

# Greater Manchester Health and Social Care Population Health Programme Board

**Date:** 29 March 2018

**Subject:** Population Health Outcomes and Common Standards

**Report of:** David Boulger (Head of Population Health Transformation, GMHSCP) and Wendy Meston (Consultant in Public Health, Rochdale Council)

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## **SUMMARY:**

This report provides proposals in relation to:

- Establishing a GM Population Health Outcomes Framework, as part of a Single Integrated Assurance process.
- The development of GM Common Standards
- Proposals for an 'Excellence in GM' Population Health sector led improvement programme

## **RECOMMENDATIONS:**

GM Population Health Programme Board are asked to:

- Review and approve:
  - GM Population Health Outcomes Framework and the Tableau Based dashboard.
  - GM Population Health Common Standards for Core Public Health Functions
  - GM Population Health Common Standards for Tobacco
  - GM Population Health Common Standards for Oral Health
  - GM Population Health Common Standards for Sexual & Reproductive Health
- If approval is not possible, Population Health Programme Board are asked to specific actions that are required to progress to approval
- Note the intention to develop an 'Excellence in GM' Population Health sector led improvement programme

**CONTACT OFFICERS:**

David Boulger - Head of Population Health Transformation, GMHSCP  
[david.boulger@nhs.net](mailto:david.boulger@nhs.net)

Wendy Meston, Consultant in Public Health, Rochdale Council  
[wendy.meston@rochdale.gov.uk](mailto:wendy.meston@rochdale.gov.uk)

Mark Brown – Programme Manager (Population Health), GMHSCP  
[mark.brown7@nhs.net](mailto:mark.brown7@nhs.net)

## **1.0 INTRODUCTION**

1.1 This report provides proposals in relation to:

- Establishing a GM Population Health Outcomes Framework, as part of a Single Integrated Assurance and improvement process.
- The development of GM Population Health Common Standards
- The development of a GM Population Health Sector Led Improvement programme

1.2 The report will cover the following areas:

- Use of interim arrangements, as agreed at Performance and Delivery Board in October 2017, within the Q2 and Q3 Single Integrated Assurance Process
- Development of a GM Population Health Outcomes Framework for use by GM and Localities as part of a single integrated assurance process
- Development of GM Common Standards for a range of priority areas
- Establishment of an Excellence in GM Sector Led Improvement Programme

## **2.0 OVERVIEW & BACKGROUND**

2.1 In March 2017, the GM 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 GM Population Health Plan at pace and scale.

2.2 This included a commitment to the reduction of unwanted and unwarranted variation in standards, improvement in population health outcomes, more consistent adoption of evidence based practice, and the enhanced use of benchmarking data.

2.3 This confirmed a vision to drive improvements in population health across and within GM and through the 10 GM localities, reducing inequalities and setting outcomes and priorities that are aligned to place based priorities and delivery.

2.4 Over time, this programme has developed to incorporate 3 core elements:

- A GM Population Health Outcomes Framework (as part of a single integrated assurance process)
- GM Population Health Common Standards
- Excellence in GM Sector Led Improvement Programme

### **3.0 POPULATION HEALTH SINGLE INTEGRATED ASSURANCE PROCESS – INTERIM ARRANGEMENTS**

- 3.1 At GMHSCP Performance and Delivery Board in October 2017, it was agreed that an interim Population Health assurance process would be incorporated into quarterly locality assurance meetings from Q2 2017/18, and would be underpinned by benchmarking data provided through the PHE Locality Dashboard (<https://healthierlives.phe.org.uk/topic/public-health-dashboard>).
- 3.2 This approach was implemented as planned and formed the basis for the development of key lines of inquiry during Q2 and Q3 (by exception) 2017/18.

### **4.0 A GM POPULATION HEALTH OUTCOME FRAMEWORK**

- 4.1 Activity to establish the Population Health contribution to a Single Integrated Assurance Process through the development of a GM Population Health Outcome Framework has progressed at pace.
- 4.2 A GM 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.
- 4.3 A task and finish group was established to progress this task to completion, consisting of key partners from:
- GMHSCP
  - GMCA
  - Localities
  - Public Health England
  - Academia (University of Manchester)
- 4.4 The Framework focusses upon the key Population Health outcomes which adversely impact upon the health and wellbeing of the Greater Manchester population and seeks to place focus and emphasis on a reduced number of key indicators, from within the multiple thousands of measures that currently exist within the wider system.
- 4.5 The Framework seeks to reconcile the ambitions of:
- Taking Charge
  - GM Population Health Plan
  - GM Strategy

