TRAFFORD
COUNCIL

AGENDA PAPERS FOR

HEALTH AND WELLBEING BOARD

Date: Friday, 24 September 2021

Time: 4.30 p.m.

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

	A G E N D A	**PART I**	**Pages**
1.	**ATTENDANCES**		
	To note attendances, including officers, and any apologies for absence.		
2.	**MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD 2021/22**		1 - 2
	To note the Membership of the Board for the 2021/22 municipal year as agreed at Annual Council 26 May 2021.		
3.	**HEALTH AND WELLBEING BOARD TERMS OF REFERENCE 2021-22**		3 - 4
	To note the Terms of Reference of the Board for the 2021/22 Municipal Year as agreed at Annual Council 26 May 2021.		
4.	**MINUTES**		
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 29 January 2021.		
5.	**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.		
6.	**QUESTIONS FROM 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 4		

p.m. 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.

7. **HEALTH AND WELLBEING BOARD PERFORMANCE AGAINST STRATEGIC AIMS** 5 - 20

To receive a report from the Director of Public Health.

8. **RELATIONSHIP BETWEEN THE HEALTH AND WELLBEING BOARD AND ONE SYSTEM BOARD** Verbal Report

To receive a verbal report from the Director of Public Health.

9. **TRAFFORD'S RESPONSE TO GM INEQUALITIES COMMISSION AMD MARMOT REVIEW** 21 - 38

10. **MENTAL HEALTH STRATEGY** 39 - 80

To receive a presentation from the Lead Commissioner Mental Health & Learning Disability for Trafford CCG.

11. **HEALTHY WEIGHT STRATEGY** 81 - 84

To receive a report from the Director of Public Health.

12. **INFECTION CONTROL ANNUAL REPORT** 85 - 98

To receive a report from the Director of Public Health.

13. **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.

14. **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

Councillor J. Brophy, Councillor J. Harding, Councillor J. Holden, Councillor C. Hynes, Councillor J. Slater (Chair), C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble, E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, J. Wareing, C. Hemingway, S. Donnellan, D. Evans, M. Hill, Pritchard, A. Seabourne, J. McGregor, M. Gallagher, J. Coulton, M. Nagra and E. Calder.

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

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

This agenda was issued on **Thursday, 16 September 2021** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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TRAFFORD COUNCIL

MEMBERSHIP OF COMMITTEES 2021/22

Notes on Membership:

(1) The Council Membership is nominated by the Leader of the Council.

(2) The Chair for the Health and Wellbeing Board will rotate on an annual basis between Trafford Council and NHS Trafford Clinical Commissioning Group.

(3) * Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note: at least one Councillor, one member of each relevant CCG, a representative of the local Healthwatch organisation plus any other members considered appropriate by the Council, must be appointed.)

COMMITTEE	NO. OF MEMBERS
HEALTH AND WELLBEING BOARD	5 (plus *Corporate Director of Children Services, Corporate Director of Adult Services, *Director of Public Health and 13 External Partners)

LABOUR GROUP	CONSERVATIVE GROUP	LIBERAL DEMOCRATS GROUP	GREEN PARTY GROUP
Councillors:	Councillors:	Councillors:	Councillors:
Executive Member for Health, Wellbeing and Equalities Executive Member for Adult Social Care Executive Member for Children's Services	Shadow Executive Member for Health, Wellbeing and Equalities	Jane Brophy	
TOTAL 3	**1**	**1**	**0**

Membership of the Health and Wellbeing Board shall also comprise of:

- NHS Trafford Clinical Commissioning Group (3 representatives: Chair, Chief Operating Officer and Clinical Director/Representative)
- Chair of Health Watch
- Third Sector (2 representatives)
- Independent Chair Local Safeguarding Board
- Chair of the Safer Trafford Partnership - GMP
- Chair of the Trafford Sports and Physical Activity Partnership
- Chief Executive Officers of health care providers (2): (Manchester University NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust)
- Greater Manchester Fire and Rescue Service Representative
- Greater Manchester Health and Social Care Partner Representative

HEALTH AND WELLBEING BOARD

Terms of Reference

1. To provide strong leadership and direction of the health and wellbeing agenda by agreeing priority outcomes for health and wellbeing.

2. To develop a shared understanding of the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA).

3. To seek to meet those needs by producing a Joint Health and Wellbeing Strategy for Trafford and ensure that it drives commissioning of relevant services.

4. To drive a genuine collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people and reduces health inequalities.

5. To promote joined–up commissioning plans across the NHS, social care and public health.

6. To have oversight of local Clinical Commissioning Group (CCG) and local authority commissioning plans.

7. To operate as a thematic partnership within the context of the Sustainable Community Strategy Trafford 2021 and align its work to the Trafford Partnership in that capacity.

8. To improve local Democratic accountability and engage with the Health and Wellbeing Forum which includes Trafford residents, service providers and other key stakeholders to understand health and wellbeing needs in Trafford.

9. To monitor and review the delivery of health and wellbeing improvements and outcomes through robust performance monitoring.

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TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: September 2021
Report for: Information and Approval
Report of: Eleanor Roaf

Report Title

Behavioral Risk Factors

Summary

The Health and wellbeing strategy[1] and Public Health Annual Report 2020[2] has smoking, alcohol, physical inactivity and obesity and mental health as priority topics to deliver improvements in Healthy Life Expectancy and reduce inequality in Healthy Life Expectancy across Trafford. With Trafford emerging from the pandemic, there is now an opportunity to target prevention of these risk factors that contribute to inequalities in health life expectancy and life expectancy and drive deterioration of health in our most vulnerable and disadvantaged population groups. Diseases associated with these risk factors contribute to a 76.9% and 73.6% gap in life expectancy (between the most deprived and least deprived quintiles) in men and women aged 40-79 years old in Trafford respectively[3].

Reducing these inequalities across Trafford will reduce service demand, improve health outcomes and create a fairer, healthy, economically flourishing environment. This report will focus on **the four risk factors mentioned above** in Trafford to:

1. Examine areas of concern/progress
2. Examine impact of COVID-19 and provide insight on how this might be expected to manifest in Trafford
3. List measures to examine impact of COVID-19 in Trafford
4. Mitigations to reduce impact in Trafford

Contact person for access to background papers and further information:

Name: Dr. Beenish Hanif, Senior Public Health Intelligence Manager
Beenish.hanif@trafford.gov.uk

[1] Trafford Council. Trafford Health and Wellbeing Strategy 2019-29, 2019 (https://democratic.trafford.gov.uk/documents/s34286/Trafford%20Health%20and%20Wellbeing%20Strategy%202019.pdf)

[2] Trafford Council. Public Health Annual Report 2020- Reducing the Risk of Covid-19 in Trafford, 2020 (https://www.trafford.gov.uk/residents/adults-and-older-people/health-and-wellbeing/public-health/docs/Trafford-PHAR-2020-final.pdf)

[3] Public Health England. Segment tool. 2015-2017 (https://analytics.phe.gov.uk/apps/segment-tool/)

1. Introduction:

Prevention and early detection of disease increases the number of years people spend in good health and are the most effective ways of improving population health outcomes. Relatively small number of behavioural risk factors contribute to a large proportion of morbidity with a greater burden in some parts of our society. Of particular importance are smoking, alcohol, physical inactivity and obesity that are associated with long-term conditions and diseases including diabetes, heart disease, cancer, liver disease, respiratory diseases, mental health conditions including anxiety and depression and more recently with severe outcomes of COVID-19[4]. These diseases lead to premature mortality, threaten to overwhelm our health and social care systems, contribute to inequalities in life expectancy and healthy life expectancy, impact our most vulnerable and disadvantaged groups and have significant economic implications including productivity losses, higher welfare payments and lost taxes amounting to billions of pounds each year[5].

Upstream of these behavioural risk factors lie the socio-economic drivers of health inequalities, including poverty, education, employment, and the built and natural environment.

Few diseases can be properly managed or prevented without consideration of both body and mind. Focusing on mental health alongside these risk factors is essential as individuals with poor mental health often also have physical health problems and those with chronic health conditions frequently have mental health conditions[1].

1.1 Trafford's Context:

The Health and wellbeing strategy[6] and Public Health Annual Report 2020[7] has these risk factors (smoking, alcohol, physical inactivity and obesity) and mental health as priority topics to deliver improvements in Healthy Life Expectancy and reduce inequality in Healthy Life Expectancy across Trafford. With Trafford emerging from the pandemic, there is now an opportunity to target prevention of these risk factors that contribute to inequalities in health life expectancy and life expectancy and drive deterioration of health in our most vulnerable and disadvantaged population groups. Diseases associated with these risk factors contribute to a 76.9% and 73.6% gap in life expectancy (between the most deprived and least deprived quintiles) in men and women aged 40-79 years old in Trafford respectively[8]. Reducing these inequalities across Trafford will reduce service demand, improve health outcomes and create a fairer, healthy, economically flourishing environment.

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[4] Kings Health Partners. Vital 5, 2020(https://www.kingshealthpartners.org/our-work/value/vital-5)

[5] Hanif, B, Buchan,I. Building an evidence base for effective commissioning decisions to reduce inequalities in health: A mixed methods study to profile and benchmark general medical practices on health needs and quality of care, 2015 (https://www.escholar.manchester.ac.uk/uk-ac-man-scw:275906)

[6] Trafford Council. Trafford Health and Wellbeing Strategy 2019-29, 2019 (https://democratic.trafford.gov.uk/documents/s34286/Trafford%20Health%20and%20Wellbeing%20Strategy%202019.pdf)

[7] Trafford Council. Public Health Annual Report 2020- Reducing the Risk of Covid-19 in Trafford, 2020 (https://www.trafford.gov.uk/residents/adults-and-older-people/health-and-wellbeing/public-health/docs/Trafford-PHAR-2020-final.pdf)

[8] Public Health England. Segment tool. 2015-2017 (https://analytics.phe.gov.uk/apps/segment-tool/)

This report will focus on **the four risk factors mentioned above** in Trafford to:

5. Examine areas of concern/progress
6. Examine impact of COVID-19 and provide insight on how this might be expected to manifest in Trafford
7. List measures to examine impact of COVID-19 in Trafford
8. Mitigations to reduce impact in Trafford

2. Smoking

Smoking is one of the leading cause of preventable ill health and premature mortality in the UK and accounts for half the difference in life expectancy between social class 1 and 5[9]. All smokers, rich or poor, make similar numbers of attempts to quit, but poorer smokers are half as likely to succeed[10]. The reasons for this are complex and are bound up in issues of health inequalities, although we know that poorer smokers take up smoking earlier and are more addicted.

Smoking is the single most modifiable risk factor for adverse outcomes in pregnancy; contributing to 40% of all infant deaths, 12.5% increased risk of premature birth and 26.3% increased risk of intrauterine growth restriction. Around 20-25% of neonatal admissions are estimated to be primarily as a result of smoking during pregnancy[11].

For individuals aged 35 years and over in Trafford, 745 deaths in 2017-2019 and 1725 hospital admission in 2019/20 were attributed to smoking[12]. The societal cost of smoking in Trafford is estimated to be £47.8 million (with £10 million costs to healthcare and £3.6 million to social care) each year. Additionally, cigarette filters contributes to street littering and 30 kg of non-biodegradable waste daily[13].

2.1 Areas of progress

- Adult smoking prevalence in Trafford has been **declining** from 16.4% in 2015 to 9.1% in 2019, lower than England average and lowest amongst its group of similar local authorities.
- Individuals in routine and manual occupations are 2.5 times more likely to be smokers compared with other occupations in Trafford[14]. However, smoking prevalence in routine and manual workers has seen a sharp **decline** from 26.4% in 2018 to 17.4% in 2019, statistically similar to England average and lowest amongst Trafford's group of similar local authorities[15].

[9] Action on Smoking and Health .ASH Submission to the Health Select Committee Inquiry into Health Inequalities, January 2008 (http://www.ash.org.uk/files/documents/ASH_754.pdf)
[10] West, R. Smoking Toolkit, UCL (www.smokinginengland.org)
[11] Ryan, S. (then) Medical Director Alder Hey Children's Hospital, Liverpool, provided to NHS Blackpool 2010.
[12] PHE Local Tobacco Control Profiles – Smoking attributable mortality (new method) (https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000002/ati/302/are/E08000009/iid/93748/age/202/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)
[13] Action on Smoking and Health. ASH ready reckoner tool. 2019 (https://ash.org.uk/ash-ready-reckoner)

[15] Trafford Council. Smoking: Which groups within Trafford are more likely to smoke?, Trafford JSNA - Health & Wellbeing Priorities (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Smoking.aspx)

- Smoking during pregnancy in Trafford has seen a steady **decline** from 8.4% in 2014/15 to 4.6% in 2019/20. Latest Trafford data for the year 2019/20 suggests that smoking during pregnancy is lower than the England average (10.6%) and lowest amongst a group of the 15 most statistically similar authorities to Trafford[11].
- Deaths attributable to smoking in Trafford have gone from similar to **lower** than England average[16].

2.2 Areas of concern

- Individuals with a long-term mental health condition in Trafford are 3.3 times more likely to be smokers compared with those who do not have a long-term mental health condition. The inequality gap in smoking prevalence between those with and without a long term mental health condition is **widening.** Trafford has the widest gap amongst its group of similar local authorities and is in the most unequal quintile in England for this indicator[12].
- Trafford is significantly worse than the England average and the third highest amongst group of similar authorities for lung cancer registrations[12].
- There are wide social inequalities between electoral wards within Trafford in indicators of smoking related harm (e.g. there is a strong trend towards increasing rates of emergency admissions with Chronic Obstructive Pulmonary Disease (COPD) and lung cancer incidence as deprivation increases) [12].

2.3 Impact of COVID-19 and inequalities

Trafford level data is not yet available to examine the impact of COVID-19 on smoking (as we would need 2020/21 data). However, national evidence and recent research suggests that:

- There is an increased motivation to quit smoking and stay smoke free. Although there has been an increase in quit attempts in the UK wide population, impact on smoking prevalence is still unclear. It has been reported that 300,000 people quit smoking in England during the first months of the pandemic[17] [18].
- Recent studies have found that a quarter of current UK smokers have increased their smoking and that mental health status, psychosocial well-being and socio-economic factors are strongly associated with tobacco consumption [19] [20].

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[16] PHE Local Tobacco Control Profiles – Smoking attributable mortality (new method) (https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000002/ati/302/are/E08000009/iid/93748/age/202/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)

[17] Jackson, SE, Garnett, C, Shahab, L, Oldham, M, Brown, J. Association of the COVID-19 lockdown with smoking, drinking and attempts to quit in England: an analysis of 2019–20 data. Addiction 21 Oct 2020. Available from: (https://doi.org/10.1111/add.15295)

[18] Action on Smoking and Health. ASH Daily News for 4 May 2020. Action on Smoking and Health, 2020 (https://ash.org.uk/media-and-news/ash-daily-news/ash-daily-news-for-4-may-2020/)

[19] Reynolds, CME, Purdy, J, Rodriguez, L, McAvoy, H. Factors associated with changes in consumption among smokers and alcohol drinkers during the COVID-19 'lockdown' period.26 April 2021. European Journal of Public Health(https://doi.org/10.1093/eurpub/ckab050)

[20] Chen,DT. The psychosocial impact of the COVID-19 pandemic on changes in smoking behavior: Evidence from a nationwide survey in the UK. ENSP 2020

- Differences in smoking status between the wider population and people with severe mental illness remain during the COVID-19 pandemic and that smoking-related inequalities between these two groups have potentially increased since the beginning of the COVID-19 pandemic.
- The COVID-19 pandemic has adversely affected people of a lower socioeconomic (SE) status and of ethnic minority group. Acute stress, economic instability and quarantine restrictions in the wake of COVID-19 may have caused a decline in mental health in these groups and increase in smoking[16 17].

Given the evidence above, we can expect the following impact on Trafford's population as new data comes in:

- Increase in smoking prevalence in routine and manual workers (RMW) and widening of gap in smoking prevalence between RMW and other occupations.
- Further widening of the inequality gap in smoking prevalence between those with and without a long term mental health condition.
- Increase in smoking prevalence and smoking attributable diseases and deaths in our deprived wards particularly in the north of the borough.
- Given the association of mental ill health and smoking, we expect an increase in smoking prevalence in individuals of lower SE status and ethnic minority groups in Trafford

2.4 Indicators to measure impact of COVID-19 in Trafford

We can measure the impact of COVID-19 on smoking in Trafford by the following indicators (once data for 2020/2021 period becomes available and by continuous monitoring of data):

- Smoking prevalence and gap in smoking prevalence by localities, deprivation, long term mental health condition, ethnicity and occupation (RMW and other occupations).
- Smoking during pregnancy overall and by deprivation, wards and locality
- Smoking attributable hospital admissions overall and by deprivation, wards and locality
- Smoking attributable mortality overall and by deprivation, wards and locality.

2.5 Mitigations

Trafford has taken several steps to mitigate the impact COVID-19 has on smoking within its population, this includes:

- Reintroducing the E-cigarette pilot in 10 of the 30 pharmacies who provide smoking cessation support. These are predominately placed with areas of the borough with a higher rate of routine and manual workers. Since the inception of the E-cigarette programme 76%

(153 of the 206) people who have registered for the smoking cessation intervention have been NEET or in a routine or manual job.

