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AGENDA PAPERS MARKED 'TO FOLLOW' FOR

HEALTH AND WELLBEING BOARD

Date: Friday, 2 February 2018

Time: 9.30 a.m.

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

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4.	**PROGRAMME MANAGEMENT OF BOARD PRIORITIES**		1 - 8

To receive a verbal update from the Interim Director of Public Health.

THERESA GRANT
Chief Executive

Membership of the Committee

B. Levy, Councillor J. Lamb (Chairman), M. Colledge (Vice-Chairman), Councillor S.K. Anstee, J. Colbert, C. Daly, H. Fairfield, Dr. M. Jarvis, Councillor J. Lloyd, E. Roaf, Councillor M. Whetton, A. Worthington, K. Ahmed, D. Eaton, Councillor J. Harding, W. Miller, P. Nkwenti, R. Spearing, C. Ward, M. Bailey, M. Roe and C. Davidson.

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

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

This agenda was issued on **25 January 2018** 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 & Wellbeing Board**
Date: **2nd February 2018**
Report for: **Information**
Report of: **Julie Hotchkiss, Consultant in Public Health**

Report Title

Update on the priorities of the Health and Wellbeing Board

Purpose

To update the Board on the progress of the priorities: reducing tobacco related harm, reducing harm due to alcohol, reducing the impact of poor mental health

Recommendations

To note the information within the report.

Contact person for access to background papers and further information:

Name: Julie Hotchkiss – 0161 912 1936

1. Reducing tobacco related harm

Outcomes – The latest estimates (2016) suggest that 12.6% of Trafford adults are current smokers, which is a decrease from 19.2% of the population in 2012, or put another way, a third of the people smoking in 2012 have since given up – a huge and statistically significantly decrease. However there is no room for complacency as we still have around 23,000 smokers, and our residents still suffer the impact of previous high levels of smoking – Trafford has a higher level of lung cancer registrations than many other areas.

Last year Trafford reported far fewer smoking quits than other areas – which can be partly explained by the discontinuation of the Specialist Stop Smoking Service – not only because of their direct clients, but the support and training the specialists gave to pharmacists and primary care staff to support their clients to in their quit attempts and data collection.

A major concern is that people in more disadvantage circumstances are much more likely to smoke: this includes people living in deprived areas, and particularly those with long term mental illness –another of the Board's priorities (below). We are working on a new Prevention and Wellness service offer, which will include specialist stop smoking support amongst other lifestyle behaviour change and emotional wellbeing support. This will only "go live" in April 2019, so we are working on providing targeted stop smoking support to people with mental health problems through Greater Manchester Mental Health Trust, and also an outreach programme for people with severe respiratory disease, generally Chronic Obstructive Pulmonary Disease (COPD).

Successes include adoption of the Smoke-free School Gates initiative by many primary schools following trailblazer The Firs Primary School, in partnership with Our Sale West community group. Recently the CCG signed up to the NHS Pledge and we are about to initiate a multi-agency Tobacco Alliance.

2. Reducing harm due to alcohol

Alcohol remains a thorny issue - estimated 28% of Trafford adults – or around 51,000 - are drinking above the recommended levels; and the borough suffers as shown in the dashboard.

Unfortunately, there is little action we can undertake at the local level to make much population impact, as the greatest effect on levels of alcohol consumption is availability. When one can buy alcohol very cheaply, at numerous outlets, including home delivery, almost around the clock, we are fighting a losing battle. That is why we are lobbying hard for a Minimum Unit price, which would raise the price of the very cheap beer and cider thereby reducing consumption by the heavy drinker who has a low income.

We are about to start a major new initiative in Partington, where up to 25 local Alcohol Champions will be trained up and tackle alcohol issues in ways they see fit within their own communities. This is the Trafford implementation of a project

involving Greater Manchester Health and Social Care Partnership and Public Health England.

The new integrated substance misuse service covering Bolton, Salford and Trafford commenced on 15 January, building on the successes of the former services for people with alcohol dependence.

3. Reducing the impact of poor mental health

As described earlier those with long term mental illness have a much higher prevalence of smoking, we are working on providing targeted stop smoking support to people with mental health problems through Greater Manchester Mental Health Trust, and also an outreach programme for people which will include specialist stop smoking support amongst other lifestyle behaviour change and emotional wellbeing support.

A new primary care mental health service is being designed, which will provide service offers for people who fall under the threshold for services for people with severe mental health problems such as the psychoses, but would benefit from additional support. This will be very closely linked to the new Prevention and Wellness service offers.

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Updates to draft Health and Wellbeing Board Outcomes Framework

In November 2017, a number of indicators included in the draft H&WB Board Outcomes Framework were updated by Public Health England to include more recent data. They are highlighted in yellow in the framework (attached) and summarised below.