- 4.6 The Framework, and accompanying dashboard, establishes headline data, trends, benchmarking and locality outcome trajectories.
- 4.7 It is recognised that there is no 'perfect' version of this framework and that there are many complementary and competing variables within the system. However, following a wide-ranging process of co-design, review and rationalisation, the final proposed framework is attached as Appendix 1. The suite of outcomes presented at this stage is a sub set of many possible outcomes and the product can be adapted moving forward as required by GM or Localities.
- 4.8 This framework was reviewed and endorsed by GMHSCP Performance and Delivery Board on 14<sup>th</sup> March 2018, and GMHSCP Senior Management Team on 20<sup>th</sup> March 2018.
- 4.9 It is acknowledged that the full initial ambitions for the framework cannot all immediately be realised due to unavailable, incomplete or flawed data sets. As such, the framework will be mobilised in two phases. Phase 1 will incorporate the outcome and output measures as set out within Appendix 1. Phase 2 (due for completion by September 2018 but with iterative development up to that date), will seek to identify alternative means of measuring additional desirable outcomes and will also include further work around trend and trajectory modelling, simulation and visual representation.
- 4.10 The framework and associated datasets have been built into an interactive, tableau based dashboard which will be tested during the 2017/18 Q4 Assurance Cycle in April and May 2018. A link to the dashboard will be circulated in advance of GM Population Health Programme Board.

## **5.0 GM COMMON STANDARDS**

- 5.1 In order to reduce variance, enhance consistency and improve outcomes across GM, a programme of work has been undertaken to develop GM Population Common Standards. Existing and new GM task groups have completed this task drawing upon existing standards such as those produced by NICE and Primary Care and the development of new standards that would drive improvement in outcomes and quality. The attached set are now ready for testing in the field. This process will result in further amendment and refinement.
- 5.2 Attached as Appendix 2 to 5 of this report are proposed GM Common Standards for:
- Prescribed and Core Public Health Functions
  - Oral Health
  - Tobacco
  - Sexual and Reproductive Health

The headline standards for prescribed and non-prescribed public health functions has been produced for guidance and assurance for the implementation of Local Authority Circular Number LAC (DH) (2017) – Public Health Ring-Fenced Grant 2018/19

- 5.3 These standards have been designed by subject matter experts and stakeholder groups from within the Greater Manchester system and have been endorsed by GM Directors of Public Health. There has not been additional public engagement.
- 5.4 Further GM Common Standards are current under design and will be progressed through Population Health Programme Board governance in June 2018. These relate to:
- Physical Activity
  - Integrated Wellness Services
  - Drugs and Alcohol
  - Mental Health and Wellbeing
  - Health Protection
  - Population Health Intelligence

## **6.0 EXCELLENCE IN GM**

- 6.1 This programme also proposes a revitalised Sector Led Improvement programme, provisionally named 'Excellence in GM'.
- 6.2 This project is aimed at ensuring that a GM Population Health Outcomes Framework (as part of a single integrated assurance process) and a suit of GM Common Standards lead to actual improved outcomes, reduced inequalities and reduced variance.
- 6.3 This project has not commenced to date, but has been endorsed in principle by key stakeholders, including GM Directors of Public Health and will be progressed during Q1 2018/19 with a view to detailed proposals being brought to Population Health Programme Board in July 2018.
- 6.4 To enable this, GM Directors of Public Health have collectively approved investment in some dedicated Project Management capacity.
- 6.5 This programme will also seek to make best use of the resources available through the refreshed Local Government Association (LGA) / Association of Directors of Public Health (ADPH) national SLI programme (<https://www.local.gov.uk/sector-led-improvement-public-health-prevention-and-early-intervention>), but through a bespoke and coherent GM approach.

## **7.0 RECOMMENDATIONS**

- 7.1 Population Health Programme Board are asked to:
- Review and approve:
    - GM Population Health Outcomes Framework and the Tableau Based dashboard.
    - GM Population Health Common Standards for Core / Prescribed Public Health Functions

- GM Population Health Common Standards for Tobacco
- GM Population Health Common Standards for Oral Health
- GM Population Health Common Standards for Sexual & Reproductive Health
- If approval is not possible, Population Health Programme Board are asked to specify actions that are required to progress to approval
- Note the development of an Excellence in GM programme for sector led improvement

