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**TRAFFORD
COUNCIL**

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 10 March 2021

Time: 6.30 pm

Place: Virtual meeting:

<https://www.youtube.com/channel/UCjwblOW5x0NSe38sgFU8bKg>

	A G E N D A	Pages
1.	ATTENDANCES To note attendances, including Officers, and any apologies for absence.	
2.	MINUTES To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 28 th January 2021	1 - 6
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.	PUBLIC QUESTIONS 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 within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were receive	
5.	TACKLING HEALTH INEQUALITIES IN TRAFFORD - FOCUS ON DIABETES	7 - 22
6.	TACKLING HEALTH INEQUALITIES IN TRAFFORD - HOUSING	23 - 38
7.	URGENT BUSINESS (IF ANY)	

Any other item or items (not likely to disclose "exempt information") 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.

8. EXCLUSION RESOLUTION (REMAINING ITEMS)

Motion (Which may be amended as Members think fit):

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

SARA TODD

Chief Executive

Membership of the Committee

Councillors Dr. K. Barclay (Chair), S. Taylor (Vice-Chair), A. Akinola, Dr. S. Carr, Mrs. D.L. Haddad, B. Hartley, J. Lloyd, D. Acton (ex-Officio), D. Western (ex-Officio), R. Chilton and M. Cordingley.

Further Information

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

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This agenda was issued on **Tuesday, 2 March 2021** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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Health Scrutiny Committee - Wednesday, 10 March 2021

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HEALTH SCRUTINY COMMITTEE

28 JANUARY 2021

PRESENT

Councillor Dr. K. Barclay (in the Chair).

Councillors S. Taylor (Vice-Chair), Mrs. D.L. Haddad, B. Hartley, J. Lloyd, D. Acton (ex-Officio), D. Western (ex-Officio), R. Chilton and M. Cordingley

In attendance

Dr. Mark Jarvis	Medical Director, NHS Trafford Clinical Commissioning Group (CCG)
Diane Eaton	Corporate Director for Adult Services, Trafford Council
Martyn Pritchard	Accountable Officer NHS Trafford CCG
Dan Lythgoes	Interim Managing Director Trafford Local Care Organisation
Joanne Bryan	Programme Manager, Public Health, Integrated Commissioning, Trafford Council
Helen Grant	Strategic Manager, Crime and Anti-Social Behaviour, Trafford Council
Samantha Fisher	Chief Executive, Trafford Domestic Abuse Services
Joanne Gibson	Head of All Age Commissioning, Trafford Council
Catherine O'Connor	Business Change Analyst Health and Social Care Recovery and Reform, Trafford Council
Fabiola Fuschi	Governance Officer, Trafford Council

Also Present

Councillor Harding, Executive Member for Adult Social Care

Councillor Slater Executive Member for Health, Wellbeing and Equalities

Also in attendance

Heather Fairfield Healthwatch Trafford

1. ATTENDANCES

Apologies for absence were received from Councillors A. Akinola and Dr. S. Carr.

2. DECLARATIONS OF INTEREST

There were no declarations of interest received.

3. QUESTIONS FROM THE PUBLIC

There were no public questions received.

4. MINUTES

RESOLVED that the minutes of the meeting held on 12th March 2020 be approved as a correct record.

5. ACCESSIBILITY OF PRIMARY CARE SERVICES IN TRAFFORD

The Committee received an update from the Accountable Officer and the Medical Director for Trafford Clinical Commissioning Group (CCG) on the accessibility of Primary Care Services within the Borough.

The Senior Officers informed the Committee that Covid-19 pandemic had brought significant changes in the provision of primary care services. Following NHS England guidance, General Practitioners (G.P.s), started to adopt and implement a Remote Total Triage System to reduce avoidable footfall in the practices and protect staff and patients from the risk of infection. The system enabled practices to use an online consultation system to gather clinically relevant information from patients and triage patient contacts in order to respond with the most appropriate modality to meet the patient's needs.

The Clinical Director informed that, currently, most patients in Trafford used a digital system (i.e.: Ask My GP) to access their G.P. and a small percentage used the telephone line. All patients received a consultation within 24 hours from contacting their G.P. The implementation of the new system across practices in Trafford and its standardisation would give access to data and information which could be utilised to further improve services.

The Clinical Director informed that patient contact had dropped significantly at the beginning of the pandemic but, following a national media campaign to encourage people to report health issues to their G.P. when these occurred, patient contact had increased of 15%.

The Clinical Director also reported about the vaccination programme and the four priority groups who would receive the first dose of the vaccine by 14th February 2021. These first four cohorts would include over 28,000 in Trafford.

The Committee sought and received clarification about the digital system and assurance of quality of care for patients, the risk for those residents who did not have access to the internet, the proportion of G.P. consultations delivered face to face, via video conference or telephone call, balancing the need to make safe decisions with the risk of patients attending face to face appointments, collaboration and sharing best practice between all G.P. practices in Trafford and implementation of the video consultation system, permanent use of new consultation methods to provide the most suitable form of communication for patients. Members also sought and received reassurance about the distribution and level of usage of the vaccine across vaccination centres in Trafford. Further discussion took place regarding the new system for the electronic delivery of prescriptions to the patient's pharmacy of choice, the need to proactively contact patients who were on a special register to ensure continuity of care and possible risks of the new on line consultation system and their mitigation.

The Committee expressed its thanks to Trafford CCG representatives for their attendance at this evening's meeting. The Committee extended its thanks to all members of staff in primary care for their commitment, dedication and hard work in particular at this difficult time.

RESOLVED that the verbal update on the accessibility of Primary Care Services in Trafford be noted.

6. DOMESTIC ABUSE IN TRAFFORD DURING THE COVID-19 PANDEMIC

The Committee considered a joint report of the Strategic Manager Crime and Anti-Social Behaviour and the Programme Manager for Public Health which outlined the latest information and statistics about Domestic Abuse in Trafford during the Covid-19 Pandemic.

The report authors were in attendance accompanied by the Executive Member for Health, Wellbeing and Equalities and the Chief Executive for Trafford Domestic Abuse Service (TDAS), a registered charity organisation which offered support to individuals and families who suffered domestic abuse.

The report authors informed the Committee of the latest figures concerning domestic abuse incidents in the Borough. Data provided by Greater Manchester Police showed an increase in reported incidents during the first lockdown, introduced in March 2020. However, data was not always consistent during the periods which coincided with the introduction of other restrictive measures in Greater Manchester.

Members learned that the number of high risk domestic abuse incidents discussed at the Multi-Agency Risk Assessment Conference (MARAC) had risen in the period April – December 2020; in the same period, the number of repeat cases had also increased. A very similar trend was evidenced in the number of referrals received by a joint initiative between Greater Manchester Police and Talk, Listen and Change registered charity to support households where a domestic abuse incident had been reported but no crime had been logged.

Members also learned that TDAS which offered victim support services and domestic abuse refuge provision in Trafford for high and medium risk cases, had seen a surge in referrals. The trend also showed the difficulty that victims of domestic abuse experienced to access services during lockdown. TDAS had also reported an increase in the complexity of case with victims presenting multiple issues such as substance misuse, mental health and domestic abuse. These circumstances were worsened by the isolation caused by the measures to manage the pandemic.

Officers proceeded to inform of the measures that the Council and its partners had put in place to support the victims of domestic abuse since the pandemic and to mobilise joint initiatives quickly across agencies. Members also learned of new funding available to local authorities in conjunction with the Domestic Abuse Act

coming into effect in April 2021. Resources would be utilised to support data analysis to compile the Joint Strategic Needs Assessment which would inform commissioning strategies.

Members sought and received clarification on whether services were sufficiently resourced to meet the increased demand and the additional complexity of cases caused by multiple needs, in particular substance misuse and mental health. Members also queried about the funding opportunity for the Perpetrator Support Programme and existing strategies for sharing information between GMP and schools when incidents occur. The Committee also asked whether there were specific segments of the community more affected by domestic abuse and whether a domestic violence policy was in place for employees of the Council. TDAS representative explained that funding provided to respond to the surge in demand for services caused by the pandemic needed to be long term in order to sustain service provision.

RESOLVED:

1. That the content of the report be noted;
2. That an update be provided on service progress in particular with regard to the offer for the Perpetrator Support Programme and resources for victim support services.

7. LESSON LEARNED REPORT FOR COMMUNITY RESPONSE HUBS

The Committee received a presentation of the Head of All Age Commissioning which showed how Council's services collected the lesson learned during the pandemic to formulate the next steps for the community hubs and the recovery and reform of health and social care in Trafford.

The officer was accompanied by the Executive Member for Adult Social Care and the Business Change Analyst Health and Social Care who attended the meeting to answer the questions of the Committee.

The officers informed the Committee of the various organisations which took part in the work of the Community Hubs in Trafford and their contribution to the lesson learned exercise which informed the development of a new neighbourhood model based on the importance of working locally utilising and developing local resources; the neighbourhood model also contributed to shape Trafford's Recovery and Reform Programme. This approach led to four areas of work: Development of place-based working, a partnership wide information and advice offer, promoting equalities by reducing health inequalities and a strong and healthy voluntary sector in the Borough.

The Community Hubs Service User Survey provided important information on the cohorts who accessed the hubs, the referral methods, ongoing need for services, preferred methods to receive information and valuable demographics data.

Health Scrutiny Committee
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The Portfolio Holder highlighted the main strengths of this new way of working such as collaboration, partnership to formulate solutions for the community, use of data and resources such as the Joint Strategic Needs Assessment (JSNA) to target intervention. An important aspect was how each hub was different as it reflected a different community.

Members observed that digital literacy was essential to access on line resources and support services.

The Committee sought and received clarification on possible additional functions and responsibilities of the community hubs to address issues such as loneliness, digital literacy, home schooling and empowering people to take action and “do their bit” and the role of ward councillors to promote this opportunity. Members received reassurance on the existing data and resources to adequately support the modelling of locality work.

RESOLVED: -

1. That the update be noted;
2. That the report about the Information Advise Sub-Group regarding accessing data be shared with the Health Scrutiny Committee.

8. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

9. EXCLUSION RESOLUTION (REMAINING ITEMS)

None

The meeting commenced at 6:30 p.m. and finished at 8:45 p.m.

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 10TH March 2021
Report for: Information
Report of: Eleanor Roaf, Director of Public Health

Report Title

Tackling Health Inequalities in Trafford – focus on diabetes

Summary

The Covid-19 pandemic has ruthlessly exposed the impact of health inequalities on local populations. The need to tackle the factors which lead to health inequalities is more pressing than ever.