- In March 2021 links were established with the Kellogg's factory in Trafford, one of Trafford's largest employers. Kellogg's has a total employee population of 375, 87% of which are male. In addition to this they work with partner organisations such as a Mitie who have over 80 employee connected to the factory and are 84% male. Trafford Partnered with Kellogg's during the no Smoking day in March, where we distributed tools, quit kits, advertisements and awareness raising of Trafford's E-cigarette. Videos and posters were also used in the factories canteen and quit kits were provided to the Nurse Practitioner to be distributed to those interested. This level of support has continued into the Make Smoking History campaign period in August and September 2021.
- Trafford continued to support the Smoke free Pregnancy programme currently running across Greater Manchester and in Manchester Foundation Trust. This was done by continuing to fund the midwife attached to the programme. This has meant Trafford residents who smoking during pregnancy have continued to have an intervention available to them. The most recent data for 20/21 showed that of the 707 people eligible for a 36 week follow up only 90 were smoking at follow up which is an 88% reduction in smoking in pregnant women, although these women would have not exclusively been Trafford residents.
- Trafford are commencing an intervention targeting people with severe mental illness (SMI), through the use of Social Prescribing. Trafford intend to train BlueSci staff to deliver a Tier 2 smoking cessation intervention to people with SMI, plus providing them with E-cigarettes to increase the likelihood of a successful quit attempt.

3. Alcohol

In the United Kingdom, Alcohol misuse is a leading risk factor for death, disability and ill-health amongst individuals aged 15-49 years and the fifth biggest risk factor for all ages. Alcohol usage can lead to over 60 medical conditions including cancers (mouth, throat, stomach, liver and breast), high blood pressure, depression and cirrhosis of the liver. As well as having a significant impact on health, alcohol misuse can also have long-term social implications. For example, it can lead to domestic abuse, unemployment, homelessness and financial problems[21].

Although Trafford level data is not available, harms associated with alcohol are costing Greater Manchester's public services £1.3 billion annually. This amounts to almost £500 for every GM resident paying towards health, social care, crime and work costs[22]

3.1 Areas of progress

[21] Trafford Council. Alcohol: Why is this a priority in Trafford?, Trafford JSNA – Health & Wellbeing Priorities (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Alcohol.aspx)
[22] Health watch Rochdale. Alcohol. 2018 https://healthwatchrochdale.org.uk/news/2018-12-12/%C2%A313-billion-staggering-annual-cost-alcohol-greater-manchester-revealed-mayor-andy

Most recent data for Trafford suggests[23]:

- Rates of alcohol-related hospital admissions in 2018-2019 have remained **stable** at 601 per 100,000 and are lower than England average of 664 per 100,000 population
- Rates of alcohol-related deaths in Trafford are similar to England average of 46.5 per 100,000 and have **declined** from 55.9 per 100,000 in 2013 to 44.2 per 100,000 in 2018.
- Premature mortality (deaths under 75 years of age) from liver diseases in Trafford has been **declining** from 22.8 per 100,000 in 2011-2013 to 18.9 per 100,000 in 2017-2019 and is similar to England average of 18.5 per 100,000 population

3.2 Areas of concern

- Although rates of hospital admissions have remained stable, these rates -especially for conditions caused by alcohol alone -are **higher** than England average.
- Rates of alcohol-specific hospital admissions for individuals **under 18 years** of age are 47.6 per 100,000 for 2017/2018-2019/2020 and are **higher** than England average of 31.6 per 100,000 population.
- Alcohol related death and hospital admission rates amongst male residents in Trafford are at least twice as high as amongst females.
- Hospital admissions for alcohol attributable conditions increase as the levels of deprivation increases in Trafford[20]

3.3 Impact of COVID-19 and inequalities

Trafford level data is not available to examine the impact of COVID-19 on alcohol (as we would need 2020/21 data). However, recent evidence in England shows[24]:

- Over 12.6 million extra litres of alcohol sold in the financial year 2020 to 2021 compared to 2019 to 2020 (a 24.4% increase).
- Comparing March 2020 and March 2021, there was a 58.6% increase of people reporting that they are drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women).
- Increase in total alcohol-specific deaths (increase of 20%), driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic.
- 33.0% of all alcohol-specific deaths occurred in the most deprived 20%.
- Deaths from mental and behavioural disorders due to alcohol increased by 10.8% between 2019 and 2020 (compared to a 1.1% increase between 2018 and 2019)

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[23] Trafford Council. Health and Wellbeing Priority: To Reduce Harm from Alcohol – Alcohol: Mortality & Hospital Admissions, Trafford JSNA – Health & Wellbeing Priorities – Alcohol (January 2021) (http://www.traffordjsna.org.uk/docs/Health-Wellbeing-Priorities-Docs/Reduce-harm-from-alcohol-Trafford.pdf)

[24] Public Health England. Alcohol consumption and harm during the COVID-19 pandemic. !5 July 2021 (https://www.gov.uk/government/publications/alcohol-consumption-and-harm-during-the-covid-19-pandemic)

- Increase in reports of domestic violence[25]

Given the evidence above, we can expect the following impact on Trafford's population as new data comes in:

- Increase in alcohol-related hospital admissions and deaths in Trafford's male population
- Increase in alcohol-related hospital admissions and deaths in our deprived wards
- Heightened risk of domestic violence due to excessive alcohol consumption especially in our deprived wards.

3.4 Indicators to measure impact of COVID-19 in Trafford

We can measure the impact of COVID-19 on smoking in Trafford by the following indicators (once data for 2020/2021 period becomes available and by continuous monitoring of data):

- Admission episodes for alcohol-related and alcohol specific conditions overall and by gender, deprivation, wards and locality
- Alcohol-related deaths overall and by gender, deprivation, wards and locality

3.5 Mitigations

- Our provider in Trafford, GMMH (brand name Achieve Trafford) will continue to provide help to those drinking at harmful and dependent levels, with onward referrals to hospital and/or inpatient detoxification facilities, for those with complex needs. Achieve Trafford have worked proactively and flexibly to maintain effective treatment and safety for Service Users during the COVID-19 pandemic.
- As part of the Live Well Board arrangements, we have conducted a recent gap analysis with partner agencies which builds on the deep dive work previously carried out in pre-pandemic (non Covid-19) times. By sharing information and regular communication, often involving multiple agencies in contact with at risk cohorts, we can reduce alcohol harms in Trafford.
- Trafford's allocation of new government funding with a focus on substance misuse and criminal justice includes enhanced support for people with alcohol dependence.

4. Physical Inactivity & Obesity:

Reducing physical inactivity has wide ranging benefits to population health and wellbeing. It can reduce the prevalence of long term illnesses, obesity, improve mental health and reduce the need for health and social care support. It is estimated that physical inactivity causes 6% of coronary heart disease, 7% of type 2 diabetes, 10% of breast cancer and 10% of colon cancer. Physical activity in

[25] Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales - Office for National Statistics (ons.gov.uk)

older people is a powerful intervention in preventing frailty and promoting successful ageing, which becomes increasingly important as the Trafford population ages[26].

Physical inactivity has significant impact at an individual and societal level contributing to costs of 7.4 billion in the UK[27].

4.1 Areas of progress

Most recent data for Trafford suggests:

- Percentage of adults (aged 18+) classified as overweight or obese has seen a significant drop (4.7%) from 64% in 2018/19 to 59.3% in 2019/20[28].
- About 1 in 5 (19.9%) Trafford adults are inactive (<30 mins a week), similar to England average (21.4%). The most recent Trafford estimate represents **an improvement** (reduction) on 2015/16 baseline, when prevalence of inactivity was estimated at nearer to one in four (24.0%)[25].
- Prevalence of overweight (including obesity) in reception has **declined** from 20.2% in 2014/15 to 18.8% in 2019/20 and is **lower** (statistically significant) than 23% in England[29].
- Around 44% of Trafford adults with a disability or long term health condition are inactive compared with 18.9% of those without a disability. With individuals in both categories becoming more active, the disability gap has **reduced** to 25.5%[30].

4.2 Areas of concern

- Prevalence of overweight (including obesity) in Year 6 has **increased** from 29.8% in 2014/15 to 32.2% in 2019/20 but is **lower** (statistically significant) than 23% in England[31].
- Percentage of adults walking for travel at least three days per week has seen a 2.4% **decline** from 26.5% in 2017/18 to 24.1% in 2018/19[32].

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[26] Trafford Council. Physical Activity, 2020 (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Physical-Activity.aspx)
[27] House of Commons. Impact of COVID-19 on DCMS sectors: First Report - Digital, Culture, Media and Sport Committee - House of Commons (parliament.uk) https://publications.parliament.uk/pa/cm5801/cmselect/cmcumeds/291/29105.html
[28] Trafford Council. Physical Activity: How many adults are inactive in Trafford?, Trafford JSNA – Health & Wellbeing Priorities (2019) (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Physical-Activity.aspx)
[29] Public Health England. Obesity Profile: NCMP Prevalence Data (2020) (https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/8000011/pat/6/par/E12000002/ati/302/are/E08000009/iid/20601/age/200/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)
[30] Physical activity: What groups of adults in Trafford are more likely to be inactive? Disability, Trafford JSNA – Health & Wellbeing Priorities (2021) (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Physical-Activity.aspx)
[31] PHE Obesity Profile – NCMP prevalence data (2020) (https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000011/pat/6/par/E12000002/ati/302/are/E08000009/iid/20602/age/201/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)
[32] PHE Physical Activity Profile – Key Indicators (2019) (https://fingertips.phe.org.uk/physical-activity#page/4/gid/1938132899/pat/15/ati/402/are/E08000009/iid/93439/age/164/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0)

- Percentage of adults cycling for travel at least three days per week has **declined** from 4.2% in 2015/16 to 2.7% in 2018/19[29].
- Prevalence of obesity in reception and year 6 school children in the most deprived quintile in Trafford is twice compared with reception and year 6 school children in the least deprived quintile[33].
- Data from 2018/19 suggests that physical inactivity is lowest in the 35-54 age group (19.5%) and rises amongst older people with the highest percentage in those over 75 of age (60%)[34].
- Male inactivity has risen across Trafford. However, rising male inactivity and females becoming more physically active has reduced gender gap to 3% (Males 21.3, Female 24.3%). Since 2015-2016, there has been a 9.6% decrease in gender gap[31].

4.3 Impact of COVID-19 and inequalities

Trafford level data is not available to examine the impact of COVID-19 on physical inactivity and obesity (as we would need 2020/21 data). The pandemic's had a disproportionately negative impact on those with the lowest activity levels and as such the inequalities have widened.

8.3.3. Children and Young People

The latest research from the Youth Sport Trust reported wide ranging impact of Covid-19 and the associated restrictions on children and young people. The study found that[35]:

- Just 19% of under 16's were meeting guidelines of 60 minutes of physical activity a day during lockdown
- Six in ten (60%) found exercise beneficial for their mental health
- Inequalities by deprivation were found where children from most deprived background were more than twice as likely to have done no exercise than their more affluent peers (13% compared to 6%).
- A positive change observed in the study was that children from ethnic minority backgrounds were more likely to have increased their activity levels in lockdown compared to their White peers.

New data will be examined as it becomes available to see if these trends have continued.

4.3.4 Adults

[33] Trafford Council. Needs Assessment for Children and Young People aged 0-19 years in Trafford - 3.4.2 Excess Weight - Figure 18, Trafford JSNA – Life Course – Start Well (2020) (http://www.traffordjsna.org.uk/docs/Life-Course/Start-Well/Needs-assessment-for-CYP-aged-0-to-19.pdf)
[34] Physical Activity – What groups of adults in Trafford are more likely to be inactive? Age, Trafford JSNA – Health & Wellbeing Priorities (2019) (http://www.traffordjsna.org.uk/Health-wellbeing-priorities/Physical-Activity.aspx)
[35] Youth Sports Trust. The Impact of Covid-19 Restrictions on Children and Young People | Greater Manchester Moving (greatersport.co.uk) (https://www.greatersport.co.uk/data-and-learning/the-impact-of-covid-19-restrictions-on-children-and-young-people)

Recent evidence on physical inactivity from Sports England Active Lives Adult Survey from November 2019/2020[36]:

- Percentage of physically inactive adults (18+) defined activity of less than average of 30 minutes a week increased from 24.6% in the period Nov 2018/ Nov 2019 to 27.1% in Nov 2019/ Nov 2020.
- Men (63% or 13.9m) are more likely to be active (150+ minutes a week) than women (60% or 13.9m). Comparing Nov 2019/2020 with the previous year, there was a 2.4% decline in proportion of men who were active compared with 1.4% in females.
- Those in routine/semi - routine jobs and those who are long -term unemployed or have never worked (NS -SEC 6 -8*) are the least likely to be active (52%) compared with those who are higher/lower managerial, administrative and professional occupations or NS-SEC 1-2 (71%). Existing inequalities by socio-economic groups have widened. Compared with previous year, the impact on activity levels was slightly greater amongst those from lower socio-economic groups with a 2.1% decline in NS -SEC 6 -8 groups compared with 0.9% in NS-SEC 1-2.
- Activity levels generally decrease with age, with 68% of 18-34 years old active compared with 38% of 75+. The sharpest decrease is at age 75+ (From 60% in 55-74 year age groups to 37.1% in 75+). Activity levels have fallen for both the 16-34 (-2.6%) and 35-54 age groups (-1.2%) compared to 12 months ago. Previous growth over the years in activity levels has been stalled amongst older adults. Compared to previous year, activity levels in 55-74 years old population fell by 1.3% and the largest decline of 2.9% was observed in 75+ (possibly due to shielding).
- Activity is less common for disabled people or those with a long -term health condition (45%) than those without (66%). Prior to the pandemic, inequalities between both the groups were slightly narrowing. The impact of the pandemic has led to an overall drop of 1.9% compared to 12 months ago amongst disabled people and those with a long-term health condition who were active, in line with the population as a whole.
- There are differences observed in activity levels based on ethnic background. The activity levels range from highest of 68% in mixed ethnic background to lowest of 50% in Asian (excluding Chinese). The impact of the pandemic has disproportionately impacted Asian (4.4% drop) and Black (4.5% drop) adults. Amongst those from Asian (excluding Chinese) backgrounds, the drop has been driven by men. Despite this, women of Black and Asian (excluding Chinese) ethnicities remain the least active and have the largest gender gap to their male equivalents

Given the evidence above, we can expect the following impact on Trafford's population as new data comes in:

[36] Sports England. Active Lives Adult Survey November 2019/20 Report. (https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-04/Active%20Lives%20Adult%20November%202019-20%20Report.pdf?VersionId=OjWdwCLnI3dNgDwp3X4ukcODJIDVG7Kd)

- Increase in percentage of adults (aged 18+) classified as overweight or obese. Widening inequalities with increase in overweight/obesity in deprived population groups, black and Asian (excluding Chinese) ethnic groups and males.
- Increase in prevalence of overweight including obesity in reception and year 6. Widening inequalities with increase in overweight/obesity in our most deprived population compared with least deprived.
- Increase in percentage of Trafford adults who are inactive (<30 mins a week). Widening inequalities with increase in physical inactivity in deprived population groups, black and Asian (excluding Chinese) ethnic groups, males and individuals aged 75+.
- Increase in physical inactivity in Trafford adults with a disability or long term health condition. Widening of inequality gap between activity levels of individuals with a disability or long term health condition and the general population.

4.4 Indicators to measure impact of COVID-19 in Trafford

We can measure the impact of COVID-19 on physical activity and obesity in Trafford by the following indicators (once data for 2020/2021 period becomes available and by continuous monitoring of data):

- Percentage of adults (aged 18+) classified as overweight or obese overall and by gender and deprivation
- Physical inactivity (aged 18+) overall and by age, gender, disability and long term conditions, deprivation, locality and ethnicity.
- Prevalence of overweight (including obesity) in reception and year 6 overall and by deprivation
- Percentage of adults walking for travel at least three days per week
- Percentage of adults cycling for travel at least three days per week

4.5 Mitigations

Since the start of the pandemic, significant investments have been made in weight management services, both locally and nationally. Pilot programmes were carried out from January – June 2021 to determine the desirability and success of different approaches, which then informed local commissioning. Current adult weight management services are:

- Locally commissioned community provision – a group programme and a male-targeted programme (providers to be confirmed by 17/09/21)
- NHS digital weight management programme – accessible via primary care referral
- Specialist weight management service – provided by MFT through TLCO
- NHS low calorie diet programme pilot – for people with a recent diagnosis of type 2 diabetes
- National Diabetes Prevention Programme – for people with non-diabetic hyperglycaemia

For children and families, support is available via:

- Children and young people's weight management service – provided by MFT through TLCO
- Family healthy lifestyle programme – provided by Foundation 92
- Support from health visitors and school nurses

Additional funding has also been obtained to increase uptake and capacity within these services via:

- Work with specific communities to support access to adult weight management
- Work with primary care to identify and refer patients into relevant services
- Work within schools with highest prevalence of excess weight as shown via National Child Measurement Programme.

Support to become more physically active and provide a healthy meal for children in receipt of free school meals is available via the Holiday Activities and Food programme delivered by partners such as Foundation 92, Sale Sharks and Lancashire County Cricket Club foundation, and Trafford Housing Trust's Active Appetites programme focused on those in food poverty.

Support for adults to become more active is available through organisations such as:

- Trafford Leisure
- Empower You (for people with disabilities and long term conditions)
- MileShyClub

Additional work is ongoing to improve infrastructure for walking and cycling, in order to make this the default for short journeys and encourage greater physical activity.

9. Conclusion

In addition to our specific interventions listed in this report, we propose the following:

- Continue investment in programmes that support behavioural change, including linking in with PHE Better Health campaign.
- Reach those who need support the most such as individuals from BAME communities, people with disabilities, older people and those from deprived communities. This should include easy access to stop smoking support (including via e-cigarettes), weight management and physical activity programmes
- Continue to provide the information and resources to enable and empower people to maintain their own mental wellbeing, including tailored mental wellbeing support for our BAME communities
- Ensure gambling reduction is included in the Council's approach to maximising health and wellbeing of its workforce, by ensuring individuals experiencing problem gambling access appropriate support. Problem gambling is a risk factor for suicide and therefore should also form part of Council suicide prevention strategy.

