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AGENDA PAPERS MARKED 'TO FOLLOW' FOR

HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 28 June 2022

Time: 6.30 p.m.

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford, M32 0TH

	A G E N D A	**PART I**	**Pages**
8.	**INTEGRATED CARE SYSTEM**		1 - 12
	To consider the attached presentation.		
9.	**EQUALITIES STRATEGY**		13 - 44
	To consider the attached report.		

SARA TODD
Chief Executive

Membership of the Committee

Councillors M.P. Whetton (Chair), S. Taylor (Vice-Chair), A. Akinola, J. E. Brophy, S.J. Gilbert, B. Hartley, S. J. Haughey, J. Leicester, J. Lloyd, T. O'Brien, Mrs. P. Young, D. Acton (ex-Officio) and D. Western (ex-Officio).

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

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This agenda was issued on **Monday, 20 June 2022** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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TRAFFORD COUNCIL

Report to:	**Health Scrutiny Committee**
Date:	**28th June 2022**
Report for:	**Information**
Report of:	**Sara Radcliffe, Acting Joint Accountable Officer, Trafford CCG, Gareth James, Acting Joint Accountable Officer, Trafford CCG**

Report Title

Integrated Care System Update – Readiness Assessment

Summary

This paper outlines Trafford's response to the *Locality Model Mobilisation – Readiness Assessment* as agreed by GM ICS Transition Programme Board. This has been completed in partnership with the constituent members of the Trafford Locality Board and presented for approval, as a Trafford system response to the exercise, by the Trafford Locality Board at their meeting on 14th June.

The report provides the Committee with an update on progress on the following subjects / areas of work: New system components that are ready to deliver; the Trafford Locality Board; Trafford Provider Collaborative; Clinical and Care Professional Leadership; Trafford's Neighbourhood Model; Trafford's Population Health System; Innovation, Discovery & Spread; Place Based Lead for Integrated Care and Team and; CCG Close Down operations.

Recommendation(s)

Health Scrutiny are asked to note the content of this report and progress to date

Contact person for access to background papers and further information:

Name: Thomas Maloney, Programme Director Health and Care, Trafford Council/Trafford CCG

Locality Model Mobilisation – Readiness Assessment
Submission of Trafford Locality Board
June 2022

Introduction

1.1 This paper outlines Trafford response to the Locality Model Mobilisation – Readiness Assessment as agreed by GM ICS Transition Programme Board. This has been completed in partnership with the constituent members of the Trafford Locality Board and will be presented for approval, as a Trafford system response to the exercise, by the Trafford Locality Board at their meeting on 14th June.

1.2 The paper is set out in two parts;

New System Components that are Ready to Deliver:

- Trafford Locality Board (TLB)
- Trafford Provider Collaborative Board (TPCB)
- Trafford Clinical and Practitioner Senate (TCAPS)

System components to continue to deliver transformation;

- Neighbourhood Model
- Population Health System
- Innovation, Discovery and Spread
- Leading the System: Place Based leader for Integrated Care and Team

New System Components that are Ready to Deliver

2.1 In March 2022 the GM ICS Transition Programme Board actioned each GM Locality to submit a completed readiness assessment. The readiness assessment aims to understand localities progress against the required components of an effective GM Operating Model, and is sat in the context of the Health and Care Bill's overarching aims for Integrated Care Systems (ICSs):

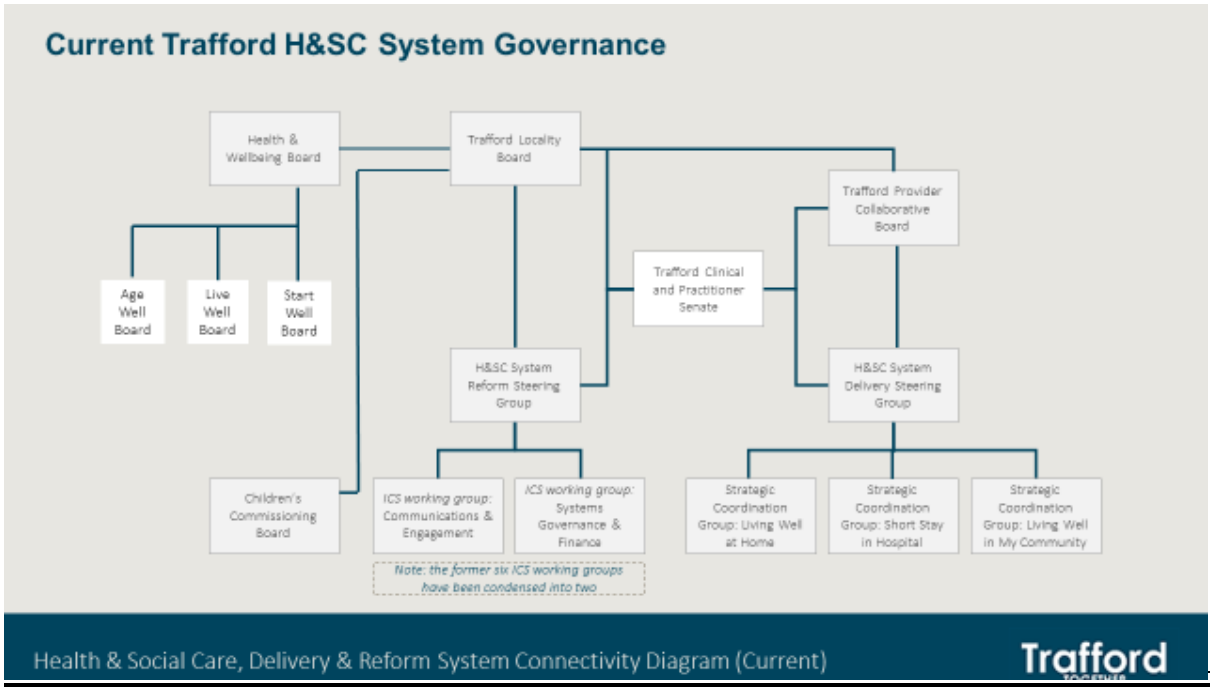
- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Support broader social and economic development

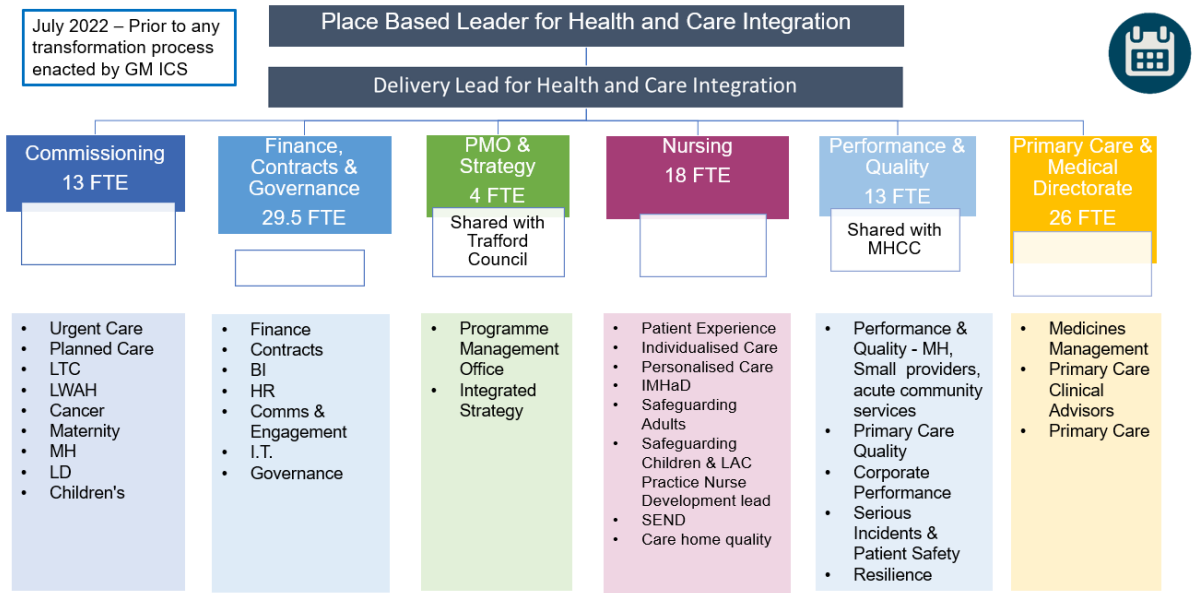
2.2 The operating model for Greater Manchester has emphasised three main elements of the model which come together to respond to those objectives and establish the integrated care system:

- The Locality Approach (Internal to GM)
- GM Provider Collaboratives (Internal to GM)
- The establishment of GM Integrated Care and the GM Integrated Care Partnership (National Readiness to Operate which will be applied by NHSEI)

2.3 As a Trafford system we have already outlined our approaches in responses to core design questions on two previous occasions, this process is intended to build on those previous exercises.

2.4 Trafford is ready to take forward integration on July 1st 2022 through the structures it has put in place. The governance structure is outlined below. We have 6 established teams all with leadership which will lift and shift into the Grater Manchester Integrated Care. These teams will be led by the Delivery Lead under the Place Based Lead. Collectively the teams will be known as Trafford Locality Team: NHS Greater Manchester. The diagrams below outline the components of our Trafford structure and our teams.





Trafford Locality Board

3.1 The TLB was initially established in April 2021. The Board operated with a broad membership of locality partners, with the membership being revised in September 21. A draft set of ToRs was agreed at the board in March 22, with the agreement they remain flexible through shadow arrangements, and that additions and amendments are expected, and will be made with agreement of its constituent partners.

3.2 An in-principal agreement was reached at the May Board that we will continue with the consultative forum arrangement we have in place and; "To operate on the basis that this forum and a s75 committee, established to manage existing s75 agreements between Trafford NHS CCG (the CCG) and Trafford Borough Council (TBC), will sit at the same time as the wider TLB, establishing clear "lines of sight" between the TLB and s75 committee(s)".

3.3 O this basis a revised Terms of Reference is being tabled for approval at the June (14th) meeting of the Board. It is proposed that the Board functions going forwards as set out above, which is that the Section 75 committee and current consultative forum meet at the same time and become two elements of the Board. The proposed revised terms of reference operate on this basis. It is important to note this as a holding position to be kept under review and considered further at TLB in December 2022 or whenever is appropriate due to National/GMIC developments. Legal advice has been sought throughout via Hill Dickinson, and as a system we will continue to access professional support when required and beneficial. We will keep the revised Terms of Reference under review and development, as Section 75 arrangements are developed and as the integration agenda continues to evolve in GM and nationally.

