



**TRAFFORD
COUNCIL**

**AGENDA PAPERS FOR
HEALTH AND WELLBEING BOARD MEETING**

Date: Friday, 11 January 2019

Time: 9.30 am p.m.

Place: Meeting Room 9 Trafford Town Hall, Talbot Road, Stretford M32 0TH

A G E N D A	PART I	Pages
1. ATTENDANCES		
To note attendances, including officers, and any apologies for absence.		
2. MINUTES		
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 19 th October, 2018.		
		1 - 8
3. DECLARATIONS OF INTEREST		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
4. QUESTIONS FROM MEMBERS OF THE PUBLIC		
A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4pm on the working day prior to the meeting. Questions must be relevant to items appearing on the agenda and will be submitted in the order in which they were received.		
5. STRATEGY AND PERFORMANCE		
(a) HEALTH AND WELLBEING 10 YEAR STRATEGY		
To receive a presentation from the Interim Director of Public Health.		9 - 20
6. BOARD DEVELOPMENT		
(a) VCSE ENGAGEMENT		

Health and Wellbeing Board - Friday, 11 January 2019

(i) VCSE Representatives on the Health and Wellbeing Board

To receive a verbal update from the Chair of the Health and Wellbeing Board and to approve the appointment of two VCSE Representatives.

(ii) Trafford VCSE Collective

To receive a presentation from Thrive Trafford and the Trafford VCSE Collective. To Follow

7. UPDATES FROM SUB BOARDS

(a) **START WELL BOARD**

To receive a report from the Executive Member for Children Service's. To Follow

(b) **LIVE WELL BOARD**

To receive a report from the Chair of the Health and Wellbeing Board and to approve alcohol policy and legislation letters. 21 - 26

(c) **AGE WELL BOARD**

To receive a report from the Executive Member for Adult Social Care. 27 - 30

8. MENTAL HEALTH PARTNERSHIP

To receive a report from Lead Commissioner Mental Health & Learning Disability and to receive an update on Trafford's integrated social prescribing model. To Follow

9. TRANSFORMATION AND SUSTAINABILITY

(a) **DELAYED TRANSFERS OF CARE FROM HOSPITAL AND CQC ACTION PLAN**

To receive a report from the Director of Integrated Services, Trafford Council & Pennine Care. To Follow

10. KEY MESSAGES

To consider the key messages from the meeting.

11. QUESTION AND ANSWER SESSION FOR OBSERVERS

To receive questions from members of the public in attendance.

12. URGENT BUSINESS (IF ANY)

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

JIM TAYLOR

Interim Chief Executive

Membership of the Committee

Health and Wellbeing Board - Friday, 11 January 2019

Councillors S. Johnston (Vice-Chair), K. Ahmed, M. Bailey, J. Baugh, J. E. Brophy, D. Eaton, C. Daly, C. Davidson, J. Harding, H. Fairfield, Dr. M. Jarvis, J. Lamb, J. Lloyd (Chair), M. Noble, M. Roe, R. Spearing, W. Miller, E. Roaf, A. Worthington, P. Duggan, S. Radcliffe, Rooney and Hemingway

Further Information

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

Alexander Murray, Democratic and Scrutiny Officer,
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This agenda was issued on Thursday 3 January by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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HEALTH AND WELLBEING BOARD

19 OCTOBER 2018

PRESENT

Councillor J. Lloyd (in the Chair), Dr S. Johnston (Vice-Chair), Councillor J. Baugh, Councillor J. E. Brophy, C. Daly, Councillor J. Harding, H. Fairfield, Dr. M. Jarvis, M. Noble, R. Pennington, R. Spearing, E. Roaf, M. Roe, C. Rooney, and S. Radcliffe.

In attendance

Kerry Purnell	Head of Partnerships and Communities
Jo Allen	Counselling Family Centre
John Wareing	MFT
Sarah Grant	Senior Partnerships and Communities Officer
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillor J. Lamb, P. Dugan, M. Bailey, D. Eaton, and K. Ahmed.

19. MINUTES

RESOLVED: That, following the amendments highlighted by the Chair of HealthWatch Trafford, the minutes of the meeting held on 13 July 2018 be agreed as an accurate record and signed by the Chair.