- Strengthen the sugar tax and reduce alcohol consumption including introducing a Minimum Unit Price for alcohol
- Introduce measures to increase active travel
- Invest in health and social care

Trafford Health and Wellbeing Outcomes Framework -September 2021

OUTCOMES

Objective/Indicator	Source	Year	Unit	Trafford value	Comparators: Stockport	Comparators: Best in peer group	Comparators: North West Region	Comparators: England	Change: Since previous period	Change: Trend
Improve healthy life expectancy										
Healthy life expectancy at birth (Male)	PHOF A01a	2017-2019	Years	65.6	66	66	61.7	63.2	↓	
Healthy life expectancy at birth (Female)	PHOF A01a	2017-2019	Years	65	63.1	68.3	62.2	63.5	↓	
Slope Index of Inequality in healthy life expectancy (Male)	PHOF A02c	2009-2013	Years	15.8	17.3	8.8	-	-	-	
Slope Index of Inequality in healthy life expectancy (Female)	PHOF A02c	2009-2013	Years	16.1	16.6	8.7	-	-	-	
Premature (<75) mortality in adults with serious mental illness	PHOF E09A	2016-2018	DSR per 100,000 popn	98.6	102.3	54.2	124.1	94.8	↑	
Reduce harm from alcohol										
Admission episodes for alcohol-related conditions (Narrow) (Persons)	PHOF 9.01	2018-2019	DSR per 100,000 popn	601	709	591	742	664	→	
Admission episodes for alcohol-related conditions (Broad)	LAPE 9.01	2018-2019	DSR per 100,000 popn	2572	2670	2030	2736	2367	↑	
Admission episodes for alcohol specific conditions (Persons)	LAPE 6.02	2019-2020	DSR per 100,000 popn	737	770	345	891	644	↓	
Admission episodes for alcohol-specific conditions - Under 18s	LAPE 6.02	2017/18- 2019/20	Crude rate per 100,000	47.6	39.6	11.4	43.6	30.7	↓	
Alcohol related mortality (Persons)	LAPE 6.02	2018	DSR per 100,000 popn	44.2	50.4	36.3	54.9	46.5	↓	
Alcohol-specific mortality (Persons)	LAPE 6.02	2017-2019	DSR per 100,000 popn	12.4	14.5	7.2	14.6	10.9	↓	
Reduce harm from tobacco										
Smoking prevalence in adults	LTP 2.14	2019	Percentage	9.1	13.4	9.1	14.5	13.9	↓	
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	LTP 2.14	2019	Percentage	17.4	18.9	17.4	24.5	23.2	↓	
Smoking attributable mortality (Persons, 35+ years)	LTP 113	2016-2018	DSR per 100,000 popn	233.6	235	206.8	304.2	250.2	↓	
Smoking attributable hospital admissions (Persons, 35+ years)	PHE LTCPS	2018-2019	DSR per 100,000 popn	1539	1590	1146	1804	1612	→	
Smoking status at time of delivery	LTP 2.03	2019-2020	Percentage	4.6	9.1	4.6	12.2	10.4	↓	
Smoking prevalence at age 15 - Current smokers (WAY)	LTP 2.09i	2014/15	Percentage	5.3	7.1	4.7	8.0	8.2	-	-
Improve mental health and reduce the impact of mental illness										
Depression (Recorded Prevalence, 18+ years)	MH 848	2019-2020	Percentage	14.8	14.8	9.8	14	11.6	↑	
Suicide rate (Persons)	PHOF E10	2018-2020	DSR per 100,000 popn	7.3	8.8	6.6	10.7	10.1	↓	
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	PHOF B08C	2019-2020	Percentage point	68.6	72.8	58	69.8	67.2	→	
Self-reported wellbeing - people with a high anxiety score	PHOF C28D	2019-2020	Percentage	17.1	26.4	17.1	21.8	19.7	↑	
Excess under 75 mortality rate in adults with serious mental illness	PHOF 4.09i	2014-2015	Indirectly standardised ratio	480.3	334.2	295.7	401.2	370	↑	
Emergency hospital admissions for intentional self-harm	PHOF C214B	2019-2020	DSR per 100,000 popn	159.5	173.7	159.5	237.6	192.6	↑	
Increase physical activity										
Adults (aged 18+) classified as overweight or obese	PHOF C16	2019-2020	Percentage	59.3	65.1	59.3	65.9	62.8	↓	
Prevalence of obesity (Reception) including severe obesity	PHOF 90319	2019-2020	Percentage	7.2	9.5	7.2	10.8	9.9	↓	
Prevalence of obesity (Year 6) including severe obesity	PHOF 22	2019-2020	Percentage	17.8	18.3	15.9	22.8	21	→	
Prevalence of overweight including obesity (Reception)	PHOF 20601	2019-2020	Percentage	18.8	24.2	18.8	25.2	23	↓	
Prevalence of overweight including obesity (Year 6)	PHOF C09B	2019-2020	Percentage	32.2	33	28.6	35.9	35.2	↑	
Percentage of physically active adults	PHOF 93014	2019-2020	Percentage	68.1	70.2	70.9	63.9	66.4	-	
Percentage of 15 year olds physically active for at least one hour per day seven days per week	PHE PA 91494	2014-2015	Percentage	11.4	13.6	18.8	13.2	13.9	-	-
Percentage of adults walking for travel at least three days per week	PHE PA 93439	2018-2019	Percentage	24.1	18.9	34.5	23.1	22.7	↓	
Percentage of adults cycling for travel at least three days per week	PHE PA 93440	2018-2019	Percentage	2.7	2.4	10.1	2.3	3.1	↓	
Utlisation of outdoor space for exercise/health reasons	PHOF B16	2015-2016	Percentage	18.7	17.8	36.9	17.5	17.9	↑	
Increase cancer screening rates										
Under 75 mortality rate from cancer considered preventable (Persons)	PHOF E05B	2017-2019	DSR per 100,000 popn	54.8	58.6	65.2	65.3	54.1	↓	
Cancer diagnosed at an early stage	PHOF 2.19	2017	Percentage	54.4	55.1	56.8	51.9	52.2	↓	
Other Indicators										
Children in poverty (under 16)	PHOF 1.01i	2016	Percentage	11.8	13.5	10.2	18	17	↓	
Fraction of mortality attributable to particulate air pollution	PHOF D01	2019	Percentage	5	5.1	3.7	4.5	5.1	↑	

PERFORMANCE

Objective/Indicator	Source	Year	Unit	Trafford value	Stockport	Best in peer group	North West Region	England	Since previous period	Trend
Number in treatment in specialist alcohol misuse services	LAPE 14.01	2017-2018	Number	317	518	-	-	-	-	
Successful completion of treatment for alcohol	LAPE 14.01	2019	Percentage	42.4	48.1	50.2	41.8	37.8	↓	
Reduce harm from Tobacco										
Number setting a quit date	PHE LTCPs 91736	2019-2020	Crude rate per 100,000 smokers aged 16+	3044	3209	9893	4075	3512	↑	
Smokers that have successfully quit at 4 week	PHE LTCPs 1210	2019-2020	Crude rate per 100,000 smokers aged 16+	1188	1198	4887	1986	1808	↑	
Cost per quitter	PHE LTCPs	2019-2020	Crude rate - £	1145	1427	37	502	484	→	
The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months	QoF SMOK004	2019-2020	Percentage	91.6	90.6	92.6	89.5	89.7	↑	
Improve mental health and reduce the impact of mental illness										
Access to IAPT services: People entering IAPT (in month) as % of those estimated to have anxiety/depression	PHE	Sep-19	Percentage	15.1	17.1	26.6	-	18.3	-	
Patients with severe mental illness who have a comprehensive care plan	QoF MH002	2019-2020	Percentage	69.6	81.6	-	74.3	71.2	→	
Patients on mental health register who have a record of blood pressure in last 12 months	QoF MH003	2019-2020	Percentage	83.4	85.1	-	80.4	80.3	→	
Patients with severe mental illness who have a record of alcohol consumption in last 12 months	QoF MH007	2018-2019	Percentage	84.8	87	88	82.6	81.1	→	
Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years	QoF MH008	2018-2019	Percentage	76.1	74.9	76.1	70.1	70.5	↑	
Increase physical activity										
Number of GP referrals to physical activity scheme	Local									
Increase cancer screening rates										
Breast cancer screening coverage	PHOF C24a	2020	Percentage	70.1	71.1	79.9	72.7	74.1	→	
Cervical cancer screening coverage (25-49)	PHOF C24b	2020	Percentage	75.6	78	78	72.2	70.2	↑	
Cervical cancer screening coverage (50-64)	PHOF C24c	2020	Percentage	78.7	78.6	80.5	75.6	76.1	→	

Indicator	Code	Period	Unit						Trend	
Bowel cancer screening coverage	PHOF C24d	2020	Percentage	63.7	64.8	68.6	63.2	63.8	↑	
Health checks										
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	PHOF C26a	2015/16-2019/20	Percentage	86	99.9	99.9	100	87.7	↓	
Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check	PHOF C26c	2015/16-2019/20	Percentage	46.1	35.1	52.4	47.2	41.3	↓	
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	PHOF C26b	2015/16-2019/20	Percentage	53.6	35.2	79.3	45.4	47.1	→	
Other Indicators										
Population vaccination coverage - Flu (at risk individuals)	PHOF D05	2019-2020	Percentage	48.0	58.1	58.1	47.8	44.9	↓	
Population vaccination coverage - Flu (aged 65+)	PHOF D06a	2019-2020	Percentage	76.9	80.1	80.1	74.1	72.4	→	
Population vaccination coverage - Flu (2-3 years old)	PHOF D03l	2019-2020	Percentage	53.4	61.2	61.2	42.0	43.8	→	
Population vaccination coverage - Flu (primary school aged children)	PHOF D04d	2019	Percentage	66.5	77.6	77.6	62.8	60.4	-	-
Population vaccination coverage - MMR for one dose (2 years old)	PHOF D03j	2019-2020	Percentage	95.7	94.4	95.7	91.9	90.6	↓	
Population vaccination coverage - MMR for one dose (5 years old)	PHOF D04b	2019-2020	Percentage	95.7	97.4	97.4	95.1	94.5	↓	
Population vaccination coverage - MMR for two doses (5 years old)	PHOF D04c	2019-2020	Percentage	92	93.4	93.4	88.1	86.8	↑	

Key to colour coding: Red = statistically significantly worse than England; Amber = not statistically significantly different from England; Green = statisticallly significantly better than England; Grey = not compared

(1) Peer group comparison is among Trafford's 15 nearest statistical neighbours (CIPFA)

(2) Colour coding of arrow denotes whether upward/downward trend represents improvement or deterioriation, but does not denote statistical significance of this change

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: September 2021
Report for: Information and Approval
Report of: Eleanor Roaf

Report Title

GM Independent Inequalities Commission and Marmot Report (Build Back Fairer in GM) – Recommendations and Next Steps

Summary

Two reports with cross cutting recommendations have recently been published in Greater Manchester.

1. Greater Manchester Independent Inequalities Commission
2. Marmot Report (Build Back Fairer in Greater Manchester)

The recommendations in both reports have been combined and set out in the table in Appendix 1. Relevant Trafford Leads will be contacted to provide wider comment on the full implications and further detail will be provided.

Recommendation(s)

1. To note and consider the feedback from leads on the full implications of the recommendations for Trafford
2. To identify any other priorities and work areas that are relevant

Contact person for access to background papers and further information:

Name: Dom Coleman, Senior Policy Officer - Dominic.Coleman@trafford.gov.uk

1.0 Background

1.1 Two reports with cross cutting recommendations have recently been published in Greater Manchester

1. Greater Manchester Independent Inequalities Commission
2. Marmot Report (Build Back Fairer in Greater Manchester)

A short summary taken from each report is below.

1.2 Greater Manchester Independent Inequalities Commission

Launched in October 2020, the Independent Inequalities Commission had a six-month mission to examine inequalities across the city-region, consider how they should be tackled and outline specific, ambitious recommendations. The Commission has taken stock of existing evidence and good practice and engaged with stakeholders in the business, public, voluntary and community sectors.

The Commission has viewed inequalities within a framework that considers how interacting and intersecting inequalities create barriers that stop people from living the good lives they want. It has confronted the entrenched prejudices, discrimination and injustices, including structural racism, that withhold power and resources from diverse communities.

The report focuses on a vision of 'Good Lives for All in Greater Manchester' with recommendations centred around five areas:

1. An Essential Pivot
2. People Power
3. Good Jobs, Decent Pay
4. Building Wealth
5. Services for a Good Life

1.3 Marmot Report (Build Back Fairer in Greater Manchester)

The decade of 2010–20 was not good for health in England, or for health in Greater Manchester. Life expectancy stopped increasing; inequalities in health between groups widened; and for the poorest people in Greater Manchester, life expectancy declined. The 2020 report Health Equity in England: The Marmot Review 10 Years On provided an overview of these declines in health in England and assessed that it was likely that national policies of austerity played a part in this unwelcome situation.

Recognising persisting inequalities in health, the Greater Manchester Health and Social Care Partnership, including Greater Manchester Combined Authority (GMCA), considered if, as a devolved region, it could take the necessary steps to improve health and reduce health inequalities. To aid this process, in 2019 the UCL Institute of Health Equity (IHE) was invited to work with the Greater Manchester system to establish a Marmot City Region, focussed on reducing health inequalities and inequalities in the social determinants of health.

Then, the COVID-19 pandemic arrived, exposing and amplifying inequalities in health and the social determinants of health in Greater Manchester, as in the rest of England. IHE's work with Greater Manchester was reoriented, the aim being to provide evidence of the health inequality challenges the City Region will face post-pandemic and to make recommendations to monitor and reduce them.

1.4 The table in Appendix 1 combines the recommendations from both the GM Independent Inequalities Commission and the Marmot Report (Build Back Fairer in GM) into one place. It also sets out the combined recommendations thematically.

2.0 Proposed Approach

2.1 There has been an initial review of the combined recommendations and broadly the majority of actions link to existing work and plans in place. Though the full implications of each recommendation require further comment from service and partner leads.

2.2 From this initial review, a Trafford Lead has been identified against each recommendation. The full recommendations are being shared with the Trafford Lead for further comment on the relevance for Trafford.

2.3 This includes actions to take specific recommendations to CLT to consider first and then (where relevant) to the Executive.

3.0 Next Steps

1. To send the table and specific recommendations to the identified Trafford Leads
2. To collate comments on the relevance for Trafford
3. To develop SMART objectives against applicable recommendations

4.0 What's required from Health and Wellbeing Board

An update on the recommendations will be provided at the Board meeting

1. To note and consider the feedback from leads on the full implications of the recommendations for Trafford
2. To identify any other priorities and work areas that are relevant

Appendix 1 – Table of Combined Recommendations

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Theme(s)	GM Inequalities Commission	Marmot Report (Build Back Fairer in GM)
Community wealth building	Create a Community Wealth Hub to support and grow co-operatives, mutuals, social and community enterprises, staffed by people from the co-operative and community sector who understand the market	
Community wealth building	Set up a Community Investment Platform to tap into local savings, unlock community investment and build-up assets to share wealth with everyone in Greater Manchester	
Community wealth building	Set up a Land Commission to look at ownership and control of land in Greater Manchester, its impacts on inequality and potential solution	
Covid vaccination Funding/advocacy		Advocate for local control over vaccination programmes, especially catch-up programmes and vaccine roll-out to focus more on groups at higher risk or with lower vaccination rates
Covid vaccination Funding/advocacy		Follow principle of proportionate universalism and direct increased resources and supply to ensure the needs of our most deprived , diverse and more vaccine hesitant communities are me
Covid vaccination Funding/advocacy		Advocate for resources for adequate financial support and provide practical, clinical and wellbeing support for those who cannot work because of COVID-19 risk and those who have to self-isolate and ensure guarantees of return to employment.
Data and intelligence		Based on the Marmot Beacon Indicators develop publicly accessible targets to monitor progress towards Building Back Fairer
Data and intelligence		Report bi-annually on Marmot Beacon indicators related to targets
Data and intelligence		Invest in routine data collection to support monitoring of reductions in inequalities in wellbeing, opportunity and community cohesion within local authorities
Data and intelligence		Develop publicly accessible data on equity in health, wellbeing and the social determinants of health within local authorities and strengthen monitoring by ethnicity at local level
Data and intelligence Early years and education		Develop a new measure of school readiness for Greater Manchester.
Data and intelligence		Improve local data collection and collation of national and voluntary sector data to estimate inequalities in income and debt within local authorities
Data and intelligence Health in all policies		Develop equity targets for local authorities and the Region, with clear lines of accountability to reflect priorities for reducing health inequalities and inequalities in the social determinants in the longer term
Early years and education	Launch an Education Challenge to give every child an equal start in life by levelling up schools in deprived areas, supporting young people’s transition at 16 and improving access to activities that build social skills, confidence and resilience	Provide further support for early years settings in more deprived areas, including additional support for parents
Early years and education		Increase quality and availability of parenting support programmes run through early years centres and schools