Alcohol

Two outcomes have been refreshed with more recent data:

- Alcohol-related mortality: The rate for Trafford has increased slightly (but not significantly) between 2015 and 2016, but remains similar to the England average.
- Alcohol-specific mortality: This indicator includes deaths from conditions which are *wholly* attributable to long-term alcohol misuse. Between 2013-15 and 2014-16 the rate for Trafford has fallen from 14.6 to 12.3 per 100,000, and has moved from statistically worse than the England average to statistically similar.

This news is positive. However, Trafford still fares relatively less well on indicators of alcohol-related hospitalisation, especially for those conditions where alcohol is the sole cause, and rates are worsening both locally and nationally. Recently published data ranks Trafford worst among a group of similar authorities on premature death rates from liver disease, and data for wards within Trafford show wide variation in alcohol related harm which is linked to deprivation.

Tobacco

Two indicators have been refreshed with more recent data:

- Smoking attributable mortality: the age standardised rate for Trafford has decreased between 2013-15 and 2014-16 remaining statistically similar to the average for England and contributing to a longer term downward trend.
- Smoking Status at Time Of Delivery (SATOD): The Trafford SATOD proportion has decreased from 7.6% in 2015/16 to 6.4% in 2016/17. The Trafford proportion is best among a group of similar authorities and remains statistically significantly better than the England average (10.7%).

Along with the declining overall prevalence of smoking in adults and children, this news is positive. However, lung cancer incidence in Trafford, especially among males, is higher than the England average and the lung cancer mortality rate in Trafford is 14th worst of 15 local authorities in the same socio-economic bracket. There are also very wide inequalities in lung cancer incidence within Trafford which are very closely linked to levels of deprivation.

Mental Health

One indicator has been refreshed with more recent data

- The suicide rate for Trafford has been updated to include data for 2014-16. Between 2013-15 and 2014-16 there was a decline in Trafford rate from 8.1 to 6.8 per 100,000, moving from statistically similar to better than the average for England, and lowest among a group of similar authorities.

Good news. However, the very high and increasing excess premature mortality in adults with serious mental illness is a local concern (although this indicator has not been updated in this round).

Physical Activity

Three indicators have been refreshed with more recent data

- Percentage of physically active adults: The source of this indicator has changed to the Active Lives Survey. Based on recently published data for 2016/17, 63.5% of Trafford adults aged 16+ were physically active (i.e. meeting recommendation of 150+ moderate intensity equivalent minutes per week). This is statistically similar to the average for England (60.6%).
- Excess weight in adults: The source of this indicator has changed to the Active Lives Survey. Based on data for 2015/16, 59.4% of Trafford adults aged 18+ are classified as overweight or obese, statistically similar to the average for England (61.3%).
- Child excess weight in Year 6: Data for 2016/17 indicate that a third (33.1%) of Trafford children in Year 6 is overweight or obese, statistically similar to the England average (34.2%). This represents a slight but not significant increase on the 2015/16 figure for Trafford (30.9%).

Levels of obesity in in Trafford are similar to the England average. However, it should be noted that Public Health England has reiterated that ***the UK is experiencing and epidemic of obesity affecting both adults and children.***

Cancer

One indicator has been refreshed with more recent data

- Premature mortality from cancer considered preventable: The rate for Trafford continues to improve, and the Trafford rate for 2014-16 remains similar to the average for England.

Good news. However an issue locally is the wide social inequalities within Trafford in cancer incidence and mortality. The social inequality in lung cancer incidence is especially marked. Screening coverage in Trafford is generally good - although breast cancer coverage has now reduced to lower than the England average. There are inequalities in coverage between GP practices.

Kate Hardman, Public Health Intelligence Analyst (E-mail: kate.hardman@trafford.gov.uk)

25th January 2018

Trafford Health and Wellbeing Board Outcomes Framework (Updated indicators highlighted in yellow) - 25/01/18 update