**END**

# Appendix 1 – GM Population Health Outcomes Framework

What is the desired outcome?	What will success look like?	How will we measure success?	What outputs will we measure?	Phase 1	Phase 2	
<b>LIFE EXPECTANCY, WELLNESS &amp; INEQUALITIES</b>						
In Greater Manchester we will live longer and healthier lives, with the greatest improvement in the areas and groups which have the worst outcomes.	By 2026, people in Greater Manchester will have a Life Expectancy and Healthy Life Expectancy that is at least the same as the national average (and will have matched the Northwest average by 2021)	Fewer people will die early in Greater Manchester from causes considered preventable	Mortality rate from causes considered preventable Under 75 mortality rate from CVD considered preventable Under 75 mortality rate from cancer considered preventable Under 75 mortality rate for Respiratory disease considered preventable	x x x x		
		Overall Life Expectancy will increase for men and women	Gap in life expectancy at birth between each local authority, GM and England as a whole (Male) Gap in life expectancy at birth between each local authority and England as a whole (Female)	x x		
		Overall Healthy Life Expectancy will increase for men and women.	Healthy life expectancy at birth (Male) Healthy life expectancy at birth (Female)	x x		
		There will be a reduction in Infant Mortality	Infant Mortality	x		
		More people will long term conditions will be receiving optimal treatment and there will be a reduction in the "missing thousands"	Gap between estimated and diagnosed prevalence for CVD (* Rightcare as placeholder)	x		
			Gap between estimated and diagnosed prevalence for Diabetes (* Rightcare as placeholder)	x		
			Gap between estimated and diagnosed prevalence for Hypertension (* Rightcare as placeholder)	x		
			Gap between estimated and diagnosed prevalence for Atrial Fibrillation (* Rightcare as placeholder)	x		
		By 2021, the gap between those with the worst Health Outcomes and those with the best will have reduced, due to significant improvements amongst those with the worst	We will see a reduction in Health Inequalities due to significant improvements in the areas that currently have the poorest health outcomes	Health inequalities using Slope Index New GM inequality metric	x x	
		<b>START WELL</b>				
In Greater Manchester we will have the best possible start in life.	More Greater Manchester Children will reach a good level of physical, cognitive, social and emotional development to prepare them for school and life.	More children will exceed the national average for the proportion of children reaching a 'good level of development' by the end of reception	% of children achieving a good level of development at the end of reception.	x		
		GM babies will have a healthy birth weight.	% of children with free school meal status achieving a good level of development at the end of reception.	x		
		More children will be breast fed at the start of their life	% of all live births at term with very low birth weight Breastfeeding at 6-8 weeks	x x		
		Fewer GM children experience dental decay	Proportion of 5 year old children free from dental decay	x		
		More GM children will be physically active	Temporary placeholder: % 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) % of GM children aged 2-15 who are active or fairly active.	x x		
		More GM children will be at a healthy weight at the end of reception.	Prevalence of overweight children (including obese) as measured by NCMP	x		
		Fewer GM babies will be affected by maternal smoking during pregnancy and at point of delivery.	% of women who smoke at time of delivery	x		
		Children will receive vaccinations and immunisations that prevent avoidable harmful health conditions	MMR vaccination rate	x		
<b>LIVE WELL</b>						
In Greater Manchester we will all have the opportunity to live well and fulfil our potential.	More Greater Manchester residents will be employed.	More people in GM will be employed	% of people aged 16-64 in employment New GM employment and health measure to be developed	x x		
		People who live in Greater Manchester will choose to live healthier lifestyles.	Fewer GM residents will be affected by the harmful impact of smoking	Smoking prevalence in adults - current smokers (APS) Smoking prevalence in adults in routine and manual occupations - current smokers	x x	
			More GM residents will be physically active, and fewer GM residents will be physically inactive.	% of GM population who are Active or Fairly Active % of physically inactive adults (>30 minutes per week)	x x	
	Fewer GM residents will experience alcohol-related harm		Alcohol-related hospital admissions (narrow definition)	x		
	More GM adults will be at a healthy weight		% of adults (18+) who are overweight or obese	x		
	More GM adults will have access to appropriate contraception		Total Prescribed Long Acting reversible Contraception (LARC) (Excluding Injections)	x		
	Fewer new cases of Sexually Transmitted Infections		New GM measure		x	
	People in GM will be in good mental health	New cases of HIV will be eradicated in Greater Manchester	New HIV diagnosis rate / 100,000 people aged 15+	x		
		People in GM will be emotionally well	New GM Wellbeing Measure - GM Survey		x	
		People in GM will be socially connected	New GM Social Isolation / Loneliness Measure - GM Survey		x	
	Fewer people in GM will die as a result of suicide	Suicide Prevalence	x			
	<b>AGE WELL</b>					
In Greater Manchester we will have every opportunity to age well and to remain at home, safe and independent for as long as possible.	Older GM residents will be supported to live a productive, healthy, safe and independent life in healthy communities.	Adults will remain in employment as they get older	60-64 Employment Rate	x		
		Fewer GM residents aged over 65 will be admitted to hospitals due to fall, accidents and injury.	Emergency hospital admissions due to falls in people aged 65 and over	x		
		More GM older adults will be screened for cancer	Cancer Screening Coverage - Bowel Cancer	x		
		Older GM residents will be socially connected	% of GM residents aged 65+ who report being socially isolated (GM Survey) % of GM residents aged 65+ who report being lonely (GM Survey)		x x	



**Appendix 2 – GM Common Standards: Core Public Health Functions:**

**Common Standards for prescribed public health functions**  
 The standards listed below have been developed to detail headline standards for the prescribed functions outlined in the Public Health Ring fenced Grant Guidance for 2018/19 to Local Authorities. These 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 we have included standards relating to Drugs and Alcohol services, tobacco, mental health and wellbeing as these are also key functions related to the Public Health Grant and are of significance to improvement of GM population outcomes. These headline standards have been chosen based on a judgement on how we can best meet the prescribed function and also achieve population health improvement for residents within Localities and across GM. For some areas there is a more detailed suite of standards available. These are currently in the areas of Sexual Health, Oral Health and tobacco. Further suites of standards for other areas are in production and will be added over time.

