**TRAFFORD COUNCIL**

**Report to:** **Health Scrutiny Committee**
**Date:** **23 June 2021**
**Report for:** **Information**
**Report of:** **Sarah Grant, Corporate Strategy and Policy**

**Report Title**

**Trafford Council Poverty Strategy 2021/22**

**Summary**

This report provides an overview of the Trafford Poverty Strategy 2021/22 and provides responses to the questions raised by the Health Scrutiny Committee.

**Recommendation(s)**

That the information in this report is noted, and that the Health Scrutiny Committee nominate a member of the Committee to join the Poverty Action Group if desired.

Contact person for access to background papers and further information:

Name: Sarah Grant, ext.3881

## 1. OVERVIEW

1.1 The development of a Poverty Strategy for Trafford began in 2019 and the Strategy was published in February 2021. The Strategy was developed in collaboration with departments across the Council. Trafford Housing Trust and our partners through the Trafford Partnership Board were also involved in the development of the Strategy and VCFSE organisations were engaged.

1.2 Reflecting on the Covid pandemic, a decision was taken in 2020 to launch a one-year Poverty Strategy for 2021/22 to set a clear direction during that period whilst providing time for the Council and partners to develop a longer-term strategy as the post-pandemic picture becomes clearer.

1.3 The 2021/22 Trafford Poverty Strategy sets out our bold vision for Trafford Council and our guiding principles for alleviating the effects of poverty for individuals and families. It seeks to complement and support the delivery of other strategies and the Corporate Plan.

1.4 Over the next 12 months the Council will work with partners to develop a three year Poverty Strategy for 2022-2025.

1.5 A Poverty Action Group has been established to oversee the delivery of the 021/22 Poverty Strategy and development of the longer term Poverty Strategy. Membership of this Action Group includes Council Officers and wider partners such as Trafford Housing Trust and VCFSE organisations.

1.6 An Action Plan Tracker has been developed to record progress of the Poverty Action Group and delivery of the actions outlined in the 2021/22 Poverty Strategy. These actions are listed within the Poverty Strategy under each theme.

1.7 Alongside development of the 2022-2025 Poverty Strategy, a Poverty Truth Commission will be launched in Trafford in 2021. The Poverty Truth Commission engages residents with lived experience of poverty and the findings of the Commission will help to inform the three year Poverty Strategy.

## 2. TACKLING INEQUALITIES

***What tangible improvements the strategy will deliver to the residents of Trafford and how will the strategy tackle inequalities?***

2.1 The 2021/22 Poverty Strategy outlines five guiding principles to reduce and alleviate poverty:

- People should be empowered to maximise their household income
- People should be helped to improve the situation they are in while in poverty

- Services and approaches should be easily accessible and not perpetuate the stigma of living in poverty
- Skills and opportunities should be maximised to support and empower people to get out of poverty
- We need to work together with our partners and stakeholders to prevent people from falling into poverty in the first place

2.2 The 2021/22 Poverty Strategy is divided in to nine themes; within each of these themes, specific and tangible actions are detailed to enable progress to be tracked.

- Child Poverty
- Council Tax
- Debt and Credit
- Food Insecurity
- Poverty Premium
- Housing and Homelessness
- Carers
- Go with the Flow
- Disability and Vulnerable Adults

2.3 The actions within the Poverty Strategy have been inserted in to an Action Plan Tracker which is overseen by the Poverty Action Group. This Action Plan Tracker details the status of each action, activity required, baseline data with which to measure impact and the delivery leads.

2.4 The 2021/22 Poverty Strategy highlights the inequality across the borough and recognises that the different kinds of poverty are often linked. For example 'food poverty' or 'fuel poverty' cannot exist independently for a person or family; they are experiencing poverty.

2.5 The health of an individual is influenced by a combination of various factors that can be categorised into fixed and modifiable factors. Fixed factors are beyond the control of an individual and determine their lifespan and predisposition to diseases. They include biological factors such as age, sex and genetic factors. In contrast, modifiable factors interact with each other and are amenable to interventions at different stages.

2.6 It is modifiable factors that are of most interest to a wide range of audiences, ranging from local authorities, clinicians to policy makers and the general public. Modifiable factors are determined by behavioural factors, living environment and the healthcare available. Determinants of health can affect individuals to varying degrees, leading to differences in health status and health needs. The distribution of the opportunities to maintain health should be guided by these needs, and the inability to access such option can lead to 'health inequalities'.

