



TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD

Date: Friday, 16 October 2020

Time: 10.00 a.m.

Place: Virtual Meeting

The meeting will be streamed live at

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

A G E N D A	PART I	Pages
1. ATTENDANCES		
To note attendances, including officers, and any apologies for absence.		
2. MINUTES		To Follow
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 14 August 2020.		
3. DECLARATIONS OF INTEREST		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4. URGENT BUSINESS (IF ANY)		
Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.		
5. QUESTIONS FROM THE PUBLIC		
A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4 p.m. on the working day prior to the meeting. Questions must be relevant to the remit of the Board and will be submitted in the order in which they were received.		

6. **COVID 19 OUTBREAK PLAN** 1 - 18
To receive a report and presentation from the director of Public Health.
7. **PUBLIC ENGAGEMENT BOARD** 19 - 26
To receive a report from the Director of Public Health.
8. **LOCAL CARE ALLIANCE: HEALTH AND SOCIAL CARE RECOVERY AND REFORM**
- (a) Recovery and Reform: Strategic Design Group Highlight Report. To Follow
 - (b) Measurement Framework Presentation To Follow
 - (c) Communications and Engagement Strategy Report To Follow
9. **UPDATE ON THE STRATEGIC OBJECTIVES AND CURRENT OUTCOMES FOR THE HEALTH AND WELLBEING BOARD** 27 - 44
To receive a presentation from the Director of Public Health.
10. **CDOP REPORT** To Follow
To receive a report from the Consultant in Public Health.
11. **#FUTURETRAFFORD CAMPAIGN** To Follow
To receive a presentation.
12. **EXCLUSION RESOLUTION (REMAINING ITEMS)**
Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of “exempt information” which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD
Chief Executive

Membership of the Committee

Health and Wellbeing Board - Friday, 16 October 2020

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, 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:

Alexander Murray, Governance Officer,
Tel: 0161 912 4250
Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Thursday, 8 October 2020** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

WEBCASTING

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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

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Report to: The Health & Wellbeing Board

Date: 08/10/2020

Report of: COVID-19 Programme Team

CLT Lead: Eleanor Roaf, Director Public Health Trafford

Report Title: Update paper to The Health & Wellbeing Board on COVID-19 Programme in Trafford

Report Summary:

This report outlines the progress made in the recent period in the local response to the COVID-19 pandemic. The paper outlines key activities within each work programme including testing, track and trace, data and intelligence, community engagement and PPE/infection control.

Recommendations

1. Note the content of this report by way of an update on the COVID-19 situation in Trafford
2. Consider ways in which members of the Board can support the COVID-19 team in managing the local situation including engagement opportunities to reinforce messaging and good COVID-19 practice.

Contact Officer:

Name: Laura Hobbs, Programme Lead for COVID-19

Tel: 07973 639238

Email: laura.hobbs@trafford.gov.uk

1.0 Headline Data

- 1.1 Rates of infection have been increasing significantly over the past weeks.
- 1.2 We are now seeing over 100 new cases every day in Trafford.
- 1.3 There were 743 confirmed cases during the week 30th September – 6th October which is equivalent to 313 cases per 100,000 residents. There may be further cases to be added due to data delays with reporting of results. This is a sharp increase over the previous week (23rd-29th September), when we had 394 confirmed cases, and a rate of 163.7/100,000.
- 1.4 The highest number of daily cases during the past week were reported on Thursday 01 October with 142 cases.
- 1.5 Whilst Trafford have the sixth highest incidence per 100,000 population within GM local authorities, and all of our wards (bar one) have an incidence of over 100/100,000
- 1.6 The highest incidence rate is in our 17-21 year olds, and within that the 18/19 year olds stand out. Overall rates are highest in the working age population but the incidence in people aged 60 and over is 97.7/100,000. This impact of Covid-19 is likely to be greatest in this age group.
- 1.7 Performance monitoring against PHE intelligence exceedance data (network triggers) continues with ongoing exploration of demographics (e.g. younger people) to understand patterns and causes to feed into our 10 point action plan.
- 1.8 Full data and intelligence briefing is provided in Appendix A.

2.0 Testing in Trafford

- 2.1 The availability of increased testing has demonstrated the prevalence of COVID-19 in the Trafford community which have risen significantly since the easing of lockdown restrictions. The known infection rate is higher now than at the time of the last lockdown decision in March 2020.
- 2.2 Over a 14 day period until Monday 05 October, the majority (83.3%) of COVID tests were conducted in our pillar 2 sites, consisting of all out-of-hospital testing sites.
- 2.3 The positivity rate for testing current stands at 13.2%.
- 2.4 The National Testing Programme is continuing to experience exceptionally high demand, although the situation is improving from previous weeks.
- 2.5 Home Testing Kits continue to be available and the closest Local Testing Site is usually provided as an option to individuals seeking a test. There still appear to be an issue with accessing drive-through sites, with the closest site rarely appearing as an option when booking a test.
- 2.6 Testing sites in Trafford Park and Partington have been operational for a number of weeks and are well used. The team are exploring mobilising a third local testing site due to the increase in cases in Trafford.

- 2.7 The Mobile Testing Site will be in place during October at Trafford House but has been redeployed for a number of dates to other areas in GM where rates are higher.
- 2.8 Redeployment of testing sites to other areas could act to skew infection rate data if fewer cases are being identified due to reduced testing capacity.
- 2.9 The recruitment of a business as usual swabbing team is ongoing. As well as outbreaks, work is ongoing to understand how the swabbing team can support in the testing of priority groups.
- 2.10 Supported Living & Extra Care Social Care Team are part of a GM testing pilot. Many settings have begun to order kits as part of this.

3.0 Personal protective equipment (PPE)

- 3.1 The stock position at New Smithfield Market (Manchester and Trafford PPE warehouse) for all PPE lines are within healthy parameters.
- 3.2 National supply lines for PPE are recovering and PPE is being manufactured in the UK reducing the risk of overseas freight, customs and imports issues we previously experienced and minimising the potential implications of Brexit.
- 3.3 The Department of Health & Social Care have now published their [PPE strategy: stabilise and build resilience](#). This report sets out the government's strategy for preparing for a second wave of COVID-19 or concurrent pandemic in England alongside seasonal winter pressures and covers the supply and logistics for distribution of PPE.
- 3.4 Central to the strategy is the mobilisation of the national PPE portal which can be used by all adult social care residential care homes, domiciliary care providers, children's social care settings, GPs, community pharmacies, dentists and optometrists in England.
- 3.5 The portal is intended to meet all COVID-19 needs for free.
- 3.6 LRF drops from the DHSC are received for 3rd sector organisations not supported by the portal – these are distributed through the mutual aid hub.
- 3.7 The portal product range is continually being expanded and weekly provider order limits increased based on modelled demand. The mobilisation of this portal forms a critical dependence of the scale and scope of the Trafford and Manchester Mutual Aid Hub.
- 3.8 A GM PPE strategy continues to evolve and shape in response to the national plans and provides a key foundation to support local transitional arrangements.
- 3.9 GM have secured two models of FFP3 masks Trafford can use for medium term to reduce reliance on a single model until a national supply chain is secured and these are available via the portal. A third model manufactured in Preston has failed local quality assurance checks by our Health & Safety team. Supply is reported from GM to be stable but we do not have the same levels of stockpile as other items.
- 3.10 The online PPE order form is live for providers to submit PPE requests, simplifying the ordering process and reducing resource requirements. Feedback has been positive.

3.11 PPE for winter flu will be access via the national portal but the team have secured additional supplies via GM to ensure locality resilience.

4.0 Contact tracing

4.1 Local contact tracing was initiated on the 9th September 2020.

4.2 System issues are currently impacting the robustness of activity but are rapidly being addressed where possible:

- There are systemic problems with the timely release of National data to localities hampering local contact tracing efforts, resulting in the possible spread of the infection as contacts cannot be traced within the incubation period.
- There are quality issues with the data being released, requiring dedicated capacity for data mining and prioritisation logic to be applied before it can be released to the contact tracing team
- The volume of activity (caseloads) is increasing and processes for managing activity is being rapidly developed to cope with the pace and scope of work

4.3 Resource capacity for contact tracing is being increased (the Access Trafford team went live to support the core team on 07/10/2020) however mobilisation of this resource is currently impacted by:

- Availability of licences to access the national software system
- The requirement to undertake mandatory training courses
- The requirement for a 7 day operation
- The need to map surge capacity resources (41 persons – WTE unknown at current) and understand the impact on BAU commitments.
- The high volume of emails being received in the team for advice on infection control measures and potential positive cases in school settings.
- Slower than anticipated recruitment to the infection control lead, nurse and support officer via MFT.

4.4 There are opportunities for streamlining systems and processes to help build capacity and the team are working hard to identify efficiencies and intelligent solutions with colleagues.

4.5 A systemic model able to withstand the requirement for operational flexibility due to a second wave or national lockdown are actively being developed.

4.6 The SPOC team continue to support schools, local businesses and partner organisations to manage positive cases and outbreaks.