3.4 The current Section 75 arrangements between Trafford Borough Council and the CCG (which will transition to the ICB) require updating and refining as part of the transition process. At the moment there are three commissioner Section 75 arrangements between the Council and the CCG (Learning Disability Commissioning, Better Care Fund, Children's Clinical Commissioning). The intention is that the three sets of Section 75 arrangements with the CCG will be replaced by one Section 75 agreement, underpinned by an aligned (not pooled) budget and that these arrangements will come within the scope of the Board. The proposed terms of reference anticipate that such detail will be added later once the arrangements are finalised. Further updates to the terms of reference will therefore be needed to fully incorporate these arrangements in due course

3.4 We currently have a Co-Chair set of arrangements whereby the Leader of Trafford Council and the Chair of the CCG, chair our Locality Board. Options are currently being explored with partners and a proposal will be brought to the July meeting of the Board for approval. It should be noted that previously there has been broad support for an NHS clinician from one of the Trafford Partners and Trafford Council Leader joint-chair arrangement. The Board be asked to agree this approach in principle on the 14th June. The System Governance Working Group will then explore various options around a NHS clinician from one of the Trafford Partners in respect of joint-chair arrangement, which may include:

- Member of Trafford GP Board

- Chair or member of Trafford Clinical and Practitioner Senate
- Clinician or NED from a Trafford partner

Membership currently includes Councils, NHS provider trusts (acute and mental health), primary care, VCFSE and Healthwatch.

3.5 TLB focusses on the shared priorities within the Trafford Together Locality Plan and, by working together, improve health, wellbeing and care for the population of Trafford. This is underpinned by principles of partnership, building stronger communities, putting residents at the heart of what we do and continually improving to make best use of combined resources. The purpose of the Board is, therefore, to:

- Agree the shared priorities and strategic direction for health and care in Trafford, linked to future role of Health & Well Being Board (H&WBB)
- Ensure that all elements of NHS and local authority services are aligned with the shared Trafford strategic direction
- Work together to ensure integrated and aligned delivery across health and care
- Agree resource allocation within the scope of responsibilities delegated to it
- Act as the interface with Greater Manchester Integrated Commissioning Board (GM ICB) and Greater Manchester Health and Social Care Partnership (GM H&SCP)
- Ensure that local people have the opportunity to influence strategy and local service provision

Trafford Provider Collaborative Board

4.1 In Trafford the TLB has convened a TPCB to lead on the delivery of the Locality Plan objectives and mobilised a TCAPS – the TPCB has been operational from November 202.

4.2 There has been a commitment whilst in shadow arrangements that the draft ToR remain flexible. Additions and amendments to this ToR are expected and will be made with agreement of its constituent partners. It is anticipated they will be in relation, but not limited to, the items set out below. Further work will commence on the ToR once the TLB ToR have been formally agreed (June – July 22).

- Clarity on Greater Manchester and Trafford operating models
- Agreed governance of the TLB
- The financial strategy and framework
- A ways of working framework

4.3 The purpose of the TPCB is to be the engine room of the TLB shaping, co-designing and delivering health and care services in line with the priorities of the Trafford Together Locality Plan. The TPCB will embed a dispersed leadership model that enables strategic collaborative planning from all partners and works within the financial allocations whilst maximising Trafford's resources.

4.4 The TPCB formally reports into the TLB. The Board includes all NHS providers across primary, community, local acute, mental health, and Council plus a VCFSE and Care Home representative – our current out of hours primary care provider is also a core member of the Board.

4.5 TPCB has recently undergone an independent operational effectiveness review and a draft action plan has been developed, which will form in due course, the development plan for the next 12-24 months. Progress against the plan will be reported through the TLB where appropriate.

Clinical and Care Professional Leadership

5.1 The TLB has convened and mobilised the TCAPS. The purpose of TCAPS is to provide a single point of clinical and practitioner oversight of community-based health and care provision across Trafford with involvement in the design, planning and delivery functions of TPCB arrangements.

5.2 TCAPS is an advisory group that enables clinicians and practitioners from all locality organisations and sectors to gather as a group to influence both strategically and operationally in the planning and design of change. This includes commissioning and delivery – valuing equally the contributions of all partners and professionals to implement evidenced based services whilst retaining the collective enthusiasm to innovate.

5.3 TCAPS has a core membership representative of all professional sectors in Trafford. It can invite specific attendees, clinicians, and officers of partnership organisations with distinct backgrounds, experience, and expertise for key agenda items as and when required appropriate to delivering its vision, and outcomes.

5.4 The Chair of TCAPS maintains a key link with the TLB, attending to make recommendations to the TLB on key issues faced on the delivery of care to residents and communities. This ensures mechanisms are in place to refer, escalate issues and concerns faced by frontline practitioners and ensure strategic influence for the development and challenges of services.

5.5 TCAPS has an agreed draft ToR which will be refreshed following agreement of TLB ToRs expected in June 22. A draft work plan for TCAPS has been curated by its members and this relates to the priorities identified by the TPCB, ensuring the correct clinical and practitioner input throughout all stages. TCAPS has also formalised a relationship with its counterpart body in Manchester and this pan-locality model can be seen in each of the respective ToRs.

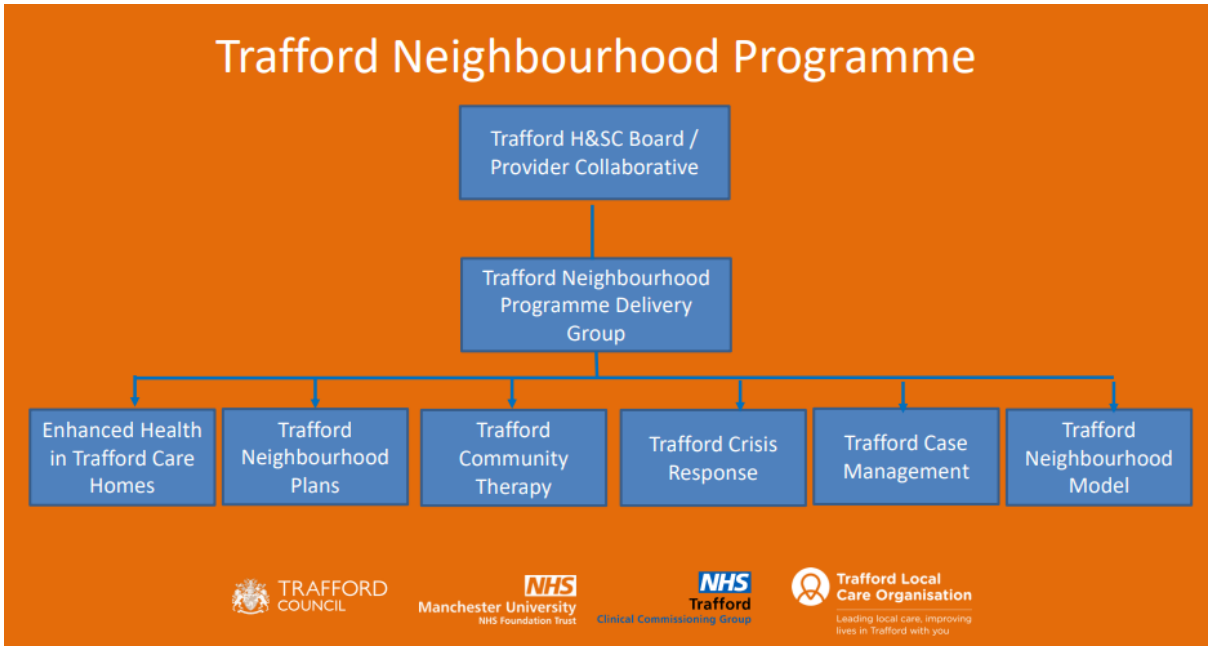
5.6 It is important to note Trafford GP's have mobilised a Trafford GP Board representing four out of five PCN's. It has coproduced and agreed its ToR and recently elected a Chair. It is currently agreeing it is representation into the Trafford health and social care system governance.

System components to continue to deliver transformation

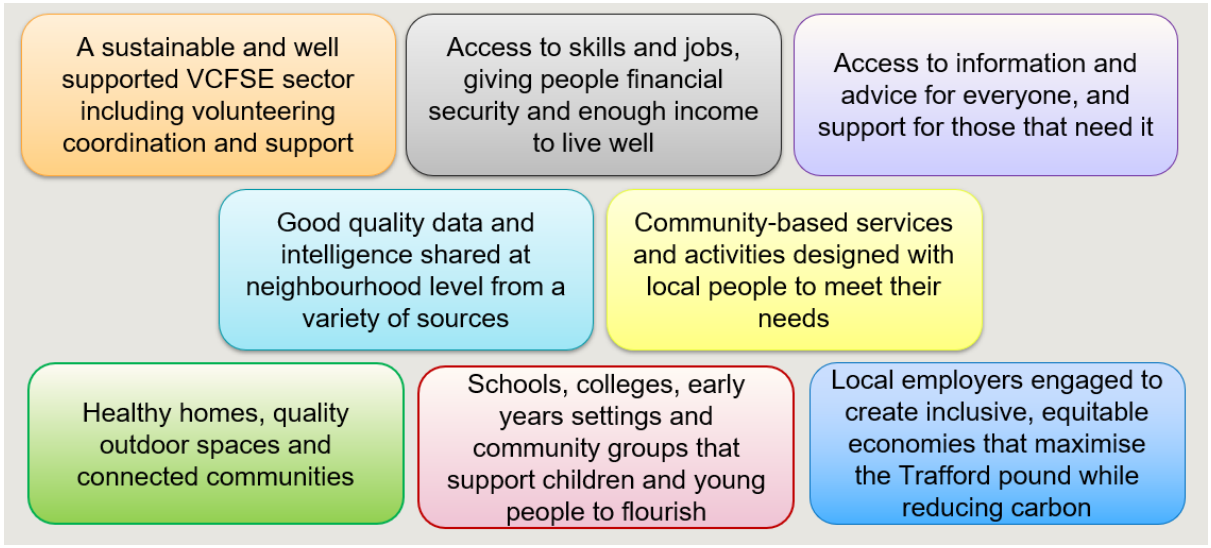
Neighbourhood Model

6.1 Building on neighbourhood approaches in health and social care our 2019-24 Locality Plan put the neighbourhood model at the forefront of its ambitions. It is the central element of an aspiration to have better connected communities. The refresh of our Locality Plan in December 2020 emphasised the importance of an effective and multi-

disciplinary neighbourhood model across health and care. With strategic leadership from our TLB and the TCPB overseeing the operationalising of the model we desire. We now have a robust programme methodology in place which coordinates the Trafford Neighbourhood Programme. The diagram below outlines how this work is progressed in our system.