Prescribed Public Health functions	Common Standard	Guidance Measures or Metrics	Outcome Area	GM Outcomes Framework measure
Statutory Post	Each locality has an agreed arrangement for the statutory post of Director of Public Health	Each locality has a named Director of Public Health	All	n/a
Sexual health services - STI testing and treatment	To provide timely open access to STI advice and treatment services (in each locality)	To offer an appointment within 48 hours for 98% of people	Reduction of Sexually Transmitted Infections	New HIV diagnosis rate / 100,000 people aged 15+
	Provision of personalised risk reduction support and information for all who attend sexual health services and their partners	Advice and treatment pathway in place for patients and partners in place for all sexual health providers and localities	Reduction of Sexually Transmitted Infections	
Sexual health services - Contraception	Routine offer of an HIV test in high prevalence areas and a regular, targeted offer to those in high risk groups	Appropriate testing offer publicised	New HIV diagnosis rate / 100,000 people aged 15+, Eradication of HIV	Total Prescribed Long Acting reversible Contraception (LARC) (Excluding Injections)
	All under 18s within a locality are encouraged to access a sexual & reproductive health service or GP before engaging in sexual activity	Young Peoples Education and Promotion programme in place in each locality	Conception Rate per 1,000 (15-17 year olds)	
	Open access to specialised services for young people up to the age of 19	Specialist clinic session offered each week for young people in each locality	Reduction in Teenage Pregnancy and Reduction in Abortion rates under 25s	
	All women (15-44 years old) are fully informed about and, if clinically appropriate, encouraged to use LARC as their form of contraception	LARC Rate per 1,000 (15-44 year olds)	Reduction in unwanted pregnancy	
NHS Health Check programme	For all women having a LARC removed and requiring contraception to have immediate access to an alternative, reliable method of contraception	Service audit in place	Reduction in unwanted pregnancy	Under 75 mortality rate from CVD considered preventable
	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	% Offer and Uptake of eligible population of NHS Health Checks	Reduction in CVD premature mortality rates	
Health Protection	All identified at high risk to receive the advice and support to manage that risk	Local data collection or description of service offer	Reduction in CVD premature mortality rates	MMR vaccination rate
	Locality provision of community infection prevention and control service for proactive management, advice and response across social care, education and other community settings	Evidence of infection prevention and control service - audits completed, campaigns and initiatives, outbreak response, AMR plans	Reduction in communicable and infectious diseases	
	Local arrangements and plans to achieve good uptake of NHS immunisation programmes	Local seasonal flu plan, including approaches to achieve targets of flu vaccine in over 65s, clinical risk groups and children	75% Flu Vaccination Uptake [NOTE suggest focus on clinical risk groups or children]	
Public Health advice to NHS Commissioners	Across GM and in each Locality there will be a robust Outbreak Plan and response for health protection incidents and emergencies	Agreed and exercised outbreak plan in place in each locality with arrangements to identify, implement and share lessons learnt	Reduction in communicable and infectious diseases	n/a
	Public Health specialist advice and support is available to NHS Commissioners, integrated commissioners and care organisations in all Localities and at a GM level	Memorandum of Understanding or programme of work agreed	All	
National Child Measurement Programme	Completion of the National Child Measurement Programme in every Locality with above average uptake	Good uptake of the programme in every Locality	Prevalence of overweight and obese as measured by NCMP part of GM and Local	Prevalence of overweight children (including obese) as measured by NCMP
	Each Locality has a documented service offer for children and families identified as being overweight, obese or underweight identified through the NCMP	Service offer for children and families publicised in each area	Reductions in levels of obesity and overweight children in reception and Year 6	
Prescribed Children's 0-5 services	Commissioning and delivery of the national 0-5 Healthy Child Programme in line with agreed targets	Number of mothers who receive an antenatal contact with the service at 28 weeks or above	Early years outcomes	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
		95% of births that receive a face to face New Birth Visit within 14 days by a health visitor	Early years outcomes	
		95% of babies who receive a 6-8 week review.	Early years outcomes	
		95% of children who receive a 8-12 month review by the time they turned 12 months old	Early years outcomes	
		95% of children who received a 2-2.5 year review (stage 5).	Early years outcomes	
<b>Headline services (non-prescribed functions)</b>	<b>Common Standard</b>	<b>Guidance Measures or Metrics</b>	<b>Outcome Area</b>	<b>GM Outcomes Framework measure</b>
*Drugs 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	% of opiate / non-opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months % of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months	Reduced drug related harm and deaths Reduction in harm caused by alcohol including alcohol related hospital admissions	Alcohol-related hospital admissions (narrow definition)
*Tobacco	All pregnant women who smoke are referred to services which can help them to stop smoking during their pregnancy	Number of mothers who quit smoking during pregnancy	Smoking at time of delivery rates (SATOD) reduce (N.B. target 6% by 2021 for GM).	% of women who smoke at time of delivery
	Publicised arrangements are in place for smokers to access pharmacotherapy and motivational support in all areas (Including advice about nicotine inhaling products)	Numbers accessing smoking cessation services in each locality	Adult Smoking prevalence rates reduce (N.B. target 13% by 2021 for GM). % of smokers helped to quit through local stop smoking services.	Smoking prevalence in adults - current smokers (APS)
*Oral Health	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.	Local oral health plan and services in place in each locality	Proportion of 5 year old children free from dental decay	Proportion of 5 year old children free from dental decay
*Mental Health	All Localities will support the GM Suicide Prevention Strategy and we will have a GM and Locality suicide prevention action plans in place.	Local suicide action plan in place that is in line with the GM plan	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	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.	Local plan in place that aligns with #GMMoving	% of physically active adults (<150 minutes per week)	% of GM population who are Active or Fairly Active
			% of physically inactive adults (>30 minutes per week)	% of physically inactive adults (>30 minutes per week)
* Non-prescribed functions				