5.0 Community Engagement

- 5.1 To support the Public Engagement Board in its duty to communicate simple and clear preventative measures to our staff, residents and local employers, an improved system governance structure has been mobilised to deliver our system Community Engagement response.
- 5.2 A weekly Covid-19 Co-ordination Engagement Group has been established to support the work of the Board and co-ordinate the COVID-19 engagement response across the locality. This group will use local data and intelligence to update and lead the intensive 10 point action plan for engagement using localised networks for disseminating information and engaging with residents.
- 5.3 A weekly COVID-19 Enforcement group has also been mobilised to drive enforcement activity and ensure national legislation and local lockdown guidance is implemented in licenced premises, neighbourhoods and open space.
- 5.4 A virtual network has been established to ensure we have good system reach for key messages in hard to reach and other groups and disseminate key information to communities for wider circulation.
- 5.5 Key updates from these groups:
 - Officers from Licensing, GMP, Environmental Health and elected members have visited town centres to check current legislation is being adhered to and businesses, licensed premises, and residents understand what is required of them.
 - Where outbreaks have occurred officers are engaging with the business owners and managers. Further operations will be held in town centres to include evenings and weekend to monitor compliance with the regulations.
 - The Community Safety Team, Transport for Greater Manchester and GMP have undertaken a face covering compliance operations on public transport to ensure people are aware of the rules.
 - Work is ongoing to ensure business owners are clear on COVID secure workplace practice.
 - Reports of gatherings within residential premises have been attended by GMP and the Community Safety Team. A proportionate approach is taken but fixed penalties can and have been issued.
 - A joined-up approach between the council, GMP and the UK Border Control for reports of individuals or families in breach of the quarantine rules returning from certain countries is being progressed.
 - Officers of the council and GMP are working closely with event organisers to ensure regulations are adhered to and that any events can be delivered as safely as possible

- Localised networks developed to disseminate info to faith leaders, 'activists' and community organisations. Faith Leaders disseminate weekly stakeholder briefing to congregations.
- Urdu and Punjabi posters have been delivered around Old Trafford and Stretford
- 25,000 leaflets printed in Arabic, Gujarati and Urdu have been developed for distribution after afternoon prayers by Mosque Leads.
- Stakeholder briefings are now being circulated weekly by Trafford Business, Community Safety and Partnerships and Communities.
- Targeted work has been undertaken with education partners around safe return to school and there is ongoing engagement with schools and head teachers to ensure up to date messaging on websites etc is available.
- Free posters are being developed by the cabinet office in different languages for distribution around high prevalence areas or areas with high spread rates within Trafford.
- Ongoing communications work for staff and partners to reinforce messaging around restriction measures, local and national rules and good COVID-19 practice to ensure clarity of messaging.

Recommendations

3. Note the content of this report by way of an update on the COVID-19 situation in Trafford
4. Consider ways in which members of the Board can support the COVID-19 team in managing the local situation including engagement opportunities to reinforce messaging and good COVID-19 practice.

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COVID-19 Data Briefing

8th October 2020

Public Health Team

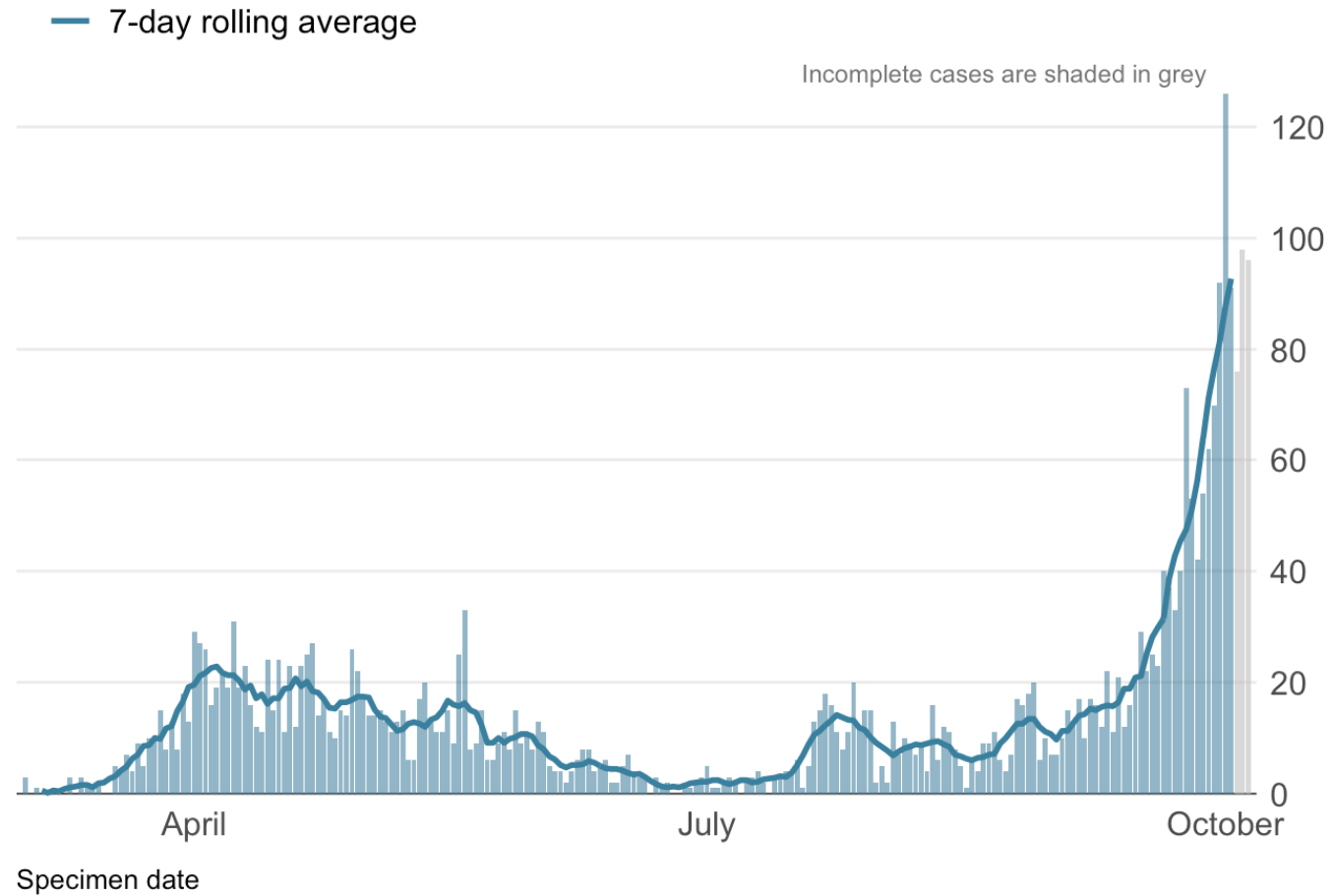
Last updated: 28 September
2020

Summary

- Trafford's incidence rate is now well over 200 per 100,000 population – all but one ward have rates over 100/100,000.
- October 1st recorded the highest number of daily cases in Trafford (142), with over 100 cases per day on average in the week 30th September -6th October.
- We have seen a further increase in incidence rates among the younger population (17-21 year olds), with especially high rates being identified in 18 and 19 year olds (>3000/100,000).
- The spread of cases continue to grow in Trafford's Northern and Southern wards, however, over the past week we have seen a rise in cases within more central wards, such as Ashton upon Mersey, St Mary's and Sale Moor.
- We have little evidence to suggest high transmission of cases within schools, as the majority of cases within the younger population sits within the 18, 19 and 20 year olds.
- Overall, we are seeing high rates of confirmed cases across the whole of Trafford and in all age groups, which will require all of our population to take steps to protect themselves and others

Trend

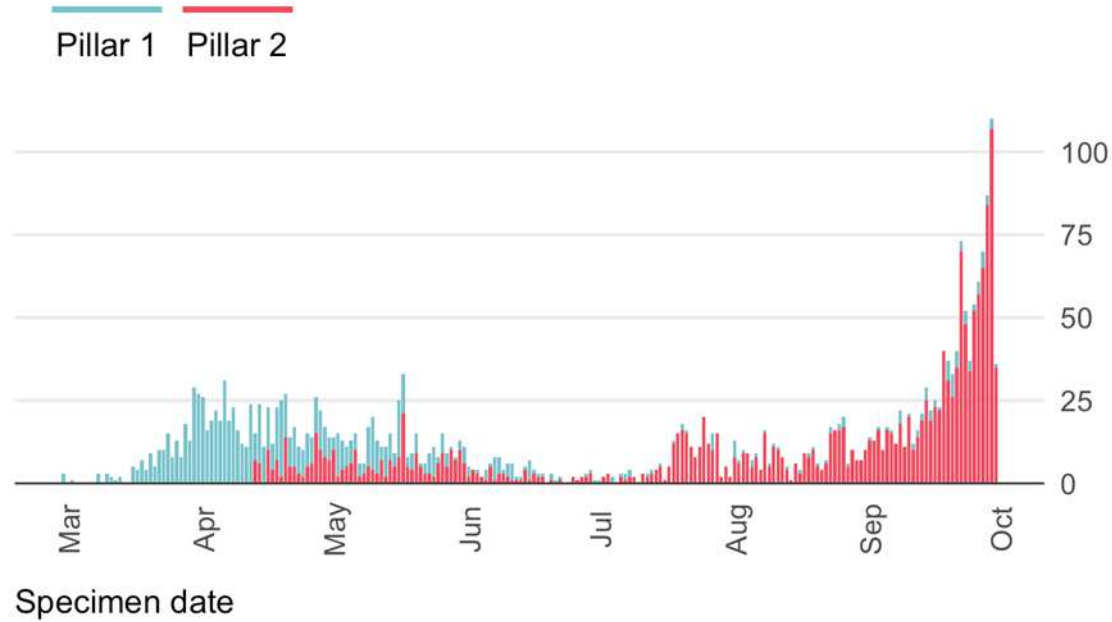
Epidemic curve of daily confirmed new cases
Trafford, 02 March to 05 October 2020