6.2 Our neighbourhood model connects to the VCFSE and wider public services to address the social determinants of health. This work is driven through our established 'Living Well in My Community' (LWIMC) Strategic Coordination Group (SCG) which focusses on both health and care, and the wider determinants, closely linking to our work on an inclusive economy. The building blocks of LWIMC can be seen below:



Population Health System

7.1 Reducing health inequalities is a key priority of our Trafford Together Locality Plan and intrinsic in the purpose of our TLB, TPCB and other system governance. Reducing

health inequalities also underpins Trafford council's corporate strategy, and is listed as one of three corporate priorities in Trafford's Corporate Plan 2021-24:

- Reducing health inequalities in Trafford
- Supporting people out of poverty
- Addressing the climate crisis

7.2 As a key corporate priority, Trafford's work to reduce inequalities is monitored through target setting and outcomes that can be measured. Trafford is also working with partner organisations to help identify shared ways of reducing inequalities through partnership working and pan-locality approaches. Specific goals under this corporate priority to reduce inequalities include:

- Prevent poor health in children and promote good mental and physical health.
- Ensure Trafford's mental health services are resilient, accessible and fit for purpose.
- Ensure more people are in good health for longer.
- Focus on areas of deprivation and with the highest rates of illness, and reduce the impact of deprivation.
- Work with partners to improve how services are delivered, and to help reduce health inequalities.
- Provide effective and sustainable physical activity and sport opportunities for our communities

7.3 Targeted neighbourhood plans have been developed to address these inequalities at a local level, with alignment to an NHS Core20PLUS5 approach. A partnership measurement framework to tackle inequalities has been developed and agreed indicators are utilised to assess local health inequalities, tied to the GM Marmot indicators. A data and evidence-led approach has been adopted to inform population health approaches. Local plans and strategies are reviewed to ensure alignment with this goal and to the corporate plan aim of reducing inequality in the borough. Plans and strategies are also reviewed and drafted alongside partners in forums such as the TLB and TPCB.

7.4 The ways of working of Trafford's Health and Wellbeing Board are currently under review following two workshops ran by the Local Government Association. Further workshops are planned for July and September to conduct a deep dive into key thematic areas linked to health inequalities in the borough, such as mental health and smoking cessation. Firm commitment to coproduction with partners and the community is stated within Trafford's refreshed Locality Plan 2021, building upon best-practice examples from newly implemented ways of working during the Covid-19 pandemic

7.5 Trafford is committed to working with system partners and the community (such as Leisure, Housing Providers, Residents' Associations etc.) to ensure full use of local assets to address social determinants of health. Services and interventions are commissioned based on reviews of data and evidence such as local JSNA data, service and system data with outcomes set and monitored at a neighbourhood level. Social value is a key aspect of Trafford's commissioning and procurement strategy informing tender assessment. A social value tool is in operation to enable the tracking of delivery against contracts.

7.6 Trafford's Locality Plan also outlines a key area of focus is establishing early intervention and preventative approaches, with a commitment to taking action early and making every contact count. This approach underpins related strategies, such as Trafford's Mental Health Transformation Strategy.

7.7 Trafford's VCFSE Strategy remains a firm commitment as set out in Trafford's Locality Plan and will be signed off across key partners over July 2022. Through the last year, the sector has been organising itself by developing the Trafford Community Collective, which became a registered Charitable Incorporated Organisation Associate Model in March 2021.

7.8 The vision for Trafford's VCFSE Strategy 2022-27 is: "That Trafford has a strong and diverse Voluntary, Community, Faith and Social Enterprise sector which plays a key role in strengthening communities and delivering shared priorities" Alongside the development of the strategy, re-procurement of the VCFSE infrastructure service contract has been underway; the new service will be launched on 1st October 2022.

7.9 We have established a new joint working model for Communications and Engagement as a Greater Manchester Integrated Care Partnership working group with buy-in across system partners. Working group priorities include effective system and stakeholder communications and development of a multiagency approach to ensuring public, patient and community engagement in the design, planning and delivery of services.

7.10 Trafford has established a Health Protection and Health Emergency Resilience Board as a partnership Board which brings together organisations and services with a responsibility for Health Protection and Health Emergency Resilience in Trafford. The aim of the Board is to consolidate health protection and health emergency resilience planning, advice, and response, reduce risk, and promote an effective response, and reduce inequality of impact.

Innovation, Discovery & Spread

8.1 Trafford is committed to working with providers to develop research and innovation in health. TPCB will act as a forum to enable the sharing of opportunities for evidence studies and clinical trials to accelerate GM position as a world leader in this area. Locally we will coordinate and quantify Trafford's contribution and forge local relationships to aid and accelerate the GM approach/ambition.

8.2 TPCB will also act as a forum for partnership working and the fostering of strong industry relationships between providers in the sector to support local economic growth, inward investment, and life science sector development across GM – making connections with wider system governance to nurture dynamic and diverse partnerships.

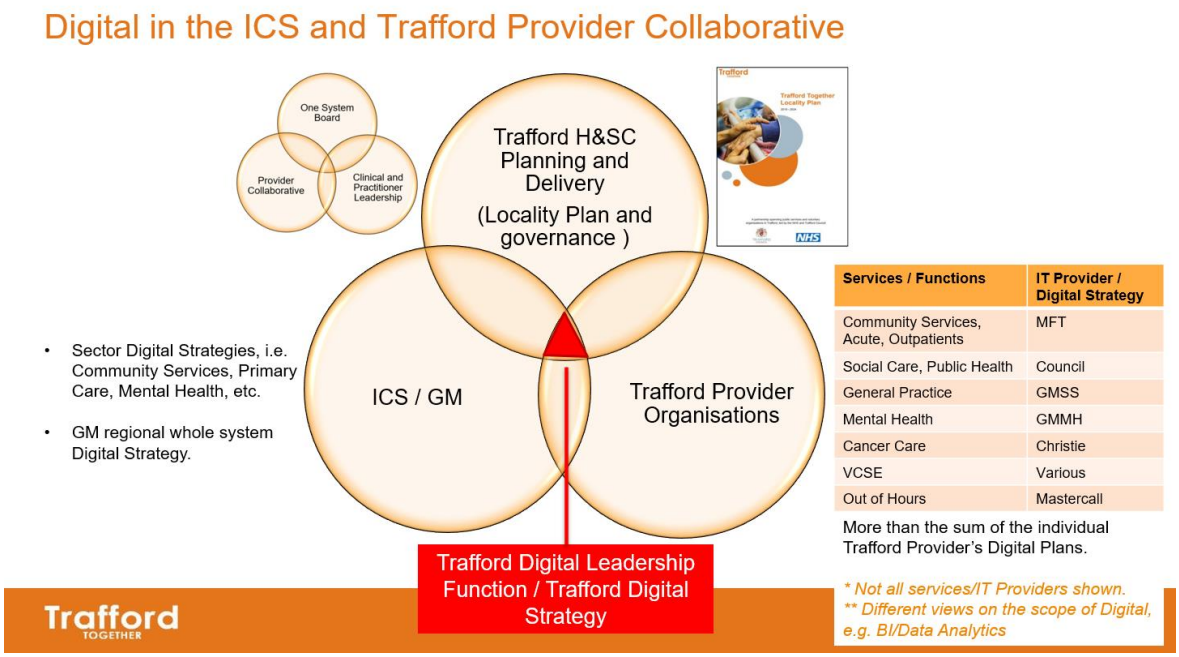
8.3 We have been an active partner in the innovation discovery and spread of digital innovation over the last 3 years and we envisage that this will continue in the new system. Trafford's Digital Ambition is to 'work with Trafford health and care partners to enhance and modernise services through the use of digital approaches and solutions' and works with our newly established governance to deliver this ambition. Through these forums, Digital in Trafford collaborates and co-produces solutions to issues facing local communities.

8.4 The Trafford Digital Strategy articulates how digital activity and approaches will support improved outcomes and enable the Trafford Together Locality Plan. It has been developed from a CCG, Primary Care and Social Care perspective so far but incorporates aspects from Trafford Local Care Organisation. Work has begun to include all partners input and to align to their individual digital strategies and resource plans. The Trafford and Manchester Digital Board is currently acting as the overarching governance forum for Digital and all partners are represented on the board. The strategy aligns with the GM Digital Maturity and Investment Framework and Trafford continues to support GM digital and data workstreams.

8.5 Trafford's Digital Ambition is delivered through five themes:

- Digital Borough: Enhance the digital skills, access and confidence of those digitally excluded within Trafford. Work with partners and industry to improve the digital infrastructure within Trafford and explore opportunities for economic growth linked to digital.
- Digital Services: Provide a wider range of high-quality digital services built around the patient/citizen experience. Ensure that online content is clearly written and accessible. Explore opportunities to automate processes.
- Digital Workforce: Provide employees with modern digital tools so they can work more flexibly and can collaborate across different organisations. Provide training an business change support on the new tools.
- Digital Organisations: Provide modern digital infrastructure and systems to support new ways of working. Ensure the organisations' data and systems are well protected from cyber threats. Align systems and infrastructure across partners.
- Digital Support: Provide improved digital services and support from the Trafford providers' IT and Digital Teams. Enhance self-service provision and automation of support processes. Ensure support teams are sufficiently trained.

