Public Document Pack

5 November 2013

Trafford Town Hall
Talbot Road
Stretford
M32 0TH

Dear Councillor,

Your attendance is requested at a meeting of the Council of the Borough of Trafford on **WEDNESDAY, 13 NOVEMBER 2013**, at **7.00 PM** in the **COUNCIL CHAMBER, TRAFFORD TOWN HALL, TALBOT ROAD, STRETFORD**, for the transaction of the business set out below:

		Pages
1.	**Minutes**	
	To approve as correct records the Minutes of the following meetings for signature by the Mayor as Chairman:	
	(a) Meeting of the Council held on 18 September 2013; and	1 - 10
	(b) Extraordinary Meeting of the Council held on 14 October 2013.	11 - 12
2.	**Announcements**	
	To receive any announcements from the Mayor, Leader of the Council, Members of the Executive, Chairmen of Scrutiny Committees and the Head of Paid Service.	
3.	**Questions By Members**	
	This is an opportunity for Members of Council to ask the Mayor, Members of the Executive or the Chairman of any Committee or Sub-Committee a question on notice under Procedure Rule 10.2.	
4.	**Draft Joint Health and Wellbeing Strategy**	
	To consider a report referred from the Executive on 23 September 2013 and the Health and Wellbeing Board on 1 October 2013.	13 - 96

5. **Year End Corporate Report on Health and Safety - 1 April 2012 to 31 March 2013**

To consider a report of the Executive Member for Transformation and Resources as recommended to Council by the Executive at its meeting held on 23 September 2013. 97 - 112

6. **Motions**

To consider the following motions submitted in accordance with Procedure Rule 11:

(a) **Motion submitted by the Labour Group - Spending Review**

This Council:

Fully supports the open letter signed by 151 Council Leaders (43%) from all political parties to the Chancellor of the Exchequer expressing concerns that further cuts to local government in the next spending review would have a devastating impact on services.

Notes that this letter was written before other Government announcements that the cut in Council core budgets would be £1 billion higher than assumed in the Spending Revue for 2015/16, bringing the overall cut in Local Government core funding around £5.5 billion in the next two years, which is a cash cut of 21% and a real term cut of 25%.

Agrees with the letter that local government bore the brunt of cuts in previous spending reviews and for the sake of the public services understands that this cannot continue. For many Councils, new funding cuts in 2015/16 will lead to a significant reduction in, and in some cases even loss of, important local services while noting that in comparison Whitehall departments will have faced average reductions of just 12%. The resilience of Local Government cannot be stretched much further.

Urges the Government to listen to the Local Government Association letter and also to reconsider the distribution of cuts which has resulted in heavy cuts to many Local Authorities whilst some Councils in the wealthiest parts of the Country receive almost no cuts at all.

And will therefore, add its name to this letter as a late signatory to show the people of Trafford that the Council can tolerate no further cuts to funding and demands that local government finance must be put on a more sustainable footing.

(b) **Motion submitted by the Labour Group - Urmston Post Office**

This Council notes the plan to close and franchise the existing Crown Post Office in Urmston. This will mean:-

- The downgrading of vital services to the community.
- The loss of dedicated highly skilled, knowledgeable workers.
- A detrimental impact on local businesses.

These plans run contrary to the wishes of local people and will be seriously detrimental for the community and especially elderly residents. Along with the privatisation of the postal service, this will have a negative effect upon the current excellent provision provided to the Urmston population.

Therefore this Council calls on the Government to listen to people of Urmston and the surrounding area and reverse plans to close and franchise the current Urmston Post office.

(c) **Motion submitted by the Labour Group - Robin Hood Tax**

This Council notes with dismay the Government agreed Austerity Measures which will result in the Council cutting its budget by around £140 million between the years 2010/2015. Already the cuts have resulted in devastating many services in Trafford which has led to the closure of Children Centres, Day Care Centre , Elderly People Homes, Mobile Library, and massive cuts to Libraries, Youth and Children services, Care for the Elderly and People with Disabilities, Road repairs, street cleaning and much more.

The blame for the global financial crash and economic crisis lies largely at the door of the banks, therefore they must be part of the solution.

The Council calls on the Government to:-

Follow the lead of the 11 European Nations including Germany, France, Italy and Spain who are moving ahead with a ‘’ Financial Transaction Tax’’ on shares, bonds, foreign currency and derivatives. This is estimated to raise in the region of £20 billion a year for Britain; and

For the revenue to be used to help pay off the National debt and to help Councils to provide improved services, particularly for Elderly People and People with Disabilities, Children and Young People, Libraries, the maintenance of our roads and to create jobs and prosperity for our Towns and Communities.

(d) **Motion submitted by the Labour Group - Legal Aid**

The Council is concerned that since 2010 Trafford Legal Aid (TLA is a not for profit legal advice service based in Trafford) has had its budget cut by the Government from £200,000 to £50,000.

The £200,000 funding enabled TLA to provide free legal advice and representation services in Trafford and surrounding areas in Housing and Homelessness, Immigration, Asylum and Employment.

However, since April 2013 the following is not funded and out of scope, Employment, Discrimination, Housing and all Immigration except where it relates to detention, violence and trafficking.

There is an increased need for legal advice and representation, particularly because of the Welfare Reforms taking place this year. No other organisation in Trafford provides legal advice and representation to residents of Trafford on the matters that are now out of scope.

Clearly there is a real need in Trafford for the TLC services to be able to advise and represent some of the most vulnerable people.

In light of the above we call on the Council Executive to consider carefully the ’’Spot Purchasing’’ proposals submitted by TLC to Trafford Council, with a view to consulting TLC and bringing a report back to Council which outlines a way forward to provide vulnerable Trafford residents with advice services which have recently been taken out of scope.

(e) **Motion submitted by the Conservative Group - An Improving Economy in Greater Manchester**

The Council welcomes the overall positive news contained within the October 2013 Manchester Monitor Quarterly Report published by New Economy Manchester, in particular that unemployment and crime is falling and levels of business activity increasing.