The Council and CCG have recently demonstrated their intention to secure equality for employees, residents and service users with the publication of the joint Corporate Equality Strategy 2021-2025. There is a commitment within the strategy to tackle health inequalities.

This report shows how the Council and CCG, working together with partner organisations, are planning to reduce health inequalities across the borough, focusing on two specific areas of investigation: a chronic physical condition known to be strongly associated with and exacerbated by health inequalities (diabetes mellitus) and a major social determinant of health inequality (housing).

Diabetes mellitus:

- prevention of risk factors – with a focus on how this is being targeted towards the most vulnerable groups
- early diagnosis – including screening opportunities for high risk groups
- management of the condition – with a focus on strategies being used to ensure equality of access to services and the monitoring of complications

Recommendation(s)

To note the content of this report and the planned actions moving forward.

Contact person for access to background papers and further information:

Name: Jane Hynes (Public Health Programme Manager)

1. Background

Trafford has significant and preventable internal health inequalities, and the refreshed 2019 Health and Wellbeing Strategyⁱ has reducing these inequalities as its core goal. In addition, the Trafford Council and NHS Trafford CCG Corporate Equality Strategy (2021-2025)ⁱⁱ has reducing health inequalities as one of its four objectives.

Over the past year, the Covid-19 pandemic has both exposed and exacerbated existing inequalities within society. As we chart our recovery it is important we seek to understand the impacts on Trafford residents, build on some of the positive transformational change that has occurred rapidly by necessity across our health and care system, and identify effective ways to build back better and fairer. A population health approach is one of the tools that allows us to do this.

The population health approach aims to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across a population, and to achieve this we need to consider the wider determinants of health, health behaviours and lifestyles, the places and communities in which we live, and the work of an integrated health and care system. The wider determinants of health are a diverse range of social, economic and environmental factors which impact on people's health.

Diabetes is a significant cause of morbidity and mortality in the UK. In recent decades the prevalence of diabetes has increased in the UK, driven largely by increases in obesity, and there are currently estimated to be 4.7 million people in the UK with diabetes.

In this report we will look at the prevention, early identification and management of diabetes, a condition whose risk factors have a strong association with deprivation gradientsⁱⁱⁱ. It is estimated that 90% of people with diabetes have type 2^{iv}, and for the purpose of this report, when discussing prevention of diabetes we are referring to type 2 diabetes as type 1 is not preventable. Indeed, more than half of cases of type 2 diabetes could be delayed or prevented with early detection and living healthily.

There are a number of key risk factors^v for developing type 2 diabetes:

- Age
- Family history
- Ethnicity
- BMI
- High blood pressure

In addition, the following also increase the risk:

- Smoking
- Gestational diabetes

- Polycystic Ovary Syndrome (PCOS)
- Mental health conditions
- Sedentary lifestyle
- Alcohol
- Poor sleep

2. Local picture

In Trafford, the prevalence of diagnosed diabetes for the period 2019/20 is 6.5% of the population aged 17 or older (it should be noted that this includes all types of diabetes). The estimated local prevalence of diabetes, including both undiagnosed and diagnosed, was 8.2% according to the most recent data (2017), therefore there is a cohort of Trafford residents who we can reasonably expect to have undiagnosed diabetes. In addition, it is estimated that the prevalence of non-diabetic hyperglycaemia (NDH – sometimes referred to as pre-diabetes) is 10.9%. Therefore, it is likely that nearly 1 in 5 adults (19.1%) in Trafford are either diabetic, or pre-diabetic, as can be seen from the data below^{vi}.

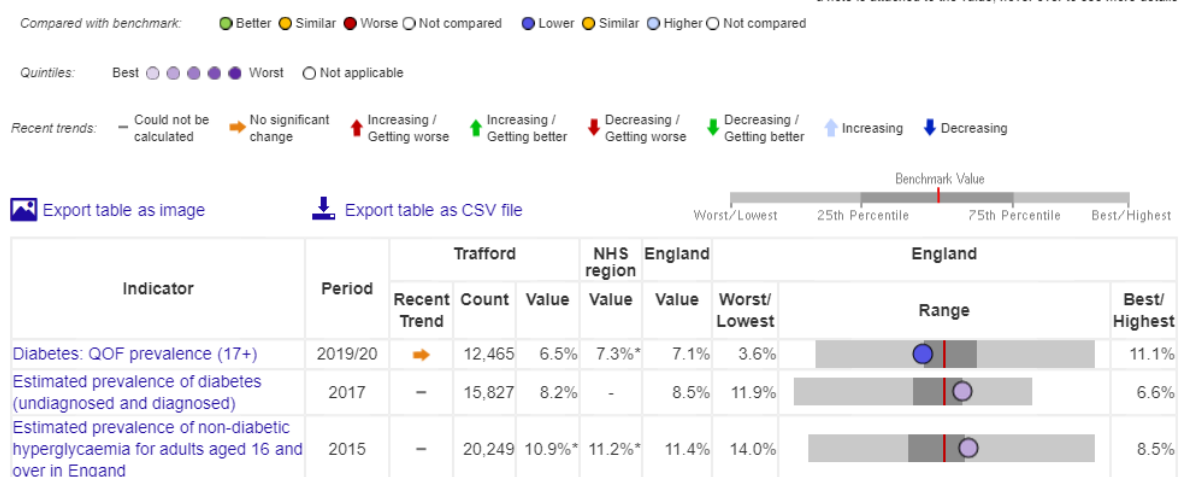


Figure 1. Prevalence of diabetes in Trafford.

The estimated prevalence of diabetes is expected to increase steadily over the next fifteen years (see figure 2 below). In addition, modelling has been carried out by Public Health England to look at how increases (or decreases) in obesity prevalence may impact on the prevalence of diabetes. If obesity levels were to rise by 3% every 5 years, then it estimates that by 2035 prevalence of diabetes would increase to 9.7%.^{vii}

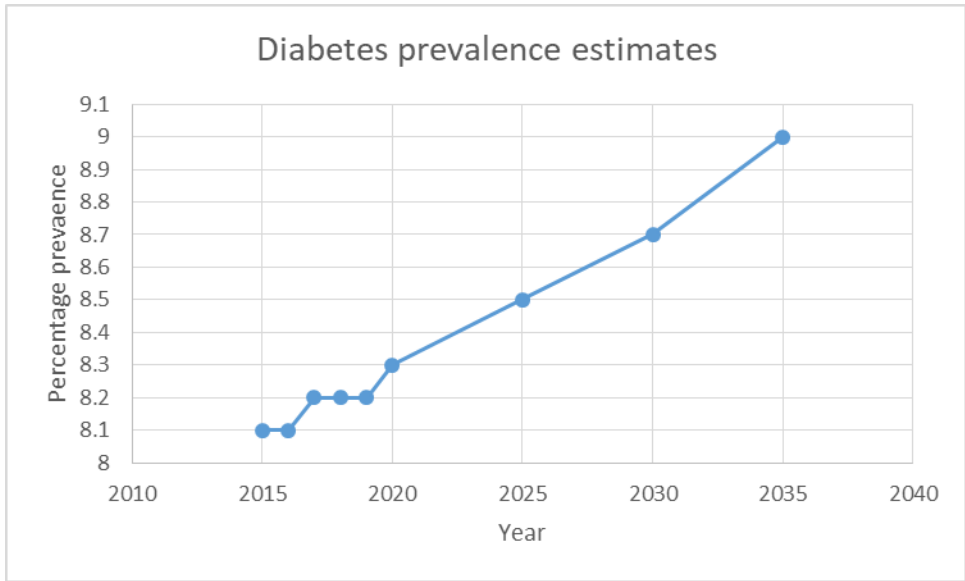


Figure 2. Diabetes prevalence estimates for Trafford CCG by registered populations.^{viii}

In comparison to our statistical neighbours, Trafford performs similarly in terms of QOF prevalence, estimated prevalence of diabetes and estimated prevalence of NDH, but we know that this likely masks inequalities between and within Trafford neighbourhoods^{ix}.

When looking at inequalities across Trafford, the data below shows the number and percentage of adults on the diabetes register by neighbourhood. People in our more deprived communities tend to have poorer health outcomes than those in our less deprived communities, and this can be seen below, with the prevalence of diabetes higher in North and West neighbourhoods, and lowest in the South neighbourhood.

Neighbourhood	Number on diabetes register	Number on practice list	Neighbourhood%	Trafford%	England%
Central	3,081	50,385	6.11%	6.50%	7.08%
North	2,978	34,366	8.67%	6.50%	7.08%
South	3,275	62,783	5.22%	6.50%	7.08%
West	3,131	44,241	7.08%	6.50%	7.08%
	12,465	191,775			

Figure 3. Adults on diabetes register by neighbourhood.

In addition, we would expect undiagnosed diabetes to follow the same social gradient, therefore it is likely that the table above may under-estimate local inequalities in terms of true prevalence.

While we are unable to map estimated prevalence of NDH at a neighbourhood or ward level, we do know that a significant number of the risk factors above are available at this level and follow the expected pattern of higher prevalence in our most deprived communities compared to the least deprived. In addition, work carried out by the CCG in 2017 identified that people in north Trafford had an increased risk of developing diabetes. Therefore we expect prevalence of diabetes and NDH to

follow similar patterns, being highest in wards in the most deprived decile, and lowest in wards in the least deprived decile, with a clear social gradient.

3. Trafford approach

3.1 Prevention

National Diabetes Prevention Programme

There are a number of approaches taken in relation to prevention, including promotion of and referral to the National Diabetes Prevention Programme (NDPP). This service is commissioned nationally by NHS England, and the local service across Greater Manchester is provided by Xyla Health and Wellbeing (known until very recently as ICS Health and Wellbeing). There are two routes of entry into this service, via GP referral following a blood test to determine HbA1C or Fasting Plasma Glucose level, or via self-referral using the Know Your Risk calculator^x.

The NDPP is a nine-month programme providing support to help people make positive lifestyle changes, reduce their blood sugar levels and reduce the risk of developing type 2 diabetes. There are two ways to take part – group sessions (currently virtual – either by group telephone call or group video call) or a digital one-to-one service. Both programmes provide education on nutrition, physical activity and holistic wellbeing strategies.