8.6 Trafford currently operates a locality-based health and care digital leadership function which provides and coordinates leadership, collaboration and governance across most partners. The creation of the ICB presents an opportunity to formalise this approach and to strengthen relationships, and joint working, across the locality and with GM. The diagram below shows the connections between partners, strategy, delivery and associated governance at varying spatial levels:



Leading the System: Place Based Lead for Integrated Care and Team

9.1 In order to deliver what the system has worked upon, and agreed for 1st July, the creation of the PBL is a pivotal post. Trafford has agreed its PBL with GMIC as Local Authority Chief Executive under a holding arrangement. With a commitment from the TLB to considering the potential for all options going forward, including the possibility of Trafford developing its own model ("the Trafford Option").

9.2 The position in relation to the GM ICB is still evolving and it is recognised that it is a system which will be in transition over the next 12 months and potentially beyond. It is against that background that we have come to a view that whatever we propose for Trafford at this stage needs to be an effective holding position; building on the positive relationships and collaborations which exists to date; enabling us to flex and evolve as we test those relationships and as the system in GM settles and stabilises. The role will fulfil the required deliverables and accountabilities as set out within the agreed framework.

9.3 The PBL will be supported by the delivery lead, and in turn the 6 established teams in Trafford, therefore creating a sustainable and robust leadership team that will be able to enable the system to be ready for 1st July and also deliver for the future. Trafford has also remodelled its governance structure that supports the 6 teams. Thereby ensuring there will be no break in continuity for effective oversight and delivery when the CCG is disestablished, and before GMIC has implemented the accountability structures relating to the localities.

Conclusion

10.1 Trafford, with leadership through its TLB, is ready to carry on with functions and governance as outlined for the 1st July 22. It awaits clarity from GMIC in terms of an

accountability agreement between GMIC and the locality through the PBL. It recognises that this will be an evolving transition through the next 6-12 months.

TRAFFORD COUNCIL

Report to:	**Health Scrutiny Committee**
Date:	**28th June 2022**
Report for:	**Information**
Report of:	**Sara Radcliffe, Acting Joint Accountable Officer, Trafford CCG; Gareth James, Acting Joint Accountable Officer, Trafford CCG; Diane Eaton, Corporate Director for Adult Services**

Report Title

Our Approach to tackling Health Inequalities

Summary

This paper outlines Trafford's approach to tackling Health Inequalities, presenting a summary of work to date, current system thinking, and our opportunities in the context of the ICS system to mobilise a long term, integrated, structured and coordinated approach to tackling health inequalities.

This paper has been socialised through a number of our partnership forums for discussion and supplemented by individual and team conversations. A condensed version of this deck was taken to the Trafford Locality Board in March and fully supported.

The paper will explore a number of themes and areas of work with the hope it:

- Clarifies our understanding of health inequalities
- Ensures we understand our current approaches and the key work programmes of each of our partners in reducing health inequalities
- Captures the learning from previous work and in particular responding to the Covid pandemic
- Helps us understand our opportunities within the emerging ICS system
- Clarifies our known risks and challenges
- Presents us with a clear set of next steps and actions

Recommendation(s)

Health Scrutiny are asked to note the content of this report and progress to date

Contact person for access to background papers and further information:

Name: Thomas Maloney, Programme Director Health and Care, Trafford Council/Trafford CCG

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Our Approach to tackling Health Inequalities

Health Scrutiny
28th June 2022

Introduction

- This slide deck presents a summary of work to date, current system thinking and our opportunities in the context of the ICS system

- The slide deck will act as a **'discussion starter'** with the aim it mobilises a long term, integrated, structured and coordinated approach to tackling health inequalities.

- This presentation has been socialised through a number of our partnership forums for discussion and supplemented by individual and team conversations. A condensed version of this deck was taken to the Trafford Locality Board in March and fully supported.

- The slide deck will explore a number of themes and areas of work with the hope it:
  - Clarifies our understanding of health inequalities
  - Ensures we understand our current approaches and the key work programmes of each of our partners in reducing health inequalities
  - Captures the learning from previous work and in particular responding to the Covid pandemic
  - Helps us understand our opportunities within the emerging ICS system
  - Clarifies our known risks and challenges
  - Presents us with a clear set of next steps and actions

Background and Context

- **Historical work to tackle inequalities**
  - ❑ A long term commitment through organisational and Trafford system wide strategy to tackle inequalities reinforced by our more recent work, specifically the ambition laid out in the Trafford Together Locality Plan
- **Partnership working**
  - ❑ Built on our agreed behaviours, values and principles which is a foundation of all our Trafford groups, forums, boards and committees
- **Relevant strategies**
  - ❑ Ensuring our strategies are developed in sync where required – delivery aspects of relevant strategies remain visible in our partnership forums
- **H&SC integration**
  - ❑ Using learning from previous integration approaches across health and social care to form the basis of our future models
- **Governance**
  - ❑ Building from the strength of our current partnership governance namely the Locality Board, Provider Collaborative Board and Clinical and Practitioner Senate
- **Data and Intelligence**
  - ❑ Understanding the available data and intelligence and acting upon it together. Understanding our current Business Intelligence functions and capacity as we transition to the GM ICS arrangements
- **Opportunities that ICS creation presents us with**
  - ❑ An opportunity to capitalise on new governance arrangements, shared stewardship of the 'Trafford pound', new ways of working, building on the principle of subsidiarity whilst capitalising on scaling up
- **Challenges and risks**
  - ❑ Evolving governance arrangements at both GM and locality level, operating models and associated 'critical path' components for an effective 'Day 1'

Our Trafford, Our Future

Vision

Trafford – where all our residents, communities & businesses prosper

Outcomes

All our residents will have access to quality learning, training and jobs

All our communities will be happy healthy and safe

All our businesses and town centres will be supported to recover and flourish for the benefit of everyone

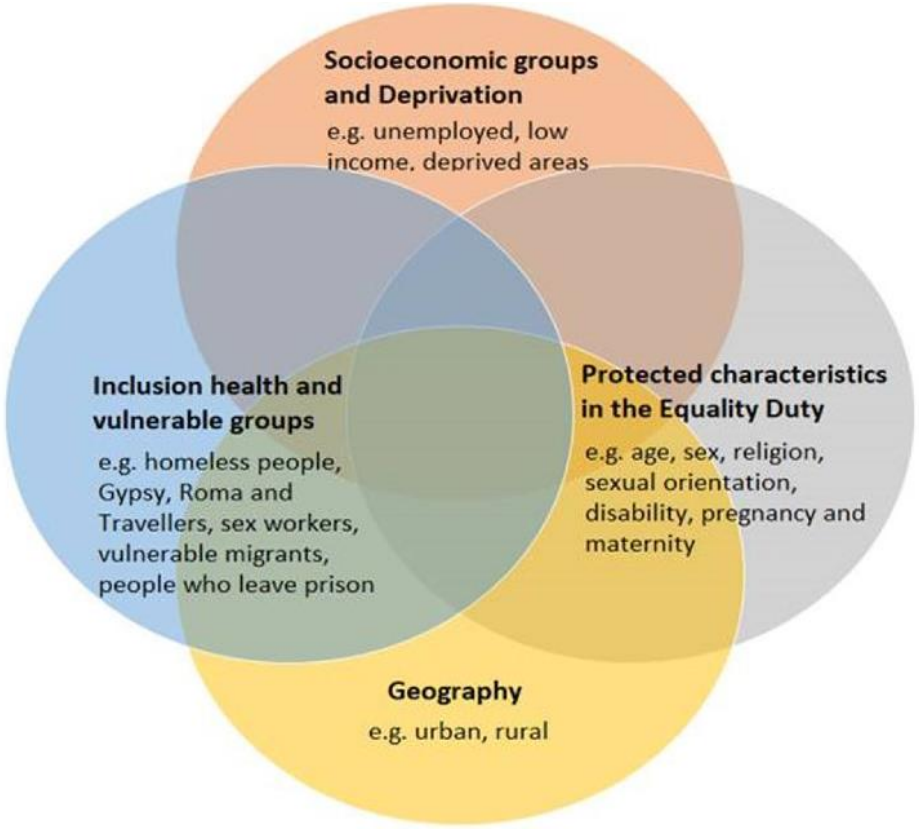
Priorities

- Reducing health inequalities
- Supporting people out of poverty
- Addressing our climate crisis

'Better health, Better jobs, Greener future'

What are health inequalities?

- **Health inequalities are avoidable and systematic differences in health between different groups of people**



- The pandemic has exposed and exacerbated inequalities
- Inequalities damage lives, and are bad for everyone in society not just those at the bottom of the social gradient
- Unfair distribution of power and resources creates avoidable health inequalities
- Social, economic, and environmental factors, as well as political and cultural factors, constitute the 'social determinants of health' which drive health inequalities

What we know……..

- Trafford has 4 neighbourhoods: North, South Central and West

- Trafford is arranged into 5 Primary Care Networks (PCNs). Across the five networks the levels of deprivation vary with the North and West more deprived than Sale Central, South or Altrincham Health Alliance.

- This is illustrated by the map below. People who live in the most deprived areas tend to have a lower healthy life expectancy than those living in the least deprived areas, with those in the most deprived areas more at risk of certain health conditions. These inequalities are largely preventable.