20. DECLARATIONS OF INTEREST

The following declarations of personal interest were made;

- Councillor Lloyd in relation to her position as trustee of Trafford Domestic Abuse Service.
- Councillor Harding in relation to her managing health services commissioned by Trafford.
- Councillor Brophy in relation to her employment within the NHS.
- The Trafford Integrated Network Director in relation to his position on the 42nd Street Board.

21. STRATEGY AND PERFORMANCE

(a) HEALTH AND WELLBEING BOARD GOVERNANCE

The Head of Partnerships & Communities gave a brief presentation to the Board which covered the proposed governance arrangements that had been discussed by the workgroup. Two more detailed diagrams of the proposed structure, which had been sent out with the agenda, were displayed for information. The Head of Partnerships & Communities explained how the revised structure of the Boards agenda was to work and which areas of work were covered by each section. The Board were told that strategies were no longer to come to Board meetings for

anything other than approval. A further review of the Board was planned and was to look at the possibility of having locality boards to match the council's locality approach to delivering services.

RESOLVED: That the Board noted the update.

(b) PUBLIC HEALTH ANNUAL REPORT

The Interim Director of Public Health went through the report which had been circulated with the Agenda. The Board were informed that the report was the independent report of the DPH, and as such was to be received rather than approved by the Board, but that comments were very welcome. The Board's attention was drawn to a number of sections of the report such as the statistics on ageing which showed that people's satisfaction and fulfilment were higher for elderly people than 40 – 50 year olds. This came as a surprise to some Board Members who had expected that younger people would score higher for happiness than older people.

The report detailed the stark contrast in healthy life expectancy between the most deprived and most affluent areas across the borough. This had been highlighted as an area that required focus from all services as the personal and financial cost of this inequality were very significant. The Interim Director for Public Health went through the diagram on page 9 of the report which showed Trafford's performance in ageing well outcomes when compared to the national average. The Interim Director for Public Health then explained the difference between loneliness and social isolation and how tackling social isolation might be a more appropriate target for partnership work.

There were a number of areas of concern for Trafford with the main ones being a lack of physical activity amongst adults and children, smoking and the Interim Director of Public Health emphasised the benefits of quitting smoking even amongst the population above retirement age as it was still the biggest cause of preventable illness within Trafford. Despite young people drinking less there were still issues around alcohol consumption with 25% of older people drinking over the recommended limits. The Board were told that because older people had a slower metabolism they needed to consider both daily and weekly limits.

Too many people in Trafford were dying in hospital rather than in their usual place of residence which showed that there was a need to improve end of life planning. The Interim Director of Public Health reiterated the impact that health inequalities had upon the area affecting both rich and poor alike as rich people in areas with high inequality were shown to have a shorter life expectancy.

After the Interim Director of Public Health had concluded their overview of the report Board Members were given an opportunity to ask questions. The Executive Member for Adult Services stated that Trafford had an issue with the quality of Care Homes within Trafford and asked what had been done in reaction to the age well survey. The Interim Director of Public Health responded that the survey had not gone out to care homes but that we would take steps to involve care homes

following the meeting. Once all the survey results were analysed they would be used to create working groups in order to work through the issues identified.

The Chair of HealthWatch Trafford commended the report's length and accessibility. She agreed that Trafford needed to focus upon end of life planning and care. The Chair of HealthWatch then added that older people needed more access to psychology services. The Chair of Trafford CCG stated that they had identified the low use of psychological services by the elderly as an issue and had made GPs aware of it.

The Executive Member for Children's Services spoke of the importance of increasing the level of activity amongst the population. The Chair of the Board highlighted that the Council and their partners had promoted the daily mile within Trafford and there had been a good level of take up across the borough.

RESOLVED: That the report be noted by the Board.

22. BOARD DEVELOPMENT

(a) OUR FUTURE FOR TRAFFORD EVENT

The Chair gave a brief report to the Board on the Our Future for Trafford event highlighting the main themes and outcomes of the event. The event had been held on the previous Wednesday with partners from a variety of organisations in attendance. Those in attendance had discussed the council's priorities for the next five years and how they could be achieved through a collaborative partnership approach. The partners at the event were happy with the seven priorities that had been selected by the Council's leadership. The group highlighted that there needed to be a focus upon innovation and having the relevant infrastructure in place for the priorities to be achievable. Out of the seven priorities increasing healthy life expectancy was seen as the key priority by the Health and Wellbeing Board and it was noted that early intervention and prevention was the key to delivering this priority. At the end of her update the Chair asked Members to think about how the organisations across Trafford could work together and the values that the Board should have. The Chair of the Trafford Safeguarding Board spoke about the people at risk in care homes, how they should be a priority for the Board, and the needed for the Board to bring information together to facilitate a joint approach.

