

# 7. Greater Manchester Common Standards – Health Protection

GM Common Standards for Health Protection have been co-designed by the following GM groups using NICE Guidance; National Strategy; Greater Manchester Strategy:
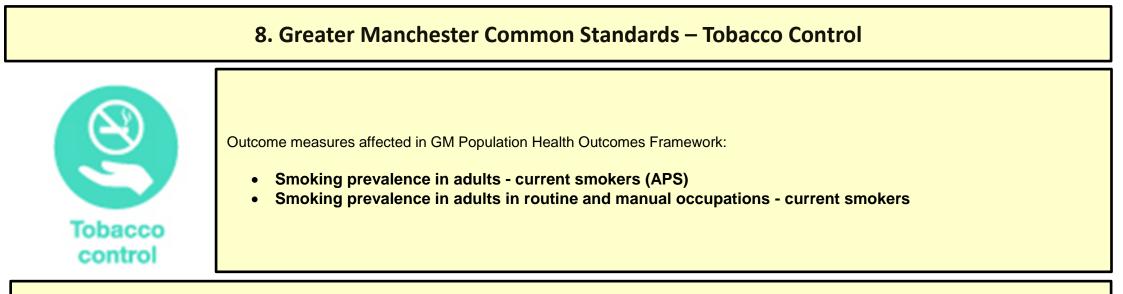- GM Health Protection Confederation
- GM Infection Prevention Control Collaborative
- GM Civil Contingencies Resilience Unit
- GM HSCP Screening and Immunisation Team

In addition to the above GM groups the GM Common Standards were reviewed at a GM Workshop on 16th March 2018 which included representation from a range of groups: LA Public Health, GM Local Care Organisation Network, GM Public Protection Group, Environmental Health, Civil Contingencies Resilience Unit, GMHSCP Screening and Imms Team, GMCA, Emergency Planning and Acute Providers.

| Guidance | Link |
| --- | --- |
| NICE Quality Standard 61 Infection prevention and control | https://www.nice.org.uk/guidance/qs61/ |
| NICE Quality Standard 121 on antimicrobial stewardship | https://www.nice.org.uk/guidance/qs121/ |
| NICE Guidelines 33 and Quality Standards 141 on Tuberculosis | https://www.nice.org.uk/guidance/qs141 |
| IPS Quality Assurance Tools | https://www.ips.uk.net/professional-practice/quality-improvement-tools1/ |
| RCN Infection Prevention and Control Commissioning Toolkit | https://www.rcn.org.uk/professional-development/publications/pub-005375 |
| Provision of Public Toilets | https://publications.parliament.uk/pa/cm200708/cmselect/cmcomloc/636/636.pdf |
| NICE Guidelines PH43 - Hepatitis B and C testing: people at risk of infection | https://www.nice.org.uk/guidance/ph43 |
| NICE Guidelines CG165- Hepatitis B - (chronic): diagnosis and management | https://www.nice.org.uk/guidance/cg165 |
| Nice Quality Standard QS65 - Hepatitis B | https://www.nice.org.uk/guidance/qs65 |

| Guidance | Link |
|---|---|
| The Health and Social Care Act 2008- Code of Practice on the prevention and control of infections and related guidance | https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf |
| Preventing healthcare associated Gram-negative bacterial bloodstream infections | https://improvement.nhs.uk/resources/preventing-gram-negative-bloodstream-infections/ |
| NHS Improvement GNBSI Resource | https://www.nice.org.uk/guidance/ng70/ |
| NICE Guideline 70 Air pollution: outdoor air quality and health | https://www.nice.org.uk/guidance/ph52/ |

| **7. Greater Manchester Common Standards – Health Protection** | |
|---|---|
| NICE Public health guideline [PH52] Needle and syringe programmes | https://www.nice.org.uk/guidance/qs61/ |

# 8. Greater Manchester Common Standards – Tobacco Control



Outcome measures affected in GM Population Health Outcomes Framework:

- **Smoking prevalence in adults - current smokers (APS)**
- **Smoking prevalence in adults in routine and manual occupations - current smokers**

2017 saw the launch of the government's new tobacco control strategy for England, Towards a Smokefree Generation which articulates our desire to reduce adult smoking prevalence levels to 5% or less by 2030. Challenging interim targets are set.  Smoking is still by far the biggest single cause of early death and ill health in Greater Manchester, with huge economic an environmental impact. Although our starting point, in terms of achieving the government's targets, is much more challenging than in more affluent areas, we are no less ambitious or aspirational. We have developed a model, called GM Power, which will allow us to tackle all of the

**STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM**
*"I" Statement: "I will be increasingly unlikely to be affected by tobacco related health disease as a GM resident"*

| STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential | | | | | |
|---|---|---|---|---|---|
| **"I" Statement:** *"All smokers in GM are given the help they need to quit"* | | | | | |
| OUTCOME | COMMON STANDARD | 1 | 2 | 3 | |
| Whole system Tobacco Control is embedded in Health and Social Care and the Environment | The GM Power model for Tobacco Control will be translated into local plans for each area of GM. | ☐ | ☐ | ☐ | Each area of GM will have a Tobacco Control Plan based on GM Power. |

| STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life | | | | | |
|---|---|---|---|---|---|
| **"I" Statement:** *"I will ensure that babies, children and young people are protected from the harm caused by tobacco from conception through to adulthood"* | | | | | |
| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
| | | 1 | 2 | 3 | |
| Children are protected from tobacco related harm from conception onwards | All pregnant women will have a Carbon Monoxide breath test | ☐ | ☐ | ☐ | % of pregnant women who have a Carbon Monoxide Breath test (GM Maternity Dashboard) |
| | All pregnant women who smoke are referred to services which can help them to stop smoking during their pregnancy | ☐ | ☐ | ☐ | Smoking at time of delivery rates (SATOD) reduce (N.B. target 6% by 2021 for GM). |
| Children and young people will be protected from Environmental Tobacco Smoke | All families are supported to achieve a smoke free home | ☐ | ☐ | ☐ | Smoke free outdoor spaces for children |
| | | | | | Smoke free homes programme in place |

| STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential | | | | | |
|---|---|---|---|---|---|
| **OUTCOME** | **COMMON STANDARD** | **SCORE** | | | **METHOD OF MEASURING IMPACT** |
| | | **1** | **2** | **3** | |
| All smokers in GM understand the risks of smoking and tobacco related harm and tobacco addiction | Each area in GM will adopt a Making Every Contact Count approach: all health and social care staff are able to talk about tobacco addiction and the risks associated with smoking. (NB. suggest front line NHS staff, Housing Officers, Social Care Professionals). | ☐ | ☐ | ☐ | Numbers of staff trained per year to understand tobacco addiction (type of training to be determined locally) |
| | | | | | Numbers of health and social care staff trained |
| All smokers should be able to access all available frontline pharmacotherapies. Combination Nicotine Replacement Therapies should always be an option. Any pharmacotherapy supplied should be alongside motivational support | Publicised arrangements are in place for smokers to access pharmacotherapy and motivational support in all areas (Including advice about nicotine inhaling products that do not contain tobacco). | ☐ | ☐ | ☐ | Evidence of communication and advice on pharmacotherapy and nicotine inhaling products that do not contain tobacco |
| | | | | | Local plan for the provision of pharmacotherapy to support people to quit |
| | | | | | % of smokers helped to quit through local tobacco addiction services. |
| Tobacco Control measures (including tobacco addiction support) will focus on groups known to have higher smoking prevalence rates in order to reduce smoking related health inequalities | All areas will have plans to focus resource on the areas and groups with the highest prevalence of smoking (routine and manual occupation; mental health problems; LGBT community; groups with complex long-term conditions caused or exacerbated by smoking; locally identified priority groups; offenders). | ☐ | ☐ | ☐ | Routine and manual smoking rates and uptake of services |
| | | | | | Adult smoking prevalence rates |
| | | | | | Evidence of quit support for people in the areas and groups with the highest prevalence of smoking |
| All smokers admitted to hospital will be assessed and treated for nicotine addiction irrespective of the cause of admission. (There will be zero tolerance to smoking for staff, patients and visitors). | All smokers admitted to hospital will receive appropriate pharmacotherapy and motivational support as inpatients and on- going support on discharge. All inpatients and outpatients receive appropriate advice and support to quit. | ☐ | ☐ | ☐ | An appropriate service model such as the "CURE" programme is in place across secondary care settings |