In the current contract period (August 2019 to July 2022), Trafford has a total of 3,359 places available on the NDPP. The eligibility criteria (August 2019 – March 2020) were:

- Aged 18+
- Not pregnant
- HbA1c of 42-47 mmol/mol (6.0 – 6.4%) or Fasting Plasma Glucose (FPG) of 5.5-6.9mmol/l within the last 12 months.

In April 2020, the eligibility criteria were expanded in light of the decrease in people having routine appointments in primary care at the peak of the pandemic. This increased the timescale within which the blood results could be accepted to 24 months. The criteria were expanded in early 2021 to include women with previous history of gestational diabetes and HbA1c less than 42 mmol/mol or FPG less than 5.5mmol/l.

NDPP performance

To date, 521 referrals have been made to the NDPP and 265 Trafford residents have achieved milestone 1, which is participation in an initial assessment and the first session of the service (up to 31st January 2021). This represents a good conversion rate of 51%, and is equal fourth highest in GM. Trafford residents who participate in the programme achieve good outcomes, with a mean weight

change of -5.6kg at milestone 4 compared to programme start weight (milestone 4 records those with a valid weight between day 241 and day 270 after starting the programme). This weight loss is the highest across GM, suggesting that Trafford participants are compliant with the programme and motivated and able to make changes to their diet and activity levels.

HbA1c is not reported by the NDPP provider at CCG level, however, a published report on early outcomes from the NDPP identified an average reduction in HbA1c of 2.1mmol/mol^{xi}. With Trafford performing well in terms of weight loss, it may be expected that reductions in blood glucose are also positive.

The programme initially utilised a ‘cluster approach’ to referrals, with letters or text messages being sent to everyone on the practice list who met eligibility criteria. This resulted in invitations initially being issued across three neighbourhoods – Central, South and West in that order – based on both need and capacity. Whilst there was an acknowledged need for the population in the north of the borough, due to a practice closure and subsequent reorganisation required, there was not the capacity within the North PCN practices to undertake the mobilisation process at that time. Although this meant that some of our more deprived areas started the process later, if the mobilisation had waited for practices in the north to be ready then none of the invitations from any neighbourhood would have been sent prior to lockdown in March 2020. The mobilisation process was nearly complete when the country went into lockdown, and the final cluster letters for North PCN did not go out. This has resulted in greater numbers of referrals from our least deprived communities (see figure 2 below):

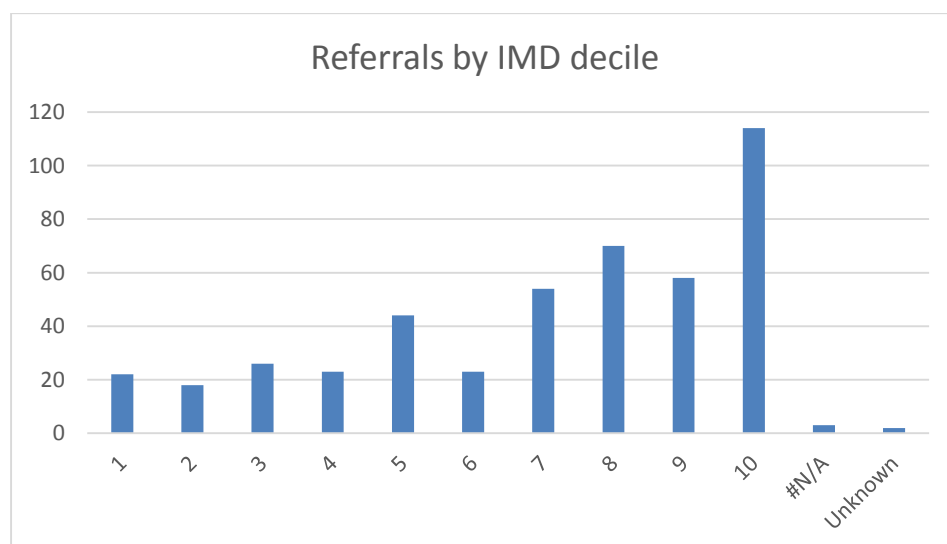


Figure 4. Referrals to NDPP by Indices of Multiple Deprivation (IMD) decile, where 1 is the most deprived, and 10 is least deprived.

Recording of ethnicity is poor across the NDPP in Greater Manchester, with nearly all referrals recorded with unknown ethnicity. In Trafford, the ethnicity is

unknown for 89% of referrals, compared to 84% unknown across GM. Ethnicity coding in primary care is something which we know requires improvement, and it appears to be similar across GM. Of those referrals where ethnicity is recorded, nearly 88% were recorded as white British, which is slightly higher than the estimated resident population from the 2011 census of 85.5% white^{xii}.

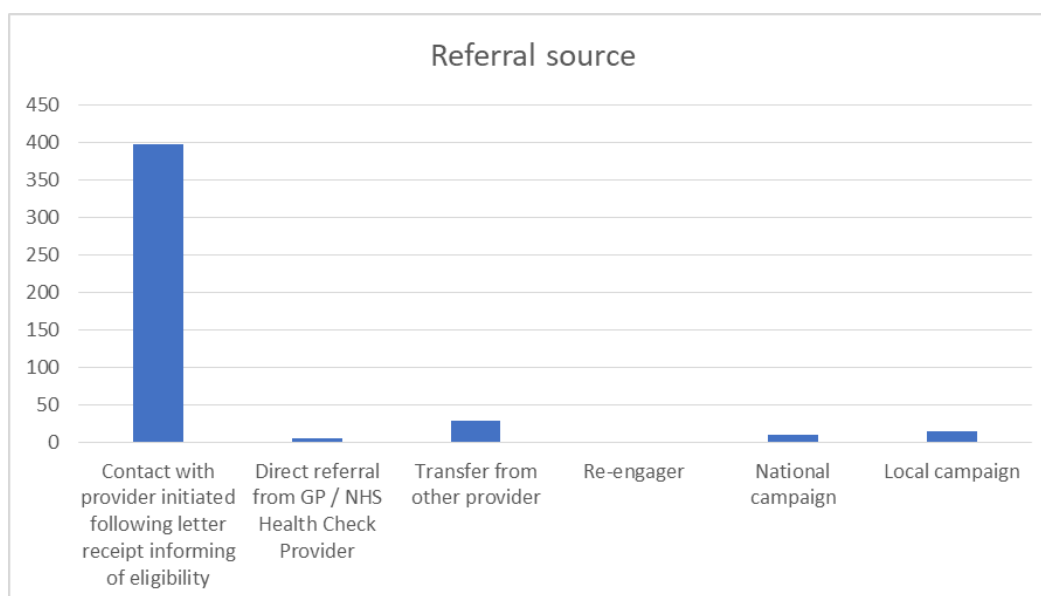


Figure 5. Referral source for Trafford residents accessing NDPP.

We can also see from figure 5 above that referrals into the programme have (to date) primarily resulted from direct invitations to eligible invitations, and that direct referrals from primary care have been minimal.

In the first six months of the pandemic there were a number of challenges in generating referrals into the programme including:

- Lack of capacity within phlebotomy to carry out routine blood tests due to re-deployment of staff to the Covid response.
- Lack of routine patient contact within primary care to provide opportunistic referrals into the programme. This was not purely due to capacity; the Wider Impacts of Covid on Health tool tells us that people were not seeking advice for worsening health conditions in order to avoid putting pressure on the NHS, due to concern about catching Covid and concern about leaving the house, amongst other reasons.
- Suspension of NHS Health Checks programme.
- Lack of capacity within the local system to re-visit the cluster invitation approach.

These factors have led to reduced uptake of the programme, and a pattern of uptake where we have more engagement from our least deprived communities.

From November 2020 there has been significant progress made in terms of engagement with primary care, capacity within the CCG and targeted engagement with communities in order to increase uptake via both entry routes. Engagement sessions have been delivered with Voice of BME Trafford, Trafford BME Mental Health Service (provided by the Pakistani Resource Centre), and via Dr. Zak Goga's wellbeing seminars with the BAME community, as well as promotion of upcoming non-English language groups.

Alongside this, both Trafford CCG and the Public Health team have been working closely with GM colleagues to develop an action plan to increase referrals and uptake of the programme.

Non-diabetes specific preventative work

Alongside the NDPP, there are a number of preventative programmes which focus specifically on health behaviours and populations who we know are at greater risk.

Weight management services

Trafford has a clinical Specialist Weight Management service provided by MFT which patients can access via a GP referral. This long-standing service has now been supplemented by a suite of pilot community-based weight management provision (since January 2021). The new services are available for all residents who have a BMI ≥ 25 (anyone who is overweight or obese) and include a group programme delivered by Slimming World (currently virtual groups), a digital offer provided by GetSlim and a programme targeted specifically at men called FitFans, delivered by Foundation 92.

All the new services have been specifically targeted to populations who we know experience greater health inequalities. This has been primarily on a neighbourhood basis, focusing initially on Partington, Old Trafford, Stretford and Firswood, followed by Sale West, Sale Moor and then picking up any other areas where there are pockets of health inequalities. This targeted work has been carried out with the support of the Trafford Community Collective neighbourhood leads and key VCFSE organisations in each area.

Healthy Lifestyles Service

This provides targeted healthy lifestyles support and advice from a number of commissioned providers each working with a key demographic group.

- Older people – Age UK
- People with learning disabilities, physical disabilities and sensory needs – Empower You
- People from BAME communities – Voice of BME Trafford and Pakistani Resource Centre

- People with hearing impairments – Manchester Deaf Centre
- Liva Healthcare – digital health support for the target populations working with other Healthy Lifestyle providers.

Other prevention work

There are a number of other work programmes that contribute to this such as:

- Sport and physical activity (including the Sport England Local Pilot, Active Travel, Couch to 5k etc.)
- Stop smoking work – e-cigarette pilot and ongoing programme
- Social prescribing – supporting residents within a variety of settings, such as adult social care, primary care, secondary care, within communities, to access services and activities to benefit health and wellbeing.

3.2 Early diagnosis including screening for high risk groups

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

When compared to other GM authorities, and our statistical neighbours, Trafford performs worse than the benchmark in terms of the number of people invited for an NHS Health Check per year. However, the number of people receiving a health check and taking up an invite per year are better than the benchmark when compared amongst both GM authorities and statistical neighbours. So although we only invite 68.4% of our eligible population for a health check, more than half (53.3%) of those invited take up the offer. This means that 36.4% of the eligible population each year receive their health check.