2.7 Poverty has been identified as a key driver of health inequalities in various models explaining health inequalities including material model, behavioural

and cultural model, psychosocial model, life course approach and the rainbow model.

2.8 The Marmot Review in 2008 identified poverty as a significant cause of health inequalities and poor health and wellbeing. Individuals living in poverty have limited opportunities for adequate diet, nutrition, healthy behaviour, physical activity, quality housing, social interactions, transport, medical care and hygiene; these in turn lead to poorer health outcomes and a lower life expectancy in this group. Individuals in less advantaged groups have worse health outcomes, remain in poor health for longer and have shorter lives compared with those who are more advantaged. The effect of poverty is not limited to one point in time but spans over the life course of an individual continuing onto the next generations, renewing the cycle of poverty and its associated impact on health.

## 3. SUPPORTING HEALTH PRIORITIES

### *How the strategy will support health priorities in Trafford as determined by the latest JSNA?*

3.1 The Poverty Strategy recognises that poverty and health are interdependent; living in poverty can have a negative impact on health and wellbeing, whilst a decline in health can also result in a person experiencing poverty if household income is impacted.

3.2 The Health and Wellbeing Strategy has identified priority topics to deliver improvements in Healthy Life Expectancy and reduce inequality in Healthy Life Expectancy:

- Reduce the number of people who smoke or use tobacco
- Reduce physical inactivity
- Reduce harms from alcohol
- Support people to sustain a healthy weight
- Reduce the impact of poor mental health
- Improve air quality
- Reduce the impact of climate change

3.3 The Joint Strategic Needs Assessment (JSNA) suggests that although health outcomes at the Trafford level are generally very good, there are significant health inequalities in Trafford. Inequality in life expectancy (LE) is one of the most important measures of health inequality. The systematic relationship between life expectancy and deprivation (social gradient in health) is present in Trafford. Although LE for male (80.3 years) and female (83.9 years) are above England average, there are wide inequalities in LE between the most and least deprived areas in Trafford. There is an 8.8 year gap in Male LE between the most and least deprived areas of Trafford for the period 2017-2019, only slightly lower than 10.1 years in 2010-2012. The gap for female LE is 7.9 years for period 2017-2019, wider than 6.3 years in 2010-2012.

3.4 The 2021/22 Poverty Strategy was developed using data from the JSNA and is designed to complement existing strategies such as the Health and Wellbeing Strategy, as reducing poverty will have a positive impact on the health and wellbeing of residents.

3.5 Appendix 1 outlines JNSA data with commentary on the priority areas within the Health and Wellbeing Strategy.

## 4. ALIGNMENT WITH RECOVERY STRATEGY AND CORPORATE PLAN

***How the Poverty Strategy will build on the Recovery Strategy and Corporate Priorities to tackle inequalities in the Borough?***

4.1 Poverty prevention and lifting people out of poverty is at the heart of Trafford's Covid-19 Recovery Plan which compliments this strategy.

4.2 The Poverty Strategy and Covid-19 Recovery Plan is interlinked, with the actions within the Poverty Strategy actively enabling recovery.

4.3 This Poverty Strategy is also aligned with Trafford Council's Corporate Plan which describes the vision and priorities for the borough with one common vision – working together to build the best future for all our communities / everyone in Trafford. The Corporate Plan and Strategic Priorities are currently undergoing a refresh with the Executive which takes into account tackling inequalities in the borough and building on the work commenced in the poverty strategy.

4.4 The Poverty Strategy is also aligned with the Trafford Together Locality Plan; the actions within the Poverty Strategy support our plan for health and social sustainability and reform.

## 5. MEASURING SUCCESS

***How success will be measured?***

5.1 The Action Plan Tracker for the Poverty Strategy features baseline data against which progress of actions will be measured.

5.2 The collection of baseline data for a number of these actions is in progress with support from the Council's Business Intelligence Unit.

5.3 As the 2021/22 Poverty Strategy is a one year strategy, progress will be reviewed in March 2022; however, many actions within the strategy will require a longer time period for delivery and the ability to measure success will depend on data collection timescales.

5.4 An example of the baseline data used within the Action Plan Tracker. An action within the Child Poverty theme is to:

‘Increase the uptake of healthy start vouchers by families. This will help to maximize household income for food’.

The baseline data for this action has been sourced from 2019 data: in 2019, 14,630 households (14% of all households in Trafford) were eligible for vouchers; only 51% of these households were claiming vouchers.

This same data source will be used to measure the progress of this action.

5.5 The Poverty Truth Commission will also enable the gathering of valuable input from those with lived experience that will assist with how we measure success longer term.