Early years and education		Improve mental health treatment options for children and young people rapidly
Early years and education		Increase catch-up tuition for more deprived students – beyond government programme - and additional support for families with SEND
Early years and education		Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee
Early years and education Employment and training		Increase financial management advice in schools and workplaces
Early years and education		Prioritise improving the mental health of young people including through providing further mental health support/first aid training in all schools in Greater Manchester
Employment, anchors and social value	Convene a GM Anchor Action Network and use their spending, investment and soft power to drive social value, support disadvantaged groups and create good, secure, living wage jobs	Request that businesses invest in Regional Build Back Fairer Investment Fund or equivalent through social value approaches and corporate social responsibility
Employment, anchors and social value		Extend social value commissioning to all public sector contracts and to businesses in Greater Manchester to enhance business contributions to Building Back Fairer
Employment, anchors and social value		Implement Greater Manchester's social value framework and extend anchor institutions approaches to VCSE sector and businesses
Employment, anchors and social value		Extend the remit of anchors to incorporate social value procurement and commissioning and contributions to the Build Back Fairer Investment Fund
Employment, anchors and social value		Health and social care act as leaders in social value commissioning and work in partnership across local authorities to develop local supply chain across Greater Manchester
Employment, anchors and social value		Embed widescale social value requirements in the local Industrial Strategy and Good Employment Charter
Employment, anchors and social value		Add provision of apprenticeships for all ages to the social value framework
Employment, anchors and social value		Link Innovation Greater Manchester with social value framework
Employment, anchors and social value		Increase mentoring opportunities (including public services, CVS sector and business) and add provision of mentoring to social value framework and Good Employment Charter
Employment and training	Set an ambitious target for every employer in Greater Manchester to pay the living wage and offer living hours by 2030, using the Good Employment Charter, conditions on access to public goods, services and contracts and support for businesses in low paid sectors to get there	Ensure childcare workforce wages in public and private sector meet the GM Minimum Income for Healthy Living
Employment, anchors and social value Funding/advocacy		Advocate to raise minimum wage for apprentices

Employment, anchors and social value		Establish a goal for everyone in work to receive wage that prevents household poverty
Employment, anchors and social value		Develop regional standard for minimum income for healthy living, to be used to establish the minimum wage for GM
Employment, anchors and social value	Set up 'GM Works' to create good jobs, upskill and reskill people to take up these jobs and provide apprenticeships and 6-month Job Guarantees for disadvantaged groups in key sectors	Extend offers of Apprenticeships and training for young people linked to requirements for social value employers to participate
Employment, anchors and social value		Ambition for all young people, 18–25 years old, to be offered in-work training or post-18 education
Employment, anchors and social value		Incentivise private sector to participate in training and skills development and link this to the social value framework
Employment, anchors and social value	Bridge the skills divide with universities, colleges and training providers working jointly to improve access to training, life-long learning and in-work progression schemes for disadvantaged groups	Increase funding for adult education more in more deprived communities and link to job market demands. Offer of training and support for older unemployed adults
Employment, anchors and social value		Fully implement the Greater Manchester Good Employment Charter and Local Industrial strategy and monitor for inequalities, particularly the proportion of employers signing up to Charter offering lower paid jobs
Employment, anchors and social value		Provide incentives via the Good Employment Charter to reduce precarious and insecure work
Employment, anchors and social value		Define and implement a Greater Manchester quality of work guarantee which extends commitments in the Good Employment Charter and is publicly available for each employer
Employment, anchors and social value		Lead discussions about 4 day work week
Employment, anchors and social value		Achieve no NEETs in Greater Manchester by guaranteeing a training offer for 18–25 years olds
Employment, anchors and social value		Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates
Employment, anchors and social value		Increase mental health provision in workplaces
Equality	Give the Equality Panels more teeth with a stronger mandate and resources to constructively challenge public bodies.	
Equality	Establish an independent AntiDiscrimination body to tackle breaches of the Equality Act.	
Equality	Agree a joint commitment across GMCA, districts and statutory partners to tackle inequality faced by minority groups with a clear plan for roll out.	
Equality Health in all policies	Develop a GMCA Race Equality Strategy, backed by a plan to increase representation of Black and Asian minorities in senior positions in GMCA and tackle race inequality in health, education, policing, work and housing.	

Funding/advocacy		Advocate for real terms percentage increase in regional budget for public health
Funding/advocacy		Advocate for increase deprivation weighting in funding by level of area deprivation
Funding/advocacy		Advocate for greater share of resources for Regions and local authorities hit particularly hard by COVID-19 and containment measures, and based on remedying shortfalls in funding over last ten years.
Funding/advocacy		Support food aid providers and charities, advocate for better national funding.
Funding/advocacy		Advocate to remove sanctions and reduce conditionalities in benefit payments
Funding/advocacy		Continue to advocate for additional £1000 annual uplift to universal credit and explore other ways of providing it if it is cut.
Funding/advocacy		Extend eligibility for free school meals
Funding/advocacy		Advocate for an end 5 week wait for universal credit and extend cash grants for low income households
Funding/advocacy		Advocate for real terms percentage increase in regional budget for public health
Funding/advocacy		Ensure proportionate universal funding – increase funding in more deprived communities and particular areas of public services
Funding/advocacy		Identify the minimum income for healthy living in Greater Manchester and advocate for national resources to meet this in public sector pay and support business to pay the minimum income for healthy living
Funding/advocacy		Regional budget to meet OECD average for proportion of spending on early years and increase funding per child for early years settings in more deprived areas
Health in all policies	Put wellbeing and equality goals at the heart of the Greater Manchester Strategy and align budgets, portfolios and activities to these so that good lives for all is the focus of everything Greater Manchester does.	All policies assessed to consider impacts on health equity for future generations
Health in all policies		Adopt city-wide strategies that put health and sustainability at the centre of strategic planning
Health in all policies		Strengthened public health focus on the social determinants of health
Health in all policies		Public health to provide a key leadership role post-COVID in system plans to build back fairer
Health in all policies		Continue to support GMs integrated health and care system to be a true population health system, working in partnership with the 10 local authorities and the GMCA

Health in all policies		Work with primary care and local charities to provide a whole-system and early response to improve mental and physical health and wellbeing in children aged 0–5 years through the hub-and-spoke model and to address the social determinants of health in local communities
Health in all policies		Work with planners to develop mentally healthy high streets and access to good quality green space within a 15–20 minute walk for all in Greater Manchester, including specific actions to reduce noise and air pollution, improve community safety and reduce anti-social behaviour
Health in all policies		Identify and embed learning from the COVID-19 pandemic, including the value of place-based services and other 'bottom-up' approaches
Health in all policies		Place prevention and taking action on the social determinants at the centre of the integrated care system in GM
Health in all Policies **Funding/advocacy**		Double the budget for prevention in the total health care budget in Greater Manchester within five years and a system-wide prevention/health spending target for all of Greater Manchester to be developed by end of 2021, with incremental targeted increases over five years
Participatory decision making	Create a People's Taskforce to put power into people's hands at every level of Greater Manchester and a People's Assembly to contribute to priority setting and work with public authorities in delivering them	Work with local communities to better include and their local needs when reviving local high streets
Public service provision and reform	Move towards universal basic services in which education, health, childcare, adult social care, housing, transport and digital connectivity are provided to all and lobby central government to invest and devolve funding to make this a reality	Guarantee offer of universal access to quality services including existing public services and public health services and universal access to training, support and employment for young people
Public service provision and reform		Develop Greater Manchester minimum standards for quality of employment, environment and housing, and transport and clean air and advocate for enforcement powers and resources
Public service provision and reform	Scale up public and social sector housebuilding to deliver affordable, decent homes, backed by a plan to acquire land, rental properties, new builds and commercial properties for social housing	Fully implement the Good Landlord Scheme
Public service provision and reform		Strengthen and enforce decent housing regulation and advocate for resources to enforce housing regulations
Public service provision and reform		Continue to reduce rough sleeping and reduce homelessness and risk of homelessness and extend action to reduce risk for homelessness
Public service provision and reform **Carbon Neutral**		All new housing net zero, with an increased proportion being either affordable or in the social housing sector

Public service provision and reform Data and intelligence Carbon Neutral/Clean Air		Fully implement clean air zones and monitor for inequalities in exposure
Public service provision and reform Carbon Neutral/Clean Air		Improve quality of existing green spaces and prioritise provision of new green spaces in areas of higher deprivation
Public service provision and reform		Further support community and voluntary sector provision of debt advice
Public service provision and reform		Work with Credit Unions to reduce the use of high interest loan businesses and further regulate loan agencies
Public service provision and reform Early years and education		Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee
Public service provision and reform		Extend incentives to encourage people back to public transport
Public service provision and reform		All local authorities in Greater Manchester to offer support for those who are in debt due to non-payment of council tax
Public service provision and reform		Improve road safety by implementing 20mph speed limit in all residential streets and implement other road safety initiaves in deprived areas first
Public service provision and reform	Amplify the Greater Manchester Model of integrated public services in 10 pathfinder deprived neighbourhoods and pilot an income guarantee in one or more to tackle inequality, using community-led priorities, crossservice teams, pooled budgets and participatory budgeting	
Public service provision and reform Early years and education		Extend interventions to support young people's mental health and wellbeing at school and at work
Public service provision and reform Funding/advocacy		Increase provision of local youth services for young people, advocating for national resources
Public service provision and reform		Invest for the long term and measure success over five and ten years, and improve sharing of best practice between local authorities in GM
Public service provision and reform Health in all policies		Share expertise and evidence of prevention interventions across local authorities and public services, and continue to build capacity and partnerships

Inequalities Commission

	Recommendations	Report theme	My theme
1	Put wellbeing and equality goals at the heart of the Greater Manchester Strategy and align budgets, portfolios and activities to these so that good lives for all is the focus of everything Greater Manchester does.	An Essential Pivot	Health in all policies
2	Convene a GM Anchor Action Network and use their spending, investment and soft power to drive social value, support disadvantaged groups and create good, secure, living wage jobs	An Essential Pivot	Employment, anchors and social value
3	Create a People's Taskforce to put power into people's hands at every level of Greater Manchester and a People's Assembly to contribute to priority setting and work with public authorities in delivering them	People Power	Partipatory decision making
4	Give the Equality Panels more teeth with a stronger mandate and resources to constructively challenge public bodies.	People Power	Equality
5	Establish an independent AntiDiscrimination body to tackle breaches of the Equality Act.	People Power	Equality
6	Agree a joint commitment across GMCA, districts and statutory partners to tackle inequality faced by minority groups with a clear plan for roll out.	People Power	Equality
7	Develop a GMCA Race Equality Strategy, backed by a plan to increase representation of Black and Asian minorities in senior positions in GMCA and tackle race inequality in health, education, policing, work and housing.	People Power	Equality
8	Set up 'GM Works' to create good jobs, upskill and reskill people to take up these jobs and provide apprenticeships and 6-month Job Guarantees for disadvantaged groups in key sectors	Good jobs, Decent Pay	Employment, anchors and social value
9	Set an ambitious target for every employer in Greater Manchester to pay the living wage and offer living hours by 2030, using the Good Employment Charter, conditions on access to public goods, services and contracts and support for businesses in low paid sectors to get there	Good jobs, Decent Pay	Employment, anchors and social value
10	Bridge the skills divide with universities, colleges and training providers working jointly to improve access to training, life-long learning and in-work progression schemes for disadvantaged groups	Good jobs, Decent Pay	Employment, anchors and social value
11	Create a Community Wealth Hub to support and grow co-operatives, mutuals, social and community enterprises, staffed by people from the co-operative and community sector who understand the market	Building Wealth	Community wealth building
12	Set up a Community Investment Platform to tap into local savings, unlock community investment and build-up assets to share wealth with everyone in Greater Manchester	Building Wealth	Community wealth building
13	Set up a Land Commission to look at ownership and control of land in Greater Manchester, its impacts on inequality and potential solution	Building Wealth	Community wealth building
14	Move towards universal basic services in which education, health, childcare, adult social care, housing, transport and digital connectivity are provided to all and lobby central government to invest and devolve funding to make this a reality	Services for a Good Life	Public service provision and reform
15	Launch an Education Challenge to give every child an equal start in life by levelling up schools in deprived areas, supporting young people's transition at 16 and improving access to activities that build social skills, confidence and resilience	Services for a Good Life	Early years and education

16	Scale up public and social sector housebuilding to deliver affordable, decent homes, backed by a plan to acquire land, rental properties, new builds and commercial properties for social housing	Services for a Good Life	Public service provision and reform
17	Amplify the Greater Manchester Model of integrated public services in 10 pathfinder deprived neighbourhoods and pilot an income guarantee in one or more to tackle inequality, using community-led priorities, crossservice teams, pooled budgets and participatory budgeting	Services for a Good Life	Public service provision and reform

Marmot Report

Recommendations	Report theme (subtheme)	My theme
Provide further support for early years settings in more deprived areas, including additional support for parents	Build back fairer for future generations (Prioritise children and young people)	Early years and education
Extend interventions to support young people's mental health and wellbeing at school and at work	Build back fairer for future generations (Prioritise children and young people)	Public service provision and reform Early years and education
Ambition for all young people, 18–25 years old, to be offered in-work training or post-18 education	Build back fairer for future generations (Prioritise children and young people)	Employment and training
All policies assessed to consider impacts on health equity for future generations	Build back fairer for future generations (Prioritise children and young people)	Health in all policies
Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee	Build back fairer for future generations (Prioritise children and young people)	Public service provision and reform
Share expertise and evidence of prevention interventions across local authorities and public services, and continue to build capacity and partnerships	Build back fairer resources (Rebalance spending towards prevention)	Public service provision and reform Health in all policies
Double the budget for prevention in the total health care budget in Greater Manchester within five years and a system-wide prevention/health spending target for all of Greater Manchester to be developed by end of 2021, with incremental targeted increases over five years	Build back fairer resources (Rebalance spending towards prevention)	Health in all policies Funding/advocacy
Advocate for real terms percentage increase in regional budget for public health	Build back fairer resources (Rebalance spending towards prevention)	Funding/advocacy
Ensure proportionate universal funding – increase funding in more deprived communities and particular areas of public services	Build back fairer resources (Build back fairer opportunities for all)	Funding/advocacy
Advocate for increases in local government funding and public service allocations and other regional shares of national budgets	Build back fairer resources (Build back fairer opportunities for all)	Funding/advocacy
Establish a Build Back Fairer Investment Fund in Greater Manchester to include contributions from businesses that support the Build Back Fairer agenda	Build back fairer resources (Build back fairer opportunities for all)	Employment, anchors and social value
Increase funding and support for training and apprenticeships in more deprived communities	Build back fairer resources (Build back fairer opportunities for all)	Employment, anchors and social value Funding/advocacy
Request that businesses invest in Regional Build Back Fairer Investment Fund or equivalent through social value approaches and corporate social responsibility	Build back fairer resources (Build back fairer opportunities for all)	Employment, anchors and social value
Extend social value commissioning to all public sector contracts and to businesses in Greater Manchester to enhance business contributions to Building Back Fairer	Build back fairer resources (Build back fairer commissioning)	Employment, anchors and social value
Identify the minimum income for healthy living in Greater Manchester and advocate for national resources to meet this in public sector pay and support business to pay the minimum income for healthy living	Build back fairer standards (Standards for healthy living)	Funding/advocacy

Guarantee offer of universal access to quality services including existing public services and public health services and universal access to training, support and employment for young people	Build back fairer standards (Standards for healthy living)	Public service provision and reform
Develop Greater Manchester minimum standards for quality of employment, environment and housing, and transport and clean air and advocate for enforcement powers and resources	Build back fairer standards (Standards for healthy living)	Health in all policies
Implement Greater Manchester's social value framework and extend anchor institutions approaches to VCSE sector and businesses	Build back fairer institutions (Extend anchor institution approaches)	Employment, anchors and social value
Extend the remit of anchors to incorporate social value procurement and commissioning and contributions to the Build Back Fairer Investment Fund	Build back fairer institutions (Extend anchor institution approaches)	Employment, anchors and social value
Health and social care act as leaders in social value commissioning and work in partnership across local authorities to develop local supply chain across Greater Manchester	Build back fairer institutions (Scale up social value contracting and extend business role)	Employment, anchors and social value
Embed widescale social value requirements in the Local Industrial Strategy and Good Employment Charter	Build back fairer institutions (Scale up social value contracting and extend business role)	Employment, anchors and social value
Add provision of apprenticeships for all ages to the social value framework	Build back fairer institutions (Scale up social value contracting and extend business role)	Employment, anchors and social value
Link Innovation Greater Manchester with social value framework	Build back fairer institutions (Scale up social value contracting and extend business role)	Employment, anchors and social value
Based on the Marmot Beacon Indicators develop publicly accessible targets to monitor progress towards Building Back Fairer	Build back fairer monitoring and accountability (Develop Build Back Fairer equity targets for Greater Manchester)	Data and intelligence
Report bi-annually on Marmot Beacon indicators related to targets	Build back fairer monitoring and accountability (Develop Build Back Fairer equity targets for Greater Manchester)	Data and intelligence
Invest in routine data collection to support monitoring of reductions in inequalities in wellbeing, opportunity and community cohesion within local authorities	Build back fairer monitoring and accountability (Develop Build Back Fairer equity targets for Greater Manchester)	Data and intelligence
Advocate for local control over vaccination programmes, especially catch-up programmes and vaccine roll-out to focus more on groups at higher risk or with lower vaccination rates	Reducing Inequalities in vaccine uptake and in infection and mortality rates	Covid
Follow principle of proportionate universalism and direct increased resources and supply to ensure the needs of our most deprived , diverse and more vaccine hesitant communities are met	Reducing Inequalities in vaccine uptake and in infection and mortality rates	Covid
Advocate for resources for adequate financial support and provide practical, clinical and wellbeing support for those who cannot work because of COVID-19 risk and those who have to self-isolate and ensure guarantees of return to employment.	Reducing Inequalities in vaccine uptake and in infection and mortality rates	Covid
Advocate for increase deprivation weighting in funding by level of area deprivation	Communities and place	Funding/advocacy
Advocate for greater share of resources for regions and local authorities hit particularly hard by COVID-19 and containment measures, and based on remedying shortfalls in funding over last ten years	Communities and place	Funding/advocacy