**Appendix 3 – GM Common Standards: Tobacco**

GM Outcome Based Common Standard: Tobacco Control			
<b>GM Shared Vision:</b>			
<p>2017 saw the launch of the government’s new tobacco control strategy for England, “Towards a Smokefree Generation” which expresses a 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 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 causes of smoking and tobacco related harm. This model is based on the World Health Organisation Tobacco Control Framework. Smoking rates have reduced across Greater Manchester in recent years, but we now need to make change at scale and pace if we are to meet national and GM targets. We must ensure that good practice is applied consistently in all areas of GM and try new programmes, particularly in NHS settings, such as secondary care. By applying GM Power across the conurbation in evidence based, but innovative ways, we aim to cut smoking rates across Greater Manchester by one third by 2021. The common standards for tobacco control are challenging, will require change and make the agenda the responsibility of GM Health and Social Care, local authorities, Clinical Commissioning Groups, Acute Trusts, NHS providers and partners.</p>			
<b>GM Common Standards:</b>			
<b>Strategic Outcome: Improving the Health of the GM Population and Reducing Health Inequalities across GM</b>			
<b>"I" Statement: " I will live a long and healthy life in Greater Manchester"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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.	n/a
<b>Strategic Outcome: Start Well - Give every GM child the best start in life</b>			
<b>"I" Statement: " I will make sure that every GM child will has the best start in life and will develop well"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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	% of women who smoke at time of delivery
	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	Smoking prevalence rates aged 15 years	Smoking prevalence in adults - current smokers (APS)
		Adult Smoking prevalence rates reduce (N.B. target 13% by 2021 for GM).	
		Numbers of smoking related accidental dwelling fires, injuries and deaths recorded by GMFRS	
<b>Strategic Outcome: Live Well - Ensure every GM resident is enabled to fulfil their potential</b>			
<b>"I" Statement: "I will maintain good health and wellbeing and will have good and equitable access to information, support and services"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
All smokers in GM understand the risks of smoking and tobacco related harm	Each area in GM will adopt a Making Every Contact Count approach: all front line staff are able to talk about the risks associated with smoking. (NB. suggest front line NHS staff, Housing Officers, Social Care Professionals)	Numbers of staff trained per year to talk about smoking (type of training to be determined locally)	Smoking prevalence in adults - current smokers (APS)
		% of designated frontline 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)	Adult smoking prevalence rates	Smoking prevalence in adults - current smokers (APS)
		% of smokers helped to quit through local stop smoking services.	
Tobacco Control measures (including smoking cessation 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	Smoking prevalence in adults in routine and manual occupations - current smokers
		Adult smoking prevalence rates	Smoking prevalence in adults - current smokers (APS)
		Smoking at time of delivery (SATOD)	% of women who smoke at time of delivery
		• NB. No measures routinely available for measuring in other groups which is something that may need to be looked at in due course.	n/a
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. The “CURE” programme is an example of an appropriate model .	Adult smoking prevalence	Mortality rate from causes consider preventable
		Smoking related hospital admissions	
<b>Strategic Outcome: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible</b>			
<b>"I" Statement: "I will be able to be safe and independent for as long as possible"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
People who have conditions caused by or exacerbated by smoking will be supported to stop smoking	All people aged 50 and over who have a smoking related or smoking exacerbated chronic condition will be offered evidence based support to stop smoking.	Smoking related conditions for people aged 50 and over.	Smoking prevalence in adults - current smokers (APS)
All smokers aged 50 and over 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, irrespective of age, who are admitted to hospital, will receive appropriate pharmacotherapy and motivational support as inpatients and on-going support on discharge. (the "CURE" programme is an example of an appropriate model .	Smoking related hospital admissions for people aged 50 and over	
<b>Strategic Outcome: Enabling resilient and thriving communities and neighbourhoods</b>			
<b>"I" Statement: "I will live, work and play in a strong and thriving community and neighbourhood"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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	n/a
		Numbers of intelligence lead inspections and test purchases	
Fewer smoking related accidental dwelling fires means that GM homes and residents are safer	All areas will work towards making all GM homes smoke free	Numbers of smoking related accidental dwelling fires, injuries and deaths recorded by GMFRS	n/a
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 will be implemented in full	n/a
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	n/a
A smoke free Public Sector	All public organisations’ sites and grounds are supported to be smoke free	% compliance rates	n/a
<b>Additional relevant guidance for commissioners and providers (i.e NICE Guidance; National Strategy; GM Strategy; Associated GM Common Standards)</b>			
Name	Link		
Towards a smoke free generation: tobacco control plan for england	<a href="https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england">https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england</a>		
Making Smoking History: A Tobacco Free Greater Manchester	<a href="http://www.gmhsc.org.uk/assets/Tobacco-Free-Greater-Manchester-Strategy.pdf">www.gmhsc.org.uk/assets/Tobacco-Free-Greater-Manchester-Strategy.pdf</a>		
Smoking:stopping in pregnancy and after childbirth/NICE guidance, ph26	<a href="https://www.nice.org.uk/guidance/ph26">https://www.nice.org.uk/guidance/ph26</a>		
Smoking:supporting people to stop (new guidance pending).	<a href="https://www.nice.org.uk/guidance/ph43">https://www.nice.org.uk/guidance/ph43</a>		
Smoking: acute, maternity and mental health services	<a href="https://www.nice.org.uk/guidance/ph48">https://www.nice.org.uk/guidance/ph48</a>		
Greater Manchester Fire and Rescue Service - Fire Safety at Home	<a href="http://www.manchesterfire.gov.uk/media/4554/working-in-partnership-preventing-fires-and-improving-health-and-wellbeing.docx">http://www.manchesterfire.gov.uk/media/4554/working-in-partnership-preventing-fires-and-improving-health-and-wellbeing.docx</a>		
NCSCCT-National Centre for Smoking Cessation and Training	<a href="http://www.ncsct.co.uk">www.ncsct.co.uk</a>		