## 6. CONTRIBUTION FROM HEALTH SCRUTINY

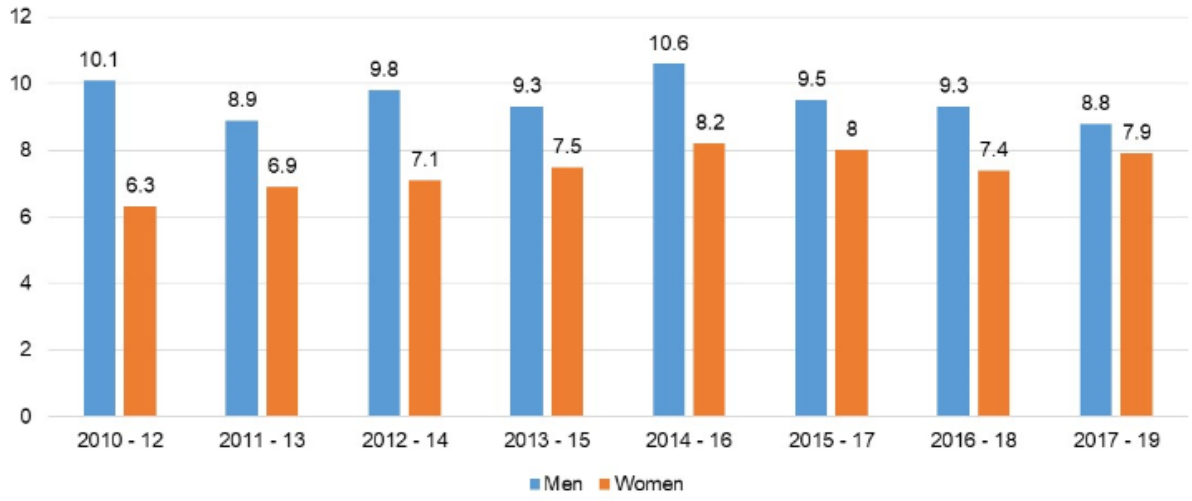
***How Health Scrutiny can contribute to this piece of work and add value to it, and contribute to develop the three year Poverty Strategy 2022-25***

6.1 A representative from Health Scrutiny would be welcome to join the Poverty Action Group as a member of the group to oversee the delivery of the current Poverty Strategy and contribute to the development of the longer term strategy.

6.2 Terms of Reference for the Poverty Action Group outline the expectations of members including overseeing and proactively contributing to the delivery of actions, taking responsibility for delivery where appropriate. A copy of the Terms of Reference are included in Appendix 2.

## Appendix 1: JNSA Data that supports the Health and Wellbeing Strategy

**Figure 1: Gap in life expectancy between the least and most deprived areas in Trafford**

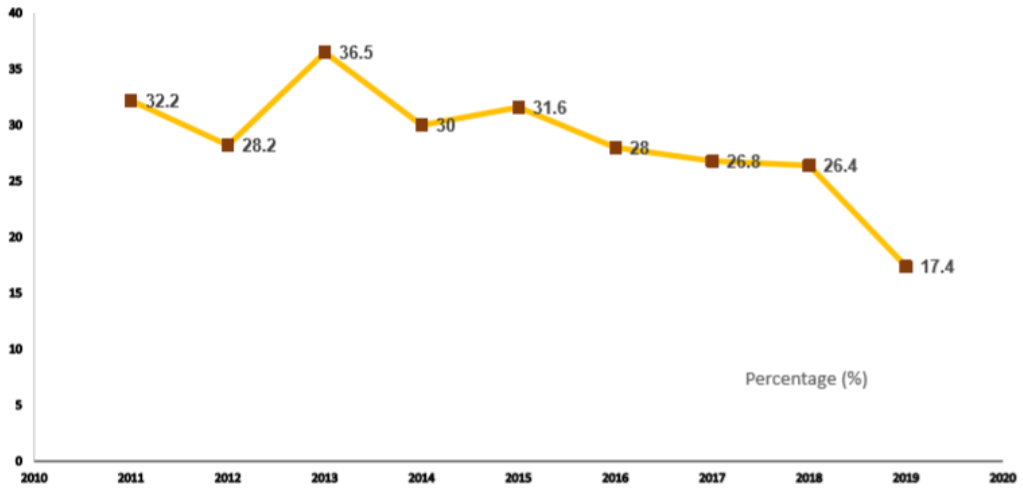



Trafford JSNA has also identified similar inequalities in our health and wellbeing priority indicators.