RESOLVED: That the update be noted by the Board.

(b) HEALTH AND WELLBEING BOARD STRATEGY EVENT - 9TH NOVEMBER 2018

The Chairman told the Board that she would circulate a briefing note to all Members attending the Health and Wellbeing Strategy Event so that they can discuss the main points in more detail on the 9th November.

RESOLVED: That the Chair circulate a briefing note to Board Members attending the Health and Wellbeing Strategy Event.

(c) RESPONSIBILITY OF BOARD MEMBERS

The Chair informed all Board Members that they were expected to read all papers in advance of the meeting to be ready for discussion at the Board Meetings, and that therefore all those presenting items at meetings would only cover the salient points and recommendations of the report.

The Chair of the Trafford Safeguarding Board asked what the legislative arrangements were for the Board regarding safeguarding. She then offered to update the Board on the transformation of the Safeguarding Board. The Chair of the Trafford Safeguarding Board was not able to attend the next Board meeting in January but asked if she could deliver an update at the following meeting. The Chair welcomed the offer of an update on the developments of the Trafford Safeguarding Board and asked whether someone else would be able to deliver an update in January. The Chair of the Trafford Safeguarding Board responded that she would see if anyone was available but if not it would have to go to a later meeting.

RESOLVED –

- 1) That Board Members are aware of and agreed to their responsibilities as Board Members.
- 2) That an update on the Trafford Safeguarding Board transformation is to come to the Board at the soonest convenience.

23. UPDATES FROM SUB BOARDS

(a) START WELL BOARD

The Executive Member for Children's services informed the Board that the Sub Board had been well attended and they had agreed that the work would be focused upon five areas. One of the main areas for concern was the above average level of teenagers being admitted to A&E for alcohol related issues.

RESOLVED: That the minutes of the Sub Board be noted by the Board.

(b) LIVE WELL BOARD

The Chair of the Board informed Members that the Live Well Sub Board had decided to focus upon reducing Smoking, Drinking, and increasing healthy life expectancy.

RESOLVED: That the minutes of the Sub Board be noted by the Committee.

(c) AGE WELL BOARD

The Executive Member for Adult Services informed the Board that the Age Well Sub Board had agreed that they needed to look at the way that information was gathered together to inform commissioning across the area.

RESOLVED: That the minutes of the Aging Well Sub Board be noted by the Board.

(d) MENTAL HEALTH PARTNERSHIP

The Senior Partnerships and Communities Officer updated the Board on the areas that the Sub Board had agreed to focus upon going forward.

RESOLVED: That the minutes of the Mental Health Partnership be noted by the Board.

24. TRANSFORMATION AND SUSTAINABILITY

(a) 2019/20 COMMISSIONING INTENTIONS AND LCA UPDATE

The Director of Commissioning went through the presentation which had been circulated to the Board in advance of the meeting. She explained that the Local Care Alliance gave Trafford an opportunity to do things differently. The presentation outlined what an LCA was and how it differed from the current model. The LCA was a partnership of all health organisations within the area, including (among others) the Council, Trafford CCG, Manchester Foundation Trust, Pennine Care and Greater Manchester Mental Health. The voluntary sector was represented by Thrive. It was explained that legally the LCA was more of an expression of commitment between organisations to work together rather than a separate legal entity. There are two Boards overseeing the emerging LCA - the System Board meets every month to set the direction and objectives of the LCA and the Provider Board is focused upon delivery. Underneath the Boards there were Operational Working Groups for each of the LCAS themes which would meet weekly or bi-weekly and would be responsible for operational delivery. Finally the Health and Care PMO would develop and monitor the agreed programme of work.