**Appendix 4 – GM Common Standards: Oral Health**

GM Outcome Based Common Standard: ORAL HEALTH			
GM Shared Vision:			
<p>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 dental health standards below:</p> <ul style="list-style-type: none"> <li>- Improving access to general dental services</li> <li>- Improving cancer survival rates and earlier diagnosis</li> <li>- Ensuring a proactive approach to health improvement and early detection</li> <li>- Improving outcomes for people with long-term conditions</li> <li>- Improving outcomes in childhood oral health</li> <li>- Proactive disease management to improve outcomes</li> </ul> <p>Our strategic priorities are as follows:</p> <ol style="list-style-type: none"> <li>1. Everyone can eat speak and socialise without the pain or discomfort of dental disease.</li> <li>2. People can access dental care when needed.</li> <li>3. Differences in oral health between individuals and groups across GM are reduced.</li> </ol> <p>This 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:</p> <ul style="list-style-type: none"> <li>• Review current practice against these standards</li> <li>• Identify gaps in the evidence and the implementation of these standards</li> <li>• Develop actions to address these gaps and provide evidence and feed this into the development of local plans and the GM oral health strategy.</li> <li>• Agree a small number of KPIs to feed into the performance framework for Local Care Organisations.</li> </ul>			
GM Common Standards:			
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	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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.	n/a
Strategic Outcome: Start Well - Give every GM child the best start in life			
"I" Statement: "I will make sure that every GM child can grow up able to eat speak and smile free from pain and distress of dental disease."			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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	Proportion of 5 year old children free from dental decay
	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	
Strategic Outcome: Live Well - Ensure every GM resident is enabled to fulfil their potential			
"I" Statement: "I will maintain good oral health and access dental care"			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
Services improve health and wellbeing	Healthy Living Dental practices are delivering a health and wellbeing offer	Number of healthy living dental practices	n/a
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.	
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 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	Standard	Method of Measuring Impact	GM Outcomes Framework measure
Older people have the proactive prevention and support that they need to maintain good oral health and wellbeing as they age. Any increased health needs are proactively managed to prevent pain, difficulty eating, malnutrition and maintain dignity	All services incorporate oral health into the assessment, treatment planning and care for all older adults to improve wellbeing and reduce need for treatment.	% adult care plans that include mouth care plan	n/a
		% people diagnosed with dementia with mouth care plan	
	Dental services ensure that people aged 50+ and with long term conditions receive robust assessment, treatment planning, prevention and treatment to minimise the risk of future treatment need.	% care home providers with meeting commissioning oral health for vulnerable older people guidance (policy, training, plans in place )	
		Number of practices that have achieved dementia friendly status.	
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	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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	n/a
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	
Additional relevant guidance for commissioners and providers (i.e NICE Guidance; National Strategy; GM Strategy; Associated GM Common Standards)			
Name	Link		
PHE Guidance: Commissioning Better Oral Health	<a href="https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities">https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities</a>		
PHE Guidance: Delivering Better Oral Health	<a href="https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention">https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention</a>		
Healthy Child programme	<a href="https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life">https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life</a>		
PHE guidance Commissioning better oral health for vulnerable older people	To be published 2018		
NICE guidance NG48: Oral health in Care home residents	<a href="https://www.nice.org.uk/guidance/ng48">https://www.nice.org.uk/guidance/ng48</a>		
NICE guidance NG 30: Oral health Promotion: General Dental Practice.	<a href="https://www.nice.org.uk/guidance/ng30">https://www.nice.org.uk/guidance/ng30</a>		
NICE guidance PH 55: Oral Health: Local authorities and partners	<a href="https://www.nice.org.uk/guidance/ph55">https://www.nice.org.uk/guidance/ph55</a>		
Mouth Care Matters	<a href="http://www.mouthcarematters.nhs.uk">www.mouthcarematters.nhs.uk</a>		
GM Toolkit: Healthy Living Dentistry toolkit	[Link to be inserted]		
GM Toolkit: Medical Histories do Matter	[Link to be inserted]		
GM Toolkit: Baby Teeth do Matter	[Link to be inserted]		