Objective/Indicator	Source	Year	Unit	Trafford value	Comparators				Change	
					Stockport	Best in peer group	North West	England	Since previous period	Trend
Improve healthy life expectancy										
Healthy life expectancy at birth (Male)	PHOF 0.1i	2013-15	Years	62.9	65.0	66.4	61.1	63.4	↓	
Healthy life expectancy at birth (Female)	PHOF 0.1i	2013-15	Years	65.1	65.9	67.9	62.0	64.1	↑	
Slope Index of Inequality in healthy life expectancy (Male)	PHOF 0.2vi	2009-2013	Years	15.8	17.3	8.7				
Slope Index of Inequality in healthy life expectancy (Female)	PHOF 0.2vi	2009-2013	Years	16.1	16.6	7.8				
Reduce harm from alcohol										
Admission episodes for alcohol-related conditions (Narrow)	PHOF 2.18	2015/16	DSR per 100,000 popn	586	739	551	737	647	↓	
Admission episodes for alcohol-related conditions (Broad)	LAPE 9.01	2015/16	DSR per 100,000 popn	2,332	2,590	1,859	2,601	2179	↓	
Admission episodes for alcohol specific conditions	LAPE 6.02	2015/16	DSR per 100,000 popn	750	962	246	891	583	↓	
Admission episodes for alcohol-specific conditions - Under 18s	LAPE 5.02	2013/14 - 2015/16	Crude rate per 100,000	34.8	73.8	10.8	54.1	37.4	↓	
Alcohol related mortality	LAPE 4.01	2016	DSR per 100,000 popn	44.5	47.4	36.5	54.7	46	↑	
Alcohol-specific mortality	LAPE 2.01	2014-16	DSR per 100,000 popn	12.3	14.5	7.2	16.3	10.4	↓	
Reduce harm from tobacco										
Smoking prevalence in adults	PHOF 2.14	2016	Proportion	12.6	12.2	9.7	16.8	15.5	↓	
Smoking prevalence in adults in routine and manual occupations	PHOF 2.14	2016	Proportion	28	22.4	19.2	26.8	26.5	↓	
Smoking attributable mortality	PHE LTCPS	2014-16	DSR per 100,000 popn	258.2	261.8	201.1	330.6	272	↓	
Smoking attributable hospital admissions	PHE LTCPS	2015/16	DSR per 100,000 popn	1655	1660	1205	1949	1726	↓	
Smoking status at time of delivery	PHOF 2.03	2016/17	Proportion	6.4	10.8	6.4	13.4	10.7	↓	
Smoking prevalence at age 15 - Current smokers (WAY)	PHOF 2.09i	2014/15	Proportion	5.3	7.1	4.7	8.0	8.2		
Improve mental health and reduce the impact of mental illness										
Suicide rate	PHOF 4.10	2013-15	DSR per 100,000 popn	6.8	9.8	6.8	11	9.9	↓	
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	PHOF 1.08iii	2015/16	Percentage point	71.0	Suppressed	62.3	65.0	67.2	↑	
Self-reported wellbeing - people with a high anxiety score	PHOF 2.23iv	2015/16	Proportion	17.1	21	16.8	20	19.4	↓	
Excess under 75 mortality rate in adults with serious mental illness	PHOF 4.09i	2014/15	Indirectly standardised ratio	480.3	334.2	217.8	401.2	370	↑	
Emergency hospital admissions for intentional self-harm	PHOF 2.10ii	2015/16	DSR per 100,000 popn	135.5	230.8	55.7	250.4	196.5	↓	
Increase physical activity										
Percentage of physically active adults	Active Lives	2016/17	Proportion	63.5				60.6		
Percentage of 15 year olds physically active for at least one hour per day seven days per week	PHE PA Profiles	2014/15	Proportion	11.4	13.6	18.8	13.2	13.9		
Percentage of adults who do any walking, at least five times per week	PHE PA Profiles	2014/15	Proportion	43.0	44.3	56.4	48.5	50.6		
Percentage of adults who do any cycling, at least three times per week	PHE PA Profiles	2014/15	Proportion	3.0	3.7	14.8	3.4	4.4		
Utlisation of outdoor space for exercise/health reasons	PHOF 1.16	Mar 2015 - Feb 2016	Proportion	18.7	17.8	25.8	17.5	17.9	↑	
Excess weight in adults	PHOF 2.12	2015/16	Proportion	59.4	62.4	55.3	63	61.3		
Child excess weight in Year 6	PHOF 2.06ii	2016/17	Proportion	33.1	31.9	27.3	35.2	34.2	↑	
Increase cancer screening rates										
Under 75 mortality mortality rate from cancer considered preventable	PHOF 4.05ii	2014-16	DSR per 100,000 popn	81.9	82.5	61.6	92	79.4	↓	
Cancer diagnosed at an early stage	PHOF 2.19	2015	Proportion	56.1	55.4	60.4	50.8	52.4	↑	

Key to colour coding: Red = statistically significantly worse than England; Amber = not statistically significantly different from England; Green = statisticallly significantly better than England; Grey = not compared
(1) Peer group comparison is among Trafford's 15 nearest statistical neighbours (CIPFA)
(2) Colour coding of arrow denotes whether upward/downward trend represents improvement or deterioriation, but does not denote statistical significance of this change

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