The Corporate Director of Commissioning then described the key priorities and work streams that the LCA were focused upon. The initial focus of the LCA was in working together on actions to support a robust Winter Plan. One of the plans of the LCA was to provide additional clinical care and support to care homes within the Trafford area. Work had already started on providing this service and it was reported that there had been a reduction in admissions to hospital. Good feedback had been received from both staff and the owners of care homes involved, there were also plans to get feedback from residents. The streaming of patients at the front door was another key piece of work for the LCA with clinical experts to be placed on the front line of services to direct those who needed lower level services to those services and reducing unnecessary hospital admissions. The LCA were very aware that mental health was a large issue within Trafford so expected all providers to consider mental as well as physical health. The Corporate Director for Commissioning explained how the creation of the LCA would help enable Trafford to take a system wide approach which would

encompass the public sector reform work that the Council were undertaking. Part of this work was looking at Trafford's community assets in a new way and commissioning in a way that would support and build upon these assets.

Following the presentation Board Members were given the opportunity to ask questions. The Executive Member for Adult Services asked for more details of the care home work. The Trafford Integrated Network Director responded that there were a few pieces of work ongoing in Care Homes in Trafford. They were looking to up skill care home staff by providing experts to work with them and able to offer training so they can deliver better care. Reactive care would involve the development of long term care plans for people and being able to provide fast response to care homes to look after individuals and caring for them according to those plans. The Chair of the Board, The Executive Member for Adult Services and the Chair of HealthWatch Trafford asked to be kept up to date on the progress of this work.

The Chair of HealthWatch Trafford asked whether there was any mental health provision within the team. The Trafford Integrated Network Director answered that all staff were to be trained in supporting people with dementia and would be focused on ensuring that all members of staff had some mental health training.

The Chair of the Trafford Safeguarding Board asked about community assets and highlighted the importance of increasing the resilience of people within the community. The Head of Partnerships and Communities and the Corporate Director for Commissioning both agreed that building resilience would be an integral part of plans from both a partnership and commissioning perspective.

A Board Member asked about the transparency of the work of the LCA. The Corporate Director of Commissioning informed the Board that as the LCA was an alliance all decisions had to go back through the statutory bodies of the member organisation so the same level of transparency would be maintained within the decision making arrangements.

RESOLVED –

- 1) That the Update be noted.
- 2) That the Chair of the Board, the Executive Member for Adult Services and the Chair of HealthWatch Trafford be kept up to date on the progress of reactive care.

(b) DELAYED TRANSFERS OF CARE FROM HOSPITAL AND CQC ACTION PLAN UPDATE

The Trafford Integrated Network Director went through the presentation which had been circulated with the agenda. The presentation detailed the process that led to the development of the action plan. The Board were told that a number of the areas for improvement that the CQC highlighted had been identified prior to their review and Trafford were already working on solutions. The Trafford Integrated Network Director then went through the main changes that had occurred since the

review including; changes at ascot house, the introduction of discharge to assess beds, and the creation of the Urgent Care Control centre

The Board were shown a graph which showed that during the review the average number of Delayed Transfers of Care (DTC) in Trafford was 62. The average number of DTC, at the time of the meeting, was down to 20 so an improvement of 40 people. Whilst this represented a great level of improvement Trafford still had a way to go to bring their performance down to the target set by the CQC.

The Chair of Trafford's Safeguarding Board spoke about the interdependencies within the system and asked whether others areas could negatively impact upon the progress that had been made within Trafford. The Trafford Integrated Network Director responded that DTC were a Trafford and Manchester issue and whilst both areas had approached this separately in the past they were now working together to find a solution to the issue. There was a Trafford and Manchester Urgent Care System meeting which focused upon working on staffing, system architecture, and market management collaboratively.

The Executive Member for Adult Services asked whether the figures included mental health DTC. The Trafford Integrated Network Director responded that the numbers did not include mental health as there was a different way of classifying mental health DTC. A Board Member added that there was an issue with this across Greater Manchester and it was something that GMMH were working on.

RESOLVED: That the update be noted by the Board.

25. KEY MESSAGES

The Chair reminded Board Members that it was important for as many people involved in Health and Wellbeing from across Trafford to attend the strategy meeting on the 9th November.

The Interim Director of Public Health spoke about the main areas of focus for the strategy meeting which included the possible creation of a poverty strategy for Trafford and the possibility of introducing a healthy weight strategy within Trafford.

The Chair welcomed the public health report and the information that it displays for the area as it identified a number of areas to work on going forward. The Chair stated that happy with the level of attendance at all of the Sub Boards and added that a Member of the Children and Young People's Scrutiny Committee should sit on the Start Well Board.