Figures 6 and 7 below show Trafford's performance compared to other GM authorities in terms of invitations and uptake of NHS Health Checks.^{xiii}

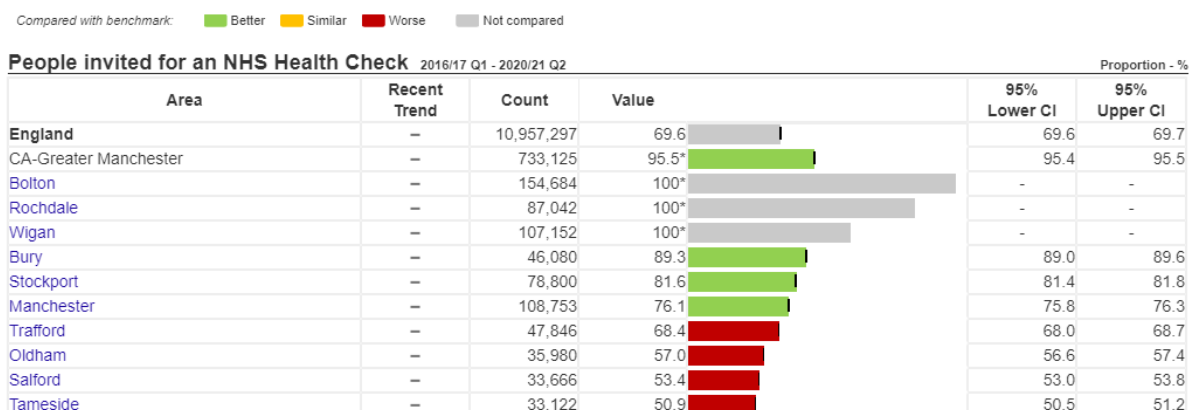


Figure 6. People invited for an NHS Health Check

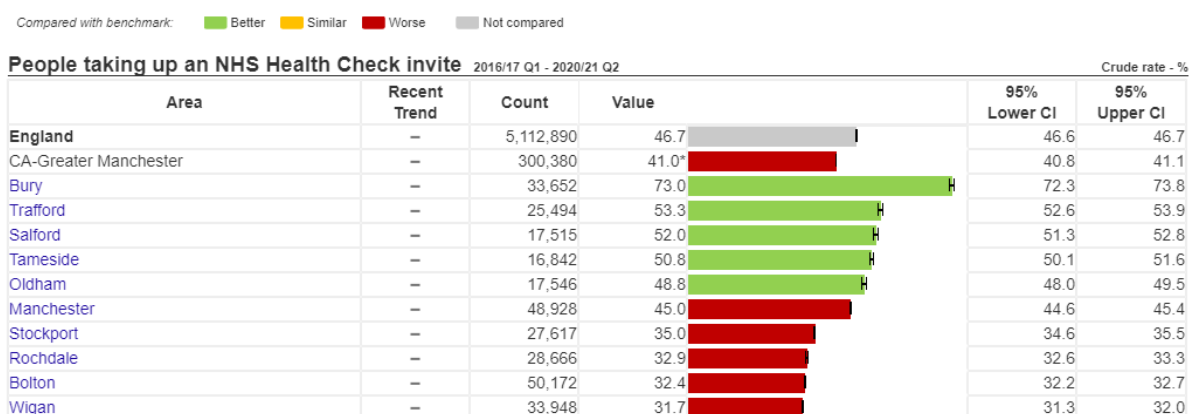


Figure 7. Percentage of people receiving an NHS Health Check from those sent an invitation.

Twenty-nine out of thirty-one practices provided monitoring data for health checks in 2018/19 and 2019/20, and from this we can see that:

- The North neighbourhood carried out the fewest health checks and issued the fewest invitations
- Central offered the most invitations
- South has the highest compliance (with 58% of invitations leading to a health check)
- Practice level data shows large disparities between practices. While noting that all practices have different patient population sizes and age profiles, one practice in Central sent out more invitations than all North practices combined.

Data from the NHS data dashboard^{xiv} provides information on Health Check activity from April 2012 to March 2018. Key findings from the Trafford level data include:

- Sex – 53% of all attendees were women.

- Age – the highest level of compliance was in the over 60 categories, with over 90% of invitations resulting in an attendance. The 45-49 category had the most attendances, but also the most non-attendances.
- Ethnicity – 3,493 attendances had ethnicity not recorded, which further evidences a well-known issue with the recording of ethnicity in primary care. There is a potential that Asian and Asian British people are under-represented in the invited category but not in the attendees category, with Trafford having an estimated 7.9% Asian population but they make up only 6.1% of people invited for a Health Checks. The data suggests that the BAME population are very compliant with accepting the invitation, however there are question marks over the validity of the data, with there being more attendees than invitations for some ethnic minority groups.
- Deprivation – The data shows that around 24% of people living in the most deprived quintile have attended a health check in the time period. Using the mid 2019 estimates of deprivation, we can see that people living in more deprived areas are overly represented in the number of invites, which is promising to see.

The data also highlights that there is very poor recording of some key health indicators. 71% of people didn't have alcohol use recorded, 57% for physical activity, 42% for diabetes risk, 96% have no record of CVD risk in the family.

NHS Health Checks are therefore a key route for screening for diabetes, but only when they are delivered effectively and include screening for all relevant risk factors. In addition, health checks have been suspended for most of the last year so a review of delivery and effectiveness is a priority for the Public Health team. The team are therefore working to guidance from PHE^{xv} to establish how to re-start NHS Health Checks in line with current Covid restrictions, with various options being considered, such as:

- Better screening of patients to be invited e.g. linked to BMI, ethnicity etc.
- Consideration of two-part health check with initial screening carried out via online consultation to identify patients with higher-risk scores and invite these patients to complete the face-to-face full health check

3.3 Clinical management

The National Institute for Health and Care Excellence (NICE) recommends nine care processes for diabetes. There are five risk factors (BMI, blood pressure, smoking, glucose levels (HbA1c) and cholesterol) and four tests to identify early complications (urine albumin creatinine ratio, serum creatinine, foot nerve and circulation examination and eye screening).

NICE guidance also identifies that adults with diabetes need to acquire a large range of new skills and knowledge, such as how to manage insulin therapy. Patient education enables self-management, which is important in diabetes

management as it allows people with diabetes to maintain a good quality of life. Therefore, structured education programmes are offered to all adults within 12 months of diagnosis.

NICE also recommends treatment targets for glucose control, blood pressure and cholesterol in order to reduce the risk of vascular complications, and progression of eye disease and kidney failure^{xvi}.

Trafford performs well (either better or similar for all indicators) compared to statistical neighbours on the following key outcomes:

- Care processes
- Structured education
- Treatment targets
- Foot care activity^{xvii}

Diabetes care is managed within primary care with this being brought back in from secondary care who had for a number of years provided most of the diabetic care, in order to support more equitable access for Trafford residents. There continues to be variation across primary care in relation to treatment of patients with type 2 diabetes; and while many practices currently offer diabetes clinics in-house for their registered patients, others are not presently able to offer this. In addition, Trafford has historically had no specialist diabetes provision available in the community.

Variation in primary care and lack of speciality community care has meant that many patients continue to be referred to secondary care who could appropriately be treated in an out of hospital setting if the appropriate expertise and capacity was available.

Prior to the Covid pandemic, Trafford commissioners and clinicians were working closely with their Manchester equivalents and the diabetes consultants at Manchester Foundation Trust (MFT) to develop a roadmap towards reform of the end to end diabetes pathway, focussing on:

- Agreement of a tiered approach which clearly defines which cohorts of patients are appropriate to be treated in primary and secondary care
- New models of delivery, including hospital outreach and joint-clinics whereby consultants work alongside primary care colleagues
- Neighbourhood-based care, whereby lead practices could support the management of type 2 patients within localities; a successful example of this approach has already been embedded in Partington leading to repatriation of significant numbers of patients from secondary care
- An advice and guidance programme is already in place to allow primary care clinicians to remotely seek consultant opinion on patient management

Covid-19 has meant that this work has been on hold for the past 12 months, with management of the pandemic taking precedence; however as we move forward, diabetes pathway reform has been reinstated as a priority. The response to the pandemic has also driven wide-ranging improvements in the approach to digital delivery of healthcare which opens up opportunities for diabetes management.

One area for improvement is the number of people taking up structured education post-diagnosis, with only 7% of people who were newly diagnosed with diabetes attending the structured education programme. Although statistically similar to statistical neighbours and other areas in the North-West, there is a lot of potential to increase this and improve outcomes for patients, with uptake by practice varying from 0% to 50% across and within neighbourhoods.

When reviewing the achievement of the nine care practices by neighbourhood, this is broadly similar to the England average, with slight variations by neighbourhood across all domains and neighbourhoods, however there are no obvious trends by locality.

During the Covid response, most Long Term Condition (LTC) management and screening (with the exception of NHS Health Checks) has continued, but has not necessarily been recorded or reported accurately. However, there is evidence from the Wider Impacts of Covid on Health tool^{xviii} that people have not been seeking health care support during pandemic for a number of reasons, so uptake is likely to have been lower than usual.

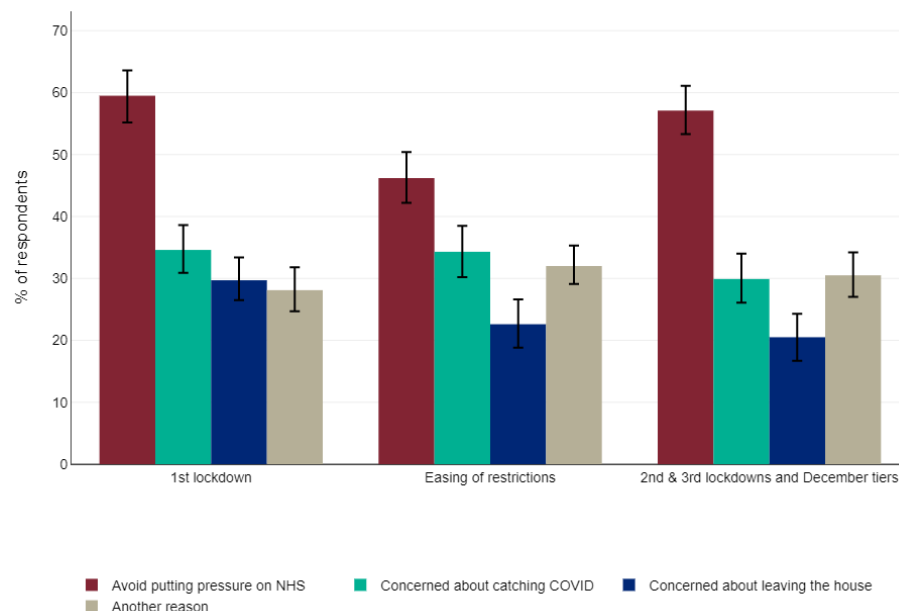


Figure 8. Reason why respondents have not sought advice for a worsening health condition.