| "I" Statement: *"All smokers in GM are given the help they need to quit"* | | | | | |
|---|---|---|---|---|---|

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
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| | | | STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible | | |
|---|---|---|---|---|---|

**STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible**

**"I" Statement: "I will be supported to give up smoking to improve my quality of life and smoking related disease at any age."**

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| All smokers in GM, who receive a Safe and Well visit from Greater Manchester Fire and Rescue Service (GMFRS), understand how to access support to quit or to have a smoke-free home | GMFRS will provide smokers with Very Brief Advice and offer a referral or signpost to Stop Smoking Services (or other support) during Safe and Well visits. | ☐ | ☐ | ☐ | Number of GMFRS staff Trained per year (GMFRS electronic training input 'Smoking Related Fires and Tobacco Control – includes VBA) |
| | | | | | Referral rates from GMFRS to partners |
| | | | | | Delivery of Very Brief Advice (recorded on Safe and Well visit records) |

| OUTCOME | COMMON STANDARD | SCORE | | | METHOD OF MEASURING IMPACT |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| Tobacco Legislation is enforced, and illicit tobacco is countered. | Publicised arrangements are in place for members of the public to report concerns about illicit tobacco and breaches of legislation e.g. underage sales. | ☐ | ☐ | ☐ | Numbers of reports to local Trading Standards teams |
| | | | | | Numbers of intelligence lead inspections and test purchases |
| | | | | | Numbers of staff trained per year by GMFRS |
| ...access to fire safety advice and interventions to reduce their risk of fire. | GMFRS for a Safe and Well visit | | | | smokers |
| | | | | | Numbers of smoking-related accidental dwelling fires, injuries and deaths recorded by GMFRS |
| Smoke free hospitals: there is zero tolerance to smoking for staff, patients and visitors in all hospitals across GM | All acute and mental health trusts to develop and implement a Smokefree policy | ☐ | ☐ | ☐ | NICE guidance PH48 implemented in full |
| There will be more smoke free public spaces in GM | All areas will increase the number of voluntary schemes promoting smoke free family spaces | ☐ | ☐ | ☐ | Numbers of new voluntary smoke free family spaces per GM area |
| A smoke free Public Sector | All public organisations' sites and grounds are supported to be smoke free | ☐ | ☐ | ☐ | % compliance rates |

**Guidance**

**Link**

# 8. Greater Manchester Common Standards – Tobacco Control

https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-

GM Common Standards for Health Protection have been co-designed by Tobacco Control Leads for each of the 10 GM localities using NICE Guidance; National Strategy; GM Strategy:

- GM Fire and Rescue Service
- GM Health and Social Care Partnership (Tobacco Programme)
- Age Friendly Manchester and Greater Manchester
- CURE Programme Lead
- Christie Hospital
- Cancer Research UK

| | |
|---|---|
| Greater Manchester Fire and Rescue Service - Fire Safety at Home | http://www.manchesterfire.gov.uk/media/4554/working-in-partnership-preventing-fires-and-improving-health-and-wellbeing.docx |
| NCSCT-National Centre for Smoking Cessation and Training | www.ncsct.co.uk |

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