The Council notes:

1. The number of Job Seekers Allowance claimants fell by 9.9% on the same period last year.
2. That airport passengers increased by 4.3% since May 2012.
3. That 47% of Greater Manchester firms reported higher levels of activity in Quarter 2 2013 when compared to Quarter 1.
4. That overall crime fell by 8.8% since August 2012.

Cont’d …

Therefore, the Council considers that the report evidences that the policy pursued by the Chancellor of the Exchequer and the Conservative led Coalition Government to deal with the deficit and control public spending is working, and that as the national economy continues to recover from Labour's appalling financial mismanagement, Greater Manchester too is able to feel the benefit.

(f) **Motion submitted by the Conservative Group - Annual Audit Letter 2012/13**

The Council welcomes the content of the Annual Audit Letter 2012/13.

In particular, the Council is pleased to receive a Value for Money sign off from Grant Thornton that indicates that proper arrangements were in place to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2013.

Further, the Council is pleased with the comments received from the Auditor that it has strong aspects of financial resilience, and applies a disciplined and structured approach to identifying savings. In providing the letter, the Auditor praised the Council's approach to transformation identifying that it grasped the nettle about the need for transformation before many others, recognising that traditional efficiency measures on their own would not be enough.

Consequently, the Council wishes to place on record its gratitude to all members of staff who contribute to the successful financial management of the Council.

(g) **Motion submitted by the Conservative Group - Domestic Abuse**

Council notes that domestic abuse affects every community in Trafford: rich or poor, white or black, old or young, gay or straight.

Over the past 12 months, Greater Manchester Police dealt with 3,097 cases of domestic abuse in Trafford.

This represents the tip of the iceberg. It is estimated that one in four women will experience domestic abuse at some point in their life. It doesn't just affect women – 13% of the victims who report domestic abuse to police in Trafford are men. Domestic violence isn't just physical – many people suffer serious emotional turmoil at the hands of abusive partners.

Council notes that help and advice is available to victims of domestic abuse – and those who fear their friends or loved ones may be victims – at the www.endthefear.co.uk website.

This Council resolves:

- to make a stand against domestic abuse.

Cont'd …

- to work with the Police and Crime Commissioner, Greater Manchester Police, the NHS, housing associations, other agencies and – most importantly of all – local communities across Trafford to make clear that domestic abuse in all its forms is unacceptable.

- to do all we can to encourage people to report domestic abuse to the police.

- to instruct the chief executive to report back by April 2014 on progress made by this local authority and partner agencies to improve and enhance services provided to victims of domestic abuse.

The Council agrees to sign up to the Greater Manchester Police and Crime Commissioner's promise to "say no to domestic abuse" at www.gmpcc.org.uk/endthefear and encourage as many Trafford residents as possible to do the same.

Yours sincerely,

THERESA GRANT
Chief Executive

Membership of the Council

Councillors D. Butt (Mayor), E.H. Malik (Deputy Mayor), D. Acton, S. Adshead, S. Anstee, Dr. K. Barclay, J. Baugh, J. Bennett, Miss L. Blackburn, R. Bowker, C. Boyes, Mrs. A. Bruer-Morris, J. Brophy, B Brotherton, D. Bunting, C. Candish, R Chilton, M. Colledge, Mrs. L. Cooke, M. Cordingley, M. Cornes, J. Coupe, Mrs. P. Dixon, A. Duffield, Mrs. L. Evans, T. Fishwick, M. Freeman, P. Gratrix, J. Harding, D. Higgins, J. Holden, M. Hyman, C. Hynes, D. Jarman, P. Lally, J. Lamb, J. Lloyd, A. Mitchell, P. Myers, D. O'Sullivan, I. Platt, K. Procter, D. Quayle, J.R. Reilly, Mrs. J. Reilly, B. Rigby, T. Ross, B. Sharp, B. Shaw, J. Smith, E.W. Stennett, N. Taylor, S. Taylor, L. Walsh, Mrs. V. Ward, A. Western, D. Western, K. Weston, M. Whetton, Mrs. J. Wilkinson, A. Williams, M. Young and Mrs. P. Young

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

Ian Cockill, Democratic Services Officer
Tel: 0161 912 1387
Email: ian.cockill@trafford.gov.uk

This Summons was issued on **Tuesday, 5 November 2013** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH

TRAFFORD BOROUGH COUNCIL

18 SEPTEMBER 2013

PRESENT

The Worshipful the Mayor (Councillor Dylan Butt), in the Chair.

E.H. Malik
D. Acton
S. Adshead
S. Anstee
Dr. K. Barclay
J. Baugh
Miss L. Blackburn
R. Bowker
C. Boyes
Mrs. A. Bruer-Morris
J. Brophy
B Brotherton
D. Bunting
C. Candish
R Chilton
M. Colledge
Mrs. L. Cooke
M. Cordingley
M. Cornes
J. Coupe
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M. Hyman
C. Hynes
D. Jarman
P. Lally
J. Lamb
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J. Smith
E.W. Stennett
N. Taylor
S. Taylor
L. Walsh
A. Western
D. Western
M. Whetton
Mrs. J. Wilkinson
M. Young
Mrs. P. Young

<u>In attendance</u>

Corporate Director Children and Young People's Service	Mrs. D. Brownlee
Corporate Director Economic Growth and Prosperity	Mrs. H. Jones
Corporate Director Environment Transport and Operations	Mr. P. Molyneux
Corporate Director Transformation and Resources	Mrs. W. Marston
Director of Legal and Democratic Services	Ms. J. Le Fevre
Director of Finance	Mr. I. Duncan
Democratic Services Manager	Mr. P. Forrester
Democratic Services Officer	Mr. I. Cockill

APOLOGIES

Apologies for absence were received from Councillors J. Bennett, T. Fishwick, T. Ross, Mrs. V. Ward, K. Weston and A. Williams.