There has been significant enthusiasm from a number of practices for participating in the NHS Low Calorie Diet (LCD) Programme pilot^{xix}. This programme aims to achieve diabetes remission in people who have a recent (within the last six years) diagnosis of type 2 diabetes. As part of the Greater Manchester pilot, Trafford has 32 places on the programme, and a number of practices have expressed an interest in becoming referrers. However, more targeted work needs to be done to ensure that access to this programme is available in a way that does not widen inequalities between communities.

Finally, many of the commissioned weight management services described in section 3.1 above have a number of case studies where diabetes remission has been achieved, or diabetes treatment such as medication has been reduced.

4. Key aims and objectives to consider and recommendations

4.1 Continue to take a whole system approach to addressing health inequalities, recognising that alongside individual behaviour change, there need to be changes to the system of factors that influence health, wellbeing and inequalities.

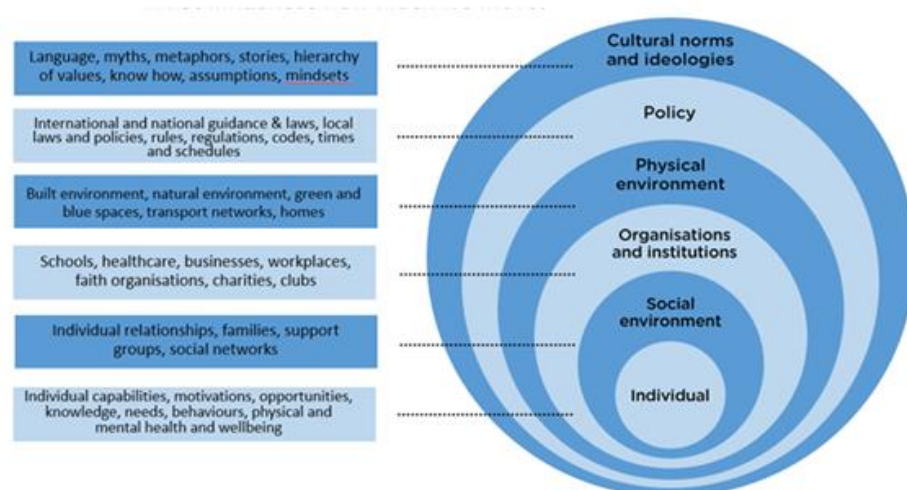


Figure 9. Visual depiction of a whole system approach to changing outcomes^{xx}.

- 4.2 Roll-out the 'opt-out' pilot for NDPP – this is being piloted in a number of practices across GM to assess whether the 'cluster mobilisation' approach is more effective where patients have to opt-out of being referred to the NDPP, rather than having to opt-in.
- 4.3 Embed NDPP Facilitators within Primary Care to support targeted engagement. These facilitators are being recruited at a GM level and will be available to work directly with primary care to support access into the NDPP.
- 4.4 Deliver Trafford Locality NDPP Action Plan to increase uptake into NDPP. Collaborative work between Public Health and the CCG to identify, plan and carry out key actions to engage with primary care, VCFSE partners and targeted communities.

- 4.5 Ensure that diabetes prevention and management is the highest priority for both the CCG and Public Health post-Covid, recognising that significant impact can be made on outcomes for residents.
- 4.6 Pick up work on end-to-end diabetes pathway as described in 3.3 above.
- 4.7 Ensure all practices are making opportunistic referrals into NDPP.
- 4.8 Improve ethnicity coding in primary care.
- 4.9 Improve links with Health Checks once these resume, ensuring diabetes risk is calculated within health checks programme and people are then referred into the NDPP or other relevant programme.
- 4.10 Ensure health checks are delivered effectively across Trafford, with additional risk stratification to ensure those most at risk receive an NHS Health Check.
- 4.11 Ensure health checks are reaching most at-risk communities, through working with key VCFSE partners and community groups.
- 4.12 Develop and implement communications and engagement plan as part of a wider healthy lifestyle and prevention programme of engagement.
- 4.13 Ensure the local offer that supports diabetes prevention and other behaviour change programmes is clear to professionals and residents and easy to access.
- 4.14 Continue to develop LTCs group via Trafford LCO and establish roadmap back to outpatients/community focus.
- 4.15 Get back to business as usual within primary and secondary care and address waiting times.
- 4.16 Encourage and support participation in NHS LCD programme for practices in target areas.
- 4.17 Ensure participation in weight management services is a recommendation for people with type 2 diabetes.
- 4.18 Improve consistency in referral to and uptake of structured education programme for people newly diagnosed with diabetes.

5. Links to corporate priorities

The key aims and objectives described in section 4 contribute primarily to the following two corporate priorities:

Priority 2: Trafford has improved health and wellbeing and reduced health inequalities.

Priority 7: Supporting our residents when they need it most.

6. References

ⁱ <http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Health-wellbeing-priorities.aspx>

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- ii <https://democratic.trafford.gov.uk/documents/s38344/Equality%20Strategy%20Doc.pdf>
- iii <https://www.nice.org.uk/guidance/ph35/evidence/ep-3-socioeconomic-status-and-risk-factors-for-type-2-diabetes-pdf-433771165>
- iv [https://www.diabetes.org.uk/resources-s3/2017-11/diabetes in the uk 2010.pdf](https://www.diabetes.org.uk/resources-s3/2017-11/diabetes%20in%20the%20uk%202010.pdf)
- v <https://www.diabetes.org.uk/preventing-type-2-diabetes/diabetes-risk-factors>
- vi <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft/data>
- vii <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations>
- viii <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations>
- ix <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft/data>
- x <https://riskscore.diabetes.org.uk/start>
- xi <https://pubmed.ncbi.nlm.nih.gov/31719054/>
- xii <http://www.traffordjsna.org.uk/About-Trafford/Key-demographics/Ethnic-groups.aspx>
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- xiv <https://www.gov.uk/government/statistics/nhs-health-check-programme-2012-13-to-2017-18>
- xv [file:///C:/Temp/NHS%20Health%20Check%20%20Restart%20Preparation UPDATE%2011.3%20\(1\).pdf](file:///C:/Temp/NHS%20Health%20Check%20%20Restart%20Preparation%20UPDATE%2011.3%20(1).pdf)
- xvi <https://www.nice.org.uk/guidance/conditions-and-diseases/diabetes-and-other-endocrinal--nutritional-and-metabolic-conditions/diabetes>
- xvii <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft/data>
- xviii <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>
- xix <https://www.england.nhs.uk/diabetes/treatment-care/low-calorie-diets/>
- xx <https://hayleyleverblog.wordpress.com/2020/02/15/the-power-of-how-culture-change/>

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 10th March 2021
Report for: Information
Report of: Richard Roe Corporate Director of Place

Report Title

TACKLING HEALTH INEQUALITIES IN TRAFFORD –Housing

Summary

The Health Scrutiny Committee identified that they would like to learn more about how the Council and CCG work together with partner organisations to reduce health inequalities across the borough.

The Health Scrutiny Committee requested further information on two specific areas for investigation: a chronic physical condition known to be strongly associated with and exacerbated by health inequalities (diabetes mellitus) and a major social determinant of health inequality (housing).

The Health Scrutiny Committee particularly asked for information on the following key areas relating to housing:

Housing

- How is the social rented sector in Trafford being strengthened and expanded to ensure it is accessible to all residents who need it
- How Trafford's requirement for new homes is being met in a way that increases the availability of affordable homes across all tenures
- How the quality of existing housing is being improved to ensure that every home in Trafford is warm, dry and energy efficient
- The prevalence of fuel poverty within the borough and how this is being tackled

This report provides a summary of the information requested by the Committee.

Recommendation(s)

Note the content of the report for information

1.0 Introduction

The right home environment is crucial to health and wellbeing so housing is considered to be one of the wider determinants of health. Unhealthy, unsuitable or unstable housing presents a risk to a person's physical and mental health.

Conversely, the right home environment protects and improves health and wellbeing and prevents physical and mental ill health (Public Health England, 2019).

While some people take having the right home environment for granted, it's actually a complex process involving people, communities and organisations working together to produce the ideal environment for promoting good health and wellbeing through the home.

2.0 Access to the Social Rented Sector

Question: How is the social rented sector in Trafford being strengthened and expanded to ensure it is accessible to all residents who need it?

Trafford Allocations Policy & Nominations Agreement

Trafford Council's Allocations Policy explains the rules, criteria and procedure that determine how the Council will nominate households to social and affordable rented Registered Provider (RP) properties in the borough. Housing Options Service Trafford (HOST), which provides the homelessness and housing advice on behalf of the Council, administer this Policy. However, the Council is responsible for producing the Policy and ensuring its implementation.

The Allocation Policy works alongside the Nominations Agreement. The Nomination Agreement provides the nomination rights to a percentage of the RP properties in the borough. Trafford Council is no longer a housing provider and it is therefore vital that a Nominations Agreement is in place to enable people on the Council's Housing Register an opportunity to be re-housed fairly through the use of the Allocations Policy.

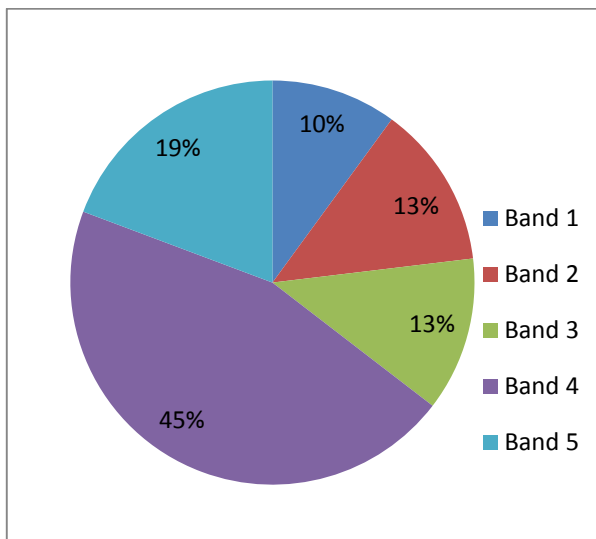
The Nominations Agreement enables the Council to have rights over 50-% of the RPs re-lets (75% of Trafford Housing Trust) to re-house those from the Council's Housing waiting list.