Develop publicly accessible data on equity in health, wellbeing and the social determinants of health within local authorities and strengthen monitoring by ethnicity at local level	Communities and place	Data and intelligence
Fully implement the Good Landlord Scheme	Housing, transport and the environment (Improve quality and affordability of housing)	Public service provision and reform
Strengthen and enforce decent housing regulation and advocate for resources to enforce housing regulations	Housing, transport and the environment (Improve quality and affordability of housing)	Public service provision and reform
All new housing to be built to net-zero emissions standards, with an increased proportion being either affordable or in the social housing sector	Housing, transport and the environment (Improve quality and affordability of housing)	Public service provision and reform
Continue to reduce rough sleeping and reduce homelessness and risk of homelessness and extend action to reduce risk for homelessness	Housing, transport and the environment (Improve quality and affordability of housing)	Public service provision and reform
Fully implement clean air zones and monitor for inequalities in exposure	Housing, transport and the environment (Green spaces, air quality and quality high streets)	Public service provision and reform
Improve quality of existing green spaces and prioritise provision of new green spaces in areas of higher deprivation	Housing, transport and the environment (Green spaces, air quality and quality high streets)	Public service provision and reform
Adopt city-wide strategies that put health and sustainability at the centre of strategic planning	Housing, transport and the environment (Green spaces, air quality and quality high streets)	Health in all policies
Work with local communities to better include and their local needs when reviving local high streets	Housing, transport and the environment (Green spaces, air quality and quality high streets)	Participatory decision making
Extend incentives to encourage people back to public transport	Housing, transport and the environment (Transport and active transport)	Public service provision and reform
Improve road safety by implementing 20mph speed limit in all residential streets and implement other road safety initiaves in deprived areas first	Housing, transport and the environment (Transport and active transport)	Public service provision and reform
Increase quality and availability of parenting support programmes run through early years centres and schools	Early years, children and young people (Reduce inequalities in early years development)	Early years and education
Regional budget to meet OECD average for proportion of spending on early years and increase funding per child for early years settings in more deprived areas	Early years, children and young people (Reduce inequalities in early years development)	Funding/advocacy
Develop a new measure of school readiness for Greater Manchester.	Early years, children and young people (Reduce inequalities in early years development)	Data and intelligence Early years and education
Ensure childcare workforce wages in public and private sector meet the GM Minimum Income for Healthy Living	Early years, children and young people (Reduce inequalities in early years development)	Employment, anchors and social value

Increase catch-up tuition for more deprived students – beyond government programme - and additional support for families with SEND	Early years, children and young people (Reduce inequalities in educational attainment)	Early years and education
Achieve no NEETs in Greater Manchester by guaranteeing a training offer for 18–25 years olds	Early years, children and young people (Reduce inequalities in educational attainment)	Early years and education
Implement all recommendations and commitments in Greater Manchester's Young Person's Guarantee	Early years, children and young people (Reduce inequalities in educational attainment)	Early years and education
Prioritise improving the mental health of young people including through providing further mental health support/first aid training in all schools in Greater Manchester	Early years, children and young people (Prioritise and improve mental health and outcomes for young people)	Early years and education
Improve mental health treatment options for children and young people rapidly	Early years, children and young people (Prioritise and improve mental health and outcomes for young people)	Early years and education
Work with primary care and local charities to provide a whole-system and early response to improve mental and physical health and wellbeing in children aged 0–5 years through the hub-and-spoke model and to address the social determinants of health in local communities	Early years, children and young people (Prioritise and improve mental health and outcomes for young people)	Health in all policies
Increase provision of local youth services for young people, advocating for national resources	Early years, children and young people (Prioritise and improve mental health and outcomes for young people)	Public service provision and reform Funding/advocacy
Extend offers of Apprenticeships and training for young people linked to requirements for social value employers to participate	Early years, children and young people (Improve training an prospects for young people)	Employment, anchors and social value
Achieve no NEETs in Greater Manchester by guaranteeing a training offer for 18–25 years olds	Early years, children and young people (Improve training an prospects for young people)	Employment, anchors and social value
Advocate to raise minimum wage for apprentices	Early years, children and young people (Improve training an prospects for young people)	Employment, anchors and social value Funding/advocacy
Increase mentoring opportunities (including public services, CVS sector and business) and add provision of mentoring to social value framework and Good Employment Charter	Early years, children and young people (Improve training an prospects for young people)	Employment, anchors and social value Funding/advocacy
Establish a goal for everyone in work to receive wage that prevents household poverty	Income, poverty and debt (Reduce poverty)	Employment, anchors and social value
Develop regional standard for minimum income for healthy living, to be used to establish the minimum wage for GM	Income, poverty and debt (Reduce poverty)	Employment, anchors and social value
Support food aid providers and charities, advocate for better national funding.	Income, poverty and debt (Reduce poverty)	Funding/advocacy
Continue to advocate for additional £1000 annual uplift to universal credit and explore other ways of providing it if it is cut.	Income, poverty and debt (Reduce poverty)	Funding/advocacy

Extend eligibility for free school meals	Income, poverty and debt (Reduce poverty)	Funding/advocacy
Advocate for an end 5 week wait for universal credit and extend cash grants for low income households	Income, poverty and debt (Reduce poverty)	Funding/advocacy
Increase financial management advice in schools and workplaces	Income, poverty and debt (Reduce levels of harmful debt in GM)	Early years and education Employment and training
Further support community and voluntary sector provision of debt advice	Income, poverty and debt (Reduce levels of harmful debt in GM)	Public service provision and reform
Work with Credit Unions to reduce the use of high interest loan businesses and further regulate loan agencies	Income, poverty and debt (Reduce levels of harmful debt in GM)	Public service provision and reform
All local authorities in Greater Manchester to offer support for those who are in debt due to non-payment of council tax	Income, poverty and debt (Reduce levels of harmful debt in GM)	Public service provision and reform
Improve local data collection and collation of national and voluntary sector data to estimate inequalities in income and debt within local authorities	Income, poverty and debt (Monitoring for poverty and inequity)	Data and intelligence
Fully implement the Greater Manchester Good Employment Charter and Local Industrial strategy and monitor for inequalities, particularly the proportion of employers signing up to Charter offering lower paid jobs	Work and unemployment (Improve the quality of work in Greater Manchester)	Employment, anchors and social value
Provide incentives via the Good Employment Charter to reduce precarious and insecure work	Work and unemployment (Improve the quality of work in Greater Manchester)	Employment, anchors and social value
Define and implement a Greater Manchester quality of work guarantee which extends commitments in the Good Employment Charter and is publicly available for each employer	Work and unemployment (Improve the quality of work in Greater Manchester)	Employment, anchors and social value
Lead discussions about a four day work week	Work and unemployment (Improve the quality of work in Greater Manchester)	Employment, anchors and social value
Build on actions to increase local recruitment into all jobs and work with employers to improve retention rates	Work and unemployment (Reduce unemployment and build skills)	Employment, anchors and social value
Increase funding for adult education more in more deprived communities and link to job market demands. Offer of training and support for older unemployed adults	Work and unemployment (Reduce unemployment and build skills)	Employment, anchors and social value Funding/advocacy
Incentivise private sector to participate in training and skills development and link this to the social value framework	Work and unemployment (Reduce unemployment and build skills)	Employment, anchors and social value
Advocate for real terms percentage increase in regional budget for public health	Public health (Allocate public health resources proportionately, with a focus on the social determinants)	Funding/advocacy
Strengthened public health focus on the social determinants of health	Public health (Allocate public health resources proportionately, with a focus on the social determinants)	Health in all policies
Public health to provide a key leadership role post-COVID in system plans to build back fairer	Public health (Allocate public health resources proportionately, with a focus on the social determinants)	Health in all policies

Continue to support GMs integrated health and care system to be a true population health system, working in partnership with the 10 local authorities and the GMCA	Public health (Allocate public health resources proportionately, with a focus on the social determinants)	Health in all policies
Develop equity targets for local authorities and the Region, with clear lines of accountability to reflect priorities for reducing health inequalities and inequalities in the social determinants in the longer term	Public health (Allocate public health resources proportionately, with a focus on the social determinants)	Health in all policies Data and intelligence
Increase mental health provision in workplaces	Public health (Prioritise inequalities in mental health)	Employent, anchors and social value
Continue and expand existing programmes which focus on preventing mental health problems, and strengthen monitoring and evaluation for equity	Public health (Prioritise inequalities in mental health)	Public service provision and reform Data and intelligence
Work with planners to develop mentally healthy high streets and access to good quality green space within a 15–20 minute walk for all in Greater Manchester, including specific actions to reduce noise and air pollution, improve community safety and reduce anti-social behaviour	Public health (Prioritise inequalities in mental health)	Health in all policies
Invest for the long term and measure success over five and ten years, and improve sharing of best practice between local authorities in GM	Public health (Give prevention interventions time to succeed)	Public service provision and reform
Identify and embed learning from the COVID-19 pandemic, including the value of place-based services and other 'bottom-up' approaches	Public health (Give prevention interventions time to succeed)	Health in all policies Public service provision and reform
Place prevention and taking action on the social determinantsat the centre of the integrated care system in GM	Public health (Give prevention interventions time to succeed)	Health in all policies

TRAFFORD MENTAL HEALTH AND WELLBEING STRATEGY 2021-22

Interim V4.2
RT 16.04.2021

Trafford
TOGETHER

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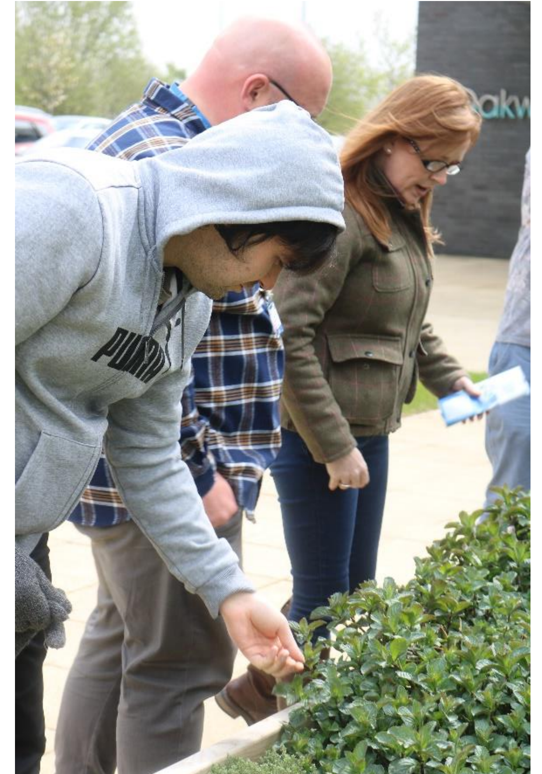
TRAFFORD’S VISION

Trafford will be a borough where we focus as much upon preventing mental ill health as on its consequences. It will be where good mental health, parity of esteem between mental and physical health, a good start in life, a family approach to mental wellbeing, the ability to adapt and manage adversity and the recognition of the wider factors affecting mental health are supported throughout the life course: from preparing for a new baby, into adulthood and older age to dying, death and bereavement.

11 years ago the Marmot Review *Fair Society Healthy Lives* concluded that reducing health inequalities would require action on six policy objectives which still underpin Trafford’s vision:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.



Trafford
TOGETHER

FOREWORD

Trafford's Mental Health & Wellbeing Strategy 2021-2022 is for the whole population and has been developed by *Trafford's Integrated Mental Health Transformation Group.*

This group includes representatives from:

- Trafford Council
- NHS Trafford Clinical Commissioning Group (CCG)
- Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Manchester University NHS Foundation Trust (MFT)
- Healthwatch Trafford

In addition to the steering group, extensive engagement has been carried out with Trafford service user and carer groups, staff focus groups, partnerships and workshops with the VCSE sector. Our thanks go to THRIVE Trafford and BlueSci in particular for their support.

FOREWORD

This interim strategy aims to enable all parts of the wider system in Trafford to think about how to support good mental health and wellbeing.

Since the NHS was founded in 1948 great steps have been taken in the identification and treatment of mental ill health and also in our understanding of the predominantly social determinants of mental health and wellbeing.

Trafford residents now have access to a wide range of mental health and wellbeing support. But there is still much more to be done to ensure parity of esteem between mental and physical healthcare, and to break down the stigma that prevents many people with serious mental health problems from seeking or receiving the care they need and deserve.

FOREWORD

This one-year strategy outlines how we propose to:

- Develop an all age, integrated Mental Health and Wellbeing Strategy by 2022 using the All Age THRIVE Framework as our guide. That strategy will align with the *Trafford Locality Plan* and run through until 2024. For this interim strategy we are focusing on adults 18 years plus.
- Implement a new Section 75 agreement between GMMH and Trafford Council
- Complete a review of social work within integrated community mental health teams (Social Work for Better Mental Health).
- Ensure an increased focus on the needs of older people with functional mental health disorders as dementia is the subject of a separate strategy.
- Place citizen engagement and co-production at the heart of everything we do
- Establish an understanding of what money is being spent on mental health and wellbeing across the system and whether it is achieving the outcomes we expect
- Ensure Trafford's 'core' mental health services are resilient and fit for purpose paying particular attention to the impact of the COVID pandemic
- Begin the reform and re design of our mental health and wellbeing offer to Trafford's citizens
- Maintain our focus upon achieving parity of esteem between mental and physical health with a particular emphasis on physical health checks for people with severe mental illnesses
- Prioritise early intervention and wherever possible the prevention of mental ill health. In particular we will work closely with schools, employers, housing providers and others to ensure we take every opportunity to promote good mental health
- Ensure that the wider determinants of mental health are properly understood so we can address endemic inequality and ensure our citizens and communities are able to build resilience.

STRATEGIC ALIGNMENT

This strategy aligns with:

The NHS Long Term Plan

- The NHS Long Term Plan
- The Greater Manchester Health & Social Care Partnership's Population Health Plan
- The Trafford Together Locality Plan
- The Health and Well Being Strategy for Trafford
- The Trafford Dementia Strategy

STRATEGIC ALIGNMENT

NHS Planning Priorities 2021/22

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
F. Working collaboratively across systems to deliver on these priorities.

NHS planning priorities highlight the health and wellbeing of staff, managing the demand on mental health services and preventing the inappropriate use of emergency departments. Whilst many of these objectives are reflected in this strategy as specific mental health and wellbeing work streams, all areas of the NHS guidance demand a consideration of parity of esteem and it will be important for mental health and wellbeing to be central to how the system delivers against these priorities.

STRATEGIC ALIGNMENT

This strategy recognises that the determinants of mental health and wellbeing are wide-ranging and many existing strategies and programmes of work are underway in Trafford to help reduce inequality and improve lives.

This strategy does not seek to duplicate work already underway, rather complement and support its delivery.

Trafford TOGETHER

ALL AGE THRIVE

The THRIVE Framework conceptualises mental health and wellbeing within five needs-based groupings and establishes 8 principles which we believe should underpin the development of Trafford's mental health and wellbeing strategy :

ALL AGE THRIVE

The THRIVE Framework - 8 principles:

1. **Common language** –a shared language which everyone can understand
2. **Needs-led** - rather than diagnostic led which allows support regardless of diagnosis with a clear focus on need and a recognition that need will naturally fluctuate over time and in response to circumstances
3. **Shared decision-making** at every level is at the heart of the THRIVE Framework for system change
4. **Proactive prevention and promotion** – is everyone's business and the framework enables us all to come together to ensure that this happens in every service (whether that is Social Care Health, Education, VCSE, Police, and Job Centres etc.) and every community. The importance of identifying and proactively working with particularly vulnerable groups cannot be over-emphasised
5. **Partnership working** – working together to support and improve mental health is vital
6. **Outcome informed** – shared understanding of what we are trying to achieve by agreeing shared outcomes from the outset and understanding early on where these are not being achieved
7. **Reducing stigma** – we cannot emphasise enough that mental health is everyone's business and we need to reduce the stigma which surrounds poor mental health
8. **Accessibility** – the whole THRIVE system needs to be accessible to all and at all levels.

INTRODUCTION

Mental health challenges touch every life in Trafford: from a mother struggling with post-natal depression to a young person struggling in school. To a colleague absent from work to someone struggling with a long-term physical health condition. To an elderly relative living with dementia to a family coping with bereavement following the death of a loved one. We have all seen, and often personally felt and experienced, the impact of mental health problems.

Most mental health difficulties are preventable and most people recover from or manage their mental health difficulties with the right support to live meaningful, healthy, productive lives.

Our guiding ambition for mental health and wellbeing is simple and, if realised, will change and save lives.

We will promote wellbeing and parity of esteem, prevent mental health difficulties and provide support for mental health problems with the same commitment, passion and drive as we do for physical health problems so that the needs of our citizens are prioritised, decisions shared and services co-produced; all of this achieved using a common language we can all understand.

INTRODUCTION

The Trafford Together Locality Plan 2019-2024

This brings together Trafford Council, NHS Trafford CCG and their wider partners to improve the health and wellbeing of Trafford's citizens. The plan establishes the following priorities, setting a clear framework for the development of this interim strategy and our ambition of an integrated, all age mental health and wellbeing strategy by 2022 and beyond:

- Building quality, affordable and social housing - Trafford has a choice of quality homes that people can afford
- Health and wellbeing - Trafford residents' health and wellbeing is improved and health inequalities are reduced
- Successful and thriving places - Trafford has successful and thriving town centres and communities
- Children and young people - All children and young people in Trafford have a fair start
- Pride in our area - People in Trafford take pride in their local area
- Green and connected - Trafford maximises its green spaces, transport and digital connectivity
- Targeted support - People in Trafford get support when they need it most.

INTRODUCTION

We would like all Trafford's citizens to be able to say:

- I can have hope, flourish – live my best life, achieve my goals, and connect deeply with others
- I can be open about my mental health and wellbeing without fear of judgement
- I am supported to maintain my own health and wellbeing at home and in my community
- I can access information, advice or support quickly and easily
- I am asked about my views. I feel listened to, understood and respected
- I am given choice and control. Decisions are made with me, not for me
- My physical and mental health needs are assessed and considered together
- I receive support that is tailored to my individual needs, rather than a diagnosis
- I know that the people who support me are also supported
- I feel respected and am treated with dignity
- I can choose where, and with whom information about my health is shared.