26. QUESTION AND ANSWER SESSION FOR OBSERVERS

The Members of the Public who were in attendance were given the opportunity to ask questions of the Board. One Member of the Public pointed out that communication was still a big problem and that the AGM of Trafford CCG and MFT happened at the same time this year. They asked for the health and social care organisations across Trafford to ensure that this did not happen again next

year. The Corporate Director of Commissioning responded that this was an area where the Local Care Alliance would help by bringing the organisations closer together which should avoid clashes,

Another Member of the public asked what the role of the CQC was. The Trafford Integrated Network Director answered that the CQC were a regulatory body that reviewed the performance of all Health and Social Care provision across the country.

A Member of the Public asked what savings had been made from the improvement in DTOC. The Trafford Integrated Network Director answered that is something that they would be doing analysis of but it was very difficult to quantify. The Chair asked that figures be provided for the savings compared to costs of the changes.

The final question from the public was what the ages of the people who were being delayed were. The Trafford Integrated Network Director answered that this was not known at that time.

RESOLVED –

- 1) That the public's questions were noted and answered.
- 2) That savings figures be provided for DTOC which include the savings compared to costs of the changes.

27. CLEAN AIR STRATEGY

The Chair informed the Board that the lunchtime session would be about Trafford's clean air strategy. Air pollution was a large problem within Trafford and impacted the Health of residents across the borough. The Chair told all Board Members and observers that they were welcome to stay for the session and that any ideas or feedback would be welcomed.

RESOLVED: That all Board Members and Observers were informed of the topic of the lunch time session and invited to attend.

The meeting commenced at 9.30 am and finished at 11.45 am

Reviewing the Trafford Health and Wellbeing Board

Eleanor Roaf
Interim DPH

Statutory Responsibilities of Health and Well Being Boards

- To prepare the Joint Strategic Needs Assessment (JSNA)
- To prepare Joint Health and Wellbeing Strategies
- Duty to encourage integrated working between health and social care commissioners
- Power to encourage close working between commissioners of health-related services, commissioners of health and social care services, and the board itself.