36. MINUTES

That the Minutes of the Meeting of the Council held on 10 July 2013 and the Minutes of the Extraordinary Meeting of the Council held on 31 July 2013, be approved as a correct record and signed by the Chairman.

37. ANNOUNCEMENTS

(a) Former Mayoress Doris Delides

The Council stood in silence as a mark of respect to former Mayoress Doris Delides, who passed away on 7th August. Ms. Delides was Councillor Godwin's Mayoress in 1995/1996 until Councillor Godwin sadly passed away in January 1996.

(b) Former Leader of the Council Mrs. Susan Williams

Joining with the Leader of the Council, the Council congratulated former Councillor and Leader of the Council, Mrs. Susan Williams, on the recent announcement of her elevation to the House of Lords.

38. QUESTIONS BY MEMBERS

The Mayor reported that a question had been received under Procedure Rule 10.2.

Councillor Freeman asked the following question for which notice had been given:

"Between 2007 and 2012 this Council pursued a policy of issuing Fixed Penalty Notices to the Registered Keepers of Motor Vehicles which were witnessed depositing litter onto the highway, resulting in some £342,000.00 being gathered in by way of fines and prosecutions.

This practice was abruptly ceased in 2012.

To what extent was the report from the Local Government Ombudsman in relation to complaint reference 11 016 909 responsible for this decision and why has this report never been shared or reported upon to this Council Meeting?

Further following criticism from the District Auditor, what steps have the Council taken to make public the flaws in the policy they pursued and reparation to those members of the public who under duress paid those Fixed Penalty Notices?"

In response, the Leader of the Council advised that, with the full support of the public, the Council has taken a strong line on people who litter the borough and that in this particular case, the complainant took issue with the strength of the Council's letter. Prior to the Ombudsman's involvement, the Council conducted a review of procedures and the letters to registered keepers of vehicles where littering had been observed, to tell the Council who was driving, were toned down

as they could have been considered to be misrepresenting the position and be seen as imposing a legal requirement on the registered keeper.

The Leader asserted that the Council had changed its previous practice and that it had not ceased, as the question stated. The change was operational only and was dealt with administratively by officers and was not referred to full Council, which would have been an unusual step for any council to undertake in view of the fact that the Ombudsman had decided not to issue an adverse report in relation to the complaint.

As the Ombudsman decided to take no further action, the complainant referred the matter to the District Auditor alleging that the income derived from the fixed penalty notices was unlawful. The District Auditor's report concluded that there was no evidence of deliberate wrongdoing which would justify any intervention in relation to the accounts.

The matter had been thoroughly investigated by both the Ombudsman and the District Auditor and neither had determined that the Council's procedures were unreasonable or unlawful.

The Leader drew attention to the fact that the Manchester Evening News story was incorrect as the original complainant had not paid the fixed penalty. He took up the questioner's assertion that people who had not committed the offence would have been 'under duress' to pay the penalty and stated that this was not supported by evidence or the findings of the District Auditor. As neither the Ombudsman nor District Auditor had made any suggestion that the Council should consider repaying any of the monies, the Leader stated that there was no basis on which the Council should consider making any reparation.

Referring to the Ombudsman's report and comments that the letter was 'misleading and inaccurate', Councillor Freeman asked as a supplementary question what this matter said about openness and transparency under the Leader's watch?

Councillor Colledge replied that the matter demonstrated that if people want to litter they will not get away with it nor would the Council stand by and let anyone spoil the Borough. The Leader also emphasised that the Council would continue to take action by lawful means and would ensure its practice was in accordance with the relevant guidance.

39. OVERVIEW AND SCRUTINY ANNUAL IMPACT REPORT: 2012/13

The Director of Legal Services submitted a report documenting the activities and achievements of the Overview and Scrutiny function during the 2012/13 municipal year.

RESOLVED: That the Overview and Scrutiny Annual Impact Report 2012/13, be noted.

40. ESTABLISHMENT OF A JOINT HEALTH SCRUTINY COMMITTEE WITH MANCHESTER CITY COUNCIL

The Director of Legal and Democratic Services submitted a report, further to Minute No. 44 of the meeting held on 19 September 2012, recommending the establishment of a Joint Health Scrutiny Committee with Manchester City Council to oversee the implementation of the New Health Deal for Trafford.

RESOLVED –

(1) That the report be noted.

(2) That the Council agrees to the establishment of a statutory Joint Health Scrutiny Committee.

(3) That the Council endorses the revised terms of reference to be proposed to the Joint Health Scrutiny Committee.

(4) That political balance requirements be suspended in relation to the Joint Health Scrutiny Committee.

41. MOTION SUBMITTED BY THE CONSERVATIVE GROUP

It was moved and seconded that:

"This Council welcomes the recent developments in library services implemented by the ruling Conservative Group. These include:

- A new lending library in the Town Hall, increasing provision in the north of the Borough.
- A brand new library planned for Altrincham, in the heart of the market quarter, increasing accessibility.
- Improved library provision in Stretford envisaged in the new Masterplan.
- The introduction of e-readers for loan (the first Council in the country to do so).
- Opening up our libraries to volunteers with a huge response from local residents.
- The planned introduction of WiFi in all libraries (the first Council in AGMA to do so).
- Introduction of Teletalk to allow face to face communication via video with plans to increase this service further.

This Council would like to thank our residents for their continuing support of our library service."

It was moved and seconded as an amendment that:

"The Council notes the developments in library services implemented by the ruling Conservative Group. These include:

- Closing the Library at Stretford Sports Centre and replacing it with a more remote library in the Town Hall.
- Proposed Closure of Altrincham Library with a view to replace it with one in the Market Quarter.
- Overall reduction in Trafford Library opening hours?
- Discontinuation of the mobile library service.
- The planned introduction of Wi-Fi in Libraries.
- Introduction of e-readers on loan.
- Introduction of Teletalk.
- Introduced a Policy of replacing staff in all our Trafford libraries with unpaid volunteers.
- Cut the bookstart programme budget.
- Reduced the book fund budget.