### a) Reduce the number of people who smoke or use tobacco

Smoking is a major cause of preventable ill-health, premature mortality, and a driver of the inequality in Life Expectancy across Trafford. Overall Adult smoking prevalence has been declining from 16.4% in 2015 to 9.1% in 2019 and is better than England average. Individuals in routine and manual occupations (RMO) are 2.5 times more likely to be smokers compared with other occupations. However, recent data suggests that smoking prevalence in RMO is declining (See Figure 2 below).

**Figure 2: Trends in Smoking Prevalence in Routine and Manual Occupations (2010-2019)**




Source: Local Tobacco Profile, 2019

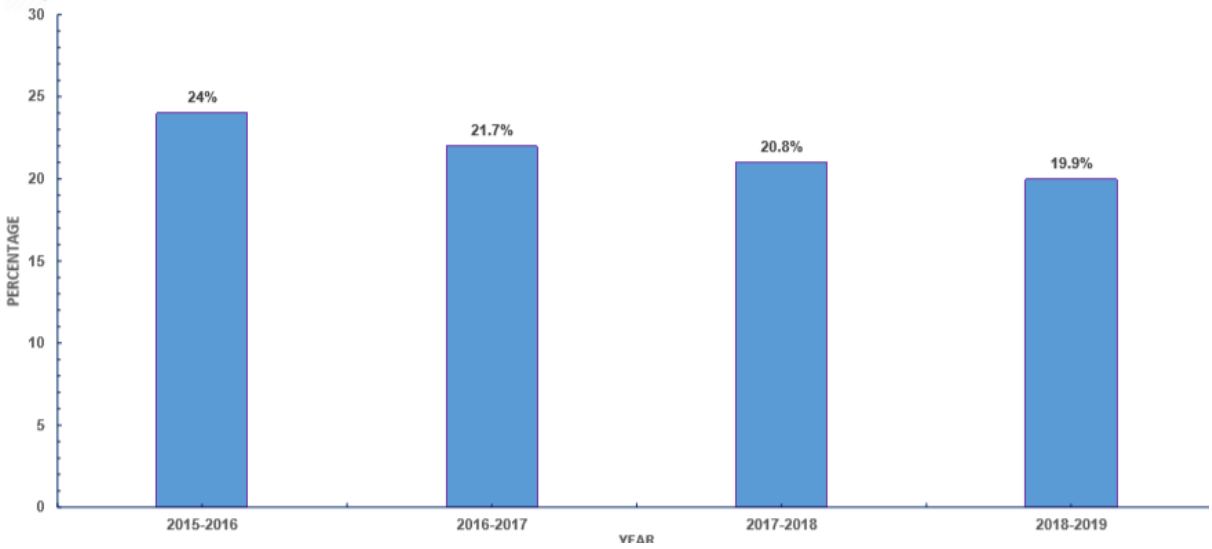
There are wide social inequalities between electoral wards within Trafford in indicators of smoking related harm (e.g. there is a strong trend towards increasing rates of emergency admissions with Chronic Obstructive Pulmonary Disease (COPD) and lung cancer incidence as deprivation increases).

### b) Reduce physical inactivity

Reducing physical inactivity has wide ranging benefits to population health and wellbeing. It can reduce the prevalence of long term illnesses, tackle obesity, improve mental health and reduce the need for health and social care support particularly for the most disadvantaged groups.

Based on Public Health England's definition (which includes gardening as a form of activity), an estimated 1 in 5 (19.9%) Trafford adults are physically inactive (i.e. less than 30 minutes per week). This amounts to about 35,103 adults aged 19 years and over. The proportion inactive in Trafford is statically similar to the England average (21.4%). The levels of inactivity in Trafford's resident has been declining (See Figure 3 below)

**Figure 3: Trends in Physical Inactivity in Trafford (2015-2019)**




However, there are inequalities in levels of inactivity between Trafford's different communities and places, and these differences are a cause of inequalities in health and wellbeing. Inactivity rates are generally higher in the North and West compared with South of the borough. Higher levels of inactivity in Trafford's women (24.3%) compared with men (21.3%), although this difference has narrowed over time. Around 60% of Trafford's over 75s are inactive compared with a third of this (19.5%) in 35 to 54 year olds. Around 44% of Trafford adults with a disability or long term health condition are inactive compared with 18.9% of those without a disability.