Pillars

Confirmed COVID-19 cases by testing pillar

Trafford, 02 March to 02 October 2020



Source: Public Health England

Triggers

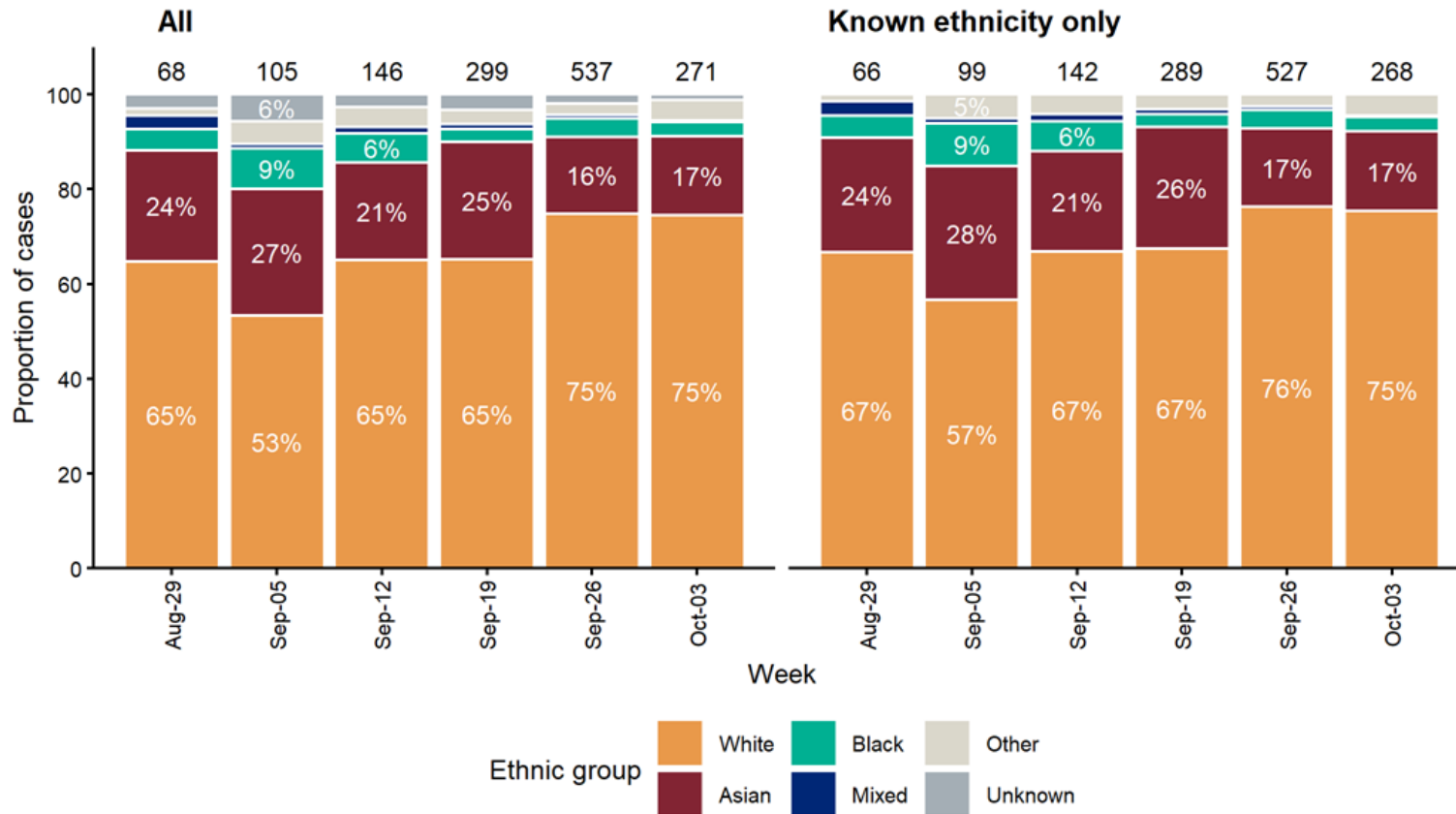
Trigger	Previous week 17 th – 23 rd September	Current week 26th September – 02 th October
Number of cases	210	580
Rate per 100,000	88.5	227.2
Test rate per 100,000 (7 day moving average)	196.1	212.6
Positivity rate	5.7%	15.3%
England average rate per 100/000	53.6 (16 th - 22 th)	120.3 (26/09- 02/10)
England average tests/100,000 (7 day moving average)	152.9	153.8
England average positivity	5%	10.3%

Ethnicity

Weekly distribution of ethnic groups among confirmed cases in Trafford, last 6 weeks

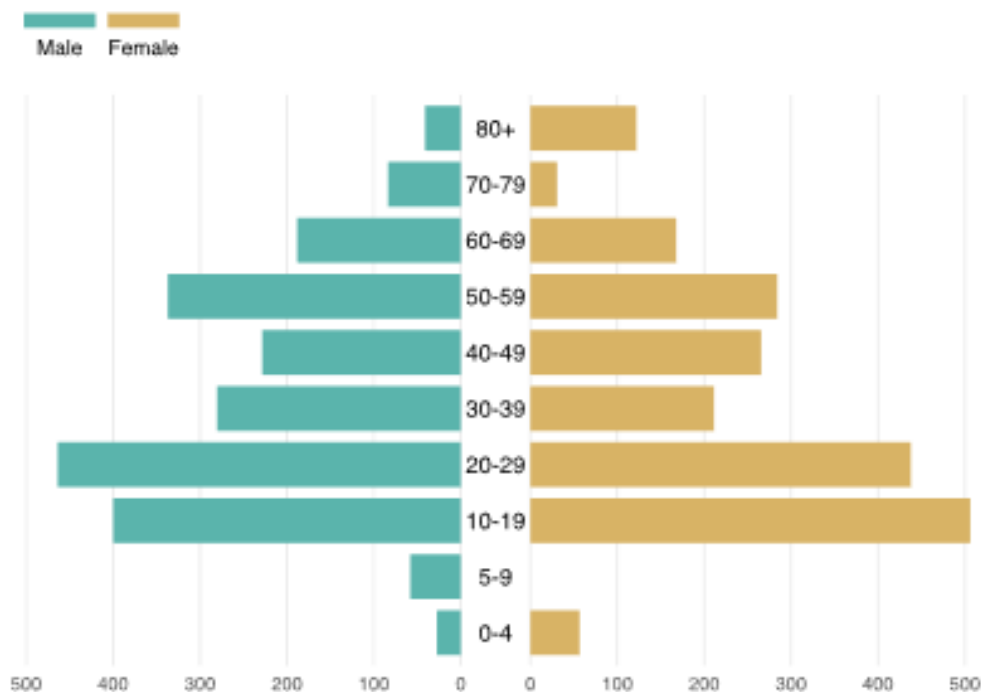
Most recent bar is 4 days subject to reporting delay, all other bars are complete 7 day periods.

Denominator printed on top of bars



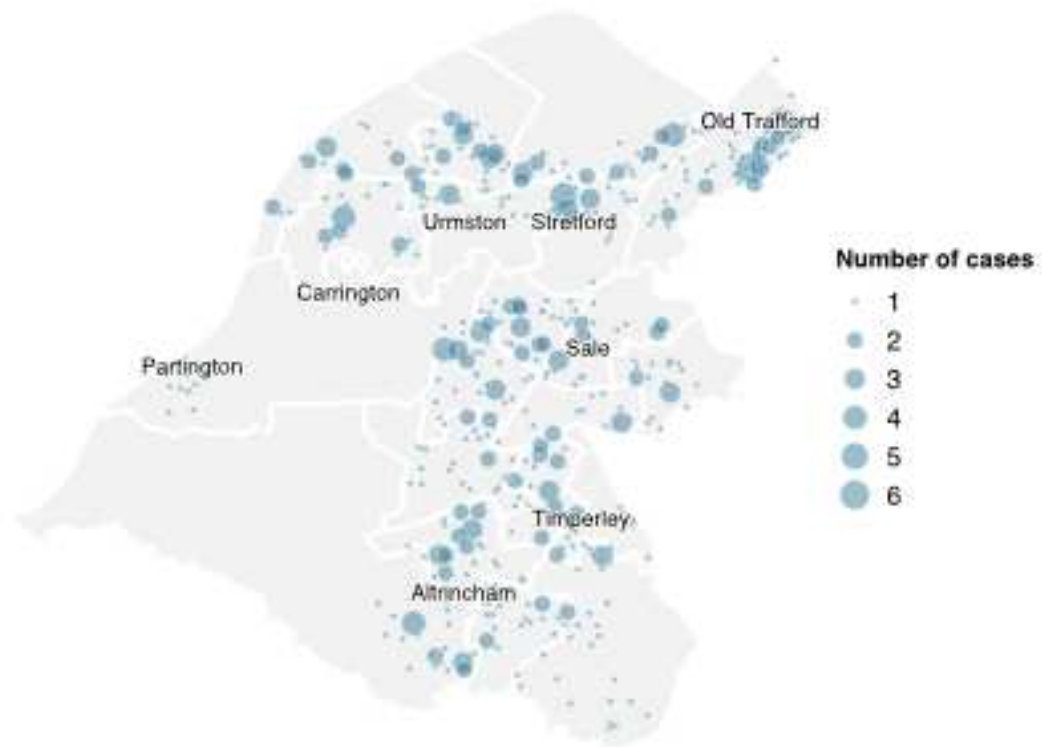
Age and gender

Incidence per 100,000 population by age and gender
 Trafford, 30 September to 06 October 2020