Along with many Trafford residents this Council is disappointed the ruling Conservative Group has decided to replace valued paid library staff with unpaid volunteers. Nevertheless the Council would like to thank our residents in their continuing support of our library service."

Following a debate on the matter, the amendment was put to the vote and declared lost.

Further speeches were made in respect of the substantive Motion before it was put to the vote and declared carried.

RESOLVED: That this Council welcomes the recent developments in library services implemented by the ruling Conservative Group. These include:

- A new lending library in the Town Hall, increasing provision in the north of the Borough.
- A brand new library planned for Altrincham, in the heart of the market quarter, increasing accessibility.
- Improved library provision in Stretford envisaged in the new Masterplan.
- The introduction of e-readers for loan (the first Council in the country to do so).
- Opening up our libraries to volunteers with a huge response from local residents.

- The planned introduction of WiFi in all libraries (the first Council in AGMA to do so).
- Introduction of Teletalk to allow face to face communication via video with plans to increase this service further.

This Council would like to thank our residents for their continuing support of our library service.

42. MOTION SUBMITTED BY THE CONSERVATIVE GROUP

It was moved and seconded that:

"This Council welcomes the Department for Transport's announcement of £20 million of funding towards cycling infrastructure in Greater Manchester, and congratulates all those involved in securing this funding, including Transport for Greater Manchester (TfGM), Sustrans and the Association of Greater Manchester Authorities (AGMA).

The infrastructure improvements this brings will benefit existing cyclists and encourage new riders. In our Borough, the 'Cycle and Ride' facility at Flixton railway station and the completion of the Bridgewater Way route into Manchester will improve the experience for those cycling within Trafford and into Manchester.

In line with the All-Party Cycling Group's report, 'Get Britain Cycling', which recently received cross-party support in the House of Commons, this Council calls on the Government to ensure that on-going funding and resource is made available to local transport authorities, to ensure that continuous improvement in cycling infrastructure is made possible."

Following speeches of support, the Motion was unanimously agreed by the Council.

RESOLVED: That this Council welcomes the Department for Transport's announcement of £20 million of funding towards cycling infrastructure in Greater Manchester, and congratulates all those involved in securing this funding, including Transport for Greater Manchester (TfGM), Sustrans and the Association of Greater Manchester Authorities (AGMA).

The infrastructure improvements this brings will benefit existing cyclists and encourage new riders. In our Borough, the 'Cycle and Ride' facility at Flixton railway station and the completion of the Bridgewater Way route into Manchester will improve the experience for those cycling within Trafford and into Manchester.

In line with the All-Party Cycling Group's report, 'Get Britain Cycling', which recently received cross-party support in the House of Commons, this Council calls on the Government to ensure that on-going funding and resource is made available to local transport authorities, to ensure that continuous improvement in cycling infrastructure is made possible.

43. MOTION SUBMITTED BY THE LABOUR GROUP

It was moved and seconded that:

"Trafford Council resolves to:

Continue to support its music service to ensure that every child in Trafford has the opportunity to learn a musical instrument regardless of their family's economic circumstances;

and that it continues to financially support the running of our three music centres at:

- Partington - Partington Primary School
- Old Trafford Community Centre
- Flixton - Acre Hall Primary School

and continues to support youth orchestras, so that all Trafford children who wish to, can take up instrumental lessons and play in high quality ensembles."

It was moved and seconded as an amendment that:

By the deletion of the word "financially", the second paragraph of the motion be amended to read "and that it continues to support the running of our three music centres at: …"

Following a debate on the matter, the amendment was put to the vote and declared carried.

Further speeches were made in respect of the substantive Motion before it was put to the vote and declared carried.

RESOLVED: That Trafford Council continues to support its music service to ensure that every child in Trafford has the opportunity to learn a musical instrument regardless of their family's economic circumstances;

and that it continues to support the running of our three music centres at:

- Partington - Partington Primary School

- Old Trafford Community Centre
- Flixton - Acre Hall Primary School

and continues to support youth orchestras, so that all Trafford children who wish to, can take up instrumental lessons and play in high quality ensembles.

44. MOTION SUBMITTED BY THE LABOUR GROUP

(Note: Councillor Myers declared a personal interest in relation to his retail business in Stretford Mall and remained in the meeting.)

It was moved and seconded that:

Trafford Council notes the request from 'Local Works' to consider submitting the following proposal to the government under the Sustainable Communities Act:

‘That the Secretary of State gives Local Authorities the power to introduce a local levy of 8.5% of the rate on large retail outlets in their area with a rateable annual value not less that £500,000 and requires that the revenue from this levy be retained by the Local Authority in order to be used to improve local communities in their areas by promoting local economic activity, local services and facilities, social and community wellbeing and environmental protection.’

The Council notes that if this power was acquired it would present the opportunity to raise further revenue if the Council wished to use it at any point in the future.

The Council resolves to submit the proposal to the government under the Sustainable Communities Act and to work together with Local Works in order to gain support for the proposal from other councils in the region and across the country.

[Note: During the debate on the Motion, the time being 8.48 p.m., the Mayor indicated that speeches would now be restricted to a maximum of three minutes each.]

Following the debate, the Motion was put to the vote and declared lost.

45. EXCLUSION RESOLUTION

RESOLVED: That the public be excluded from this meeting during consideration of the following item of business because of the likelihood of disclosure of “exempt information” which falls within Paragraph 5 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

46. NEW HEALTH DEAL FOR TRAFFORD

(Note: The Mayor allowed consideration of this matter as an item of urgent business so that Members of the Council could be briefed at the earliest opportunity regarding the New Health Deal for Trafford proposals.)

[Note: Councillor Adshead declared a personal interest in this item insofar as it related to his employment at Trafford General Hospital and remained in the meeting.]