INTRODUCTION

Improving child and adult mental health, narrowing the gap in life expectancy, and ensuring parity of esteem with physical health are fundamental to unlocking the power and potential of Trafford's communities.

There is no health without mental health – it is a positive resource that allows us to fulfil our potential, cope with the normal stresses of life, work productively, and contribute to our community.

Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in Trafford will require simplified and strengthened leadership and accountability across the whole system.

Enabling resilient communities, engaging inclusive employers and working in partnership with our third sector colleagues can transform the mental health and wellbeing of Trafford residents.

COVID-19

The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already suffering from mental illness. We must resource and plan to meet current and predicted demands.

Most people will have experienced some emotional effect because of the pandemic. Most people, given time, will recover from this without 'formal' intervention.

Our focus must be on getting support right for those communities families, groups and individuals we know are being hardest hit.

COVID-19

It is becoming clear that the impact of Covid-19 on mental health and wellbeing will be felt for years to come and the ramifications are likely to be pervasive and long-lasting.

More people are now in contact with mental health services than ever previously recorded.

The potential for mental health problems during or after an acute Covid-19 infection, especially for people with “long Covid” is also becoming increasingly clear. We must pay close attention to how these symptoms progress in people experiencing them so we can adapt and develop our offer to provide the best possible support.

In light of what we know so far, supporting existing and building new partnership working between mental and physical health services will continue to be critically important if we are to achieve ‘parity of esteem’.

STIGMA AND MICONCEPTIONS

Unfortunately, not everyone understands mental health problems. Some people may have misconceptions about what certain diagnoses mean. They may use dismissive, offensive or hurtful language

Stigma can form a barrier to people seeking support and help with their mental health needs and can make mental health problems worse.

We will combat stigma by:

- Supporting campaigns that tackle stigma such as *Shining a Light on Suicide*, and *Time to Change*
- Develop approaches to challenge nimby attitudes as they impact upon existing schemes and when developing new schemes and provision within the borough
- Providing reliable information so that people can understand their own mental health more fully and understand what certain terms and diagnoses mean
- Promoting the right of people to be fully involved in their care and support
- Ensuring that people can access advocates if they want their support
- Ensuring that people know their rights
- Listening to the experience and stories of people who experience mental health challenges and ensuring these influence the ongoing review and redesign of Trafford's offer to its population.

TRAUMA INFORMED CARE.....

- Around 1 in 3 adults in England report having experienced at least one traumatic event
- Traumatic events can be defined as experiences that put either a person or someone close to them at risk of serious harm or death. These can include:
  - Road accidents
  - Violence/prolonged abuse
  - Natural disasters
  - Serious illnesses

TRAUMA INFORMED CARE…..

- Following trauma many people will recover gradually
- However, trauma can lead to more serious mental health problems such as post-traumatic stress disorder (PTSD) and depression
- In the last decade, a substantial number of population-based studies have suggested that childhood trauma is a risk factor for psychosis and that psychotic patients with a history of childhood trauma tend to present with a variety of additional problems, including post-traumatic stress disorder, greater substance abuse, higher levels of depression and anxiety, and more frequent suicide attempts.

TRAUMA INFORMED CARE…..

- The NHS long-term plan commits to developing trauma-informed care in relation to a community offer for people with severe mental health problems, but also a service for vulnerable young people in contact with the youth justice system. Additionally, an expectation of trauma-informed approaches in mental health services accessed by people sleeping rough is included in the NHS mental health implementation plan

- To achieve this will require a cultural shift, not simply a behavioural one – a change in the way we understand the impact of trauma, which in turn will influences how we behave towards others

- We will embed trauma informed care as we co-produce new models of community care for Trafford's citizens. This in turn will form the foundation of wider developments to ensure that all mental health and wellbeing services provide an environment where a person who has experienced trauma feels safe and can develop trust.

MENTAL HEALTH TRANSFORMATION IN TRAFFORD

To deliver the Trafford Together Locality Plan, Trafford Council and NHS Trafford CCG have embarked on an ambitious joint transformation programme to improve outcomes for Trafford residents who are experiencing mental health issues.

The programme consists of 3 key elements:

- A new integrated Mental Health Strategy for Trafford using the All Age Thrive Framework to redesign and refocus mental health services
- A review of social work within integrated community mental health teams (Social Work for Better Mental Health)
- A review of the existing s75 Partnership Agreement between GMMH and the Council

Trafford
TOGETHER

THE NHS LONG TERM PLAN FOR MENTAL HEALTH 2019-2024

The NHS Long Term Plan makes a renewed commitment to improve and widen access to care for children and adults needing mental health support.

The NHS Long Term Plan aims to deliver the fastest expansion in mental health services in the NHS's history, with thousands more adults being able to access talking therapies (IAPT) for common disorders and better support being offered to children and young people. (As highlighted earlier in this interim strategy, the needs of children will be addressed in the definitive all age strategy by April 2022).

It will also improve how the NHS treats people with severe mental illnesses, including during crisis, and will ensure more mothers experiencing severe mental health issues get the treatment they need – with their partners being offered mental health support for the first time too.

This one year strategy will lay the groundwork for the delivery of the NHS Long Term Plan via Trafford's Locality Plan and this integrated Mental Health & Wellbeing Strategy running through until 2024.

The NHS Plan can only be delivered by an integrated health and care system and will need the support of our colleagues and partners across the statutory, voluntary and private sectors as well as our communities and citizens.

THE NHS LONG TERM PLAN FOR MENTAL HEALTH 2019-2024

The NHS Long Term Plan for Mental Health strongly reaffirms the importance of achieving parity of esteem between mental and physical health and clearly focusses, for the first time, on severe mental illness. The plan aims to:

- Transform mental health care so that more people can access treatment by increasing funding nationally at a faster rate than the overall NHS budget – and by at least £2.3bn a year by 2023/24
- Make it easier and quicker for people of all ages to receive mental health crisis care, around the clock, 365 days a year, using NHS 111
- Expand specialist mental health care for mothers during and following pregnancy, with mental health assessments offered to partners so they can be signposted to services for support if they need it
- Expand services, including through schools and colleges, so that an extra 345,000 children and young people aged 0-25 can get support when they need it, in ways that work better for them
- Continue to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

What we know is that this plan cannot be achieved in isolation from the wider range of social care, voluntary, community and private initiatives that can reduce demand and help prevent mental health crises and ill health. If we are to achieve the Long Term Plan's ambitions we will need to be imaginative and collaborative to maximise the impact of our resources.

TRAFFORD'S JOINT STRATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

How many people in Trafford are affected by mental health problems?

- More than 1 in 10 adults (14.8%) are on GP registers for depression and recent trends suggest that the number of existing cases (prevalence) of depression in Trafford is increasing. Trafford has the second highest prevalence of depression amongst its group of similar authorities (Common Mental Health Disorders, 2020)
- In a recent survey to measure the impact of COVID-19, 45% of Trafford residents had high levels of self-reported anxiety compared with 40% for Greater Manchester.
- Approximately 2,291 adults (0.94%) are on a Trafford GP register because they have a severe mental illness
- The suicide rate in Trafford is 8.1 per 100,000 population and is similar (statistically significant) to England average of 10.1 per 100,000. Suicide rates in males (12.6 per 100k) are higher compared with females (4 per 100k)
- Overall, approximately 7500 Trafford citizens (18+) receive support and / or care commissioned by Trafford Council or Trafford CCG due to their mental health or wellbeing. This represents approximately 3% of the borough's population
- There are an additional 5000 children in Trafford who have mental heath disorders.

TRAFFORD'S JOINT SRTATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

Which groups within Trafford are most at risk from mental health problems?

- Half of all mental health problems have been established by the age of 14, increasing to 75% by the age of 24
- Trauma, poverty, extreme stress, exposure to violence and low social support are some of the factors that increase the risk of developing mental health problems
- There is a 66 percentage point gap in the employment rate between those in contact with secondary mental health services and the overall employment rate. Adults with a serious mental illness in Trafford are almost five times more likely to die early than the general population of England
- 42% of adults with a serious mental illness smoke
- Unfortunately we don't have good proxy indicators of underlying mental health problems, but one we can use is suicide. Trafford Council has held a suicide dataset since June 2019 which is updated in real time. Sub-group analysis of the suicide dataset can present a picture of groups who are most at risk of mental ill-health. Fortunately, the number of suicides in Trafford are low but the results of the analysis should be interpreted with caution.

Trafford TOGETHER

TRAFFORD'S JOINT SRTATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

Gender

- Many indicators of mental illness (e.g. hospital admissions for self-harm, prevalence of depression and anxiety) put females at higher risk of mental illness. However, the suicide rate remains higher in males (12.6%) compared with females (4%).

Age

- Around 70% of suicides were in under 50 years of age with the highest numbers in 30-34 year age group.

TRAFFORD'S JOINT SRTATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

Deprivation

- Deprivation was categorised into five quintiles using IMD scores: quintile 1 was the most deprived, 3 was average deprivation and 5 was the least deprived. Hence, the lower the deprivation quintile, the more deprived the population. The highest percentage of suicide were in the least deprived quintile (35%) and the lowest percentage in the average deprivation quintile (10%). There were no visible trends in suicide notifications across deprivation quintiles

Employment status

- The highest percentage (38%) of suicides were in the unemployed category.

TRAFFORD'S JOINT SRTATEGIC NEEDS ASSESSMENT

What does mental health and wellbeing look like in Trafford?

Protective factors

- The most modifiable and important protective factors for mental health and the most important determinants of mental wellbeing lie in the family, the environment, the community and the society we live in
- The average attainment 8 score in Trafford is the highest in the region (57.6 in 2019/20).
- Trafford has a high rate of employment (79.6% in 2019/20 compared to England average of 76.2%); the gap in employment rate between those with a long-term condition and the overall rate is also narrower than average (6.4% compared to 10.6% for England in 2019/20)

WHAT ARE WE GOING TO DO DURING 2021/2022?

We propose 5 broad areas of focus during 2021/2022:

1. The development of broad underpinning ‘enablers’
2. Ensure Trafford’s ‘core’ mental health services – community and inpatient – are resilient and fit for purpose
3. Beginning the reform and redesign of our mental health and wellbeing offer to Trafford’s citizens
4. Early intervention and preventive approaches
5. Reducing mental health inequalities.

WHAT ARE WE GOING TO DO DURING 2021/2022?

1

The development of broad underpinning 'enablers'

The money we spend

We have begun a whole system analysis of the money we spend in Trafford on mental health and wellbeing. We will analyse this spend in terms of where mental health needs originate, where resources are then deployed to meet those needs and how spend does or does not address the inequalities experienced by certain sectors of our population. We believe that by carrying out this work we will be much better placed to maximise the impact resources can have on the mental health and wellbeing of our population.

We will complete this work by October 2021 and are committed to making this information public in support of true partnership working, co-production and shared decision making

WHAT ARE WE GOING TO DO DURING 2021/2022?

1

The development of broad underpinning 'enablers'

Understanding performance

In Trafford we measure lots of different areas of performance. We want to ensure that we bring these measurements together into a coherent and balanced 'scorecard' which will help us understand the mental health and wellbeing of our population and whether the things we are doing are making a positive impact. More than this we are committed to a balanced approach to understanding performance and are particularly interested in ensuring that stories and case studies inform the development of our strategy and services.

We will complete stage one – the bringing together of existing data sets and measures of performance and the evaluation of gaps - of our performance review by July 2021.

WHAT ARE WE GOING TO DO DURING 2021/2022?

1

The development of broad underpinning ‘enablers’

Engaging our citizens

The people best placed to tell us what works are our citizens, the people using our services and the communities we serve. Effective participation should be a natural part of the way we work. Engagement, both community and individual is central to public mental health. The former is about building on assets and involving communities in framing the issues and the solutions, the latter with developing individual strengths and resilience. To that end we are committed to ensuring effective engagement and in particular to ensuring that co-production is employed to ensure that our strategy truly reflects the needs of our citizens and that the care and support we offer is in line with the THRIVE Framework described earlier in this document.

We will commission a VCSE partner to support Trafford’s existing work to structurally embed the voices of our citizens and carry out community and citizen engagement using a variety of mechanisms such as the use of stories to ensure this strategy and resulting changes are co-produced. This arrangement will be in place by April 2021.

We will address the inequalities faced by people not able to access digital communications by establishing a working party tasked with reviewing current arrangements for access to mental health and wellbeing services, the impact of COVID 19 and of social and economic inequalities. This group will report no later than January 2022 for proposals to be implemented as a core element of the integrated mental health and wellbeing strategy from 2022 onwards.

WHAT ARE WE GOING TO DO DURING 2021/2022?

2

Ensure Trafford's 'core' mental health services are resilient and fit for purpose

Our immediate priorities are:

- Reviewing hospital admissions and discharges to understand the reasons for delays
- Implement a new Section 75 agreement between GMMH and Trafford Council
- Complete a review of social work within integrated community mental health teams (Social Work for Better Mental Health)
- Complete a review of care and accommodation in Trafford for people with mental health needs. This will include a review of all out of borough placements
- Ensuring our inpatient and other services are adequately resourced so as to cope with the high levels of demand as a result of the COVID-19 pandemic
- Ensuring recurrent funding for Trafford's Primary Care Mental Health & Wellbeing Service
- Ensuring recurrent funding to maintain Trafford's Home Based Treatment Team at core fidelity
- Complete the waiting list initiative so people waiting for ADHD and ASD assessments and services are helped as quickly as possible
- Agreeing a model for and funding of alternative models of support for those of our citizens who find themselves in a mental health crisis.

WHAT ARE WE GOING TO DO DURING 2021/2022?

3

Begin the reform and redesign of our mental health And wellbeing offer To Trafford's citizens

Our immediate priorities are to:

- Identify a suitable social care resource to support the delivery of this strategic work programme
- Support the development of comprehensive *Long Covid* care and support services in Trafford
- In 2021/2022 we will achieve the nationally mandated performance targets for the provision of physical health checks for people with severe mental illness
- Begin the planning of an integrated locality-based model of primary and community mental health care to improve community care for adults with severe mental illnesses, and to offer increased support for individuals who self-harm, have co-morbid eating disorders, or personality disorder; and a locality-based IAPT offer aligned with primary care, GP mental health workers and VCSE
- Begin developing plans to enhance community support and alternative forms of provision for those with common mental illness or people experiencing crisis
- Provide greater choice and control for people with mental ill health and support them to live well at home and in their communities
- Finalise a social care action plan in order to implement the recommendations of the social care review
- Implement the governance structure to ensure Care Act compliance
- Commission a specialist older people's residential and nursing resource to meet the complex needs of older people including those with dementia

WHAT ARE WE GOING TO DO DURING 2021/2022?

4

Early intervention and preventive approaches (wider determinants of health)

Our approach will be:

- To focus on the positive. Promoting mental wellbeing moves the focus away from illness and is central to an individual's resilience, social purpose, autonomy and ability to make life choices
- To focus on the wider social, economic, cultural and environmental determinants of mental health.
- To take a life course approach - personal risk and protective factors are determined in early childhood, primarily in the context of family relationships.
- To take a truly multidisciplinary and inter-sectoral approach as no one discipline has all the knowledge or power to effect the required level of change across the system.

Our immediate priorities are:

- Wellbeing at work
- 5 ways to wellbeing
- Social prescribing
- Supporting access to greenspaces for all
- Self-help
- Audit the effectiveness of Local Authority and CCG employee welfare approaches and support employers in Trafford to best support the mental health and wellbeing of their workforce
- Strengthen the JSNA in terms of mental health inequalities

WHAT ARE WE GOING TO DO DURING 2021/2022?

5

Reduce mental health inequalities

- The pandemic has intensified existing inequalities and Trafford is determined to improve wellbeing as we emerge from this, through a system-wide approach to mental health equality
- We recognise that some people and communities are at much greater risk of worsened mental health: those living in poverty, poor quality housing or with precarious or no common employment; those living with an existing mental health problem, including addiction to drugs, alcohol or gambling; older people who are more likely be bereaved by Covid-19 and may be at greater risk of social isolation; women and children exposed to violence and trauma at home; people with long-term health conditions; and people from BAME communities where prevalence of Covid-19 is higher and outcomes are worse
- We will take an innovative, system-wide approach to addressing mental health inequalities at their root causes in Trafford
- We will embed a proportionate universalism approach which addresses whole population mental wellbeing promotion and provides additional support for high risk groups
- We will work with partners across the system, building on our innovative unity hub approach to wellbeing which focuses on early intervention.

GOVERNANCE & REPORTING

The TIMHRG reports to Trafford's *Living Well At Home* redesign group using a highlight report which has been established to capture and report on the priorities listed within this strategy.

We will ensure this report is comprehensive across health, care and public health domains by June 2021.

The highlight report will be available for scrutiny by all partners in the interest of co-production and accountability.