- More information on to this can be found within our [Joint Strategic Needs Assessment]

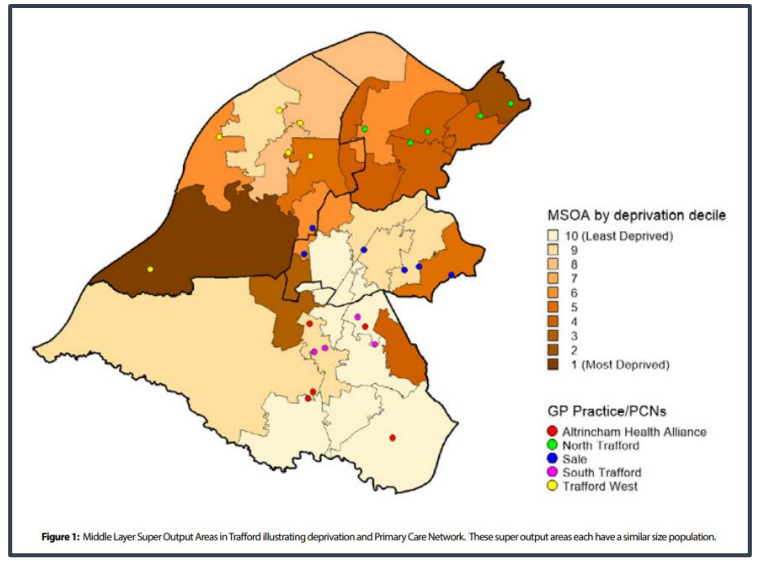
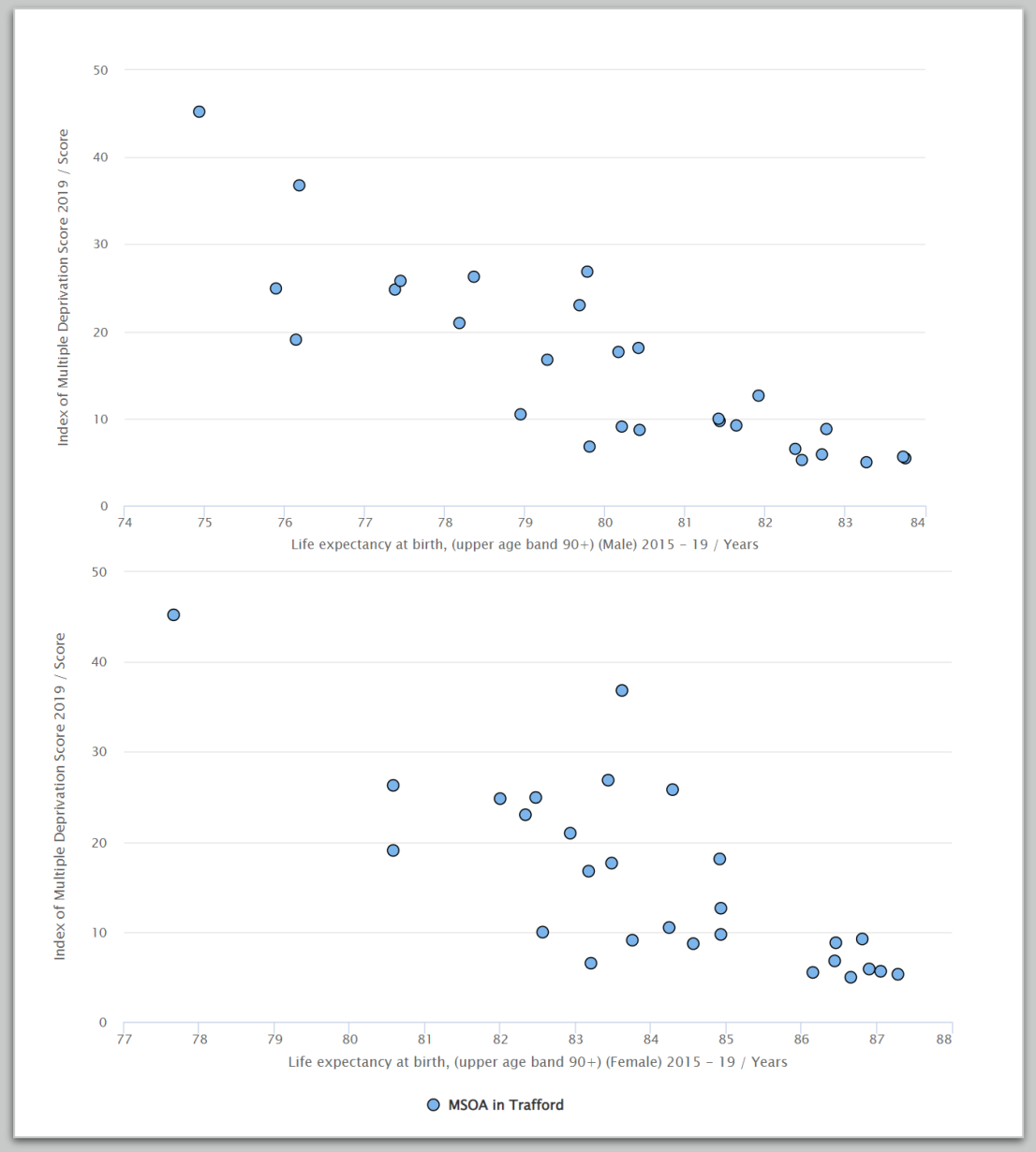


Figure 1: Middle Layer Super Output Areas in Trafford illustrating deprivation and Primary Care Network. These super output areas each have a similar size population.

Trafford's Health Inequalities – What is unique about Trafford?

- Whilst **life expectancy** in Trafford is generally good compared to Greater Manchester and nationally, we have stark inequalities *within* the borough on this measure as shown in the scattergrams for Trafford males (top) and females (bottom) – our more deprived communities have much lower life expectancy than our most affluent areas.
- **Healthy Life Expectancy (HLE)** is also a significant area of concern. HLE is an estimate of the number of years a person is expected to live in 'good' health.
- Data for Trafford for 2018-2020 shows:
  - Healthy life expectancy at birth for males is 66.3 years and higher (statistically significant) than the average of 63.1 for England.
  - Healthy life expectancy at birth for females is 66.9 years and higher (statistically significant) than the average of 63.9 for England.
- HLE is a good pointer to the population's general health and gives an idea of the population's need for health and social care services.
- To improve HLE, we must focus on **preventing poor health and on promoting wellbeing**, as this will reduce health and social care costs, and enhance resilience, employment and social outcomes.



Learning from Covid – Widening Inequalities

- As we emerge from the pandemic, we need to refocus on those risk factors that contribute to inequalities in either healthy life expectancy or life expectancy.

- Within Trafford, we know that some of the biggest impacts will be made by reducing smoking, alcohol use, physical inactivity, and obesity and by improving mental health amongst the population. In Trafford, diseases associated with these risk factors contribute to most of the difference (76.9% in men and 73.6% women aged 40-79 years old) in life expectancy between the top and bottom quintile, that is, between the twenty percent most deprived and twenty percent least deprived of the population.

- Reducing these inequalities across Trafford will improve quality of life, reduce service demand, improve health outcomes, and create a fairer, healthy, economically flourishing environment.

- It has got a lot harder for many people to stay physically and mentally healthy during the pandemic. As an example, alcohol specific mortality increased by over 50% in Trafford between 2019 and 2020 (compared with a 19% increase nationally). We need to understand whether these changes will remain as life returns to normal, and to consider how to tackle them if so.

- We know that Covid-19 has had a disproportionate impact on ethnic minority communities, who have experienced higher infection and mortality rates than the white population. Geography, deprivation, occupation, living arrangements, and health conditions such as CVD and diabetes accounted for a large proportion, but not all, of the excess mortality risk of Covid-19 in ethnic minority groups.

- Similarly we know that social isolation has impacted on people's mental health and for older people the pandemic has resulted in less opportunities to exercise

Existing Approaches – What good looks like

- Agreed focus for Primary Care Quality Improvement since Q4 2020
- Incorporates key strategic priorities – JSNA, planning guidance
- Aligns to key transformation work streams eg: Mental Health/Cancer
- Timeframe and outcomes align with Trafford Locality Plan up to 2024
- Built around 5 key themes: Data, Long Term Conditions, SMI/LD Annual Health Checks, Screening and Vaccinations and Access
- High level measurement framework in place
- Good progress during 21/22 (Year 1)
- Built around collaborative partnerships with others outside of CCG
- Plan under review for 22/23 priorities which will incorporate current guidance and a local level Core20plus5 approach
- Current Governance via Primary Care Quality Assurance Group (PCQAG) and Primary Care Commissioning Committee (PCCC)

Existing Approaches – What good looks like

Case Study: Community Model

A sustainable and well supported VCFSE sector including volunteering coordination and support

Access to skills and jobs, giving people financial security and enough income to live well

Access to information and advice for everyone, and support for those that need it

Good quality data and intelligence shared at neighbourhood level from a variety of sources

Community-based services and activities designed with local people to meet their needs

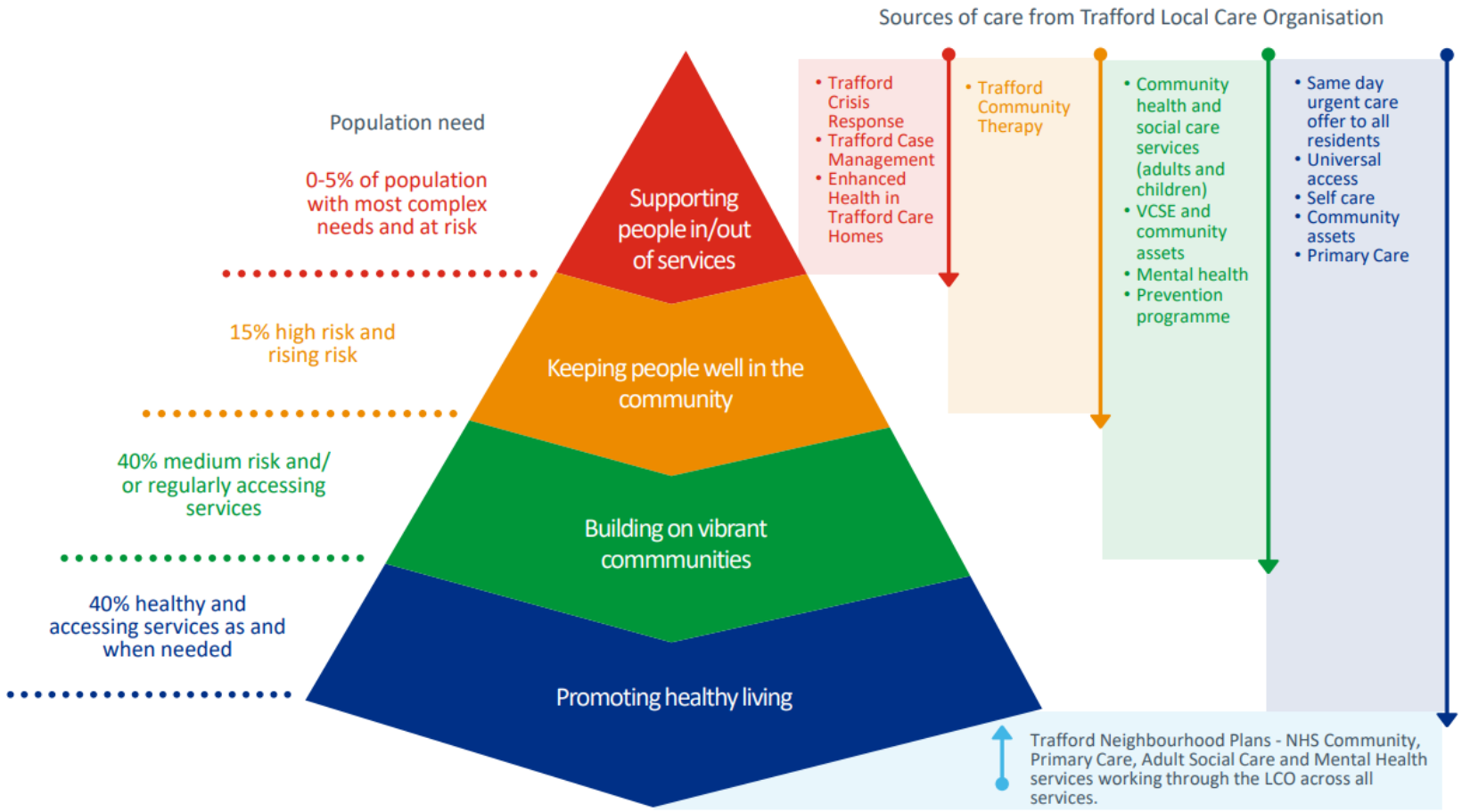
Healthy homes, quality outdoor spaces and safe, connected communities