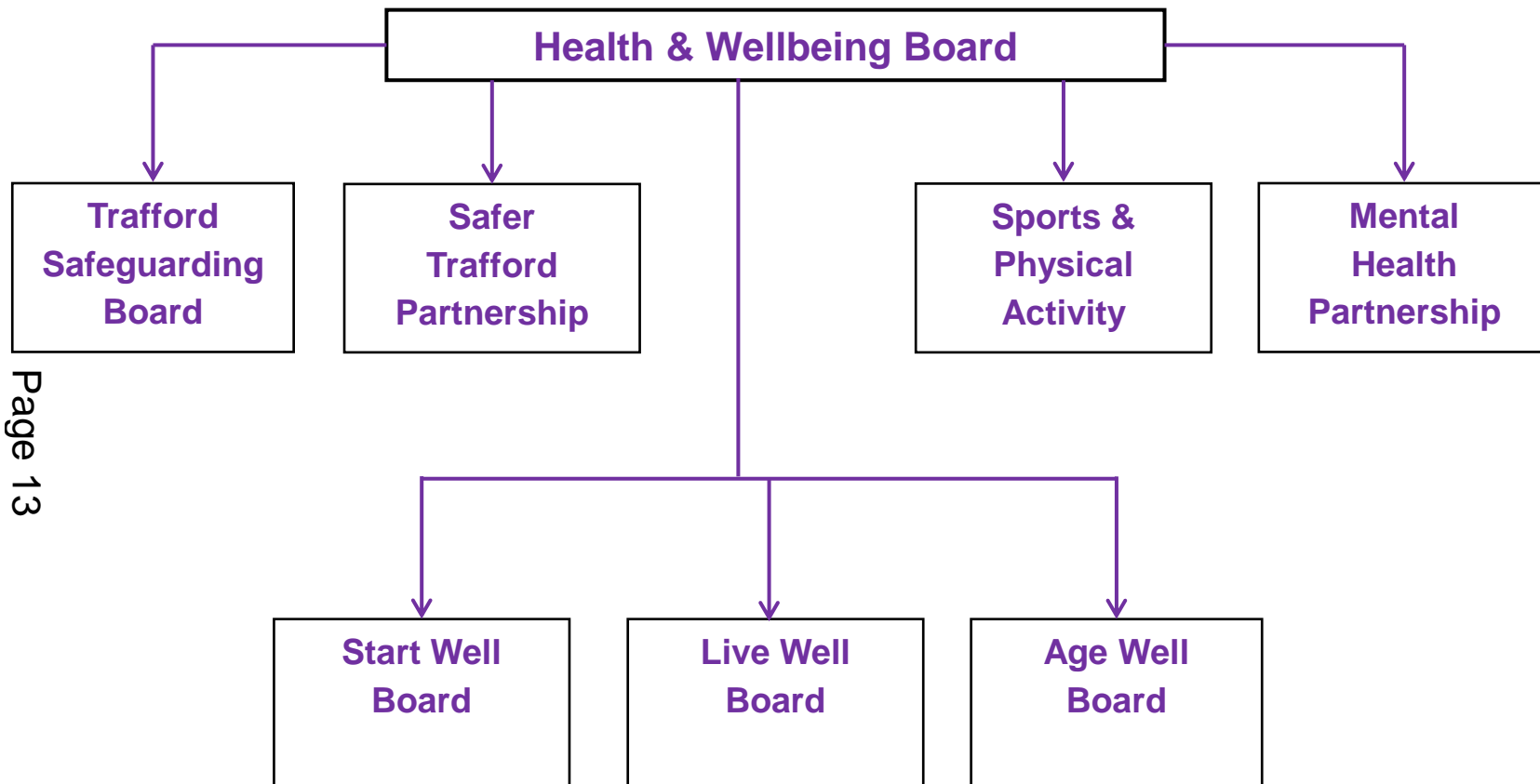
Statutory membership

- At least one councillor of the local authority
- The director of adult social services for the local authority
- The director of children's services for the local authority,
- The director of public health for the local authority,
- A representative of the Local Healthwatch organisation for the area of the local authority,
- A representative of each relevant clinical commissioning group, and
- Such other persons, or representatives of such other persons, as the local authority thinks appropriate.

Trafford's Health & Wellbeing Board's current objective is to increase the number of years people spend in good health (Healthy Life Expectancy) and to reduce the inequalities in this measure across the borough.

How it is held to account for this, and how it is supported to oversee the delivery of this objective, is the topic for this review

HWBB Current Structure



Current Priorities: to improve healthy life expectancy by:

- Reducing the impact of poor mental health
- Reducing physical inactivity
- Reducing the number of people who smoke or use tobacco
- Reducing harms from alcohol
- Improving cancer screening and early diagnosis

The 10 year forward plan

It is recommended that the overarching objective of increasing healthy life expectancy is maintained.

However, we feel that the 3 year time frame is too short for effective planning and delivery.

The previous priority areas remain, plus:

- Development of a healthy weight strategy
- Development of a cross-cutting poverty reduction strategy, linked to inequalities and the wider determinants of health

Proposed Accountability and Delivery

- The HWBB is not a delivery body, nor does it directly commission.
- However, it should be accountable for **setting the strategic commissioning direction** (informed by the Joint Strategic Needs Assessment) and **agreeing the outcomes and measurement tools**. It will be supported in this by the Integrated Commissioning Directorate
- Its two key relationships will be with the **LCA**, who will be responsible for system leadership, (through its System Board) and delivery of health and social care outcomes (through its Provider Board) and the **Trafford Partnership** (for delivery of outcomes related to the wider determinants of health)

Trafford Health and Well Being Board should also :

- Support all Board members to be effective System Leaders
- Be clear on the role of the Board within the Partnership structure
- Understand the Board's role in the wider public service system (including Greater Manchester dynamics)
- Maximise the impact of the Board: the relationship with the Local Care Alliance
- Maximise the impact of the Board: influencing the wider determinants of health

Next Steps:

- To increase the impact of the Board through recognition of its system leadership role
- To agree the roles and responsibilities of the Board
- To clarify the place of the HWBB within the wider Partnership and PSR structures
- To understand the role and reporting processes for the sub-Boards
- To reduce any duplication of role between Boards, and improve communication and joint working
- To review membership and expectations

By the next meeting we will have :