Living Well at Home

Trafford Integrated Mental Health Transformation Steering Group

Highlight report w.c. 11/04/2021

Last period RAG status	A	Date	w/c 11/04/2021
This period RAG status	A	Leads	Ric Taylor
RAG status reason	• CCG workforce capacity impacting on progression • Impact of Covid on provider capacity and prioritisation		

Trafford TOGETHER

GLOSSARY & REFERENCES

ACRONYM	EXPLANATION
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
ED	Emergency Department
GMMH	Greater Manchester Mental Health NHS Foundation Trust
IAPT	Improving Access to Psychological Therapies
IMD	Indices of Deprivation
MFT	Manchester University NHS Foundation Trust
TCCG	Trafford Clinical Commissioning Group
TMBC	Trafford Metropolitan Borough Council
VCSE	Voluntary, Community & Social Enterprise

GLOSSARY & REFERENCES

REFERENCE	SOURCE
Slide 3 Marmot: *Fair Society, Healthy Lives*	http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf
Slide 6 Trafford Locality Plan	http://www.traffordpartnership.org/locality-working/Trafford-Together-Locality-Plan-2019-2024.aspx
Slide 6 'Social Work For Better Mental Health'	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/495500/Strategic_statement_-_social_work_adult_mental_health_A.pdf
Slide 6 Parity of Esteem	https://www.centreformentalhealth.org.uk/parity-esteem
Slide 7 NHS Long Term Plan	https://www.longtermplan.nhs.uk/
Slide 7 Greater Manchester Health & Social Care Partnership's Population Health Plan	https://www.gmhsc.org.uk/wp-content/uploads/2018/05/Population-Health-Plan-2017-2021.pdf
Slide 7 Trafford Health & Wellbeing Strategy	https://democratic.trafford.gov.uk/documents/s34286/Trafford%20Health%20and%20Wellbeing%20Strategy%202019.pdf
Slide 7 Trafford Dementia Strategy	https://democratic.trafford.gov.uk/documents/s30059/Item%2011%20-%20dementia%20strategy%2025%206%2018.pdf
Slide 8 NHS Planning Priorities 2020 - 2021	https://www.england.nhs.uk/operational-planning-and-contracting/

GLOSSARY & REFERENCES

REFERENCE	SOURCE
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Slide 18 Time to Change	https://www.time-to-change.org.uk/
Slide 19 Section 75	https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library/integrated-commissioning-and-provision
Slide 21 NHS 111	https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/
Slide 22 Trafford Joint Strategic Needs Analysis	http://www.traffordjsna.org.uk/Trafford-JSNA.aspx
Slide 26 Attainment 8 Scores	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/561021/Progress_8_and_Attainment_8_how_measures_are_calculated.pdf
Slide 31 Trafford Primary Care Mental Health & Wellbeing Service	https://www.gmmh.nhs.uk/trafford-primary-care-mental-health-and-wellbeing-service/
Slide 32 Care Act	https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
Slide 33 5 Ways to Wellbeing	https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/

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TRAFFORD COUNCIL

Report to: **Health & Wellbeing Board**
Date: **13/09/2021**
Report for: **Information and decision**
Report of: **Helen Gollins, Deputy Director of Public Health**

Report Title

Healthy Weight Strategy

Purpose

This report outlines the final draft of the Healthy Weight Strategy for review, prior to public consultation.

Recommendations

To approve the final draft Healthy Weight Strategy and agree to proceed to public engagement and consultation.

Contact person for access to background papers and further information:

Name: Jane Hynes
Telephone: 07545 920534

1. Introduction

Trafford's Health and Wellbeing Strategy (2019 – 2029) identifies seven priority areas, of which healthy weight is one. The aim is to increase the number of people within Trafford who are a healthy weight, and to improve nutrition and hydration across the borough.

Improved health and wellbeing is one of Trafford Council's corporate priorities, with the specific aim to reduce health inequalities between different communities in the borough. Obesity is strongly linked to deprivation in both adults and children, and the people living in our most deprived communities have significantly shorter healthy life expectancy than those in our least deprived areas.

2. Context

Achieving and maintaining a healthy weight is challenging and complex, with more than 60% of adults in England being overweight or obese. Being overweight can be prevented, but it is a normal reaction to an abnormal environment, where it is very difficult to achieve and maintain a healthy weight given all the external factors and influences on our lives. We therefore need to look at the whole system of social, economic and environmental factors that impact on weight.

Overweight and obesity can have serious implications on health, with increased risk of cardiovascular disease, type 2 diabetes, vascular dementia and cancer and significantly reduces life-expectancy.

Diet and obesity-related ill-health has a huge financial impact on the NHS with estimates that it costs the UK around £6 billion each year, before we consider the economic and societal impacts due to reduced productivity and obesity-related illness that make people unable to work. This brings the wider cost of obesity to society to around £27 billion per year.

In Trafford, an estimated 59% of adults (18+) are overweight or very overweight which equates to approximately 140,000 people. By the age of 11 (Year 6), nearly one third of children are overweight or very overweight, with higher prevalence of excess weight being strongly associated with increasing deprivation.

More recently, it has been shown that obesity increases both severity and likelihood of Covid infection, and the pandemic has had a huge impact on eating and activity habits, as well as food insecurity.

3. Healthy Weight Strategy

A draft Healthy Weight Strategy has been drafted via the multi-agency healthy weight steering group, which identifies the vision:

"We want Trafford to be a place where people are able to achieve or maintain a healthy weight, and where it is easier to do so. We want to engage the whole community in our work to become healthier and stay well."

The strategy sets out the local context and rationale for addressing excess weight, along with the high level ambitions within a whole system approach that will be taken to achieve this, and the priority groups that may need more support.

4. Recommendations

The Board are asked to provide any comments or feedback on the draft strategy, and approve the progression to public engagement and consultation. This consultation will be used to ensure that the vision and aspirations for Trafford reflect the views of our residents,

and will help to form the basis of the resultant co-produced action plan that will be delivered over the next five years.

Trafford Community Infection Prevention and Control Team

Annual report 2020 – 2021

Do

- get vaccinated – find out how to book your COVID-19 vaccine
- meet people outside if possible
- open doors and windows to let in fresh air if meeting people inside
- limit the number of people you meet and avoid crowded places
- wear a face covering when it's hard to stay away from other people – particularly indoors or in crowded places
- wash your hands with soap and water or use hand sanitiser regularly throughout the day

Don't

- do not touch your eyes, nose or mouth if your hands are not clean

Public Health England

PPE guide for community and social care settings including care homes

What PPE to wear and when – an illustrative guide

Department of Health & Social Care

ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020

Local Authority Circular

Published 22 May 2020

Author: Anna Anobile, Modern Matron, Community Infection Prevention and Control Team (CIPCT)

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1. Introduction

The global SARS-CoV-2 (COVID-19) pandemic throughout 2020 into 2021 and beyond has highlighted the importance of promoting and practicing stringent infection prevention and control practices. This has not only applied to health and social care settings and other high risk settings, but also across all sectors of society.

Responding to the needs of health and social care providers, and other settings within Trafford, has been extremely demanding, particularly as COVID-19 continues to present ongoing and fast-changing challenges.

During 2020 – 2021, through collaborative working, the Community Infection Prevention and Control Team continued to support and educate colleagues to maintain assurance around safe and effective infection prevention and control practice, however with work dedicated to COVID-19, monitoring and management of other HCAIs was largely halted. This was the case for teams across the UK and worldwide.

This report differs from previous documents, seeking to reflectively review the input of the IPC team, challenges faced, and lessons learnt during the first year of the pandemic. The report narrative will also highlight how partnership working with health and social care partners and other high-risk settings, including supported living and special schools led to positive outcomes.

Changes in the service and priorities for 2021 to 2022 are outlined, and planned work as we move forward to recover and learn to live with COVID-19. As always, guided by The Health and Social Care Act 2008 '*Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance'* which sets out requirements for health and social care services to ensure compliance around cleanliness and infection.

The focus for the service continues to improve understanding and best practice around IPC and promote reduction of Healthcare (and social care) Associated Infections (HCAI).

2. Infection prevention and control – service management and provision during pandemic

In 2020, Trafford Community Infection Prevention and Control Team was organisationally transferred to Manchester Foundation Trust, where previously employed through Pennine Acute NHS Foundation Trust. The team are permanently seconded to work with Trafford Metropolitan Borough Public Health Department, based at Sale Waterside.

For recruitment, HR and employment responsibility, MFT provide support as parent organisation.

Trafford Community IPC team are no longer responsible for provision of service to Trafford Local Care Organisation providers. As MFT employed, TLCO services, including District Nursing Teams, are now overseen by the MFT Community IPC team.

Team members:

- Phil Broad, Modern Matron, Band 8A;
- Linda Magennis, Specialist Infection Prevention and Control Nurse, Band 6; and
- Ann Molineux, Assistant Practitioner, Band 4.

Phil was able to retire after long service and accolade with the IPC team in November 2020.

The team were supported throughout 2020, no more so than following Phil's retirement, by Public Health colleagues, notably Director of Public Health, Eleanor Roaf, and Donna Sagar, Consultant in Public Health.

New Modern Matron, Anna Anobile commenced in post at the end of March 2021.

2. COVID-19

2.1 COVID-19 in Care Homes – the challenges

"The large excess of deaths in care homes shows England, and other countries, didn't adequately protect this vulnerable group in the first wave of COVID". Dr Jonathan Stokes, The University of Manchester

From the first two months in 2020 where cases of viral illness causing illness and death in mainly elderly individuals in China, then moving to Europe (Italy in the main), it became frighteningly evident that SARS-CoV-2, later termed COVID-19, could have a devastating effect on care homes and other high-risk settings.

The first cases of COVID-19 reported in UK care homes was during the first week of March 2020.

In mid-March, Hospital Trusts discharged medically fit patients to care homes to free capacity - mandatory testing prior to discharge was only brought into effect a month later.

Although incidents were starting to become evident, the infection control team, as per others across GM and nationally, awaited Public Health England (PHE) and Department of Health and Social Care (DHSC) guidance. The first of which was published 2nd April 2020. UK Government claimed in May to have placed a 'protective ring' around care homes, however response to risk was undoubtedly delayed

Much reliance was placed on local response with Public Health (PH), Community IPC, and Health Protection Teams (HPT) pulling together information for dissemination and training. Small local teams already under pressure were stretched to limits, in some areas leading to sickness and ill-feeling, with much attention paid initially to acute settings and risk to ITU beds and hospitalisation – focus on treatment and response rather than prevention.

In Trafford, the team worked collaboratively with colleagues in Public Health, Adult Health and Social Care Commissioning, and the Clinical Commissioning Group (CCG) to support care homes and to monitor COVID-19 cases and transmission in settings which had been forced to close to visitors. The team also linked closely with colleagues across Greater Manchester with the GM Health Protection Confederation to share information, guidance, posters and exchange news and incidents with focus on how to prevent and manage viral transmission within homes.

Initially, it was unknown that COVID-19 could transmit through asymptomatic carriage, and this had a devastating effect on many homes. Asymptomatic testing was introduced in June 2020 for care homes.

Care homes responded quickly to the introduction of asymptomatic testing for residents and staff, despite the complicated and lengthy registration process, additional man hours and enormous effort to introduce. Referred to Pillar 2 (commercial laboratory provision and testing, as opposed to Pillar 1 – PHE laboratory control) PCR - Polymerase Chain Reaction swabs were provided initially by Randox. Service provision shortly after changed to Kingfisher.
Reports of delays in receiving swab results (up to 7 days on occasion) were widespread, affecting all areas.

These delays in testing and reporting may have created windows in which infected individuals were not identified and could spread the virus or led to unnecessary isolation of residents. It was then, and remains today, vital to continue to reiterate the importance of stringent IPC precautions, rather than rely on testing as the 'Golden Nugget'.

Lateral Flow Device (LFD) rapid antigen testing for staff, was introduced more widely in November 2020 in care homes, and IPC and the newly formed Swabbing Team assisted with explanation and demonstration around the process for use of the swabs and kits.

Atypical presentation of COVID-19 in older people also led to outbreaks in care homes – symptom presentation not only persistent cough, loss of sense of taste and/or smell, and high temperature, but in older individuals also: confusion; increasing or new delirium; enteric symptoms; headache; general malaise; off food and drink.

This observation was shared widely by IPC teams in GM and nationally was communicated by local teams to the care homes and included in later updated guidance by PHE and DHSC.

The Community IPC Team, at the time managed by Phil Broad, Modern Matron, looked at ways to disseminate information to the homes and other settings, including rapidly changing IPC guidance around personal protective equipment (PPE), isolation, and closure of residential settings to visitors.

To assure safety of individuals required to carry out aerosol generating procedures (AGP) in care homes, within domiciliary care, and other social care settings, Linda provided much needed support throughout the pandemic to fit test staff for FFP3 (Filtering Face Piece) respiratory protection.

In response to request from NHSE/NHSI Lead Nurse to ensure all care homes were supported, nursing colleagues from Trafford CCG assisted with 'Super Trainer' IPC training for care home staff in correct use of PPE (donning – putting on, and doffing – taking off) and other IPC interventions, attending care home car parks rather than entering settings to demonstrate, with much appreciation.

Face to face training and demonstration by Trafford and other IPC teams during 2020 – 2021 moved very rapidly to on-line and virtual platforms. The Greater Manchester Care Home Cell delivered the first COVID-19 webinar in September with representation from PHE, GM Screening and Immunisation Team, and IPC leads, including Trafford's new Modern Matron for IPC, Anna Anobile. As with most teams and services, the use of webinar-based learning, e-learning, and access to other online visuals will undoubtably continue to provide much needed resource for the care homes, along with planned return to safe face-to-face, on-site training.

Table 1, below, provides a timeline synopsis of IPC observations and reflections around COVID-19 in care homes:

Table 1

2020	COVID-19 in Care Homes Timeline – IPC observations and reflections
March-April	•UK Government and Public Health England (PHE) slow response to risk to elderly care home residents - reliance on guidance from local Community IPC and Health Protection teams. •COVID-19 care home cases and outbreaks reported first week of March 2020; first care home guidance published 2nd April • 'First wave' of pandemic - IPC measures initially reliant on recognising commonly reported symptoms to prevent transmission •Confusion around PPE requirements and poor provision – local authorities work to access and allocate stock •Initially no access to SARS-CoV-2 testing for care home residents poor despite risk to this cohort, provision for hospitalised patients only with symptomatic testing reliant on PHE lab capacity
May - June	•Introduction of local testing platforms and enhanced provision from May 2020 •CCG lead nurses, contacted by NHSE/NHSI Lead Nurse to assist and assure re education – 'super trainers' •Infection control 'fund' introduced for Care Homes – 'capacity tracker'
July - August	• Introduction of commercial 'Pillar 2' asymptomatic PCR testing for care home staff and residents •COVID cases in general population fall - random 'false positive' results in care homes cause confusion
September – December	•Increasing reliance on testing and results rather than meticulous IPC practices •PHE and commercial lab capacity stretched, delayed reporting causes anxiety and frustration •Work to re-introduce visiting to care homes safely - lack of collaboration with IPC specialists •Governmental 'push' to introduce Lateral Flow Device/Testing (LFD/LFT) for care home visitors •Cases rise – 'second wave'. Re-introduction of COVID-19 into Care Homes, despite asymptomatic testing. Staff exhausted – lapses in IPC •'Back to Basics' IPC messages reinforced across GM •GPs and healthcare providers slow to recognise atypical symptomatic presentation of COVID-19 in elderly care home residents •Pfizer Biontech COVID-19 vaccine MHRA approval – first vaccine given 8th December. Glimmer of hope for care homes.
January 2021 onwards	•Continued roll out of COVID-19 vaccine programme – Oxford/AstraZeneca vaccine MRHA approval 30th December •IPC – education, leadership, guidance, remains vital •Reintroduction of IPC care home audit

2.2 Managing COVID-19 outbreaks in care homes – reflections and lessons learnt

Managing COVID-19 outbreaks proved demanding and challenging for the IPC team in Trafford and other areas. Guidance from PHE around management of Outbreaks of Acute Respiratory Illness, to include COVID-19 was first published in November 2020.

Care homes in Trafford are asked to inform CIPCT of any symptomatic or positive cases of COVID-19 to be able to advise. To monitor cases of COVID-19 in England and Wales, the DHSC Capacity Tracker was also introduced in May 2020 to be completed by homes to inform of cases, incidents, or outbreaks. Although duplication of reporting had on occasions caused confusion, the care homes have worked incredibly well report accurately and diligently.

The Capacity Tracker was introduced with The Adult Social Care Infection Control Fund to support adult social care providers in England to reduce the rate of COVID-19 transmission within and between care settings. The fund was extended in October 2020 and, in April 2021 was consolidated with the existing Rapid Testing Fund, to support additional lateral flow testing (LFT) of staff in care homes, and enable indoors, close contact visiting where possible.

When managed well, respiratory outbreaks, similarly to outbreaks of diarrhoea and vomiting, can prevent on-transmission between staff, staff to resident, and resident to staff.

Reiteration of the need to follow strict IPC precautions is essential, and the IPC team, once informed by a setting, continue to advise around these.

In Greater Manchester, a 'Back to Basics' approach was taken around IPC precautions, and competency assessment for staff in care homes and health and social care settings with staff encouraged to challenge poor practice amongst colleagues, and to 'buddy-up' on a regular basis to observe donning and doffing of PPE, hand hygiene practice, understanding around 2 metres social distancing, and respiratory 'Catch it, bin it, kill it' messages.