Schools, colleges, early years settings and community groups that support children and young people to flourish

Local employers engaged to create inclusive, equitable economies that maximise the Trafford pound while reducing carbon

Existing Approaches – What good looks like

Case Study: Community Model



Existing Governance, Roles and Responsibilities

A number of existing Trafford governance groups have an active role in tackling health inequalities…….

Trafford Health and Wellbeing Board	**Trafford Locality Board**	**Trafford Provider Collaborative Board**
Trafford Clinical and Practitioner Senate	**Trafford Partnership Board**	**Trafford Inclusive Economy Board**
Trafford Council Equality Group	**Trafford CCG Equality Group**	**Council Staff Groups / CCG Staff Groups**

The governance diagram overleaf describes the pertinent new H&SC governance in Trafford including how the key governance forums connect, their purpose and the current leadership arrangements

Chair: Manish Prasad
This group provides a single point of clinical and practitioner oversight of community-based health and care provision across Trafford with involvement in the design, planning and delivery functions of the provider collaborative arrangements. It will support the development of clinical pathways and pathway / service redesign, providing evidence based advice and guidance, working across organisational boundaries to promote a whole system approach. It will make recommendations and formally support service change, stand-up and pathway redesign through into the Provider Collaborative Board for onward approval.

Trafford Locality Board

Trafford Provider Collaborative Board

Trafford Clinical and Practitioner Senate

Co Chairs: Andrew Western, Muhammed Imran
The OSB will agree the shared priorities and strategic direction for health and care in Trafford and undertake all function and duties delegated to it by GM ICB. It will ensure that all elements of NHS and local authority services are aligned with the shared Trafford strategic direction. It will agree resource allocation within the scope of responsibility delegated to it and act as the interface with GM ICB & HCP.

Co-Chairs: Diane Eaton, Gill Heaton
The purpose of the Board is to be the engine room of the Trafford Locality Board (TLB) shaping, co-designing and delivering services in line with the priorities of the Trafford Together Locality Plan and strategic direction set by the TLB – In summary it is responsible for delivery of the Locality Plan. It will work in partnership to deliver high quality, safe services at the right time and in the right place. We will shape and co-design services to ensure we maximise Trafford's resources.

H&SC System Reform Steering Group

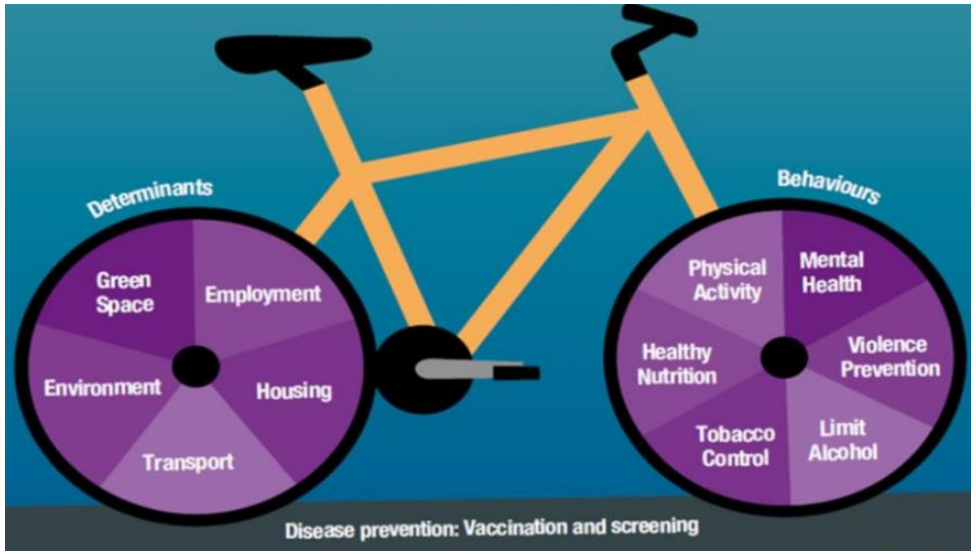
Chair: Sara Radcliffe
This group is to develop and support the ongoing local system reform in response to the creation of GM ICS. The Board will ensure work is carried out to support the development of the Locality model through the established working groups and linking closely with the Provider Collaborative Board. It has oversight of all working groups, translates policy and guidance and co-ordinates delivery of the work programmes up to the TLB.

Chair: Diane Eaton
The purpose of this group is to oversee the delivery of the programmes of work identified by the Provider Collaborative Board. It will monitor progress and coordinate the priority programmes of work through its direct relationship to the three Strategic Design Groups (SDGs). The Board will ensure connections and interdependencies are made across the SDG's. It will embed a proportionate 'programme risk management approach'. – allowing the partners to mitigate and manage risk successfully but have clear lines to escalate to the Provider Collaborative Board if appropriate.

H&SC Delivery Steering Group

Understanding the role of the Health and Wellbeing Board

- We have recently completed an LGA review of our Health & Wellbeing Board aiming to agree the Board's purpose and functions in the new integrated health and care landscape.
- This review has enabled us to refresh and strengthen the HWBB, aligning it to place-based partnership arrangements with a focus on prevention and health inequalities, moving away from the current 'treatment' focus.
- The HWBB have agreed that the 2019-29 Health & Wellbeing Strategy remains the key driver for its work, and Board meetings over the next three months will involve a series of deep dives focusing on 5 key priorities set out in the Health & Wellbeing Strategy namely:
    - Physical activity
    - Healthy weight
    - Mental health
    - Alcohol
    - Tobacco

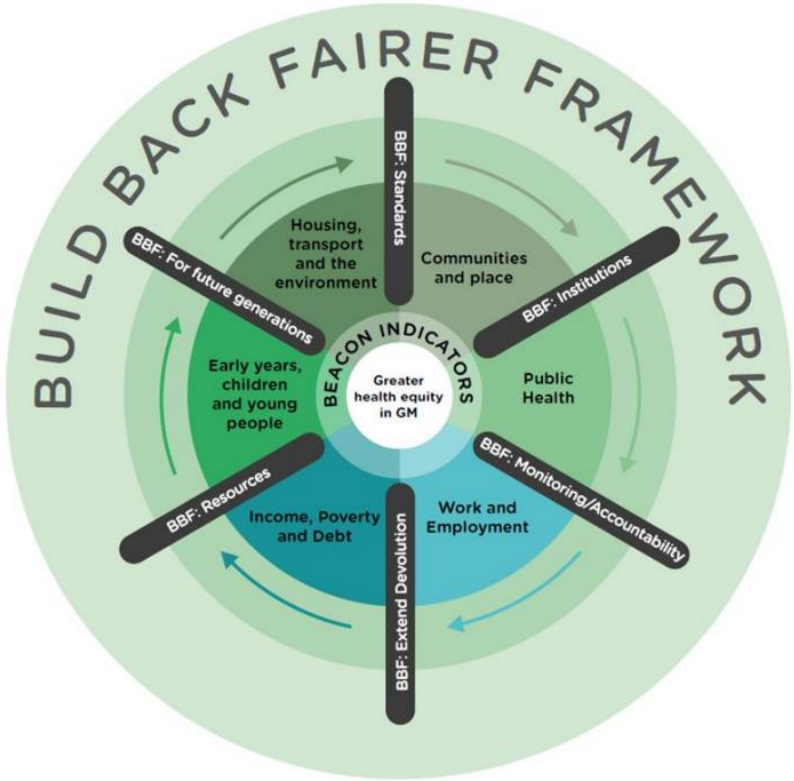


Health Inequalities

Planning Guidance and Key Strategies

A visual of each of the documents may be more powerful here to show the plethora of relevant strategies and other key documents –
One of the challenges we have in developing a co-ordinated integrated approach to reducing health inequalities is that different partners are working to different planning guidance. Whilst this adds complexity it more than anything requires a structured approach where there is clear accountability and visibility on all the areas of action, leadership and governance

- Trafford Together Locality Plan
- NHS Planning Guidance 22/23
- Trafford Council Corporate Plan 2022/23
- NW ADASS Vision 2030
- Trafford HWBB Strategy
- Trafford VCFSE Strategy
- Trafford Poverty Strategy
- Trafford Social Value Charter
- GM Strategies: Taking Charge 2, People and Communities Engagement Strategy, Marmot, GM Inequalities Commission, etc



Trafford TOGETHER

Key Strategies example: The Poverty Truth Commission

- An example of activity in the borough relating to the council's corporate priorities of health inequalities and supporting people out of poverty is The Poverty Truth Commission which launched in May 2022.
- The Commission has 20 civic leaders from private, public, voluntary sectors etc and 15 community commissioners who have or are experiencing poverty.
- The Commission will conclude by March 2023 and the report and findings will be ready for summer 2023 and be incorporated into the three year partnership poverty strategy.
- A progress report on Equalities is currently being drafted and will be going to the Council Executive in July. The report will provide a summary of performance against the Council's Corporate Plan and supporting management information for the refreshed priorities, for January to March 2022, Quarter 4

NHS Planning Guidance 2022/23

- GM ICS have responded to the NHS Planning Guidance describing how we will collectively work across the conurbation to tackle our health inequalities

Locally we have RAG rated our work and approaches against the criteria set out in the table to the right:

System name:	
Introduction - Health Inequalities - Maintain focus on preventing ill-health and tackling health inequalities by redoubling efforts on the five priority areas for tackling health inequalities set out in guidance in March 2021. ICSs will take a lead role in tackling health inequalities, building on the Core20PLUS5 approach introduced in 2021/22 to support the reduction of health inequalities experienced by adults, children and young people, at both the national and system level.	
Please outline priority actions, assumptions, risks, issues and associated mitigation. Please refer to guidance on the five priority areas and Core20PLUS5 approach to support your response.	
Actions	
Assumptions	
Risks, issues and mitigation	

Criteria	RAG
1. Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.	
2. Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.	
3. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.	
4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.	
5. Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19, underpinned by more robust data collection and monitoring by 31 December.	
6. Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders. Classification: Official 3 | Implementing Phase 3 of the NHS response to the COVID-19 pandemic	
7. Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September.	
8. Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March.	