Geography

Distribution of positive cases in Trafford
Trafford, 30 September to 06 October 2020



Trafford's 10-point plan (Aug – Sep 2020)

- Ensure that strategic and operational decisions in respect of COVID-19 are informed consistently by high quality data and intelligence
- Increase access to and uptake of testing
- Provide local contact tracing and environmental health capacity to prevent and respond to local outbreaks
- Develop and implement community engagement plans for targeted work in specific areas and with specific groups
- Further amplify key communication messages in relation to the new restrictions
- Inform and engage the hospitality sector and businesses on the new guidance and regulations. Provide advice to event organisers on COVID-19 secure guidelines.
- Continue to support residents and patients who are clinically vulnerable and respond to the evolving guidance on shielding
- Embed infection control practices across all sectors including PHE guidance, correct PPE use
- Plan now for the return of students and pupils to schools and colleges in September
- Consider the suite of contain measures currently being developed for Greater Manchester and apply them as necessary to the local situation in Trafford, ensuring collaboration with adjacent authorities

Further resources

- [COVID-19 page](#) on [Trafford Data Lab's](#) website
- [COVID-19 Resources](#) developed by [Manchester Health & Care Commissioning](#)
- Public Health England's [Coronavirus dashboard](#)
- [Our World in Data's](#) coronavirus pages

Report to: The Health & Wellbeing Board

Date: 08/10/2020

Report of: COVID-19 Programme Team

CLT Lead: Eleanor Roaf, Director Public Health Trafford

Report Title: Update paper to Health & Wellbeing Board on the COVID-19 Public Engagement Board

Report Summary:

The COVID-19 Public Engagement Board reports into Trafford's Health and Wellbeing Board. This report acts to provide assurance and outlines the progress made in supporting the COVID-19 Public Engagement Board to develop our system connectivity to deliver a robust engagement response to the COVID-19 pandemic in Trafford. The paper outlines the governance, forums, groups and networks that have been developed and/or identified as key stakeholders and partners to play a role in our local COVID-19 response, and the work underway to build resilience.

1.0 Recommendations

Health & Wellbeing Board are asked to:

- 1.1 Note the progress made in ensuring system reach and connectivity to support Public Engagement Board in our COVID-19 communications and engagement response.
- 1.2 Comment on the Communications and Engagement Governance structure that wraps around our approach and suggest any areas for strengthening.
- 1.3 Consider if there are any groups un-represented within the population cohort matrix that should appear for inclusion in mapping our engagement response.
- 1.4 Note the key next steps and actions underway to continue to build system resilience and an effective COVID-19 communications and engagement response.

Contact Officer:

Name: Laura Hobbs, Programme Lead for COVID-19

Tel: 07973 639238

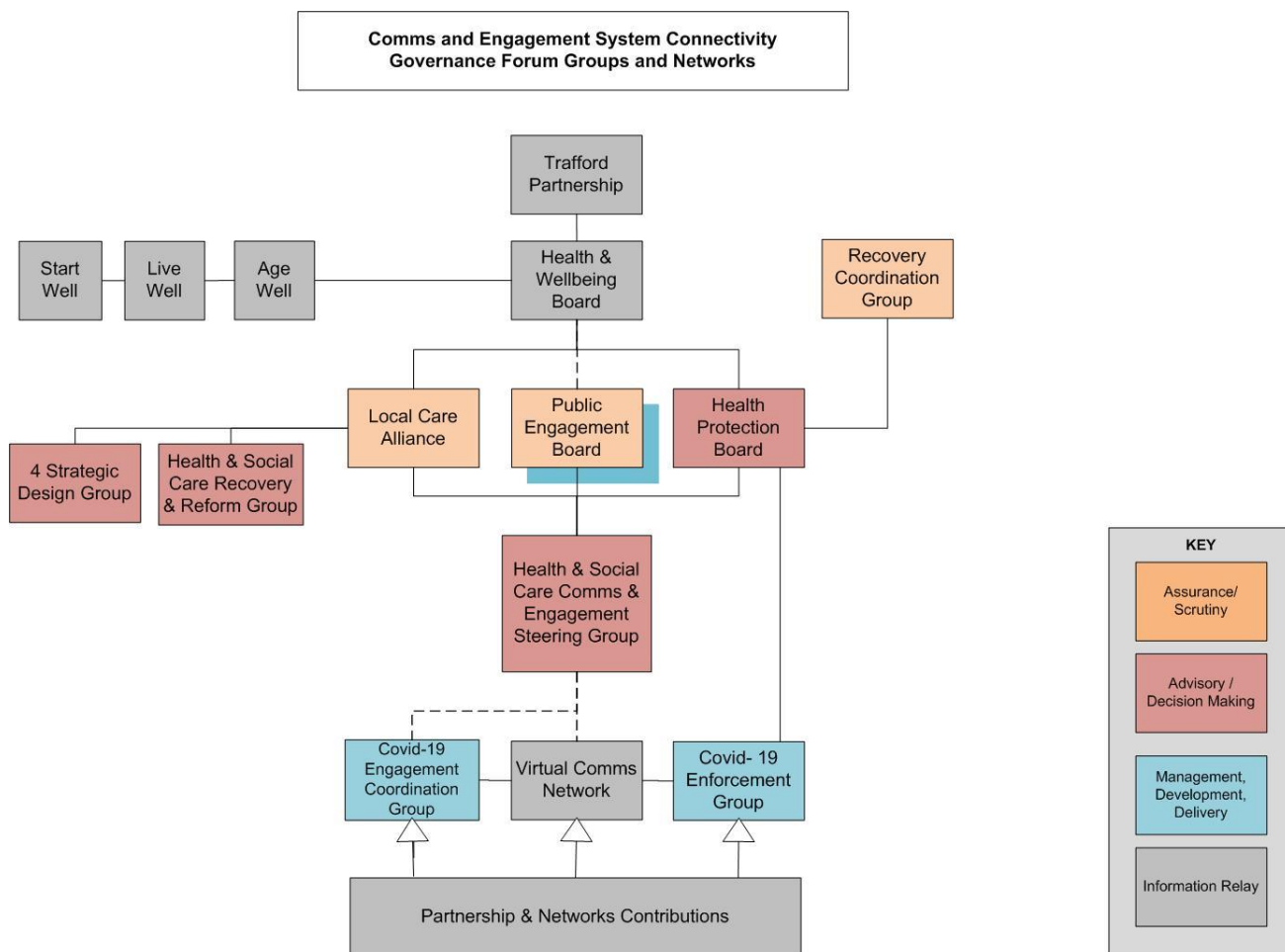
Email: laura.hobbs@trafford.gov.uk

2.0 Background

- 2.1 Trafford’s Covid-19 Outbreak Control Plan sets out our commitment to communicating simple and clear preventative measures to our staff, residents and local employers.
- 2.2 The Public Engagement Board was established in June 2020 to oversee this work and ensure the necessary steps were taken to ensure pro-active communication and engagement activity in Trafford to reduce the risk of spread of COVID-19.
- 2.3 To support the Public Engagement Board in its duty the COVID-19 programme team have reviewed the system governance and composition in place to deliver our system response and identified areas for strengthening.
- 2.4 A process of mobilisation is now in place to ensure system connectivity to deliver a robust engagement response in Trafford.

3.0 Communications and Engagement Governance

- 3.1 The below diagram attempts to map and set out the key local system infrastructure in place to support Trafford’s comms and engagement activity for COVID-19.
- 3.2 Our approach will form part of the longer time strategy for health and social which is managed by the Health and Social Engagement Steering Group.



- 3.3 A weekly Covid-19 Co-ordination Engagement Group has been established to support the work of the Board and co-ordinate the COVID-19 engagement response across the locality. This group will use local data and intelligence to update and lead the intensive 10 point action plan for engagement using localised networks for disseminating information and engaging with residents.
- 3.4 A weekly COVID-19 Enforcement group has also been mobilised to drive enforcement activity and ensure national legislation and local lockdown guidance is implemented in licenced premises, neighbourhoods and open space.
- 3.5 A virtual network has been established to ensure we have good system reach for key messages in hard to reach and other groups and disseminate key information to communities for wider circulation.
- 3.6 An update on the activity of these groups is provided in the “*Update paper to The Health & Wellbeing Board on COVID-19 Programme in Trafford*”.
- 3.7 Existing governance groups are being pro-actively engaged to ensure system connectivity and maximise our engagement impact and reach.

4.0 Next steps and Actions

- 4.1 To demonstrate our system capability a Community Reach Matrix (Appendix A) is in development. This aims to outline the key population cohorts/defining group characteristics of those people we should be engaging with and attempts to map the forums/groups that sit within the current system governance that represent the needs of those cohorts to support delivery. The Health & Wellbeing Board are invited to comment this matrix and the planned approach.
- 4.2 Once our system response is mapped a streamlining exercise will take place to ensure any overlap/duplication is removed (particularly between the existing Health & Social Care Comms and Engagement Group Covid-19 Co-ordination Engagement Group) and Terms of Reference are updated to ensure we have an efficient approach.
- 4.3 A central repository of actions is being established (as part of our 10-point action plan) to ensure co-ordination and visibility of our system response. This will require partners to engage in updating the plan to ensure system activity is captured.
- 4.4 Key actions in relation to community engagement can be found in Appendix B.