Further to Minute No. 34 of the previous meeting held on 31st July 2013, the Director of Legal Services submitted a report advising the Council of Counsel's advice with regard to the merits of a challenge to the Secretary of State's decision not to review the New Health Deal for Trafford.

It was moved and seconded that:

> "The advice of Counsel received in this regard and the content of the report be noted."

It was moved and seconded as an amendment that:

> "This Council notes the legal advice with disappointment which clearly states that any legal challenge through the courts would be costly and ''bound to fail''.
>
> In light of the above the Council agrees to write to the Secretary of State asking that he reconsiders his appalling decision to ignore this Council and that of local people to close A&E and other services at Trafford General Hospital."

Following a debate on the matter, the Council signalled unanimous consent for the amendment and consequently, the substantive Motion was declared carried.

> RESOLVED: That this Council notes the legal advice with disappointment which clearly states that any legal challenge through the courts would be costly and ''bound to fail''.
>
> In light of the above the Council agrees to write to the Secretary of State asking that he reconsiders his appalling decision to ignore this Council and that of local people to close A&E and other services at Trafford General Hospital.

The meeting commenced at 7.03 p.m. and finished at 9.16 p.m.

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TRAFFORD BOROUGH COUNCIL

EXTRAORDINARY MEETING OF THE COUNCIL

14 OCTOBER 2013

PRESENT

The Worshipful the Mayor (Councillor Dylan Butt), in the Chair.

E.H. Malik
D. Acton
S. Anstee
Dr. K. Barclay
Miss L. Blackburn
R. Bowker
C. Boyes
B Brotherton
C. Candish
M. Colledge
M. Cordingley
M. Cornes
J. Coupe
Mrs. P. Dixon
A. Duffield
Mrs. L. Evans
T. Fishwick
M. Freeman
J. Harding
C. Hynes
D. Jarman
P. Lally
A. Mitchell
P. Myers
I. Platt
J.R. Reilly
Mrs. J. Reilly
B. Rigby
B. Sharp
B. Shaw
E.W. Stennett
N. Taylor
Mrs. V. Ward
A. Western
D. Western
M. Whetton
Mrs. J. Wilkinson
M. Young
Mrs. P. Young

Also Present

Honorary Freemen, 207 Field Hospital - Major Helen Ball and Staff Sergeant Matthew Spruce

In attendance

Chief Executive	Ms. T. Grant
Corporate Director Children and Young People's Service	Mrs. D. Brownlee
Corporate Director Economic Growth & Prosperity	Mrs. H. Jones
Corporate Director Environment Transport and Operations	Mr. P. Molyneux
Corporate Director Transformation and Resources	Mrs. W. Marston
Director of Finance	Mr. I. Duncan
Director of Human Resources	Ms. J. Hyde
Director of Legal and Democratic Services	Ms. J. Le Fevre
Democratic Services Manager	Mr. P. Forrester
Democratic Services Officer	Mr. I. Cockill

APOLOGIES

Apologies for absence were received from Councillors S. Adshead, J. Baugh, J. Bennett, Mrs. A. Bruer-Morris, J. Brophy, D. Bunting, R Chilton, Mrs. L. Cooke, P. Gratrix, D. Higgins, J. Holden, M. Hyman, J. Lamb, J. Lloyd, D. O'Sullivan, K. Procter, D. Quayle, T. Ross, J. Smith, S. Taylor, L. Walsh, K. Weston and A. Williams.

47. LOCAL GOVERNMENT ACT 1972 SECTION 249(5) - HONORARY FREEDOM OF THE BOROUGH

The Director of Legal and Democratic Services submitted a report requesting the Council to consider, in light of his outstanding achievements and contribution to the Borough, the appointment of Sir Alex Ferguson as an Honorary Freeman of the Borough of Trafford.

The report advised that the Freedom of the Borough was the highest honour that the Council could bestow on any citizen or body and that Section 249(5) stated that the Council may admit 'persons of distinction and persons who have in the opinion of the Council, rendered eminent services to the borough' as Honorary Freemen.

The Leaders of the Political groups on the Council were extremely pleased to support the Motion to confer the honour of Freedom of the Borough upon Sir Alex Ferguson and paid tribute to his outstanding achievements in sport and his exceptional contribution to the profile of Trafford through his remarkable career as Manager of Manchester United Football Club.

As time was at a premium, the Mayor called upon nominated representatives from each of the three Political groups to speak on the Motion. They each praised Sir Alex's achievements and proclaimed that the honour was richly deserved.

Having been moved, seconded and supported, the Motion was unanimously agreed by the Council and it was, therefore:-

> RESOLVED: That the Council, wishing to give public recognition to persons of distinction and in pursuance of Section 249(5) of the Local Government Act 1972, hereby confers Sir Alex Ferguson the honorary Freedom of the Borough in recognition of his outstanding achievements in sport and his exceptional contribution to the profile of Trafford through his remarkable career as Manager of Manchester United Football Club.

The Mayor invited Sir Alex Ferguson to sign the Roll of Freemen and presented him with a framed scroll to commemorate the occasion. Suitably, Sir Alex responded to the Council and expressed his gratitude for the honour bestowed upon him.

On behalf of the Council, the Mayor thanked Sir Alex for his kind words and congratulated him on being admitted as an Honorary Freeman of the Borough.

The meeting commenced at 11.15 a.m. and finished at 12.05 p.m.

TRAFFORD COUNCIL

Report to: Executive / Health & Wellbeing Board
Date: 23 Sept 2013 / 1 Oct 2013
Report for: Approval
Report of: Executive Member for Community Health and Wellbeing

Report Title

Draft Joint Health and Wellbeing Strategy (JHWBS)

Summary

This paper seeks Executive approval of the draft Joint Health and Wellbeing Strategy. The strategy will be formally approved at the October meeting of the Health and Wellbeing Board (HWBB) and will be presented to Full Council in November for final approval. The strategy will then be formally incorporated into the Council's Policy Framework.

Recommendation(s)

- That Executive approves the draft strategy prior to submission to the HWBB and Full Council.