# Appendix 5 – GM Common Standards: Sexual & Reproductive Health

GM Outcome Based Common Standard: Sexual and Reproductive Health			
<b>GM Shared Vision:</b>			
<p>Poor sexual and reproductive health, including the ongoing transmission of HIV, has major impacts on Greater Manchester residents, and despite the progress made, there are still high rates of HIV and STIs in the conurbation. Continuing challenges include the rising rates of some sexually transmitted infections, the continuing transmission of HIV and continuing inequalities in outcomes. Almost half all HIV diagnoses in GM are late, which lead to poorer outcomes for the individual and increased risk of onward transmission. Further demands on services are anticipated with the potential introduction of pre-exposure prophylaxis (PrEP) and immediate initiation of anti-retroviral therapy (ART). The vision for Greater Manchester is that:</p> <ul style="list-style-type: none"> <li>• all residents have the knowledge, skills and confidence to make informed choices about their sexual health, reproduction and relationships;</li> <li>• sexual and reproductive health services are accessible, sensitive and appropriate for all;</li> <li>• improved outcomes in sexual and reproductive health, bringing Greater Manchester to among the best in the country;</li> <li>• working together to eradicate HIV in a generation</li> </ul> <p>Our ambition is for a holistic system to ensure good sexual and reproductive health for all Greater Manchester residents with clear pathways, common standards and expectations set within it enabling people to access what they need, at a consistently high quality, when and where they need it. In addition, the aim to help people be more open about their sexual and reproductive health and reduce the stigma associated with poor sexual health outcomes. These reforms of the system aim to have the following impacts on the region:</p> <ul style="list-style-type: none"> <li>• GM population will be able to exercise personal choice and self-management regarding sexuality, sexual health and contraception.</li> <li>• Significantly reduced prevalence of STIs &amp; HIV in GM, particularly amongst targeted, higher risk communities.</li> <li>• Ensure that we are prepared for emerging challenges in sexual health including multidrug resistant gonorrhoea.</li> <li>• Improved health and life expectancy for people living with HIV within GM, thus improving the quality of life for people living with HIV and reducing the cost to the sub-region's health and social care system.</li> <li>• Maintain open access to sexual and reproductive health services, giving people the choice of where to attend.</li> <li>• Agreed standards across the system to ensure that no matter where people gain access to the system, they are able to obtain the right, high quality care.</li> <li>• Deliver a more consistent primary care offer, especially for reproductive health.</li> </ul>			
<b>GM Common Standards:</b>			
<b>Strategic Outcome: Improving the Health of the GM Population and Reducing Health Inequalities across GM</b>			
<b>"I" Statement: "I will live a long and healthy life in Greater Manchester"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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.	n/a
<b>Strategic Outcome: Start Well - Give every GM child the best start in life</b>			
<b>"I" Statement: "I will make sure that every GM child will have the best start in life and will develop well"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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	New HIV diagnosis rate / 100,000 people aged 15+
<b>Strategic Outcome: Live Well - Ensure every GM resident is enabled to fulfil their potential</b>			
<b>"I" Statement: "I will receive an appropriate, non-judgemental service by suitable trained staff"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
Positive patient experience Patient supported following an HIV diagnosis Delivering a responsive service	Inclusion of questions around sexual & reproductive health in all annual patient surveys (surveys, focus groups)	Patient survey	n/a
<b>"I" Statement: "I will have swift access to the service(s) I need"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
48 hour access to STI treatment and advice for symptomatic patients	100% offer within 48 hours	Clinic data	New GM measure
Improve cervical cancer screening uptake	80% of women uptake cervical screening	NHS England uptake data	n/a
<b>"I" Statement: "I will be offered choice and support to make an informed decision regarding contraception"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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)	Total Prescribed Long Acting reversible Contraception (LARC) (Excluding Injections)
	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 specialist clinic sessions per week for young people available across Greater Manchester	
Increase in uptake of long acting reversible contraception (LARC)	All young people to have access to school based drop-in sessions	School nurse drop-in sessions available in every secondary school	