5.0 Recommendations

Health & Wellbeing Board are asked to:

- 5.1 Note the progress made in ensuring system reach and connectivity to support Public Engagement Board in our COVID-19 communications and engagement response.

- 5.2 Comment on the Communications and Engagement Governance structure that wraps around our approach and suggest any areas for strengthening.
- 5.3 Consider if there are any groups un-represented within the population cohort matrix that should appear for inclusion in mapping our engagement response.
- 5.4 Note the key next steps and actions underway to continue to build system resilience and an effective COVID-19 communications and engagement response.

Appendix B: Trafford COVID-19 comms and engagement activity and action log



Comms and
Engagement Action PI

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IMPROVE HEALTHY LIFE EXPECTANCY (HLE)



Healthy life expectancy for males is 66 years and higher (statistically significant) than the average of 63.4 for England for the period 2016-2018.



Healthy life expectancy for females is 66 years and higher (statistically significant) than the average of 63.9 for England for the period 2016-2018.

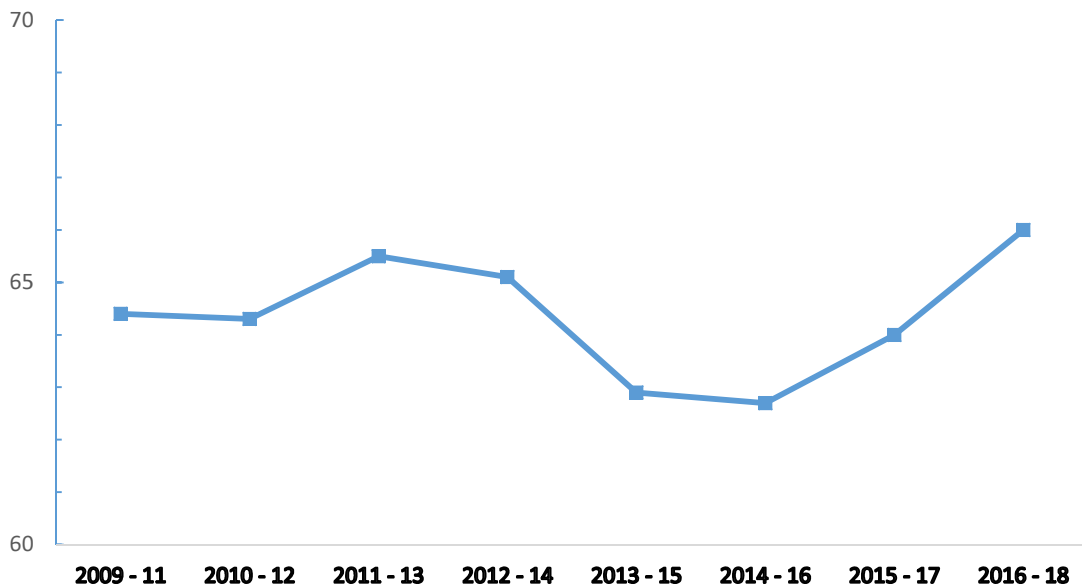
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- HLE is increasing across both genders.
 - HLE for males has increased from 62.9 years for the period 2013-2015 to 66 years for the period 2016-2018.
 - HLE has increased from 63.2 years for the period 2013-2015 to 66 years for the period 2016-2018.
 - **Our major issue on this measure has been the internal inequalities linked to deprivation, but we do not have recent data on this.**



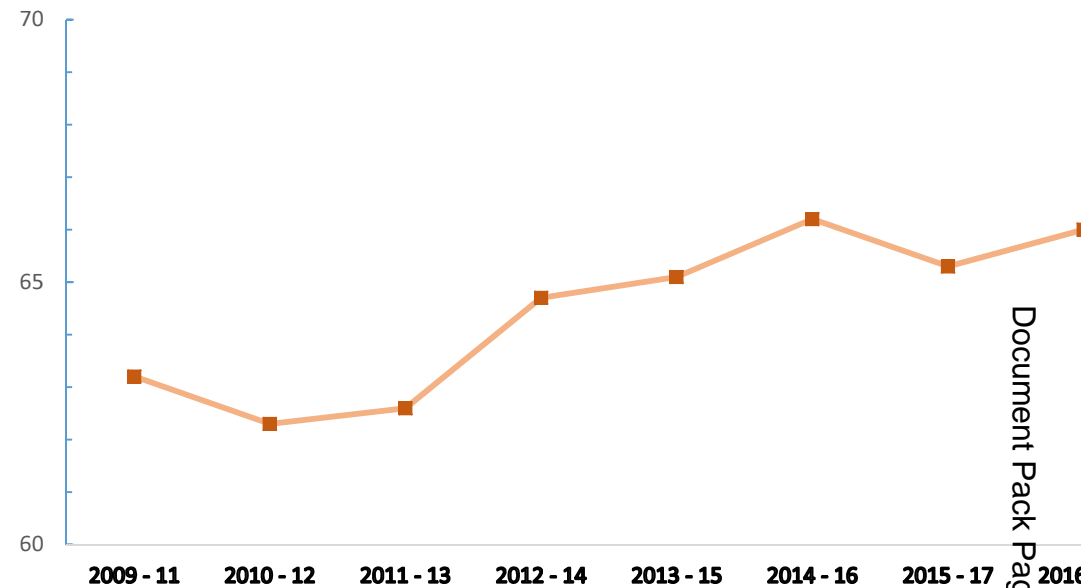
TRENDS IN HEALTH LIFE EXPECTANCY (2009/11 - 2016/2018)



Healthy Life expectancy (Male)



Healthy Life Expectancy (Female)



Source: Public Health Outcomes Framework

COMPARISON OF HEALTHY LIFE EXPECTANCY AT BIRTH (MALE) FOR TRAFFORD AND ITS STATISTICAL NEIGHBOURS (2016-2018)

Area	Value	LCI	UCI
England	63.4	63.2	63.5
Neighbours average	-	-	-
South Gloucestershire	67.3	65.6	69.1
Trafford	66.0	64.3	67.8
York	65.5	63.9	67.2
Cheshire West and Chester	65.4	62.9	68.0
Solihull	65.3	63.7	66.9
Reading	65.1	63.0	67.2
Stockport	65.0	63.2	66.7
Warrington	64.7	62.9	66.4
Swindon	63.3	61.4	65.2
Bedford	63.0	60.1	66.0
Thurrock	62.8	60.8	64.7
Milton Keynes	62.5	60.8	64.3
Peterborough	61.4	59.5	63.3
Telford and Wrekin	60.9	59.0	62.7
Darlington	60.3	58.5	62.1

Source: Public Health Outcomes Framework

Trafford has one of the highest healthy life expectancy in males (66 years) amongst its statistical neighbours for the period 2016-2018 ranking second to South Gloucestershire (67.3 years)

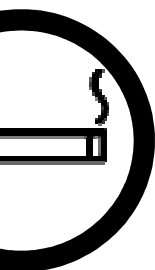


COMPARISON OF HEALTHY LIFE EXPECTANCY AT BIRTH (FEMALE) FOR TRAFFORD AND ITS STATISTICAL NEIGHBOURS (2016-2018)

Area	Value	LCI	UCI
England	63.9	63.7	64.1
Neighbours average	-	-	-
South Gloucestershire	66.5	64.6	68.4
Cheshire West and Chester	66.3	64.0	68.6
Trafford	66.0	64.1	67.9
Milton Keynes	65.5	63.6	67.3
York	65.3	63.5	67.0
Bedford	64.7	61.6	67.8
Stockport	64.7	62.9	66.5
Reading	64.4	62.1	66.7
Solihull	64.3	62.5	66.1
Warrington	64.0	61.9	66.1
Darlington	63.3	61.4	65.1
Telford and Wrekin	62.4	60.5	64.4
Swindon	61.7	59.8	63.7
Thurrock	61.2	58.6	63.7
Peterborough	59.5	57.4	61.6

Source: Public Health Outcomes Framework

Trafford has one of the highest healthy life expectancy in females (66 years) amongst its statistical neighbours for the period 2016-2018 ranking third to South Gloucestershire at 66.5 years.