Contact person for access to background papers and further information:

Name: Helen Darlington, Health and Wellbeing Manager
Extension: 0161 912 1220

Background papers: None

Relationship to Policy Framework/Corporate Priorities	This strategy supports all of the Corporate priorities, with a focus on supporting Trafford to be a safe place to live - fighting crime, supporting services to be focussed on the most vulnerable people and reshaping Trafford Council. The core principles can be applied across the organisation and embedded into other policies/frameworks
Financial	There are no direct financial implications arising from the adoption of a draft JHWBS. The financial implications will occur when the strategy's priorities and outcomes are implemented which may result in different commissioning and resource outcomes. Working with partners such as Trafford Clinical Commissioning Group will encourage joint commissioning. Resources may need a shift into early intervention/prevention. The public health grant and current review of public health services and programmes will support this strategy. Some less effective interventions may need to be de-commissioned and this strategy provides a focus that ensures we align our joint commissioning plans to the 8 priority areas over the next 3 years. The Strategy has been prepared in house. Sufficient funding has been identified in the public health budget to develop the JHWBS work. Future (3 year) financial implications would be subject to a further report.
Legal Implications:	The Health and Social Care Act 2012 sets out the responsibilities of Health and Wellbeing Boards (HWBB) for the production of the Joint Health and Wellbeing Strategy. The strategy will be a key driver of integrated commissioning to reduce dependency and costs across the system. The Act also states that NHS and local authority commissioners will be expected to give due regard to the Joint Strategic Needs Assessment (JSNA) which has already been adopted and Joint Health and Wellbeing Strategy.
Equality/Diversity Implications	An Equality and Diversity Impact Assessment has been completed. Equality issues have been considered as part of the Needs Assessment and during the development/consultation of the strategy. This strategy aims to reduce health inequalities and the action plan framework highlights support for vulnerable groups.

Sustainability Implications	This draft strategy is supported by sustainability analysis of the health of our population in the JSNA that has informed the priorities. The strategy sets out a number of long-term sustainable principles that future proposals should be in accordance with.
Staffing/E-Government/Asset Management Implications	The draft strategy/action plan will be delivered by existing staff resources within the council, especially by the Children, Families and Wellbeing directorate, and resources in conjunction with external partners and agencies where appropriate. Feedback will consist of electronic submissions and all documents will be accessible through the council web pages: www.infotrafford.org.uk/hwbstrategy The draft strategy highlights the potential of an asset based approach and supports asset management for economic growth. There are no asset management implications.
Risk Management Implications	There are some possible strategic risks associated with commissioning of new services/interventions, but overall intention would be to focus on early intervention /prevention and reduce long term risks as a pro-active rather than reactive response is required. Governance arrangements are in place for each of the 8 priority areas.
Health & Wellbeing Implications	An evidence based approach to health and wellbeing has been utilised to develop this strategy and action plan framework. Implications are stated in the report and strategy, especially regarding the wider determinants of health.
Health and Safety Implications	The Health and Wellbeing board are working with the Safer Trafford Partnership to drive forward the priorities. The only implications are that improvements will be made regarding health and safety.

1.0 Background

The Health and Social Care Act 2012 sets out the responsibilities of Health and Wellbeing Boards (HWBB) to carry out a Joint Strategic Needs Assessment (JSNA) and to develop a Joint Health and Wellbeing Strategy. Production of the JSNA is a statutory duty which in April 2013 became the responsibility of the Health and Wellbeing Board. The JSNA considers all current and future health and social care needs which are capable of being met or influenced to a significant extent by the Local Authority and the Clinical Commissioning Group (CCG).

The Act states that NHS and Local Authority commissioners are expected to give due regard to the JSNA and Joint Health and Wellbeing Strategy (JHWBS). The JSNA and

JHWBS are also key drivers for promoting integrated commissioning which will help reduce dependency on services and ensure cost effective allocation of resources.

The draft strategy identifies eight key priorities and sets out headline outcomes and actions for each priority together with a narrative on the overarching vision and links to other supporting strategies. The draft strategy is attached as Appendix One to this paper.

2.0 Developing the Joint Health & Wellbeing Strategy

The Joint Health and Wellbeing Strategy has been developed following an extensive, three phase public consultation involving a wide range of organisations, groups and residents. During the consultation, virtually all respondents supported the proposed vision, priorities and actions.

The Strategic Vision is:

"Public health is everyone's business. We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy and fulfilling life".

Following consultation, eight highest scoring priorities were selected. These priorities now form chapter areas in the draft strategy and were coproduced by a variety of organisations including, Trafford Council, CCG, Trafford Community Leisure Trust and a wide range of public and third sector partners.

The draft strategy is an overarching plan to deliver the Trafford health and wellbeing vision. It focuses predominantly on the health and social care-related factors that influence health and wellbeing. The important wider determinants of health and wellbeing, such as crime, employment and housing, are referenced through other key strategies.

The draft strategy emphasises the importance of partnership working and joint commissioning of services to achieve a more focused use of resources and better value for money.

The strategy discusses alignment with other strategies, e.g. Children and Young People's Strategy, CCG Integrated Plan, the CCG Quality Strategy/ Integrated Care Strategy and the Crime Prevention Strategy.

In May 2013 the North West Employers Organisation published a '*Review of Joint Health and Wellbeing Strategies in the North West*' in which the three stages of consultation used to progress the Trafford strategy was highlighted as good practice.

3.0 Current Position

The current draft strategy has been amended following feedback from members of the HWBB. All partners involved in its production are supportive of the final draft. Once approved, a full communication strategy, including the production of a user friendly summary document will be overseen by the HWBB.

In addition, a partnership Health and Wellbeing Action Plan Group has been established to develop a supporting action plan to ensure detailed implementation plans for the strategy are in place. The action plan will be approved and overseen by the HWBB.

4.0 Recommendations

That Executive approves the draft strategy for submission to the HWBB and Council.