Childhood obesity is associated with a higher chance of premature death and disability in adulthood. Although the prevalence of overweight (including childhood obesity) for reception and year 6 is lower in Trafford compared with England average, prevalence of obesity in reception and year 6 school children in the most deprived quintile is twice compared with reception school children in the least deprived quintile.

### c) Reduce harm from alcohol

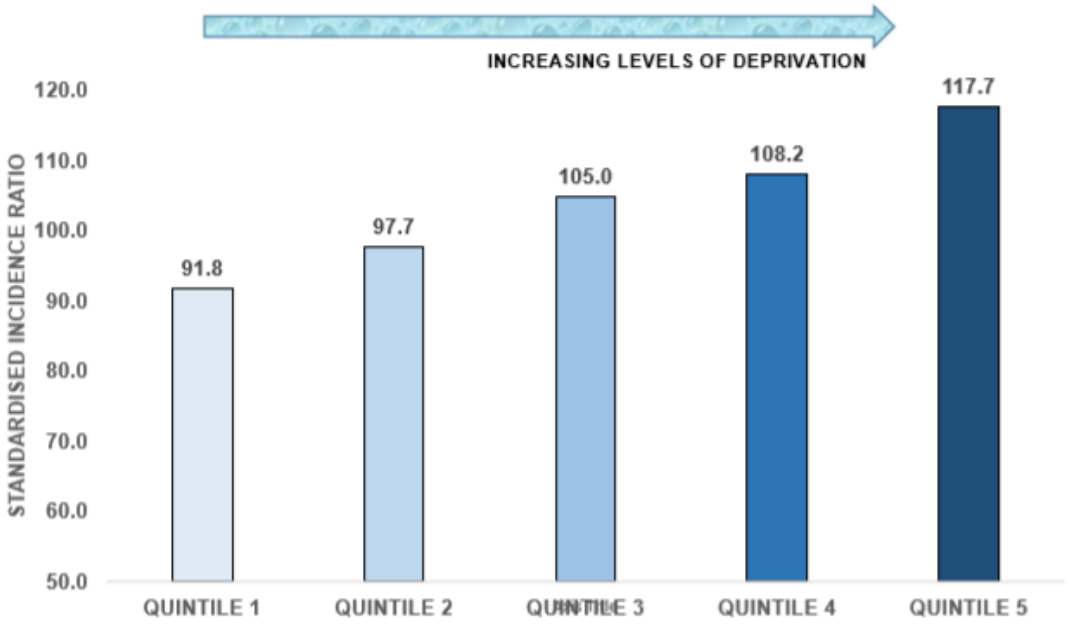
Poverty predisposes people to greater health harms of alcohol.

Hospital admissions are key indicators to measure prevention activities at a local level. Overall, Trafford has high and increasing rates of alcohol-related hospitalisation, especially for conditions where alcohol is the sole cause. Both locally and nationally, alcohol related hospitalisation rates are increasing over time indicating that this is a public health issue of increasing relative importance. Hospital admissions for alcohol attributable conditions in Trafford increases as the levels of deprivation increases. Alcohol related death and hospital admission rates amongst male residents in Trafford are at least twice as high as amongst females.

### d) Improve cancer prevention and screening

Cancer is the most common cause of premature death in Trafford and two thirds of these deaths are preventable. Men in Trafford are more likely than women to die early from preventable cancers. Public Health England publishes data for electoral wards within Trafford on incidence of all cancers and broken down by the main cancer sites (breast, bowel, lung and prostate). There is wide variation between wards which, for all cancers combined and for bowel and lung cancer, is linked to deprivation, with increased incidence in more deprived areas (see Figure 4 below)

**Figure 4: Standardised Incidence Ratios of All Cancers by Ward Deprivation Quintile**

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Mortality data is published for all cancers combined for all ages and for under 75. Again, there is wide variation between wards especially for premature mortality, which is linked to deprivation, with higher mortality in more deprived areas.

Across all of the main cancer screening programmes in Trafford (breast, bowel and cervical) coverage in the most deprived 20% of GP practices is significantly lower than coverage in the least deprived 20% of practices. Work to narrow this gap can be expected to impact on the geographical and social inequalities in cancer incidence and mortality.

### e) Reduce the impact of poor mental health

Individuals living in poverty are more likely to experience mental health conditions. Over a quarter of people in the poorest fifth of the population experience depression or anxiety. Pressures from living in poverty causes considerable stress that is often linked to poorer mental health and strained relationships within families. More than 1 in 10 adults (12.6%) are on a GP register for depression and recent trends suggest that the prevalence (existing cases) of depression in Trafford is increasing over time. Trafford has the second highest prevalence of depression amongst its group of similar authorities. There is a 66 percentage point gap (numerical difference between two percentages) in the employment rate for those in contact with secondary mental health and the overall employment rate and the difference is significantly similar to England average. Sub-group analysis on some key mental health indicators are not currently present for Trafford to further comment on inequalities.