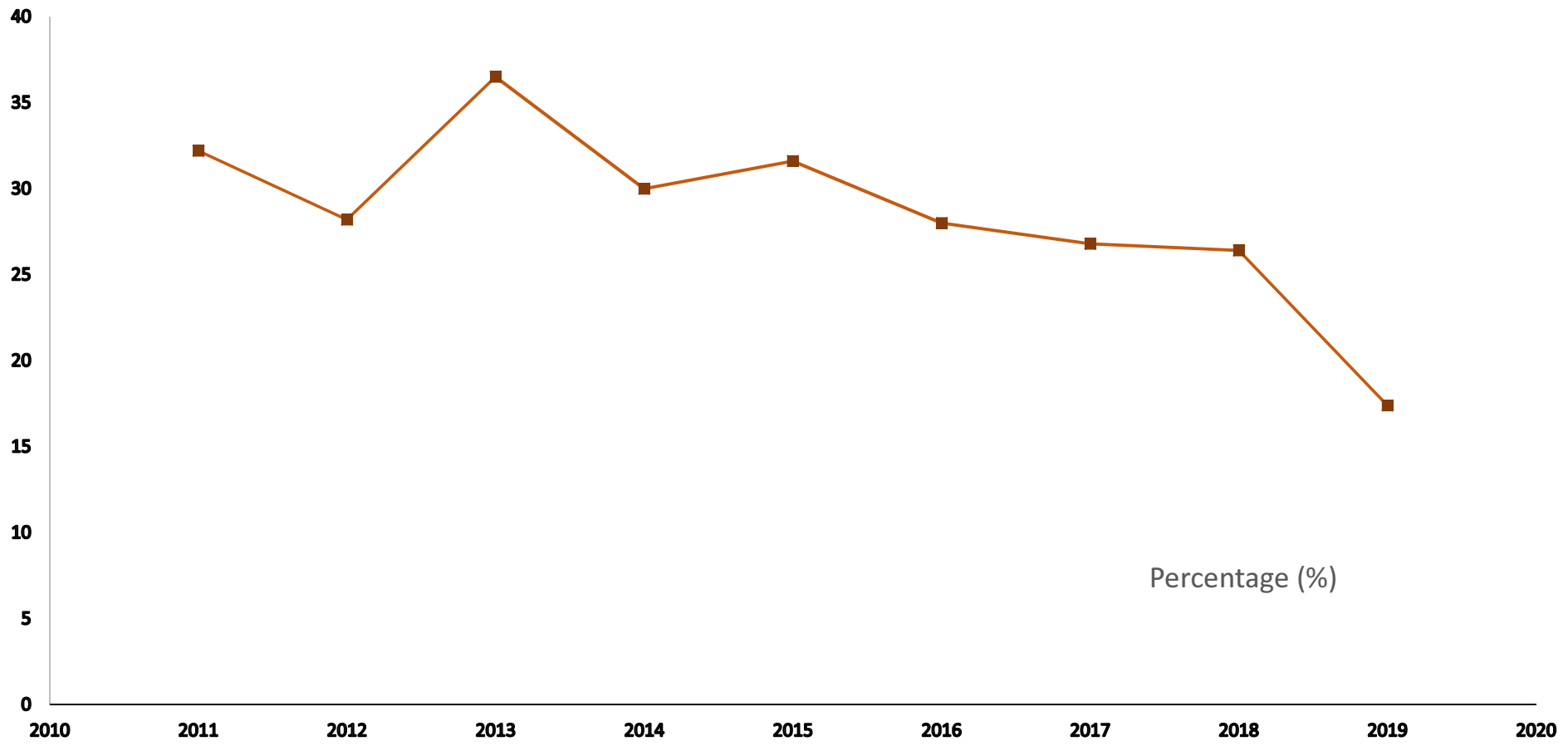


REDUCE HARM FROM TOBACCO

- Adult smoking prevalence has been declining from 16.4% in 2015 to 9.1% in 2019, lower than England average.
- Smoking prevalence in routine and manual worker has seen a sharp decline from 26.4% in 2018 to 17.4% in 2019 and is statistically similar to England as a benchmark.
- Amongst the group of similar authorities, Trafford has the lowest prevalence of smoking in routine and manual workers.



TRENDS IN SMOKING PREVALENCE IN ROUTINE AND MANUAL OCCUPATIONS (2010-2019)





REDUCE HARM FROM ALCOHOL

An estimated 28% of Trafford adults are drinking above recommended levels.

Trafford has high and increasing rates of alcohol-related hospitalisation, especially for conditions where alcohol is the sole cause.

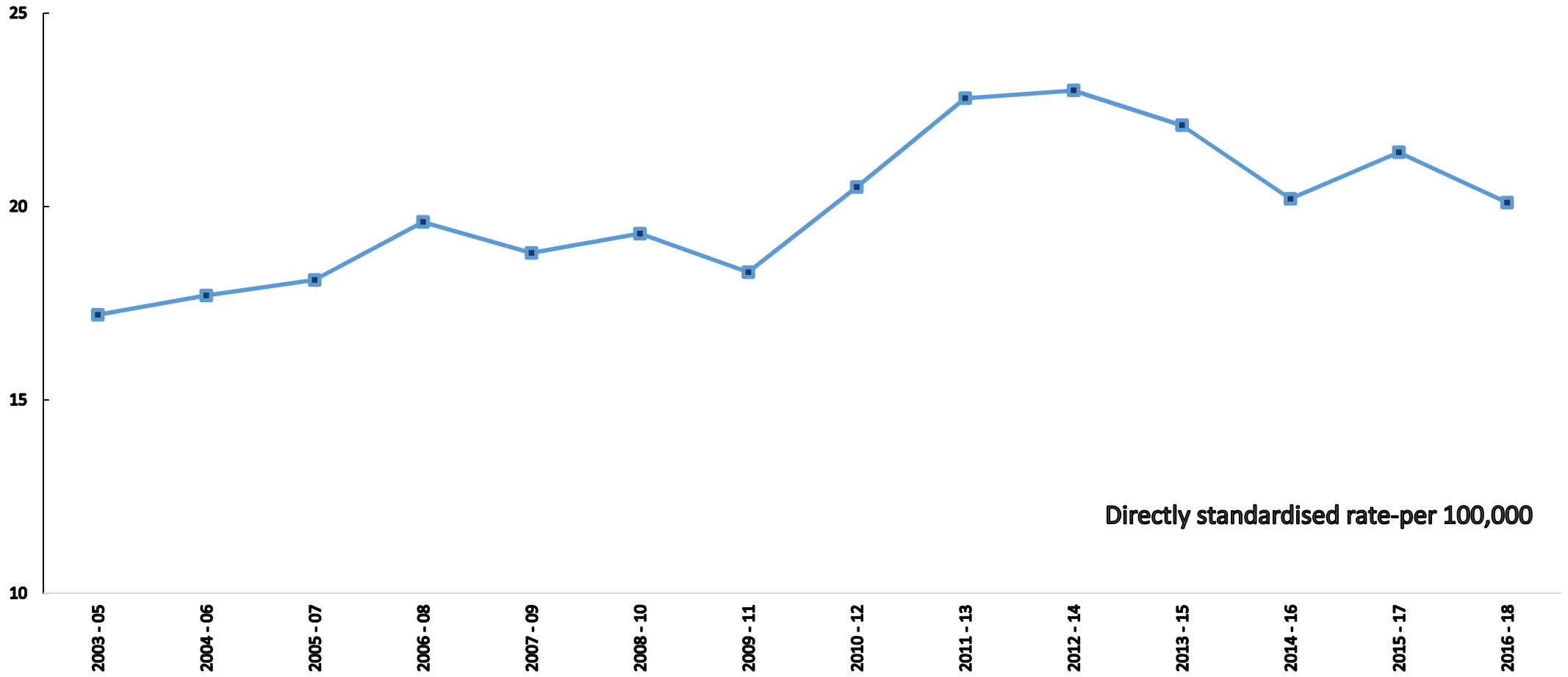
Premature mortality rates from liver disease in Trafford were worse (statistically significant) compared with England from 2013-2015.

Trafford ranked worst among a group of 15 similar authorities for premature mortality from liver disease in 2015.

During the years 2016/17/18, premature mortality from liver disease in Trafford is decreasing and is similar (statistically significant) to England



TRENDS IN PREMATURE MORTALITY FROM LIVER DISEASE (2003/05-2016/18)



Directly standardised rate-per 100,000



REDUCE PHYSICAL INACTIVITY

Around 3 out of every five (64%) Trafford adults are overweight or obese.

Prevalence of overweight (including obesity) in reception is 19.9 % and is lower (statistically significant) than 24.4% in England

Prevalence of overweight (including obesity) in Year 6 is 31.6 % and is lower (statistically significant) than 35.9% in England.