Key Decision Yes
If Key Decision, has 28-day notice been given? No

Finance Officer Clearance *(type in initials) JK*
Legal Officer Clearance *(type in initials) MRJ*

CORPORATE DIRECTOR'S SIGNATURE *(electronic)*

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

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tp
traffordpartnership

TRAFFORD HEALTH AND WELLBEING STRATEGY

2013-2016

SUMMARY REPORT

TRAFFORD
COUNCIL

www.infotrafford.org.uk/hwbstrateg

What is the Strategy about?

This strategy is our overarching plan to deliver our vision. It focuses predominantly on the health and social care-related factors that influence health and wellbeing. The important wider determinants of health and wellbeing, such as crime, employment and housing, are addressed through other key strategies listed on page 3. This strategy emphasises the importance of partnership working and joint commissioning of services to achieve a more focused use of resources and better value for money. It is based on the principles of prevention and early intervention, thinking about the whole family and ensuring choice, control and empowerment of our residents.

How was it developed?

This strategy builds on work that has been undertaken in Trafford over the last five years. Informed by our Joint Strategic Needs Assessment (JSNA) (www.infotrafford.org.uk/jsna) we focus on the three major outcomes, to be delivered by a number of priorities and actions (examples of which are given on the following pages). We consulted in 3 phases, a variety of organisations and agencies who work in the area of health and wellbeing, as well as residents, to identify the vision, outcomes, priorities and actions included in the strategy.

Trafford Health and Wellbeing Strategy Priorities 2013-2016

The following diagram is a 'Strategy on a page", it captures the themes and priorities of our strategy on one succinct page.

VISION

"Public health is everyone's business. We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life."

CORE PRINCIPLES

Choice, control and empowerment

Partnership prevention & early intervention

Think family safeguarding

OUTCOMES

Outcome One: Every child has the best start in life	**Outcome Two:** A reduced gap in life expectancy	**Outcome Three:** Improved mental health and wellbeing

PRIORITIES

Priority 1: Reduce childhood obesity

Priority 2: Improve the emotional health and wellbeing of children and young people

Priority 3: Reduce alcohol and substance misuse and alcohol related harm

Priority 4: Support people with long term health and disability needs to live healthier lives

Priority 5: Increase physical activity

Priority 6: Reduce the number of early deaths from cardiovascular disease and cancer

Priority 7: Support people with enduring mental health needs, including dementia to live healthier lives

Priority 8: Reduce the occurence of common mental health problems amongst adults

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KEY SUPPORTING STRATEGIC DOCUMENTS

CYP Strategy 2011-2014
Child Poverty Strategic Plan 2011
Crime Prevention Strategy: Reducing Crime, Protecting People 2012-2015
Trafford Housing Strategy 2009-2012
Trafford Child Poverty Strategic Plan 2011
50+ Strategy 2010-2013
Trafford Carers Commissioning Strategy 2009-2014
Trafford Alcohol Strategy
A Healthy Weight Strategy for Trafford 2010-2013
Living Well with Dementia in Trafford. Trafford Comissioning Strategy 2010-2012
Stimulating Success. Trafford's Economic Development Plan 2010-2013
Trafford Local Plan - Core Strategy: Adopted January 2012
Trafford Partnership Volunteering Strategy 2012
CCG Quality Strategy 2012
Trafford Tobacco Control Partnership Strategy 2010-2012
Promoting Physical Activity. A Strategy for Trafford 2011-2014
Green Infrastructure & Recreation Local Development Framework 2012
Towards Integrated Care in Trafford
Trafford Commissioning Strategy

Outcome 1

Every child has the best start in life

We want all children to realise their full potential, helping them to prepare from an early age to be self-sufficient and have a network of support that will enable them to live independent and healthy lives.

We will review and build on our services from conception to age 3 to improve outcomes at age 5 by using the growing national and international evidence of effective programmes of prevention and early intervention.

We want targeted programmes of support to have lasting impact, especially towards the most vulnerable, in order to prepare for the responsibilities of adulthood and build up resilience for the future.

Priorities

- Reduce childhood obesity
- Improve the emotional health and wellbeing of children and young people

Examples of actions

Increase the number of primary schools participating in Fit for Life (FFL) in the four localities with particular focus on schools with high levels of obesity.

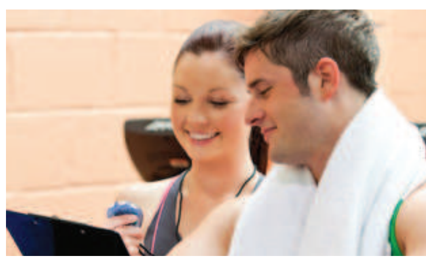
Agree a collaborative programme of activity for childhood obesity including healthy eating and physical activity across all agencies in Trafford using the life course approach.

The LARCO (Locality Approach to Reducing Childhood Obesity) project will fund local groups in three areas of Trafford to provide innovative activities for primary age pupils around physical activity and healthy eating.

Work as a partnership to develop a single point of access (SPA) for emotional health services to provide a clear and easy to access system.

Work with schools to coordinate mental health services and promote emotional health for children and young people.

Deliver targeted (National Institute Health and Care Excellence) behaviour change evidence based interventions for parents of 0-5 year olds.



Outcome 2

A reduced gap in life expectancy

We want to reduce the 9-year gap in life expectancy for men between the north and south of the borough.

We will work in partnership to prevent people becoming ill in the first place by addressing key lifestyle factors more common in deprived areas of the borough and addressing the wider determinants of health such as high levels deprivation, low educational attainment, low levels of employment and poor housing.

We will encourage early diagnosis and management (including lifestyle change) of major killer diseases such as cardiovascular disease and cancer; a focus on men over 40 will have the greatest impact on reducing the life expectancy gap.

Priorities

- Reduce alcohol and substance misuse and alcohol related harm
- Support people with long term health and disability needs to live healthier lives
- Increase physical activity
- Reduce the number of early deaths from cardiovascular disease and cancer

Examples of actions

Refresh alcohol strategy for Trafford and action plan.