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1 **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2 **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3 **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4 **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5 **HYPERTENSION CASE-FINDING**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Business Intelligence: Being a data led system

CCG BI Team
* Head of Business Intelligence
** Senior Information Analyst*

Receives national and local datasets via contracts with providers. DSCRO provide pseudonymised data for Commissioning purposes

All data stored in TCCG Data Warehouse

Business Intelligence and reports delivered via Tableau

Supports → All teams within TCCG

Replaced by GMICS from July 2022

Works closely with:
Primary Care Data Quality
Commissioners
Finance
Performance & Quality Team
Public Health
Local Authority BI Team

Risks
Loss of local knowledge
One Size Fits All Approach
Centralisation / loss of response time
Council BI and Public Health are not part of ICS

Opportunities
Pooled BI knowledge & Experience
Efficiencies in processing
Removal of duplication of effort
GM-wide agreements open up new datasets / insight for Trafford Locality

Business Intelligence: Being a data led system

ICS Data & Intelligence Transition Workshops
February – June 22

Workshops attended by Gtr Mcr CCG BI Teams, Public Health, Local Authority, GMHSCP

Prioritising ICB Establishment & Technical Infrastructure and Data Management

Key Outputs – 7 Task & Finish Workstreams aligned to ICS Intelligence functions and key activities:

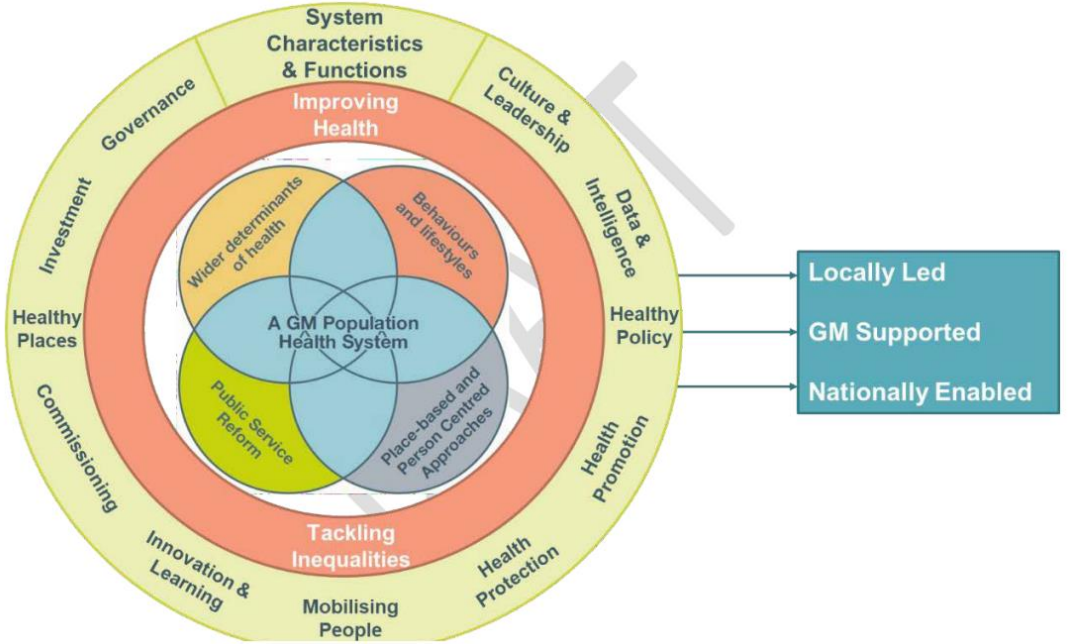
ICB Establishment – covering CCG/GMHSCP/GMSS staff transition issues; ICB HR, Finance and Corporate reporting; Governance and links to wider ICS
Technical Infrastructure and Data Management - Infrastructure & Cloud; Data Management (thematic datasets); Direct Care Re-Ident & Interoperable API driven models, TRE
Data Governance – ICS DARS; Novation of DSAs and new DPIAs; Data Access and User management; Sources of Data for Longitudinal Record
Standardisation and methods - Capacity & Demand model; Population Health Management; System PQI Methods; Data Science and Advanced Analytics; Output QA process
Strategic Intelligence -Pop health; System Surveillance; Marmot Beacon Indicators
Mobilisation – Curator Web development & Dissemination; GM Futures Site management; Communications; PMO
ICS Workforce development - Staff development, training and professional registration; AnalystX

Population Health Management

- GM Population Health System Framework – a shared ambition within GM to use our system assets and the opportunities of devolution to significantly improve health and tackle inequalities
  - ❑ Core system characteristics
  - ❑ Conditions & Functions required at a City-Regional Level
  - ❑ **Conditions & Functions required at a locality / neighbourhood level**

Trafford approach will include:

- ❑ Culture
- ❑ Governance
- ❑ Mobilising and Involving People & Communities
- ❑ Leadership
- ❑ Sustainable investment in Population Health
- ❑ Data, Intelligence, Research and Evaluation
- ❑ Shaping Healthy Policy & Strategy
- ❑ Health Protection
- ❑ Taking action to improve health
- ❑ Tackling Inequalities
- ❑ Commissioning for Health & Outcomes
- ❑ Shaping heathier environments by optimizing the use of regulatory & legislative levers and powers
- ❑ Promoting Innovation and Learning



Trafford Population Health Management

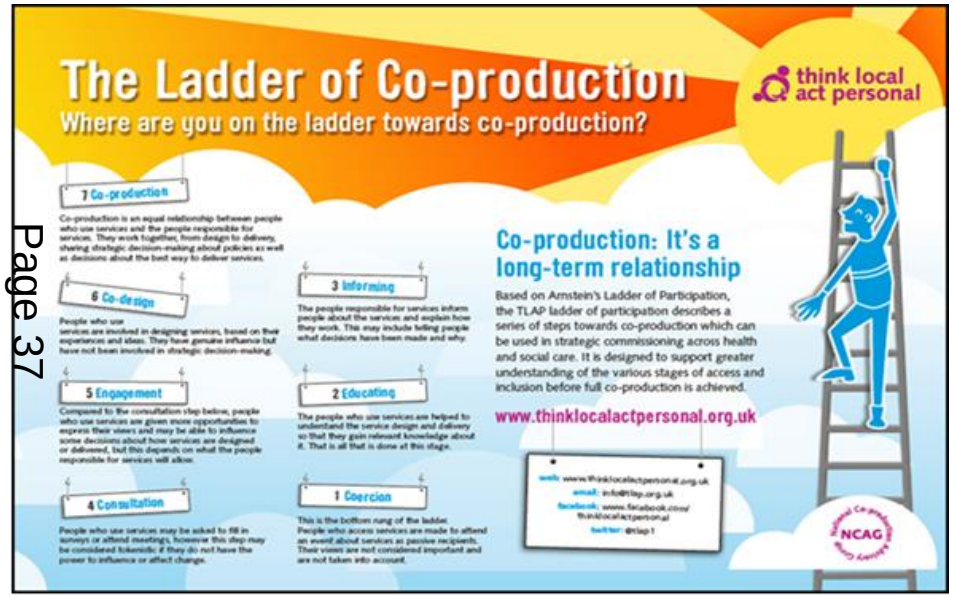
- Key to addressing health inequalities will be the early identification of people at risk of or in the early stages of illnesses.

- We will continue to strengthen our Population Health Approach so that people are identified and supported to manage their condition at the earliest possible stage, with a greater focus on working in the most deprived areas.

- We will increase collaborative delivery at Neighbourhood level (with particular emphasis on those supporting people in the most deprived areas), supporting a locally driven population health management approach through our emergent Neighbourhood Model

- Initially we will focus on ensuring that people with Learning Disabilities and Mental Health issues and carers have health checks with appropriate care and support plans.

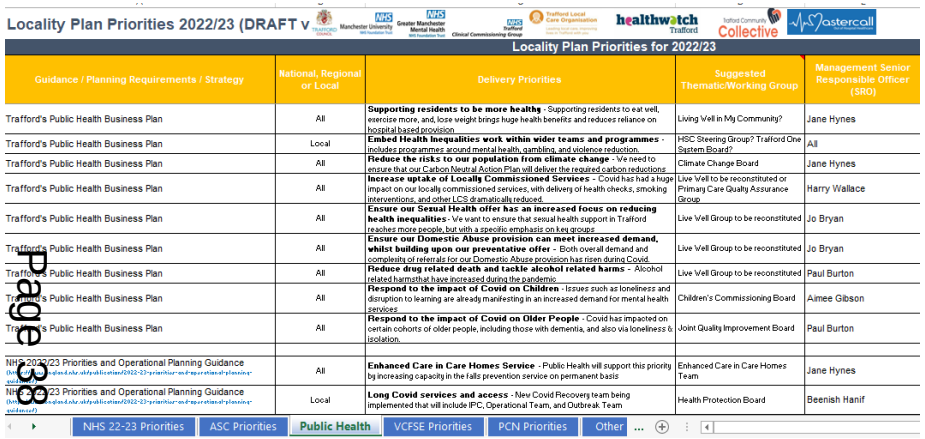
Public and Community Engagement



Our Engagement Methods……

- Public/VCFSE sit on various committees and can influence priorities and decisions
- Healthwatch Trafford representation truly valued by partners
- Established and effective partnership working to plan and co-design with VCFSE and communities
- Community insight via established networks/partners and teams
- Asset Based approaches – Community Hubs, Lets Talk, Asset Mapping