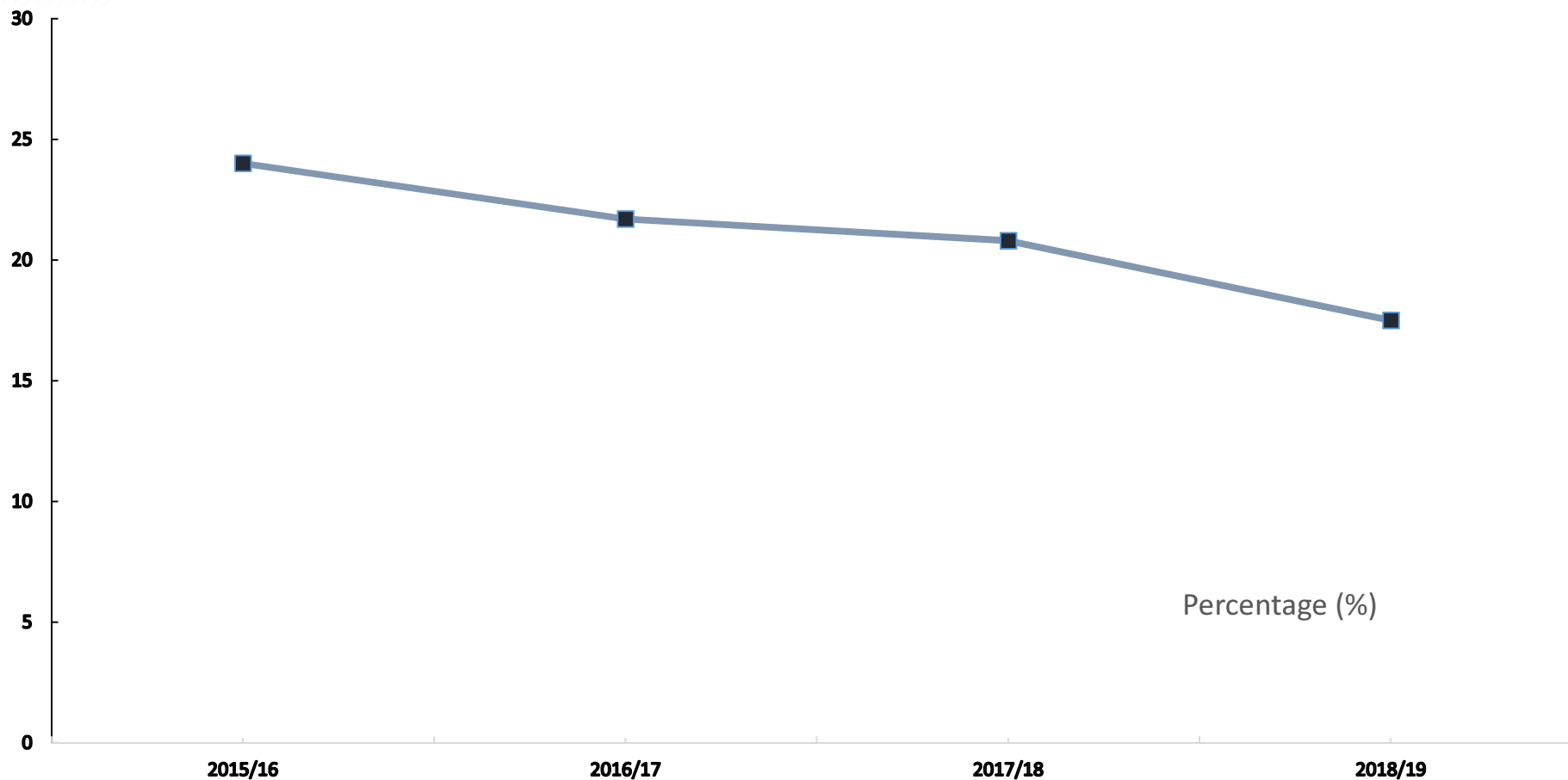
Trafford ranks amongst the best for low prevalence of overweight (including obesity) amongst its statistical neighbours.

In 2018/2019, 19% of adults in Trafford were found to be physically inactive and was statistically similar to England as a benchmark.

The levels of physical inactivity has been declining from the year 2015/16 to present.

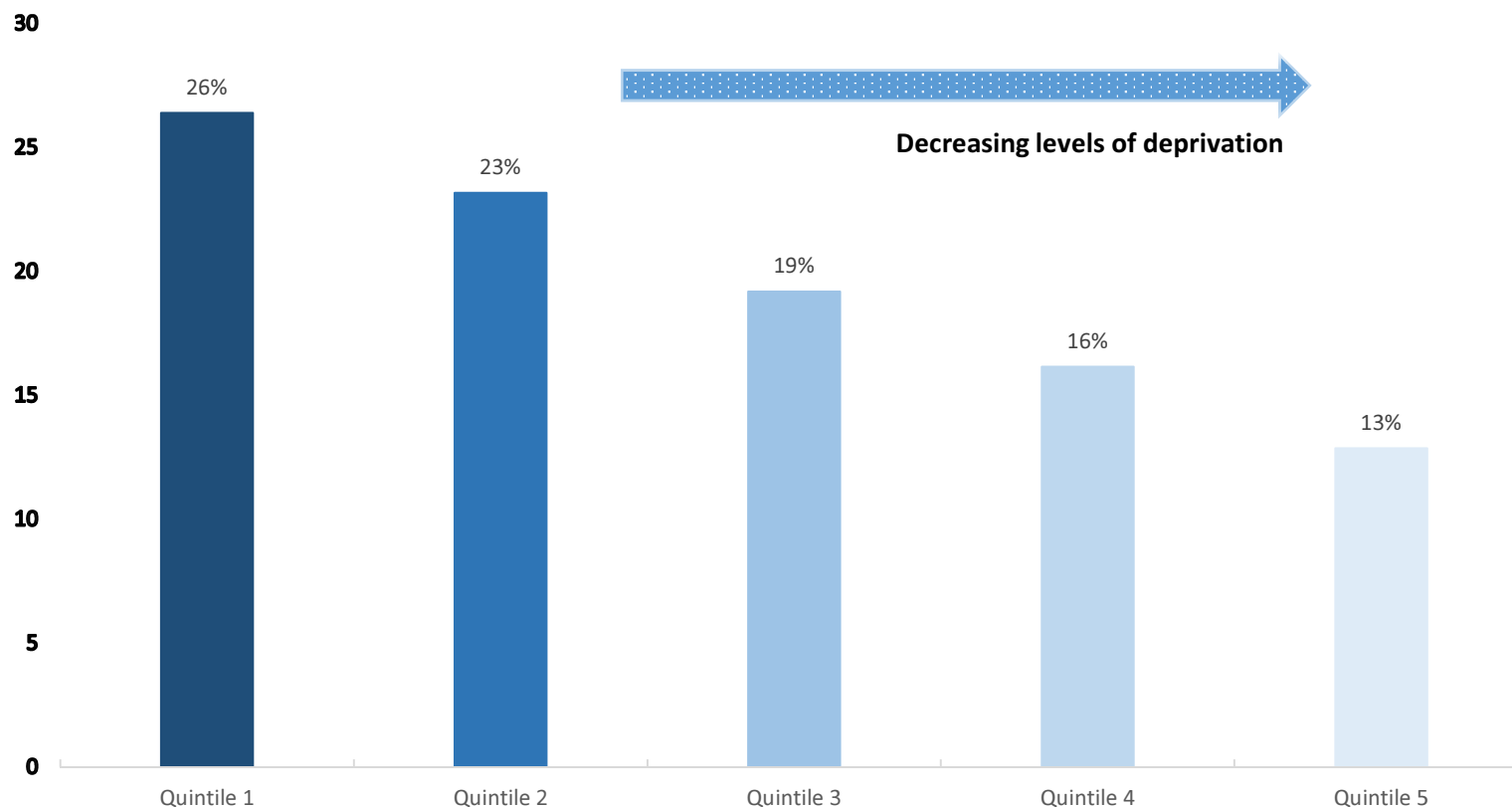


TRENDS IN PERCENTAGE OF PHYSICALLY INACTIVE ADULTS (2015/16-2018/19)





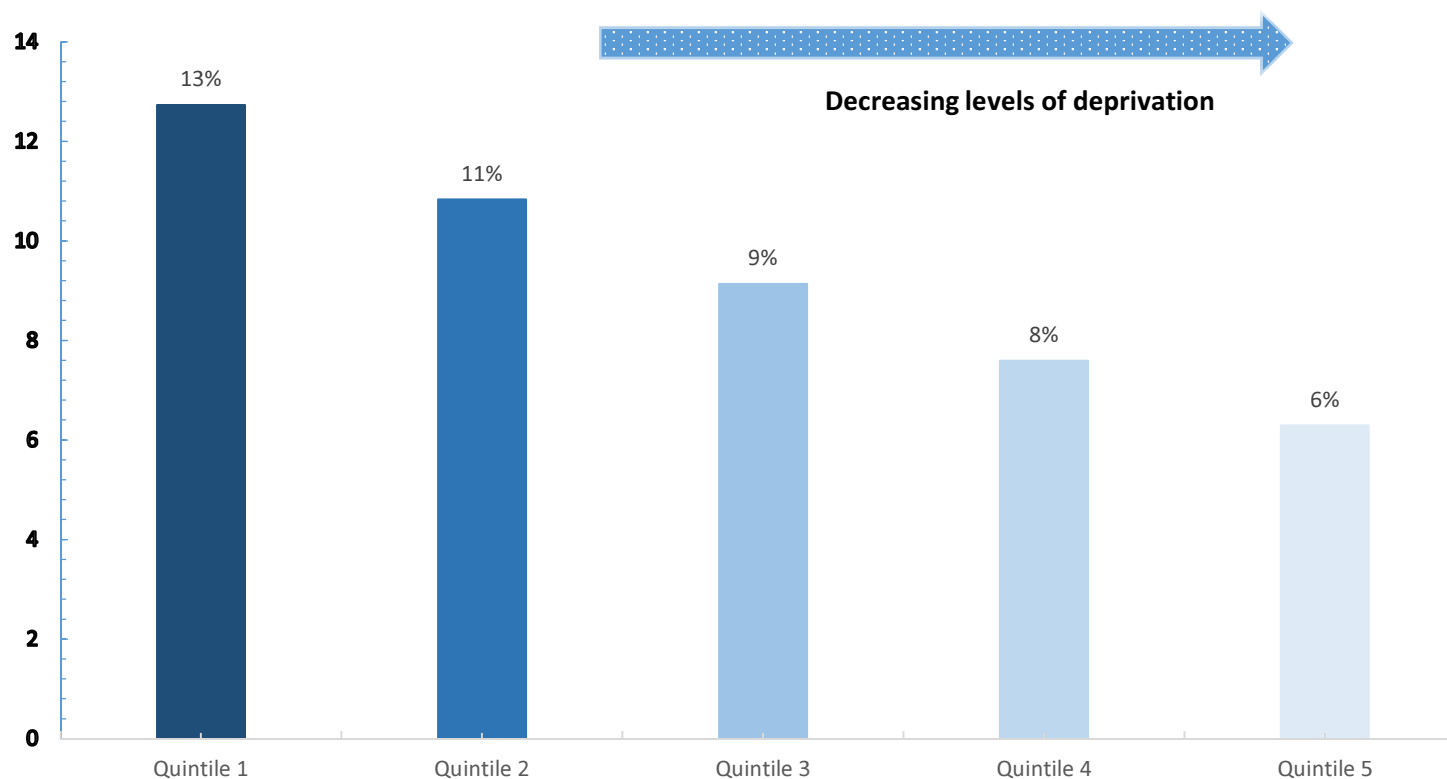
OBESITY PREVALENCE AMONGST YEAR 6 CHILDREN IN TRAFFORD ACROSS DEPRIVATION QUINTILES (2016-2018)