The Allocations Policy ensure that those in greatest housing need receive the highest priority for re-housing. The following bands are used to determine priority:

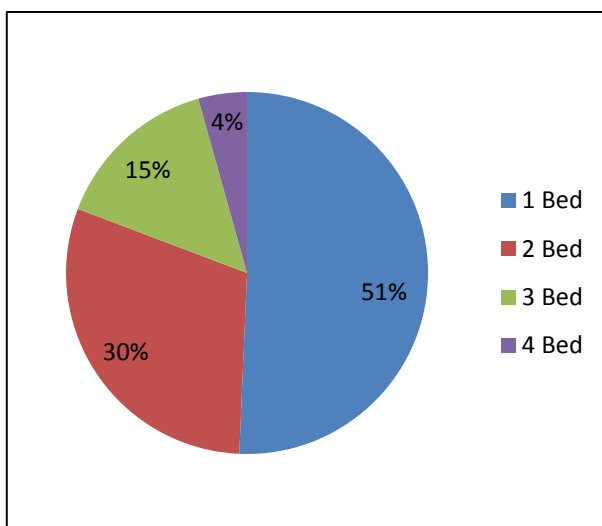
Trafford Banding System
Band 1: Urgent housing need and owed 'reasonable preference'.
Band 2: Need to move and owed 'reasonable preference'.
Band 3: Applicants who do not meet the criteria for Band 1 and 2 but fall into the 'reasonable preference' category.
Band 4: Applicants not assessed as being owed 'reasonable preference' but who meet the Trafford Positive Community Criteria (working/volunteering in the borough or have a local connection).
Band 5: Applicants who would have been owed 'reasonable preference' but have been awarded reduced preference (rent arrears, ASB etc.), applicants with no recognisable housing need and those with no priority.

Waiting List Data

As at the 31st December 2021, there were 3,364 active applicants on the Council's Housing Register. The graphs below breakdown the applicants by band and bedroom need.



Band	Number of applicants
Band 1	338
Band 2	439
Band 3	415
Band 4	1523
Band 5	649
Total	3364



Bedroom Need	Number of applicants
1 Bed	1705
2 Bed	1012
3 Bed	501
4 Bed	146
Total	3364

New Social rented housing has not been easy to deliver in recent years with other forms of tenure such as 'affordable rent' receiving generally greater encouragement at a national level. However the use of the Trafford Affordable Housing Fund is one means of ensuring there are locally promoted schemes (see section 3)

3.0 Affordable New Homes

Question: How Trafford's requirement for new homes is being met in a way that increases the availability of affordable homes across all tenures?

Housing Growth is a key priority for Trafford Council. New homes are not only required to meet identified local need across the borough, but are also a key part of encouraging new residents to settle in Trafford. The Council ensures that Trafford has the homes which residents need, can afford and that the borough continues to be an attractive place to live.

The Trafford Housing Strategy (2018-2023) launched in March 2018 was developed to identify the key housing priorities for the borough and the measures required to deliver them by the Council and other key public and private stakeholders. The Housing Strategy identifies key interventions required to meet current and future housing need in Trafford and looks to address a number of supply and demand challenges up to 2023 including the delivery of affordable housing. The interventions were identified in the context of the Council's Corporate Objectives, GM growth ambitions as articulated in the GMSF and GM Housing Strategy, and discussions with key stakeholders. The Housing Strategy coupled with the Vision, Corporate Objectives, Trafford Economic and Housing Growth Framework and the wider GM strategic arena, forms a comprehensive and fully joined up approach to delivering future housing growth to benefit Trafford's residents.

The Strategic Growth Service within the Council actively monitors the progress of housing sites (including affordable housing) through a 'Housing Tracker' which is used to identify starts on site, completions and any issues or delays. The Tracker is monitored quarterly and direct contact with the land owners, developers and/or housing associations is made to understand why activity on site may have stalled. Support is provided for those sites that have stalled to try and kick start and provide advice on regional/national funding that may assist with delivery.

There are a number of established groups that also drive forward the delivery of new affordable housing including:

- The *Trafford Strategic Housing Partnership* leads on the delivery of the Housing Strategy. Meetings are held quarterly with housing association partners to drive forward the actions as contained within the Strategy. Increasing the delivery of affordable housing is one of the key actions.
- The *Increase Housing Delivery Group* established in May 2018 has attendees include landowners, developers, housing associations, Homes England, TfGM, Highways England, strategic housing and planning colleagues. The group meets quarterly to discuss any delivery issues, provide updates on current activity and identify any new opportunities in Trafford. The increase of affordable housing and any issues with delivery are part of these regular discussions.
- A *Developer Forum* for housing associations was established in 2019 to enable Trafford's main developing housing associations an opportunity to come together and share any issues/barriers to delivery, current activity and new opportunities. The delivery of affordable housing is key to these meetings.

Trafford Affordable Housing Fund

The Trafford Affordable Housing Fund was established in September 2018 and combines all Section 106 monies received from developers for off-site affordable housing. The main focus of the Fund is to increase the provision of new build social rented accommodation in Trafford, however in areas where the housing market needs to be balanced with intermediate affordable housing, products such as Rent to Buy and Shared Ownership will be considered.

The Fund is subject to the Council's Nominations Agreement, where 100% of the new build properties, on first let, will be to those applicants on the Council's Housing Register. The priority of the applicants will be determined by the Trafford Housing Allocations Policy.

Since the Fund was launched, the Housing Strategy & Growth Team has been actively engaging with RPs on a regular basis on a 'call for sites'. RP's are required to submit a formal application to access the Fund which includes the following details:

- Number of units being delivered.
- Programme and certainty of delivery
- Type, size and tenure of units being delivered.
- Costs
- Funding required from the Trafford Affordable Housing Fund.
- RP financial contribution towards the scheme.
- Other funding secured for the scheme.
- Details and evidence to support the delivery of Trafford's Housing Strategy 2018-2023.
- Evidence of meeting local housing need and wider socio-economic benefits / social value (i.e. jobs, apprenticeship, training, work experience opportunities).

In March 2019, Trafford Housing Trust (THT) submitted a bid for the Trafford Affordable Housing Fund of £1.5m for a scheme to provide 30 new apartments (20 x 1 bed and 10 x 2 bed) for social rent in Timperley, Altrincham which was approved.

The scheme is currently on site and will be completed in April 2021. The scheme will provide 30 high-quality, modern and Nationally Designed Space Standards (NDSS) compliant apartments providing safe, secure living conditions for all residents with 100% car parking provision. The self-contained apartments will offer residents independent living, with a modern apartment development, in the heart of an established and sought-after residential area. The scheme is in walking distance to both Timperley and Altrincham where there are a range of employment opportunities and core amenities for residents

Housing Need Assessment 2019

Trafford Council commissioned Arc 4 to undertake a Housing Needs Assessment (HNA) in January 2019. The key purpose of the HNA was to provide detailed, robust and defensible evidence to determine local housing priorities, inform the Council's housing related strategies and policies and to support the production of the Trafford Local Plan.

The HNA findings has been used to inform the delivery of the Trafford Housing Strategy Action Plan 2018-23, including the development of a set of Housing Propositions/factsheets which provide details of the size, type and tenure of housing needed in each of the seven sub areas (Altrincham, Carrington & Partington, Old Trafford, Rural Communities, Sale, Streford and Urmston) to re-balance the housing market. The HNA considers the need for affordable housing and the size, type and tenure of housing needed for specific groups within the borough. In addition, the HNA provides up-to-date analysis of the social, economic, housing and demographic characteristics of the area.

Key findings from the HNA which provide the evidence for developers and housing associations in terms of the types, size and tenure of affordable housing needed in each of the sub areas include:

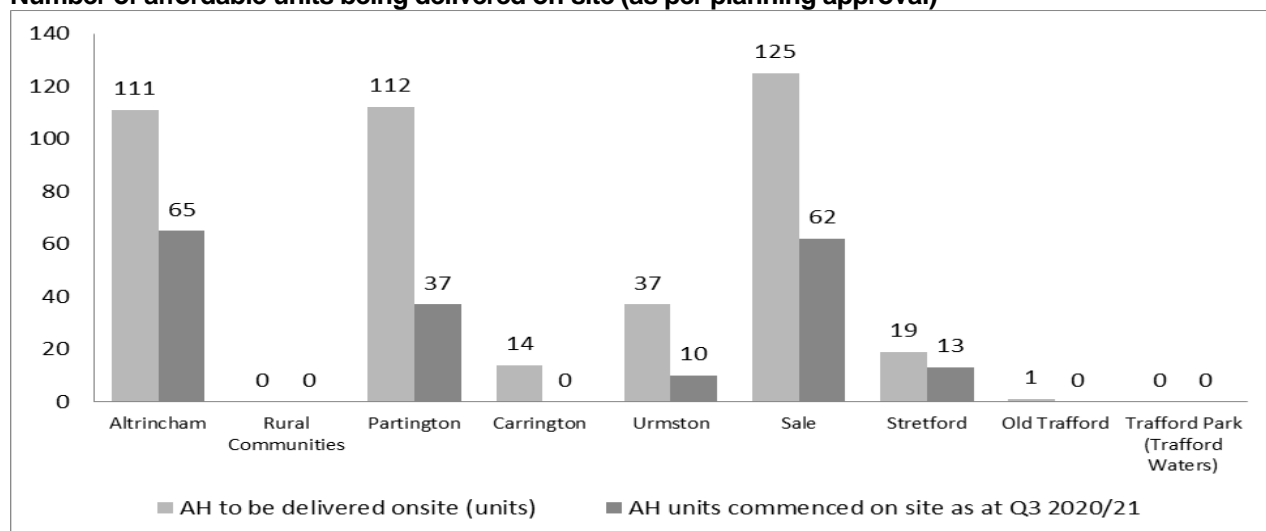
- 33.5% of affordable housing in Trafford is houses, 51.8% is flats and 14.7% is bungalows.
- Trafford is the least affordable local authority in GM with a median income to house price ratio in 2018 of 7.73.
- Affordable rents are highest in the Rural Communities and Altrincham at £1,299 and £907 per calendar month.
- Incomes needed to buy houses in the Rural Communities and Altrincham are high with a household income of £198,127 needed to buy a house at market price in the Rural Communities and a household income of £112,114 needed to buy a house at market price in Altrincham.
- If 25% of income is spent on housing, across the borough a genuinely affordable lower quartile market rent would be £521 based on local incomes and would range between £313 and £937 at a sub-area level.
- In the high-income sub-areas Altrincham and Rural Communities, median prices are affordable if households spend 25% of their income on housing costs. However, in the lower income area of Old Trafford, median prices are still not affordable if 50% of income is spent on rent. Overall, four sub-areas (Altrincham, Rural Communities, Sale and Urmston) are affordable if 35% of income is spent on median rents.
- Social renting is affordable to most key worker households in Trafford Borough and households with multiple minimum/living wage earners. Affordable Rent is only affordable to Teachers and dual full-time earning households on minimum and living wages.
- Modelling suggests an annual net imbalance of **545** affordable dwellings across Trafford Borough.
- The overall shortfalls in affordable housing are 145 one-bedroom, 241 two-bedroom, 113 three-bedroom, 43 four-bedroom and 3 five or more-bedroom general needs dwellings.
- Across the borough it is recommended that 26.6% of new affordable dwellings have one-bedroom, 44.2% two-bedrooms, 20.7% three-bedrooms and 8.5% four or more-bedrooms.
- This study confirms that the proposed target of 40% of new dwellings (subject to viability assessment) to be affordable is appropriate
- 25% shared ownership is affordable to 59.8% of existing households and 87.1% of newly forming households.