TPCB Prioritisation: Understanding our priorities and impact on reducing health inequalities



Locality Plan Priorities 2022/23 (DRAFT v

Locality Plan Priorities for 2022/23

Guidance / Planning Requirements / Strategy	National, Regional or Local	Delivery Priorities	Suggested Thematic/Working Group	Management Senior Responsible Officer (SRO)
Trafford's Public Health Business Plan	All	**Supporting residents to be more healthy** - Supporting residents to eat well, exercise more, and, lose weight brings huge health benefits and reduces reliance on hospital based provision	Living Well in My Community?	Jane Hynes
Trafford's Public Health Business Plan	Local	**Embed Health Inequalities work within wider teams and programmes** - includes programmes around mental health, gambling, and violence reduction.	HSC Steering Group? Trafford One System Board?	All
Trafford's Public Health Business Plan	All	**Reduce the risks to our population from climate change** - We need to ensure that our Carbon Neutral Action Plan will deliver the required carbon reductions	Climate Change Board	Jane Hynes
Trafford's Public Health Business Plan	All	**Increase uptake of Locally Commissioned Services** - Covid has had a huge impact on our locally commissioned services, with delivery of health checks, smoking interventions, and other LCS dramatically reduced.	Live Well to be reconstituted or Primary Care Quality Assurance Group	Harry Wallace
Trafford's Public Health Business Plan	All	**Ensure our Sexual Health offer has an increased focus on reducing health inequalities** - We want to ensure that sexual health support in Trafford reaches more people, but with a specific emphasis on key groups	Live Well Group to be reconstituted	Jo Bryan
Trafford's Public Health Business Plan	All	**Ensure our Domestic Abuse provision can meet increased demand, whilst building upon our preventative offer** - Both overall demand and complexity of referrals for our Domestic Abuse provision has risen during Covid.	Live Well Group to be reconstituted	Jo Bryan
Trafford's Public Health Business Plan	All	**Reduce drug related death and tackle alcohol related harms** - Alcohol related harms that have increased during the pandemic	Live Well Group to be reconstituted	Paul Burton
Trafford's Public Health Business Plan	All	**Respond to the impact of Covid on Children** - Issues such as loneliness and disruption to learning are already manifesting in an increased demand for mental health services	Children's Commissioning Board	Aimee Gibson
Trafford's Public Health Business Plan	All	**Respond to the impact of Covid on Older People** - Covid has impacted on certain cohorts of older people, including those with dementia, and also via loneliness & isolation.	Joint Quality Improvement Board	Paul Burton
NHS 2022/23 Priorities and Operational Planning Guidance	All	**Enhanced Care in Care Homes Service** - Public Health will support this priority by increasing capacity in the Falls prevention service on permanent basis	Enhanced Care in Care Homes Team	Jane Hynes
NHS 2022/23 Priorities and Operational Planning Guidance	Local	**Long Covid services and access** - New Covid Recovery team being implemented that will include IPC, Operational Team, and Outbreak Team	Health Protection Board	Beenish Hanif

NHS 22-23 Priorities | ASC Priorities | Public Health | VCFSE Priorities | PCN Priorities | Other

- We have been through a process of identifying Locality Plan priorities and the forums these will report into, as well as identifying leads
- Health inequalities have been a key focus in determining our priorities

TPCB In-Scope Priorities

Trafford Provider Collaborative Board

Locality Resilient Discharge to Assess Model — **SSIH** cross-cut with **LWAH**

Implementation of Neighbourhood Model/Anticipatory Care — LWAH cross-cut with LWIMC

TPCB Operational Effectiveness Review Recommendations (TBC)

Opportunities, Challenges & Risks

- **Fragmented analytical capacity** across partners
- Uncertainty on **governance** and other critical path issues
- Local **data sharing issues** – particularly access to primary care data
- Data accessibility issues – particularly with the **multiple separate servers** in operation
- Data Quality
- Data and Intelligence – **Capacity** to deliver against both organisational, sector and partnership priorities
- Embryonic developments of the '**Public and Community Engagement**' model
- Uncertainty surrounding the appointment process and subsequent responsibilities of the **Place Leader**
- A common understanding and **definition of business intelligence** – we mean different things when saying business intelligence
- **Staff development** and 'skilling up' will be required
- **Financial constraints** and available resources
- Interdependencies with **Manchester**
- **Transformation / System Reform 'v' Business As Usual**
- **Holding ourselves to account** – where does progress get reported?
- Transition: Alignment and ways of working of current CCG functions across a **'hub and spoke'** model

Our proposed approach to tackling health inequalities, supported by the Trafford Locality Board: A Framework for action

Review of the Data and Intelligence

- What is our data telling us? Where are our biggest inequalities and what are the causes? What is within our collective gift to do something about the root causes?

Existing Services Review

- Are our existing services helping address inequalities? Have we any gaps in service? What services are not having the desired impact? What services need to be more targeted?

Commissioning / Transformation of new services

- Can we embed in governance a process whereby new services must account for a reduction in health inequalities? What are the opportunities of in-sight locality funding and future pooled funding arrangements? Do we need to strengthen the current integrated commissioning approach? How do we influence those services commissioned at GM ICB level?

Tackling Wider Determinants

- How do we use the reach of our partnerships to address the wider determinants? How do we make real connections between complimentary strategies?

Our proposed approach to tackling health inequalities: Design Principles

- We need to take a stronger approach to **service design, access and delivery** to tackle health inequalities, in particular for those conditions which people from vulnerable groups or the poorest parts of the borough are dying of earlier, including cancer, CVD, respiratory disease, etc.
- **For new services:** We will start with the question how does this reduce health inequalities when commissioning or redesigning services (rather than just thinking about how a new services doesn't increase health inequalities).
- In all cases we will consider **disproportionate funding** services targeted in specific areas and at specific groups where appropriate.
- We will identify the people who currently have the poorest outcomes and ensure that their **voices** are central to how the new services are commissioned, with a much stronger emphasis on co-production.
- We will build in **performance measures** to all new contracts to ensure that outcomes for people currently experiencing the poorest health are improved
- We will support an approach to **care and disease pathway improvement** (e.g. diabetes) that focusses on bringing together key clinicians and professionals across primary, community and secondary care, in Trafford Clinical and Practitioner Senate. There will be an emphasis on **problem solving, quality improvement and developing shared objectives** with a view to making a greater impact on deprived communities.
- This will be underpinned by a population health management approach, through a **Neighbourhood Delivery model.**

Next steps agreed at the Trafford Locality Board

- Consider the work that is ongoing in relation to GM ICS and how Trafford can create a clear locally developed view as to how data will be curated, managed, and utilised in a sustainable and resilient way moving forward
- Agreed the outlined ‘framework for action’ approach
- Agreed the ‘design principles’
- Agreed the need for a local formal governance process to identify impact of new projects / programmes (In-Scope) on tackling inequalities
- Agreed ‘leadership’ and the forums to drive the work – pending HWBB review outcome and TPCB Operational Effectiveness Review
- Agreed the requirement for a time limited ‘Data and Intelligence’ forum to drive the business intelligence analytical work moving forward

Any questions or comments?

Appendix:

Prevention: We will work to ensure that the NHS maximises its contribution to prevention through the contracts we have with providers. This will include building preventive approaches into pathways, and ensuring that NHS staff have access to prevention and wellbeing services. Our key behavioural change programmes are:

Key priority	Rationale
Smoking Reducing rates for people with SMI and rates in our wards with higher levels of deprivation.	Whilst adult smoking prevalence in Trafford has been **declining** from 16.4% in 2015 to 9.1% in 2019, and smoking prevalence in routine and manual workers has seen a sharp **decline** from 26.4% in 2018 to 17.4% in 2019. The inequality gap in smoking prevalence between those with and without a long term mental health condition is **widening.** Trafford is significantly worse than the England average and the third highest amongst group of similar authorities for lung cancer registrations. 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)
Alcohol Reducing rates for males and residents in our wards with higher levels of deprivation.	Rates of alcohol-related hospital admissions in 2018-2019 have remained **stable** at 601 per 100,000; but **higher** than England average; rates of alcohol-related deaths have **declined** from 55.9 per 100,000 in 2013 to 44.2 per 100,000 in 2018. Premature mortality (deaths under 75 years of age) from liver diseases in Trafford has been **declining** from 22.8 per 100,000 in 2011-2013 to 18.9 per 100,000 in 2017-2019. However rates of alcohol-specific hospital admissions for individuals **under 18 years** of age are 47.6 per 100,000 for 2017/2018-2019/2020 are **higher** than England average. Alcohol related death and hospital admission rates amongst male residents in Trafford are at least twice as high as amongst females. Hospital admissions for alcohol attributable conditions increase as the levels of deprivation increases in Trafford.
Physical Inactivity. Reducing rates **in** adults who are inactive and increase in physical inactivity in Trafford adults with a disability or long term health condition.	About 1 in 5 (19.9%) Trafford adults are inactive (<30 mins a week) **an improvement** (reduction) on 2015/16 baseline44% of Trafford adults with a disability or long term health condition are inactive compared with 18.9% of those without a disability. With individuals in both categories becoming more active, the disability gap has **reduced** to 25.5%. However widening inequalities with increase in overweight/obesity and in physical activity in deprived population groups, black and Asian ethnic groups and males .Continued inequality gap between activity levels of individuals with a disability or long term health condition and the general population.
Obesity: Reducing rates in our BAME community, and wards with high levels of deprivation. Reducing rates in Year 6	Percentage of adults (aged 18+) classified as overweight or obese has seen a **significant drop** (4.7%) from 64% in 2018/19 to 59.3% in 2019/20..Prevalence of overweight (including obesity) in reception has **declined** from 20.2% in 2014/15 to 18.8% in 2019/20. But prevalence of overweight (including obesity) in Year 6 has **increased** from 29.8% in 2014/15 to 32.2% in 2019/20

We will support investment in evidence based prevention services where we know this will improve health outcomes, and will focus this investment in the most deprived areas of the Borough and with marginalised and vulnerable groups. This will also include wellbeing schemes which address mental health, targeted prevention programmes which promote healthy ageing, and which support people known to be at high risk of developing long term physical and mental health condition