- Convened a small working group to develop proposals for the Board
- Enlisted support from the LGA (or other equivalent body) for this work
- Developed options for our relationship with the LCA and other key partners
- Produced a plan for discussion/agreement at the April Board, with short (1-2 year), medium (3-5 year) and long term (5-10 year) objectives

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Health & Wellbeing Board Sub Group Work Plan

Name of Sub Group:	Live Well Board	Chair of Sub Group:	Cllr. Judith Lloyd	Responsible Officer:	Helen Gollins
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Strategic Priority	Actions for delivery	Expected Outcome	Timeline for delivery
Tobacco Control	<ul style="list-style-type: none"> We will engage 5 schools to implement Smoke Free School Gates We will identify 15 playgrounds to display a child designed smoke free message. We will ensure that new signage for green spaces includes no smoking signage (including e-cigarettes) wherever feasible 	<ul style="list-style-type: none"> Children are protected from tobacco related harm from conception onwards Children and young people will be protected from Environmental Tobacco Smoke 	End of 18/19
Reduce harms from alcohol	<ul style="list-style-type: none"> We will identify opportunities for advocating for minimum unit pricing and embedding public health in alcohol licensing policies (both nationally and locally). 	<ul style="list-style-type: none"> Harm from alcohol is reduced 	End of 18/19
Poverty Reduction and Inequalities	<ul style="list-style-type: none"> We will develop a poverty reduction strategy for Trafford. We will explore opportunities for healthy economic growth (e.g., social enterprises) We will calculate the costs of moving to a living wage for direct Council employees and contractors 	<ul style="list-style-type: none"> Poverty, income inequalities and health disparities are reduced 	Poverty Reduction Strategy draft by end of 18/19
Spatial Planning	<ul style="list-style-type: none"> We will meet with planners to outline opportunities for embedding health in the local plan 	<ul style="list-style-type: none"> Spatial development specifically includes health and wellbeing goals. 	End of 18/19
Physical Inactivity	<ul style="list-style-type: none"> TBD (Options will be discussed at January meeting) 		

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YOUR MP
House of Commons, London
SW1A 0AA

Date _____

Dear _____,

Minimum Unit Pricing for England

I am writing to you, as a partner of Trafford's Health and Wellbeing Board, to ask you to urge the Government to introduce Minimum Unit Pricing (MUP) for alcohol in England. On 1st May 2018, MUP was introduced by the Scottish Government, and Wales is looking set to move forward with its implementation. England is lagging behind. The introduction of MUP is the number one policy priority for Directors of Public Health across the UK.

Over the last few decades, the availability of cheap alcohol in supermarkets and off-licences has increased considerably. At its cheapest, it is possible to buy products containing the equivalent alcohol content of 22 shots of vodka for just £3.59. MUP would reduce alcohol harm by raising the price of the cheapest, strongest drinks which are consumed by the heaviest drinkers. This includes drinks like super-strength lagers and ciders, and own-brand vodka.

MUP would not affect pub prices, and moderate drinkers would barely notice the difference as the majority of alcohol they buy is above the proposed minimum price level of 50p per unit. Pub managers support MUP by a margin of two to one.

Since 1980, sales of alcohol have increased by 42% and this increase in consumption has come with devastating effects on health and society. In 2016/17, there were 1,360 hospital admissions for alcohol-related conditions in Trafford.

Alcohol harm is placing a strain on families, communities, and our health service. In England alone, over 7,000 deaths are directly caused by alcohol each year and in 2016/17, there were 337,000 alcohol related hospital admissions. Four in ten violent crimes are linked to alcohol and the overall annual cost of alcohol to society is estimated to be up to £21 billion per year.

MUP represents one of the best ways to address the harms being caused by alcohol. According to peer-reviewed research, the introduction of a 50p MUP in England would save an estimated 525 lives, prevent over 22,000 hospital admissions and prevent almost 35,000 crimes every year. The most vulnerable in society would benefit the most, with eight out of ten lives saved predicted to come from the poorest groups.

I would encourage you to state your support for MUP in England.

Yours sincerely

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YOUR MP
House of Commons, London
SW1A 0AA

Date _____

Dear _____,

Public Health Licensing Objective in Alcohol Legislation

I am writing to you as a partner of Trafford's Health and Wellbeing Board to ask you to urge the Government to further consider the addition of a 5th public health licensing objective. In Scotland, 'protecting and improving public health' was added to its alcohol legislation, as a licensing objective, to facilitate more leverage to address the significant impact that alcohol has on population health.