Affordable New Build in Trafford

As at the end of Q3 2020/21 there were 596 affordable housing units with planning permission. The graph below shows the number of affordable units planned to be delivered on-site as per the planning application and how many of these have commenced as at the end of quarter 3 2020/21 by sub area. The highest number of affordable units are being delivered in Sale (187 units) and Partington (149 units).

The apparent lack of affordable housing in Old Trafford / Trafford park shown in the chart is now starting to be addressed by a more robust stance on site viability (see section on planning permissions below)

Number of affordable units being delivered on site (as per planning approval)



The tables below shows the number of affordable housing completions and the number of affordable housing permissions granted since 2013/14

Affordable Completions		Affordable Permissions	
2013/14	90 units	2013/14	76 units
2014/15	59 units	2014/15	81 units
2015/16	0 units	2015/16	95 units
2016/17	63 units	2016/17	105 units
2017/18	85 units	2017/18	90 units
2018/19	79 units	2018/19	19 units
2019/20	69 units	2019/20	251 units
2020/21 (end of Q3)	36 units	2020/21 (end of Q3)	117 units

Increasing the Number of Affordable Homes Delivered through Planning Permissions

Affordable housing is a planning policy requirement and for most major housing development granted planning permission a proportion of homes should be delivered as affordable, preferably on site. However, national and local planning policy also allows developers to argue via the submission of financial evidence (a 'viability appraisal') that the provision of affordable housing makes their scheme 'unviable', and thus undeliverable, and therefore the Council should reduce or waive its requirements. The starting point with planning applications submitted in Trafford has been, until very recently, invariably that no affordable housing provision is viable.

It is a corporate objective of the Council, to increase the level of affordable housing delivered in the Borough. This has led to the Council's appointment of an independent viability consultant and a more robust interrogation of developer's viability appraisals. In particular, the Council is challenging the assumptions made in viability appraisals in respect of land value, which should, in accordance with national guidance, take account of all relevant planning policy requirements, including the provision of affordable housing.

These issues and the Council's approach to land value, costs and sales values were independently scrutinised by a Planning Inspector at a three week public inquiry in the recent appeal by Redrow Homes at land south of Partington. The Inspector dismissed the appeal

and found in favour of the Council's approach to the delivery of affordable housing – and in doing so gave Redrow's failure to provide any affordable housing significant weight.

This approach is starting to bear fruit. Since the appointment of the Council's independent viability consultant in 2017 a total of 482 additional affordable housing units have been negotiated through the planning process – equating to a monetary value of c. £38.5m. On all but three occasions the developer's initial offer was zero. There is a natural lag time between the grant of planning permission and completion of affordable units, but these units should soon start to trickle into the completions data as schemes are built out. Developers are also beginning to put forward policy compliant or close to policy compliant schemes in the first place, and are speaking to Registered Providers about on site provision at a much earlier stage.

Being more robust in the interrogation of viability appraisals also brings forward other developer contributions which also have an indirect effect on wellbeing – such as for improvements to education provision and green space. Around £11.2m of additional contributions to other infrastructure outside of affordable housing has been negotiated since 2017. This is in addition to any Community Infrastructure Levy payments required.

Trafford Local Plan

The Development Plan for Trafford currently includes the adopted Core Strategy and a number of saved Unitary Development Plan policies. Work is progressing on creating a new Trafford Local Plan and the first full draft of this is currently out to consultation (February 2021). Once adopted the Trafford Local Plan will form the Development Plan for Trafford along with any adopted strategic Greater Manchester plans.

Core Strategy policy seeks to achieve an average of 40% affordable housing across Trafford. The amount specifically required in each area depends on the current state of the housing market and whether the area is considered to be a hot, moderate or cold housing market area. Emerging draft Local Plan policies aim to provide 40% affordable homes on schemes of 10 units or more, this is to be tested through economic viability work as the Local Plan progresses. Current adopted policy (Core Strategy policy L2) requires that affordable housing units are split 50:50 between intermediate tenure and social/affordable rented units. Draft Local Plan policies propose that the split of affordable housing will be 60% intermediate tenure and 40% rented.

Core Strategy policy requires developers to set out how their proposals will contribute to mixed and sustainable local communities, be adaptable to the changing needs of residents over time, provide small and large accommodation and increase the provision of family homes. Draft Local Plan policy mimics these developer requirements whilst also requesting an indication of how, where appropriate, the proposed development will increase the

The draft Local Plan contains a number of strategic objectives which establishes how the draft Vision will be delivered. This includes deliver the homes that Trafford needs by “promoting a good choice of high quality, accessible, energy efficient housing people can afford in sustainable locations of a size, mix, density and tenure needed”. The draft Local Plan includes policies relating to older people's accommodation and adaptable and

accessible housing. The draft housing needs policies in the emerging Local Plan are evidenced by Trafford's Housing Needs Assessment (2019) and will subject to viability consideration work.

The draft Trafford Local Plan includes references to health and well-being throughout a range of policy areas as well as through a strategic objective to "secure successful, sustainable and healthy communities" to improve everybody's health, well-being and quality of life. The draft Local Plan also contains a standalone policy for 'Health and well-being' which seeks to reduce health related inequalities by establishing and maintaining healthier lifestyles. The policy identifies ways in which development proposals can directly contribute to active healthier lifestyles through methods such as active transport and access to open space.

4.0 Energy Efficiency

Question: How the quality of existing housing is being improved to ensure that every home in Trafford is warm, dry and energy efficient

Private Sector Stock Condition

In 2019 a survey was commissioned by Trafford Council to review the housing stock condition and household conditions across the private housing sector.

The study involved a survey including a target sample of 1,000 dwellings representing just over 1% of an estimated private sector housing stock of 90,622 dwellings. The survey investigate physical housing conditions (by comparing it to the Housing Health & Safety Resting System – HHSRS and Decent Homes Standard) and energy efficiency (by comparing it to SAP 2012).

1,000 dwellings were physically inspected across the Rural Communities, Altrincham, Partington/Carrington, Urmston, Sale, Stretford and Old Trafford.

The survey found that there is a strong association between the age of a property and its conditions and energy performance – the oldest dwellings are more likely to be worse off. Private sector housing across Trafford is representative of all building eras, but is predominantly post Second World War construction;

- 20.3% constructed post 1980
- 41.2 % constructed post war period (1944 – 1980)
- 24.7% constructed inter-war period (1919 -1944)
- 13.7% constructed pre 1919

Geographically the highest concentrations of pre-1919 dwellings are located in the Rural Communities, Altrincham and Urmston:

- 20.8% Rural Communities
- 19.2% Altrincham
- 17.5% Urmston

Housing Conditions

The stock condition survey determined that 84.3% of dwellings across Trafford meet the requirements of the Governments Decent Homes Standard and can be regarded as satisfactory.

The remaining occupied dwellings (15.7%) fail the requirements of the Decent Homes Standard and are non-decent. The majority of dwellings failing the standard are defective on

one matter only (85%); the remaining dwellings are defective in two or more matters (15%). The following patterns of failures were recorded:

- 5.5% of dwellings failed due to a Category 1 hazard with the Housing Health & Safety Rating System (HHSRS) - This is the Government's current approach to evaluating risk to health and safety from deficiencies within a dwelling. A range of Category 1 hazards were identified – predominant hazards are damp & mould (2,779 dwellings); fire safety (924 dwellings); falls (885 dwellings); food safety (555 dwellings); and excess cold (520 dwellings).
- 9.8% of dwellings failed due to disrepair under the Decent Homes Standard - Decent Homes Standard is the Government's technical minimum standard for social housing and is widely used as a benchmark for minimum standards of housing conditions across other tenures. External repair defects in those dwellings failing the repair requirements of the Decent Homes Standard are dominated by works to windows, chimney, roof structures and coverings, external pointing, rainwater goods and flashings.
- 1.1% of dwellings failed due to a lack of modern kitchen or bathroom facilities.
- 4.3% of dwellings failed to provide a reasonable degree of thermal comfort.

Housing conditions across Trafford, with regard to the Decent Homes Standard, are slightly better than the national average. In 2017 15.7% of dwellings in Trafford failed the Decent Homes Standard compared to 20.1% of private sector housing nationally. 5.5% of dwellings in Trafford have a category 1 hazard compared to 12.1% of private dwellings in England.

Housing conditions vary significantly geographically across Trafford. The highest rates of Decent Homes failure are recorded in Urmston (29.0%) and Partington/Carrington (20.3%).

The highest rates of category 1 hazards are recorded in Urmston (22.6%) and Partington/Carrington (15.1%)

There are no significant differences in the rates of category 1 hazard failures by tenure – owner occupied (5.3%) and private rented (6.6%). But failures do increase among buildings converted into flats (8.2%) and in older properties (pre 1919 – 14%; inter war – 8.4%).

Poor housing conditions impact all household types across Trafford but socially and economically disadvantaged households, in particular the elderly and young are at greatest risk of experiencing poor housing conditions.

To improve existing housing the Council's Housing Standards Team aim to:

- Support & encourage home owners and landlords to maintain and invest in their own properties; and
- Target very limited public funds at the most vulnerable living in the worst housing conditions.