	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)	
<b>"I" Statement: "I will have access to the testing and treatment I need"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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	New HIV diagnosis rate / 100,000 people aged 15+
Improve Chlamydia detection rate	Evidence of training re Blood Born Viruses for Primary Care every 3 years	Training to GPs/Pharmacies for advice and onward referral	
Reduction in the prevalence of STIs and onward transmission	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	New GM measure
	Improved digital offer including self-assessment of risk, campaigns	Number of new diagnoses and rate per 100,000 residents	
<b>"I" Statement: "I will be given information and advice about reducing my personal risk of sexual health issues"</b>			
Outcome	Standard	Method of Measuring Impact	GM Outcomes Framework measure
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	Total Prescribed Long Acting reversible Contraception (LARC) (Excluding Injections)
Reduction in repeat STIs	Provision of personalise risk reduction support and information	% reinfected within 12 months	New GM measure
<b>Additional relevant guidance for commissioners and providers (i.e NICE Guidance; National Strategy; GM Strategy; Associated GM Common Standards)</b>			
Name	Link		
NICE Guidance - Sexually transmitted infections and under-18 conceptions: prevention [PH3]	<a href="https://www.nice.org.uk/guidance/ph3">https://www.nice.org.uk/guidance/ph3</a>		
NICE Guidance - HIV testing: increasing uptake among people who may have undiagnosed HIV [NG60]	<a href="https://www.nice.org.uk/guidance/ng60">https://www.nice.org.uk/guidance/ng60</a>		
NICE Guidance - Sexually transmitted infections: condom distribution schemes [NG68]	<a href="https://www.nice.org.uk/guidance/ng68">https://www.nice.org.uk/guidance/ng68</a>		
NICE Guidance - Harmful sexual behaviour among children and young people [NG55]	<a href="https://www.nice.org.uk/guidance/ng55">https://www.nice.org.uk/guidance/ng55</a>		
NICE Guidance - Contraceptive services for under 25s [PH51]	<a href="https://pathways.nice.org.uk/pathways/contraceptive-services-for-under-25s">https://pathways.nice.org.uk/pathways/contraceptive-services-for-under-25s</a>		
NICE Quality Standards - HIV testing: encouraging uptake Quality standard [QS157]	<a href="https://www.nice.org.uk/guidance/qs157">https://www.nice.org.uk/guidance/qs157</a>		
NICE Quality Standards - Contraception Quality standard [QS129]	<a href="https://www.nice.org.uk/guidance/qs129">https://www.nice.org.uk/guidance/qs129</a>		
NICE Pathways - Preventing sexually transmitted infections and under-18 conceptions overview	<a href="https://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions">https://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions</a>		
NICE Pathways - HIV testing and prevention overview	<a href="https://pathways.nice.org.uk/pathways/hiv-testing-and-prevention">https://pathways.nice.org.uk/pathways/hiv-testing-and-prevention</a>		
NICE Guidance - Long Acting Reversible Contraception [CG30]	<a href="https://www.nice.org.uk/guidance/cg30">https://www.nice.org.uk/guidance/cg30</a>		
BHIVA guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals (2016)	<a href="http://www.bhiva.org/guidelines.aspx">http://www.bhiva.org/guidelines.aspx</a>		
BHIVA guidelines for the management of HIV infection in pregnant women 2012 (2014 interim review)	<a href="http://www.bhiva.org/pregnancy-guidelines.aspx">http://www.bhiva.org/pregnancy-guidelines.aspx</a>		
National Guideline for the use of HIV Post-Exposure Prophylaxis Following Sexual Exposure (PEPSE)	<a href="http://www.bhiva.org/PEPSE-guidelines.aspx">http://www.bhiva.org/PEPSE-guidelines.aspx</a>		
Greater Manchester Sexual & Reproductive Health Strategy		tbc	
RCGP - Sexually Transmitted Infections in Primary Care	<a href="http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/sexually-transmitted-infections-in-primary-care.aspx">http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/sexually-transmitted-infections-in-primary-care.aspx</a>		
Faculty of Sexual & Reproductive Health - Contraception Guidelines	<a href="https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/">https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/</a>		
Faculty of Sexual & Reproductive Health - Management of SRH Issues Guidelines	<a href="https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/management-of-srh-issues/">https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/management-of-srh-issues/</a>		
NHS Cervical Screening Programme (CSP)	<a href="https://www.gov.uk/topic/population-screening-programmes/cervical">https://www.gov.uk/topic/population-screening-programmes/cervical</a>		
NICE Guidance - Antenatal care for uncomplicated pregnancies [CG62]	<a href="https://www.nice.org.uk/guidance/cg62/1fp/chapter/screening-and-tests">https://www.nice.org.uk/guidance/cg62/1fp/chapter/screening-and-tests</a>		