



## TRAFFORD COUNCIL

# AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH AND WELLBEING BOARD

Date: Friday, 29 January 2021

Time: 10.00 a.m.

Place: Virtual Meeting

The meeting will be streamed live at

<https://www.youtube.com/channel/UCjwbIOW5x0NSe38sgFU8bKg>

AGENDA	PART I	Pages
7.	<b>REFRESHING THE HEALTH AND WELLBEING BOARD STRATEGY IN THE LIGHT OF:</b>	1 - 2

To receive a report from the Director of Public Health.

**SARA TODD**  
Chief Executive

### Membership of the Committee

Councillors S. Johnston (Vice-Chair), J. E. Brophy, Miss L. Blackburn, J. Harding, C. Hynes, J. Slater (Chair), M. Bailey, C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble, E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, Rooney, J. Wareing, Hemingway, S. Donnellan, D. Evans, M. Hill, Pritchard, A. Seabourne, J. McGregor, M. Gallagher and Coulton.

### Further Information

For help, advice and information about this meeting please contact:

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## Health and Wellbeing Board - Friday, 29 January 2021

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This agenda was issued on **Thursday, 21 January 2021** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

### WEBCASTING

This meeting will be filmed for live and / or subsequent broadcast on the Council's or YouTube channel <https://www.youtube.com/channel/UCjwblOW5x0NSe38sgFU8bKg>. The whole of the meeting will be filmed, except where there are confidential or exempt items.

If you make a representation to the meeting you will be deemed to have consented to being filmed. If you do not wish to have your image captured or if you have any queries regarding webcasting of meetings, please contact the Democratic Services Officer on the above contact number or email [democratic.services@trafford.gov.uk](mailto:democratic.services@trafford.gov.uk)

**Implementing Trafford's Health and Wellbeing Strategy –  
Learning from Covid and Increasing the Impact of the Health and Wellbeing Board**

Trafford's Health and Wellbeing Strategy was refreshed in 2019, and has reducing Trafford's internal inequalities in healthy life expectancy as its core goal.

In order to achieve this, we have been focussing on the following key areas:

- Healthy weight
- Alcohol misuse
- Reducing smoking rates, especially in routine and manual workers and in people with serious mental illness
- Reducing physical inactivity
- Reducing the impact of mental illness
- Clean air
- Climate change mitigation and sustainability

Over the last year, we have all been immersed in our response to Covid 19, and this has led to very rapid changes in the way we live and the way that services are delivered. Many of these changes have been difficult, and many have led to increased inequality and poor outcomes for population groups and for individuals. Some of the changes, however, have pushed us in directions that we were already considering and not everything should or could revert to 'pre-covid' times.

Overall, Covid has highlighted many things that we already knew: that poverty and inequality kill; that structural racism leaves many of our BAME population at higher risk; and that the recurrent preoccupations of Public Health (for example, clean air, maintaining a healthy weight and blood pressure, and having good mental health) are paramount for individual resilience. Perhaps most critically, Covid has highlighted the importance of good health for the delivery of a functioning society and economy. We have the evidence for the benefits of a properly funded health and social care system, good employment and housing options, and we have demonstrated why population health matters, and the role of the wider determinants of health within this.

We are now moving into a new set of arrangements with changes to NHS commissioning and the potential further integration of council and NHS services. The emergence of our Local Care Alliance(LCA) gives opportunities for us to build on the existing Integrated Care work, with its emphasis on the relationships between providers, with collaboration and cooperation rather than competition at its heart.

This gives us the opportunity to embed the goals of the Health and Wellbeing Board at the heart of the emerging System Board and of the LCA delivery plans. By working with the LCA to establish a shared performance framework and data dashboard, we can use the HWBB to track the outcomes for our key population groups and ensure that we put sufficient resources into narrowing the gaps in outcomes: whether linked to deprivation, ethnicity, disability, mental health or other measures.

As a separate but related activity, we need to continue to identify how the wider determinants of health such as employment, education, housing and the physical environment are affecting the health of our population. We can then use the wider partnership structures in Trafford to ensure that we address any systemic issues causing poor health or inequalities in these sectors.

The HWBB is asked to endorse this way of working, and to work with the LCA and the new System Board to develop the required performance and delivery framework.