Financial Assistance – Home Owner Grant

The Council's Housing Standards Team has a small budget to provide a borough wide means tested "Home Owner Grant" of up to £3,000 for owner occupiers for certain works that are needed to fix category 1 hazards in their homes (e.g. dangerous electrics; significant and extensive damp & mould; defective bathrooms or kitchens; disrepair to roofs). The grant is subject to eligibility criteria and available funds. Currently, maximum budget allocated for Home Owner Grants is only £30,000.

During 2015-2021 a total of 28 Home Owner Grants were paid, totalling £61,418. Currently, there are 5 approved grants in the system with an outstanding amount of £9,055. The yearly breakdown is as follows:

- 2015/16 - 9 Grants totalling £14,092
- 2016/17 - 12 Grants totalling £32,395
- 2017/18 - 5 Grants totalling £7,881
- 2018/19 - 2 Grants totalling £7,050
- 2019 to date - 5 approved Grants in the system current total £9,055.

In addition to these relatively modest measures the Council's work in place making and regeneration provides the best incentive for individual property owners to invest in the homes they own or control.

Enforcement

The Council's Housing Standards Team encourages the co-operation of individuals and Landlords in keeping their properties in good repair.

The Housing Act 2004 and the Housing Health and Safety Rating System (HHSRS) is the principal enforcement mechanism for tackling sub-standard housing conditions. The HHSRS is a risk assessment tool used to assess hazards in residential properties, including excess cold and damp & mould. If a hazard is determined to be a 'Category 1 hazard' the Council must take appropriate enforcement action to reduce the seriousness of the hazard.

The Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015 require private landlords who rent out EPC band F or G rated homes to improve their properties to a minimum energy performance rating of EPC band E and, if they cannot source sufficient external funding, they are required to make a maximum financial contribution of up to £3,000.

The Housing Standards Team continues to respond to and investigate complaints of sub-standard housing conditions and take the most appropriate action where necessary.

5.0 Fuel Poverty

Question: The prevalence of fuel poverty within the borough and how this is being tackled

Fuel poverty in England is currently measured using a Low Income High Cost (LIHC) framework. Under this definitions a household is considered "fuel poor" where:

- An income below the poverty line (including if meeting its required energy bill would push the household below the poverty line); and
- Higher than typical energy costs.

The LIHC indicator allows Government to measure how many fuel poor household exist and how each fuel poor household is affected. This is achieved by taking into account the fuel poverty gap – a measure of how much more fuel poor households need to spend to keep arm compared to typical households.

Nationally the total proportion of fuel poor households remains relatively static at 10-12%, or around 2.5million homes. Fluctuations in average income and average energy bills can changes who is considered to be fuel poor, so each year there is a fluctuation in the number

of households who can be considered fuel poor, or stop being fuel poor, even if their circumstances have not changed.

Under this definition Trafford 2019 stock condition survey recorded 10.1%, or 8,703 households have low incomes and high fuel costs and are in fuel poverty. Rates of fuel poverty are below the average for England (11%) and below the North West average (12.8%).

Information on home energy efficiency for the stock condition survey was collected using the Reduced SAP assessment and thermal comfort performance within the Government's Decent Homes Standard. The energy costs take into account the cost of space and water heating; ventilation and lighting. A dwellings energy efficiency is presented in bands from A – G, where band A rating represents low energy costs (the most efficient band) and band G rating representing high energy costs (the least efficient band).

54.1%, or around 46,823, of occupied private dwellings in Trafford fall within the highest energy efficiency bands (A, B and C) compared to 30.1% of private housing nationally.

The proportion of private dwellings in the lowest energy efficiency bands (E, F and G) is 2.7% and is significantly below the national average of 19.4%.

Energy efficiency of dwellings across Trafford shows limited variations geographically or by housing sector. The following attributes apply to dwellings in Trafford:

- Loft insulation – Trafford is better than the national average. 68.8% of private housing has at least 200mm of loft insulation compared to 38.5% nationally; 9.7% of dwellings in Trafford have 150mm, 3.1% of dwellings have 100mm and 0.4% of dwellings have below 100mm.
- Cavity wall insulation – Trafford is between than the national average. 62.6% of dwellings, with cavities, have cavity wall insulation compared to 49.5% in England.
- Double glazing – Trafford is better than the national average. 95.2% of dwellings in Trafford have some form of double glazing, the majority is whole house. This compares to 85.0% nationally.
- Full central heating – Trafford is between than the national average. 97.8% of dwellings in Trafford have full central heating compared to 92.0% nationally. 0.8% of dwellings in Trafford have partial central heating and 1.7% of dwellings lack central heating.

To meet the Government's Decent Homes Standard for thermal comfort a dwellings must offer efficient heating and effective insulation. In Trafford 4.3%, or 3,759 dwellings, fail to meet these requirements and are non-decent. Of which 935 dwellings are disproportionately recorded in the Old Trafford area.

Other variations in Decent Homes thermal comfort performance are apparent across different tenures, dwelling age and dwelling type;

- Higher rates of non-compliance exist in the private rented sector (10.5%) and for flats
- Fuel types vary between tenures with greater use of less efficient heating in the private rented sector -27.1% of private rented use electric heating compared with 5.3% of owner occupiers.

Financial Assistance

To support vulnerable people improve energy efficiency standards in fuel poor homes the Housing Standards Team works with a number of partners in a number of ways. We use a targeted approach, identifying those households who are most vulnerable. This enables us to spend limited resources most effectively.

The following initiatives/grants are currently being used to assist our vulnerable residents with regards to addressing fuel poverty:

1. Local Energy Action Plan (LEAP)

Since 2017 the Council and a range of other services across Trafford have been referring low income and vulnerable households whose homes are poorly heated and/or insulated into a GM-wide scheme called Local Energy Action Plan (LEAP).

LEAP has some very broad eligibility requirements to help as many people as possible that are either already in, or is at risk of falling into fuel poverty. It is open to all types of householders – homeowners, private renters and social housing tenants. LEAP seeks to address the three fuel poverty contributors or poor building fabric, high energy charges and low income. Caseworkers advise on installation of energy efficiency works, insulation and heating measures across the borough. These measures include installation of LED light bulbs; draft insulation to windows, door and letterboxes; chimney balloons; power down devices; hot water cylinder covers etc. LEAP also seek to identify households who would benefit from energy tariff switching, benefit entitlement checks to maximise income.

During September 2019 to January 2021 LEAP completed:

- 87 enquires received from Trafford residents
- 43 advice calls completed (7 advice calls currently booked)
- 12 home assessments & works completed (2 home assessments currently booked)

LEAP make suitable onward referrals to other organisations who deal with hazards and fire safety in the homes; ensure residents are signed up to Priority Service Registers with their utility providers and the Social Tariff at their local water company.

2. Energy Company Obligation (ECO) Scheme

Large gas and electricity providers are obliged to help households with large scale energy saving measures. The current ECO scheme runs until March 2022 and is focused exclusively on owner occupier and private tenants with lower incomes who are considered to be in vulnerable situations or living in fuel poverty. A wide range of benefits quality recipients for ECO funding.

Grants are available to cover all or part of an energy efficiency measure. Some of the most common are loft insulation; cavity or solid wall insulation; and replacement boilers. It can also be used to install heating controls such as programmable room thermostats and thermostatic radiator valves.

During January 2018 to February 2021 the ECO scheme, delivered by Eon, has provided the following across Trafford:

- 18 Cavity wall insulation installations
- 1 Internal wall insulation installation
- 2 Room in the roof insulations installations
- 34 under floor insulations installations
- 17 loft insulations improvements
- 24 Gas boiler replacements
- 11 Electric storage heater installations
- 49 heating control improvements
- 19 other energy saving measures (not categorised).

3. GM Warm Homes Fund (GMWHF)

This scheme, which recently closed, provided funding for Trafford residents on low incomes to install first time central heating systems into fuel poor homes. It was open to both homeowners and private tenants who meet eligibility criteria based on income, health or other personal circumstances.

4. Emergency Central Heating Officer (ECHO)

The Emergency Central Heating Offer (ECHO) is an energy solution to help vulnerable households who find themselves without heating and hot water due to a boiler breakdown. The offer is designed to quickly assist in emergency no-heat situations, repairing or replacing boilers and heating controls quickly and without cost to eligible residents. The average time taken from referral to installation of replacement boilers is 10 days.

Home Energy Appliances Replacement (HEART)

This is an energy efficiency community outreach service provided by AglityEco. It supports fuel poor and vulnerable households in any tenure by replacing old, inefficient or broken fridges, fridge/freezers, washing machines and cookers with modern energy efficient alternatives.

Green Homes Grant

In July 2020 the Government announced £2billion of support through Green Homes Grant (GHG) to save households money, cut carbon and create green jobs. The GHG is comprised of:

- £1.5 billion of support through a national energy efficiency voucher scheme; and
- £500million of support allocated to English Local Authority delivery partners through the Local Authority Delivery (LAD) Scheme.

GMCA has successfully received an initial £4.7million funding. A further bid for £5.6 million has been made to extend the current scheme; and planning is underway across GMCA to place further bids for a share of this Government funding.

Local Authority Delivery (LAD) Scheme

The purpose of the LAD Scheme across Trafford is to raise the energy efficiency rating of low income and low EPC rated homes (dwellings with D, E, F and G rating), including those living in the worst quality off-gas grid homes – aiming to reduce fuel poverty whilst phasing out the installation of high carbon fossil fuel heating.

The LAD scheme is available to low income residents across Trafford (with a combined gross annual household income of less than £30,000) living in the least energy efficient homes (D – G rating):

- Owner occupiers can apply for up to £10,000 per property
- Landlords can apply for up to £5,000 per property and make a 33% contribution.

This funding supports the retrofit of existing homes with energy efficiency and heating measure that will improve the energy efficiency of the property. Measures include solid wall and cavity wall insulation; roof and floor insulation; installation of air and ground source heat pumps; replacement windows and doors; solar thermal water heating and solar PV.

The scheme has been advertised by news releases, social media bursts on the Council's social media platforms, updated to the Council's website and 5,000 letter and leaflets posted to target addresses in Trafford. Qualifying residents across Trafford are already accessing this funding through the Council's LAD Scheme:

- 63 enquires received from Trafford residents.
- 41 households have qualified for support.

- 11 households have not qualified for support.
- (Remainder undergoing eligibility checks)
- 12 Home Energy Assessments have been completed so far.

Contact person for access to background papers and further information relating to the Housing element of the report:

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