Prevalence of obesity in year 6 school children in the most deprived quintile is twice (26%) compared with year 6 school children (13%) in the least deprived quintile



OBESITY PREVALENCE AMONGST RECEPTION CHILDREN IN TRAFFORD ACROSS DEPRIVATION QUINTILES (2016-2018)



Prevalence of obesity in reception school children in the most deprived quintile is twice (13%) compared with reception school children (6%) in the least deprived quintile

Source: National Child Measurement Programme

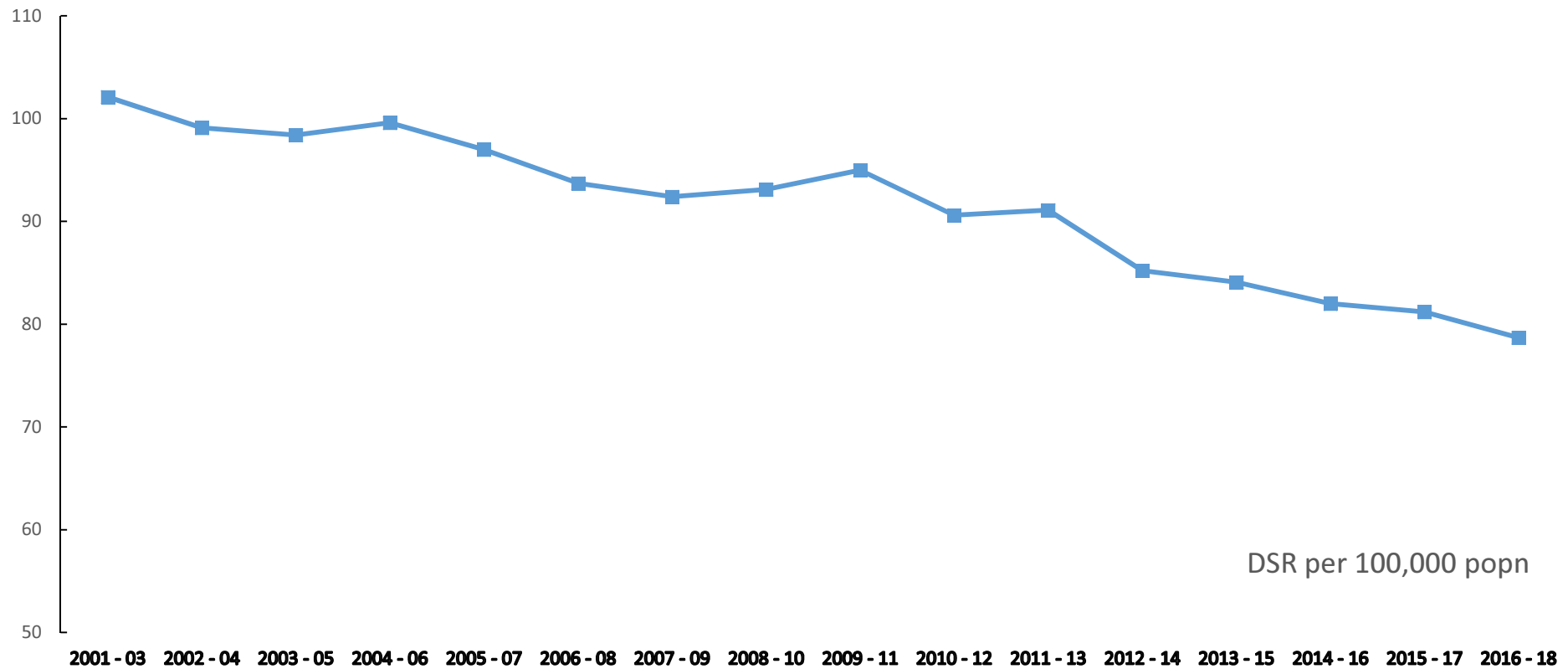


IMPROVE CANCER PREVENTION & SCREENING

- 54.4% of cancers were detected at an early stage in Trafford in the year 2017
- Trafford is amongst the best in its statistical neighbours for cervical screening for 25-49 year olds (74.7%) and for women 50-64 years of age (78.7%) in 2019. The coverage for cervical cancer screening across both age groups are better compared with England.
- Premature mortality rate from preventable cancers in Trafford has been declining over the last decade and is 78.7 per 100,000 population in 2018, statistically similar to England (76.3 per 100,000).



TRENDS IN PREMATURE MORTALITY FROM PREVENTABLE CANCERS (2001/03-2016/18)



DSR per 100,000 popn

COMPARISON OF CERVICAL SCREENING COVERAGE (25-49 YEARS OF AGE) FOR TRAFFORD AND ITS STATISTICAL NEIGHBOURS (2019)

Area	Trend	Value	LCI	UCI
England	↓	69.8*	69.8	69.8
Neighbours average	-	-	-	-
South Gloucestershire	→	77.5	77.2	77.9
Stockport	↑	76.7	76.3	77.0
Darlington	→	75.6	75.0	76.2
Warrington	→	75.1	74.6	75.5
Trafford	↑	74.7	74.3	75.1
Cheshire West and Chester	→	74.7	74.3	75.0
Telford and Wrekin	→	72.6	72.1	73.1
Solihull	↓	72.5	72.0	72.9
Thurrock	→	70.9	70.5	71.4
Milton Keynes	↓	69.8	69.4	70.2
Swindon	↓	69.4	68.9	69.8
York	↓	69.2	68.7	69.7
Bedford	↓	69.2	68.7	69.7
Peterborough	↓	66.8	66.4	67.3
Reading	↓	61.8	61.3	62.2

Source: Public Health Outcomes Framework

Trafford ranks fifth (74.7%) amongst its neighbours for cervical screening coverage (25-49 years of age) amongst its statistical neighbours (2019). South Gloucestershire has the highest coverage at 77.5%. Trend data suggests that the screening coverage is increasing.



COMPARISON OF CERVICAL SCREENING COVERAGE (50-64 YEARS OF AGE) FOR TRAFFORD AND ITS STATISTICAL NEIGHBOURS (2019)

Area	Trend	Value	LCI	UCI
England	↓	76.2*	76.2	76.3
Neighbours average	-	-	-	-
South Gloucestershire	↓	80.1	79.6	80.6
Trafford	→	78.7	78.1	79.2
Stockport	→	78.3	77.8	78.7
Cheshire West and Chester	↓	77.6	77.2	78.0
Solihull	↓	77.4	76.8	77.9
Warrington	↓	76.8	76.2	77.4
Darlington	↓	76.7	75.8	77.5
Thurrock	→	76.3	75.5	77.0
York	↓	75.9	75.3	76.6
Telford and Wrekin	↓	75.9	75.3	76.6
Milton Keynes	↓	75.7	75.1	76.2
Bedford	↓	75.6	74.9	76.2
Swindon	↓	74.6	74.0	75.2
Peterborough	↓	74.3	73.7	75.0
Reading	↓	73.9	73.1	74.6

Source: Public Health Outcomes Framework

Trafford has one of the highest cervical screening coverage (50-64 years of age) amongst its statistical neighbours for the year 2019 ranking second to South Gloucestershire at 80.1%. Trend data suggests no significant change from previous period.



IMPROVE MENTAL HEALTH & REDUCE THE IMPACT OF MENTAL ILLNESS

- The suicide rate in Trafford is significantly lower (8.1) than England (10.1)
- Adults in Trafford with a serious mental illness are nearly five times more likely to die prematurely than the general population of England (2014-2015)
- The percentage point gap in the employment rate for those in contact with secondary mental health services and the overall employment rate has reduced from 71% in 2015-2016 to 67.7% in 2017-2018.



COMPARISON OF SUICIDE RATES FOR TRAFFORD AND ITS STATISTICAL NEIGHBOURS (2017-2019)

Area	Value	LCI	UCI
England	10.1	9.9	10.3
Neighbours average			-
Thurrock	8.4	6.6	10.5
Swindon	8.8	6.8	11.2
Trafford	9.1	7.0	11.5
Cheshire West and Chester	9.9	7.5	12.9
Stockport	10.0	7.8	12.7
Milton Keynes	10.2	8.2	12.4
South Gloucestershire	10.4	7.7	13.7
Reading	10.5	8.0	13.6
Warrington	11.2	7.9	15.3
Telford and Wrekin	12.8	10.3	15.3
Bedford	13.0	10.5	15.4
York	13.2	10.1	16.9
Peterborough	13.3	10.4	16.7
Solihull	13.3	10.4	16.7
Darlington	19.0	14.5	24.3

Source: Public Health Outcomes Framework

Trafford has one of the lowest rates of suicide (9.1) amongst its statistical neighbours for the period 2017- 2019 ranking 4th with Thurrock ranking 1st (8.4).