A competency assessment sheet was developed and provided to care homes and other H &SC providers for this purpose, and continues to be utilised today:

Infection Prevention and Control – Back to Basics
Assessment Sheet

Staff name	Date assessed	Name of assessor	PPE donning	PPE doffing	5 Moments for Hand Hygiene - examples	Hand hygiene – washing soap and water/alcohol based hand rub	Respiratory hygiene awareness: Catch it Bin it Kill it + Hands, Face, Space

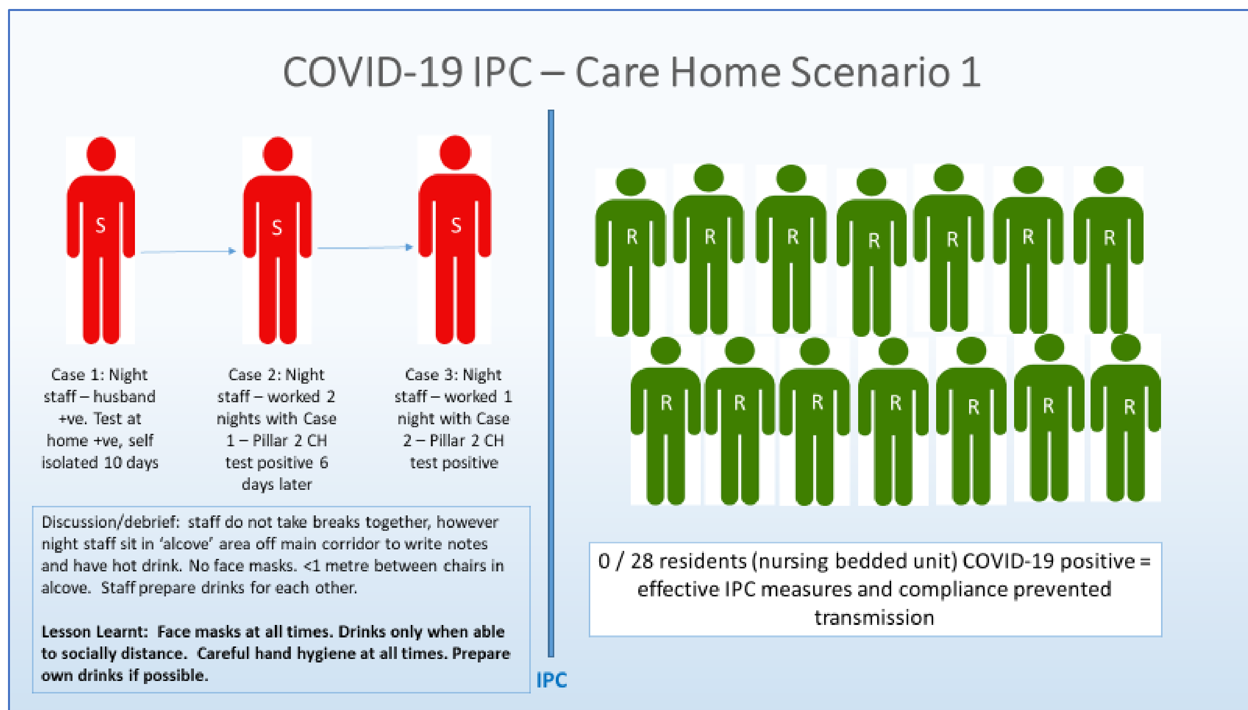
Alongside other challenges previously outlined for care homes, including time taken for PCR results to be known, other issues were seen to influence COVID-19 transmission in care homes, including (not exhaustive):

- Non cohorting of staff – staff working between units, and other homes.
- Dual occupancy homes with no empty room capacity
- Inability for care homes with residents living with dementia to appropriately and safely isolate affected individuals
- Inability to maintain social distancing measures due to small space environments
- Poor ventilation
- Inadequate space or changing facilities to change in/out of uniform at beginning/end of shift
- Staff taking breaks together in small, multi-user break areas

The following depict outbreak scenarios similar to those seen nationally, across GM and in Trafford:

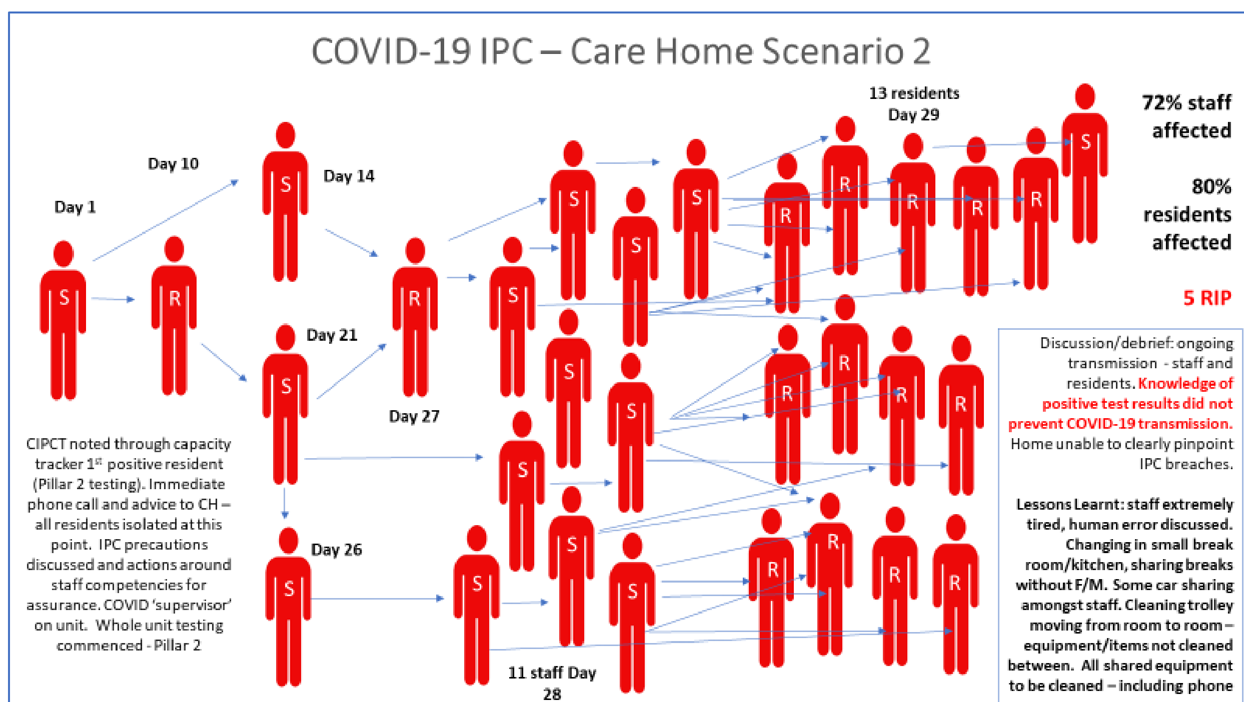
Care home outbreak - Scenario 1

On-transmission from staff to residents was avoided through implementation of effective IPC measures, rapid testing, and recognition and self-isolation of affected staff:



Care home outbreak - Scenario 2:

Initial delay in reporting of cases to CIPCT – care home completed capacity tracker. IPC advice and testing potentially delayed. Multiple lessons learnt.



With timely IPC input, appropriate knowledge and implementation of IPC precautions, isolation of affected individuals, leadership and monitoring of staff and residents, viral transmission can be prevented, and this is the message which Trafford CIPCT and other teams will continue to give.

Initial observation period for care homes following outbreak of COVID-19 was 28 days. This changed in February 2021 to 14 days. During an outbreak period in care homes, non-urgent admissions, visits, and transfers out of the home are suspended, therefore this change in guidance was welcomed by IPC teams, care homes, and care home visitors.

3.3 IPC Service Feedback from Trafford Care Homes

In April 2021, to ascertain care home perceptions of the help received from Trafford CIPCT, the team conducted a telephone survey of all care homes in Trafford in April 2021.

34 Care Homes (100%) participated in the IPC service feedback survey:

- 91% (31 care homes) were happy with the service provided
- 3% (1 care home) was not happy with the service provided
- 6% (2 care homes) did not specify whether happy or unhappy with service provided

See Appendix 1 for summary of survey findings.

3.4 Impact on other high-risk settings and individuals

As with care homes for individuals over 65 years of age, other sectors of the population were identified as 'high-risk' of complications from COVID-19.

Table 2 outlines which settings and individual groups to which this applies:

Table 2

COVID-19 'High Risk' Community Settings

High Risk Community Setting – COVID-19 infection	Why?
Care homes for >65s, residential and nursing bedded	•Most severely affected - aged over 75 in the general population •A third of those who died from COVID-19 (first wave) lived in residential care homes •University of Manchester claim care home death toll hugely underestimated by up to 10,000
Supported living settings: individuals with learning disabilities (LD)	•10-year age band with largest number of deaths was 55 to 64 for people with LD, as opposed to >75 for general population •Deaths from COVID-19 in people with LD 2.3 times the rate in the general population
Black, Asian and Minority Ethnic (BAME) communities:	•Black people are at almost twice the risk of death from COVID-19 than White people; •Men of Pakistani and Bangladeshi heritage 1.8 times more likely to die from COVID-19 •Women from the same backgrounds 1.6 times at greater risk
People experiencing homelessness, asylum seekers, and people with no recourse to public funds (NRPF):	•Mean age of COVID-19 death in homeless male 58 years •Socio-economic vulnerabilities, poor housing and deprivation increase risk of COVID-19 infection
Special schools	•Vulnerable group generally, however children and young people (CYP) with long-term conditions and health needs remain low risk of complication from COVID-19 •Safe delivery of AGP for children with tracheostomies – liaison and learning, GM and nationally

Prior to the COVID-19 pandemic, Trafford IPC had little input with supported living settings – and this was a similar picture for other IPC and Health Protection teams across GM.

As risk to individuals with learning disabilities (LD) became evident, the team worked closely to identify settings, to advise, and support providers. The team now have regular meetings with Adult Health and Social Care Commissioning team to discuss any issues or concerns around IPC in care homes, supported living (including LD and Mental Health, MH) provision, domiciliary and day care provision.

Linda Magennis was able to visit providers of day care between June and August 2020 (Appendix 2), and in March 2021 to offer advice around cleaning and decontamination, and other aspects of IPC.

The team have also had input with Special Schools around provision of delivery of aerosol generating procedures, including children with tracheostomies to facilitate safe return to classroom leaning, including advisory visits to Brentwood and Delamere Special Schools and liaison with school support staff, parents, carers, and the Children's Community Nursing Team. As a result of these interventions, two pupils with higher needs were able to return to school.

4. Infection prevention and control – recovery plan 2021 – 2022

4.1 Team structure and service provision

New Modern Matron came into post end of March 2021. Recruitment of a second Band 6 nurse has proved challenging, and the process which began in January 2021 only now come to fruition with new nurse due to start work with the team (September 2021).

The team, once at capacity, will be able to fully plan IPC recovery program.

4.2 Audit program

Care home audits had to be suspended during the pandemic due to inability to physically visit settings.

A new GM audit tool was presented to the care homes in May 2021 with roll out of 'Baseline' RAG (Red, Amber, Green) audits, different to previous model in Trafford. Planned roll out from June 2021.

Similarly, suspension of premise IPC audits has been the case for General Practice (GP) and Primary Care Settings, with team capacity unable to re-commence delivery. A GM audit tool for GP practices, and Minor Surgery provision is due to be ratified in October 2021, and team will work with GM colleagues to familiarise with content, with plan to re-commence audit inspections in Trafford by November 2021.

Health centre audits no longer fall under the provision of Trafford CIPCT, however weekly link with Manchester Foundation Trust Community IPC colleagues facilitates understanding of any areas of concern.

4.3 Training and education

It is envisaged once team capacity increases, and face to face training is able to re-commence safely that link-worker sessions will be planned again – for both care homes, and in conjunction with CCG for Practice Nurses.

Online, virtual, and webinar learning along with small face to face sessions where requested will be provided, as team capacity allows.

5. Healthcare Associated Infection (HCAI)

The pandemic throughout 2020 to 2021 forced IPC efforts and input to concentrate on provision of service and support around COVID-19 – monitoring, outbreak management, advice and input.

Review, feedback, and collaborative management of other healthcare associated infections, namely MRSA (Methicillin/Meticillin Resistant Staphylococcus Aureus) blood stream infection (BSI), Clostridium *difficile* infection, and e-coli (Escherichia Coli) Gram Negative BSI proved unmanageable capacity-wise IPC team in Trafford 2020 to 2021. This was also reported to be the case by GM colleagues.

Clostridioides *difficile:* Reduction in prescription of broad-spectrum antibiotics may also reduce the number of cases of antibiotic-related Clostridioides (Clostridium) *difficile* as thought in the UK that antibiotic prescription increased 2020 – 2021 due to closure of GP practices as per Government guidance and increase in telephone and none face-to face patient consultations.

Targeted work and input, including liaison with CCG Medicines Optimisation Team has now commenced to ensure processes in prescription and access to Vancomycin as first line treatment for Clostridioides *difficile* infection for patients in the community and in community settings is robust.

MRSA: Partnership working with MFT colleagues and services, and other health and social care providers has also re-commenced in relation to management, feedback and learning around MRSA BSI.

E-coli BSI: Work around Gram-negative bacteria, in the main e-coli BSI will also be re-commenced, with focused liaison with care homes, and with primary care partners with aim to reduce and manage through education, particularly around importance of hydration, consideration of 'To Dip or Not To Dip' urine – rather to appropriately obtain laboratory specimens to prevent unnecessary prescription of antibiotics for wrongly diagnosed urinary tract infection (UTI). Numbers of cases fell in 2020 – 2021, and this may have been attributed to reduction in hepato-biliary surgical interventions.

Table 3 outlines comparative case numbers from April 1st 2019 – March 31st 2020, and April 1st 2021 – March 31st 2021.

Organism	2019 – 2020 case total	2020 – 2021 case total
MRSA BSI	Hospital onset – 1 Community onset - 1	Hospital onset – 3 Community onset - 0
Clostridioides *difficile*	69	79
e-coli BSI	166	158

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Appendix 1

IPC Service Feedback from Trafford Care Homes

Care Home	Overall Impression	Comments
Ann Challis	Happy with the service	Happy with the service will be in touch if and when they need to.
Allingham House	Happy with the service	Felt well supported by the IPC team.
Ascot House	Happy with the service	Excellent service from IPC been supportive and came when needed.
Amberleigh	Happy with the service	Very happy with the service.
Ashlands Manor	Happy with the service	Very happy with the service.
Beverley Park	Happy with the service	Happy with the service.
Bickham House	Did not specify	Wanted to know process with inspections and training.
Bradley House	Happy with the service	Fantastic service especially during outbreak.
Brookfield	Happy with the service	Not had to contact IPC often but felt supported when they did.
Bowfell	Happy with the service	Have been happy with the service provided.
The Cedars	Happy with the service	Happy with the service they have been given.
Claremont	Happy with the service	Happy with the service so far.
Debrook Lodge	Did not specify	Experienced problems with LFD tests.
Faversham	Happy with the service	Happy with the service.
Ferrol Lodge	Happy with the service	Happy with the service from IPC.
Flixton Manor	Happy with the service	Been really good got no complaints.
Four Oaks	Happy with the service	Very happy have kept in regular contact well informed of changes.
Handsworth	Happy with the service	Very happy friendly and helpful advice when needed.
Haylands	Happy with the service	Absolutely fantastic.
Heathside	Happy with the service	Very happy with support received from IPC.
Kara House	Happy with the service	Quite happy with the service received.
Lime Tree House	Happy with the service	Contact received from IPC was great.
Lynwood	Happy with the service	Very happy with the service
Manor Hey	Happy with the service	Very happy with the support given from IPC thankful of any updates.
Mayfield	Happy with the service	Happy with the service provided.
Oakfield Croft	Happy with the service	Whole team fabulous very supportive.
Oldfield Bank	Happy with the service	Happy with the service and felt supported.
Our Lady of the Vale	Happy with the service	More than happy with IPC team always there when needed.
Sunrise Senior Living	Happy with the service	Brilliant answered all questions and gave support when needed.
Timperley Care Home	Happy with the service	No issues with IPC team.
Urmston Manor	Happy with the service	Donning and Doffing training was good IPC team very supportive.
Woodend	Happy with the service	Feel very well supported.
Wyncourt	Not Happy with the Service	Abysmal support from IPC team.
York Lodge	Happy with the service	Great advice given very helpful.

34 Care Homes (100%) participated in the service feedback survey:

- **91% (31 care homes) were happy with the service provided by IPC**
- **3% (1 care home) was not happy with the service provided by IPC**
- **6% (2 care homes) did not specify whether happy or unhappy with service provided by IPC**

Appendix 2

CIPCT – Day Care Provider Visits

Day Care provider/ setting	Date visited	Observations, and IPC advice given
Age UK Sharples Building 1-3 Church Rd Urmston M41 9EH	23 June 2020	Glove use Hand hygiene posters Donning/Doffing poster Wipe use PPE Guidance
Stockdales Mencap Building Navigation Rd Sale	8th July 2020	1 PEG feed service user
Fitzroy 1 Roebuck Lane Sale M33 7SY	8TH July 2020	Younger service users Small rooms
Managed by M&J Days Together The Venus 15 Westbourne Rd M410XQ Urmston	9th July Follow up 3 August 2020	(Usually in Altrincham Methodist Church) Chairs not wipeable; deep clean required Service up and running, going well, small groups Using outside space and going out to parks, outdoor cycling Now has wipeable chairs
M & J Support Services St Matthews Church Hall Chapel Lane Stretford M32 9AJ	31 July 2020	Very vulnerable group All epileptic 2 continuous cough 1:1 plus 1 runner 6 service users, phased return Childs nursery in building
Breakaway 117 Braemar Ave Stretford M32 9LX	3 August 2020	Up and running with 4 service users, may increase to 6 at later date. This is providers own house No need for disposably packaged lunch Lunch can be refrigerated Going out every day in 2 vans
The Quest Scout Hut Stretford	6 August 2020	Large space across several rooms First Aid Paper towels not hand dryers E-bug resources in use Mops/ cleaners used for building
Stockdales Harbrour Rd	7 August 2020	1:1 in large room at Stockdales
Trafford Choices	13 August 2020	Attention to cleaning room required Public transport
Pavilion Project Bowden	17 August 2020	Staff and service users unable to wear masks at all times due to service user anxiety
Heather Day Care Partington	17 August 2020	Suggested 8 service users only Considering weekend opening Using dom care staff to just staff day care
Out and About Sale Moor	17 August	5 at the most
One to One St Matthews Church	31 March 21	Age 20-50 Varying capacity All mobile 3 spaces to utilise in building Also go out and about