A recent survey by the Local Government Association confirmed that many public health officials would like to see public health included as a fifth licensing objective. A Public Health England pilot recently explored how an analytical support package of data and evidence could be of use in the context of a theoretical fifth licensing objective addressing the protection of public health. Participants in the pilot noted the need for a licensing objective to legitimise their use of health information around alcohol licensing.

Reducing harm from alcohol is a priority for Trafford's Health and Wellbeing Board as alcohol misuse is the third leading risk factor for death and disability, after smoking and obesity. The Trafford Joint Strategic Needs Assessment (JSNA) outlines:

- Estimates suggest that around 28% of Trafford adults – or around 51,000 - are drinking above the recommended levels, statistically similar to England average (25.7%).
- Rates of alcohol-related deaths in Trafford are similar to England averages.
- Trafford fares less well on some indicators of hospitalisation, especially for those 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.
- We know that alcohol widens health inequalities. There is a strong association between the ward hospital admission rate for alcohol harm and deprivation score, with rates increasing as deprivation increases.

The inclusion of an alcohol licensing objective gives local authorities, public health teams and health and wellbeing partners the opportunity to contribute vital health information to licensing decisions.

Yours sincerely

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Health & Wellbeing Board Sub Group Work Plan

Name of Sub Group:	Age Well Board	Chair of Sub Group:	Cllr. Joanne Harding	Responsible Officer:	Eleanor Roaf
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Strategic Priority	Actions for delivery	Expected Outcome	Timeline for delivery
Age Well Trafford plan developed in line with GM programme	<ul style="list-style-type: none"> Project Plan to be developed to deliver targets Initial survey based Development of tool and programme for population and provider engagement <p>Initial survey completed and results being analysed. Over 600 questionnaires returned.</p>	Age Well Plan which all service providers and wider partners commit to including employers, housing, leisure, VCSE	Age Well Plan to be in place by 31 st March 2019
Complete and implement Dementia Strategy	<ul style="list-style-type: none"> Strategy agreed at July's HWB Implementation plan produced and consultation on the plan underway Actions from the Strategy reviewed and SMART objectives being developed, along with identification of leads for each area 	<p>Delivery of the strategy through LCA and Care Complex developments</p> <p>Strategy will be delivered via the Age Well Plan for Trafford</p>	31 st March 2019
Falls and Frailty implementation	<ul style="list-style-type: none"> Test and refine the new falls pathway (live from June 2018); analyse impact and identify gaps or areas for changes to existing services <p>Linked to Neighbourhood based approach and social prescribing models.</p>	<p>Delivery through LCA and Care Complex</p> <p>Positive impact on admissions recorded.</p>	Ongoing
End of Life care	<ul style="list-style-type: none"> Review best practice elsewhere Produce recommendations for Trafford <p>Link to Care Complex/LCA developments.</p>	Recommendations and Strategy developed.	From April 19

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Trafford Age Well Survey 2018

Initial Results

During October and November 2018, Trafford Council included a link to a questionnaire on Ageing Well on its website. Hard copies of the questionnaire were also available at libraries and other community venues. The questionnaires collected general demographic information, and then had questions relating to eight aspects of life, drawn from the WHO Ageing Well documentation.

These domains were Outdoor Spaces and Public Buildings; Transportation; Housing and Community; My Lifestyle; Community Support and Health Services; Communications and Information; Respect and social inclusion; Participation and Employment;

Overall, we received just over 600 completed questionnaires, although not all participants completed every section. As the questionnaire was lengthy, the online version was split into 4 sections, with one section being added each week over a 4 week period. Some people completed the whole questionnaire; others just completed sections of interest to them.

There were considerably more responses from women than men (roughly 70% of respondents were female). Almost all (95%) of respondents live in Trafford; and 75% were aged over 55, with 32% being in the 65-74 year age group. Over 90% of respondents were White British and 55% were married or cohabiting, with 10% divorced and 15% widowed. A quarter of respondents considered themselves to have a disability or impairment: mobility was the single largest issue (34%) with hearing (14%) as the next identified issue.

We are in the process of undertaking the analysis of the individual sections, and a full report will be circulated after discussion at the Age Well Board

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3.1.19

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