## Appendix 2: Poverty Action Group – Terms of Reference

### Purpose

- Provide oversight for the delivery of the Trafford Poverty Strategy 2021-22
- Oversee the development of Trafford Poverty (partnership) Strategy 2022-25
- Ensure the findings from the Trafford Poverty Truth Commission are incorporated in to the Trafford Poverty (partnership) Strategy 2022-25

### Role

- To oversee the delivery of the actions outlined in the Trafford Poverty Strategy 2021-22
- Work with Trafford Partnership's strategic boards, including but not exclusive to the Inclusive Economy Board, Trafford Employment, Enterprise and Skills Group, Living Well in My Community, Start Well Board and the Health and Wellbeing Board, to ensure Council and partnership-wide delivery and action
- Ensure the delivery of the Poverty Strategy aligns with Trafford Council's Recovery Plan and Trafford Partnership's Recovery and Renewal Action Plan
- Ensure the delivery of the Poverty Strategy aligns with existing and upcoming strategies such as the Supported Housing Strategy
- To develop the Trafford Poverty (partnership) Strategy 2022-25 and to ensure a joint strategic partnership approach to the development of this strategy including engagement with boards, partners and key stakeholders. Members have a role in developing the strategy and communicating the progress of the strategy to partners, key stakeholders and the wider community
- Engage with the VCFSE Sector through existing forums and networks to facilitate the delivery of the Trafford Poverty Strategy 2021-22 and to develop the 2022-25 strategy
- To be sighted on the development of the Trafford Poverty Truth Commission
- To ensure the findings from the Trafford Poverty Truth Commission inform the development of the Trafford Poverty (partnership) Strategy 2022-25
- To oversee the implementation of the Trafford Poverty Strategy 2022-25
- Contribute to updates which will be prepared for Trafford Council's Corporate Leadership Team and Trafford Council's Executive

### Governance

With regards to the delivery of the Trafford Poverty Strategy 2021-22, this group will report to Trafford Council's Corporate Leadership Team and Trafford Council's Executive.

Quarterly progress reports will be prepared by Trafford Council staff to be shared with Trafford Council's Corporate Leadership Team and Trafford Council's Executive; members of the Poverty Action group will contribute to these reports.

### Membership

The group membership outlined below is time limited for the period February 2021 – March 2022 to enable the delivery of the Trafford Poverty Strategy. Core members include the leads for each theme of the Poverty Strategy and key partners.

As time progresses, the group will refocus to the development of the Trafford Poverty Strategy 2022-25 which will developed as a partnership strategy. As the group refocuses, the membership will be reviewed to engage a wide range of partners.

Core membership will be:

- Executive Member for Communities and Partnerships, Trafford Council (Chair)
- Corporate Director of Strategy and Resources, Trafford Council
- Representative from Education Standards, Quality and Performance, Trafford Council
- Representative from Exchequer Services, Trafford Council
- Representatives from Growth and Regulatory Services, Trafford Council
- Representative from Public Health, Trafford Council
- Representative from All Age Commissioning, Trafford Council
- Representative from Children's Services, Trafford Council
- Representative from Adults' Services, Trafford Council
- Representative from Housing Standards Team, Trafford Council
- Representative from Trafford CCG
- Representatives from Trafford Housing Trust's Social Impact Team
- Chief Executive of Citizens Advice Trafford
- Chief Executive of Trafford Carers Centre
- Representative from Age UK Trafford
- Chair of Trafford Community Collective
- Managing Director for Thrive Trafford
- Chief Finance Officer of The Bread and Butter Thing
- Trafford South Foodbank, The Trussell Trust
- Two representatives from Trafford businesses
- Chair of the Inclusive Economy Board

Also in attendance:
Dianne Geary: Assistant Director Corporate Strategy and Policy, Trafford Council
Sarah Grant: Partnerships and Communities Manager, Trafford Council

**Frequency of Meetings**

The group will meet bi-monthly; however, this will be reviewed regularly subject to activity and requirements and is therefore subject to change.

**Administration**

The Poverty Action Group will be administrated by Trafford Council staff. An agenda and relevant papers for each meeting will be circulated in advance of a meeting, and notes will be circulated within two weeks of a meeting.