Increase the number of people in receipt of Telecare, to promote independence and resilience linked to the Trafford Telecare Pledge. March 2014.

Deliver the Learning Disabilities Service Improvement Programme, including the Winterbourne View Response Action Plans.

Evaluate, then develop and expand/innovate the Healthy Hips and Hearts older peoples exercise programme throughout Trafford working with physiotherapists and Occupational Therapies and Housing.

Deliver NHS Health Checks programme and consider extending the programme (e.g. out of hours, non-clinical venues) targeting disadvantaged communities.

Outcome 3

Improved mental health and wellbeing

We want all residents to enjoy the best possible mental health and wellbeing and have good quality of life - a greater ability to manage life, stronger social relationships, a greater sense of purpose, the skills required for living and working, improved chances in education, better employment rates and stability.

Priorities

- Support people with enduring mental health needs, including dementia to live healthier lives
- Reduce the occurrence of common health problems among adults

Examples of actions

Implement the RAID model within Trafford to reduce the demand on A & E caused by frequent flyers.

Deliver the Improving Access to Psychological Therapies Service Improvement Programme.

To review Trafford's existing all-age mental health services by working closely with our partners and in particular services users and carers.

Deliver the Trafford Dementia Kitemark for residential care and homecare services across the Borough.

We will work across boundaries to develop and deliver a new 2014 Salford Bolton and Trafford Suicide Prevention Strategy Targeted approach to men.

We will implement targeted, mental health and wellbeing programmes across Trafford that will then develop to inform evidence led commissioning. We will work with partner such as Trafford Housing Trust to address the wider determinants of health and wellbeing.

We will implement targeted, mental health and wellbeing programmes across Trafford that will then develop to inform evidence led commissioning. We will work with partner such as Trafford Housing Trust to address the wider determinants of health and wellbeing.

Summary

Although the strategy sets out where we would like Trafford to be heading in terms of health and wellbeing it does not provide a detailed plan of how we will get there, the action plan framework provides some of this detail, but it will also be for the partner organisations of the Health and Wellbeing Board working together to jointly commission services which meet the objectives set out in the strategy.

We believe we can best achieve our vision by integrating and coordinating our services as much as possible. Our focus is on the need to improve people's health and wellbeing across the course of life rather than reacting to problems. We must make sure that we invest more in keeping people well and able to live independently. Community and voluntary sector organisations are vital in achieving success and we recognise the importance of working together to provide the best possible services.

The only way that we can achieve our vision is by improving the efficiency and effectiveness of our services, diverting more resources to prevention and by working in a coordinated and integrated manner. The aim of the strategy is to start our work in this direction.

What will happen next?

The Joint Health and Wellbeing Strategy has been translated by many lead partners into an action plan framework with priority actions, milestones/timescales, outcomes, key measures, governance/ partners involved and outcome champions for each of the eight priority areas.

The governance partnerships, for example the Childrens Trust Board, Safer Trafford Partnership, Commissioning and Operations Steering Group will be responsible for making sure that the actions are carried out. The strategy and action plan framework will be updated regularly as an evolving document. It will be monitored/reviewed and refreshed annually.

How can I get involved?

The full strategy, the equalities impact assessment (EqIA), and phase 1, 2 and 3 consultation reports are available at www.infotrafford.org.uk/hwbstrategy.

We welcome comments and collaborative input into this strategy; please contact us by email at healthandwellbeing@trafford.gov.uk.

TRAFFORD
COUNCIL

Trafford Council
Trafford Town Hall
Talbot Road
Stretford
M32 0TH

www.infotrafford.org.uk/hwbstrategy

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Sale West Games 2012: Summer of wellbeing

TRAFFORD HEALTH AND WELLBEING STRATEGY
2013-2016

www.infotrafford.org.uk/hwbstrategy

Trafford Clinical Commissioning Group

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Foreword

We are delighted to share with you Trafford's Health and Wellbeing Strategy. The strategy has been consulted on widely and has been shaped by everyone who has contributed to the discussion. The involvement of so many people and organisations across the borough means that this is a strategy for Trafford by the people of Trafford and it accurately reflects where our priorities for health and wellbeing should lie.

Although this strategy sets out where we would like Trafford to be heading in terms of health and wellbeing it does not provide a detailed plan of how we will get there. It will be for the partner organisations of the Health and Wellbeing Board working together to jointly commission services which meet the objectives set out in the strategy.

We believe we can best achieve our vision by integrating and coordinating our services as much as possible. Our focus is on the need to improve people's health and wellbeing across the course of life rather than reacting to problems. We must make sure that we invest more in keeping people well and able to live independently. Community and voluntary sector organisations are vital in achieving success and we recognise the importance of working together to provide the best possible services.

We must also acknowledge that public services are in a significant period of change. Funding to local authorities is being reduced and the NHS budget will not increase for several years. At the same time our population is increasing and growing older, requiring more care. The only way that we can achieve our vision is by improving the efficiency and effectiveness of our services, diverting more resources to prevention and by working in a coordinated and integrated manner. The aim of the strategy is to start our work in this direction.

We look forward to working with you.

Councillor Dr Karen Barclay
Executive Member for Community Health and Wellbeing and Chair of the Health and Wellbeing Board.

Dr Nigel Guest
Accountable Officer Clinical Commissioning and Vice Chair of the Health and Wellbeing Board. Trafford CCG

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Executive summary

This strategy has been developed by Trafford's Health and Wellbeing Board (HWB). It is our overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities between the north and south of the borough.

Our strategy outlines:

- Our vision, aims, intended outcomes and priorities
- Our partnership approach and guiding principles to improving health and wellbeing
- Our local challenges around health and wellbeing
- How we will respond to these challenges.

It is intended to be used as a working tool which concentrates on highlighting Trafford's challenges and provides vision for a coherent approach for partners involved in improving health and wellbeing across the borough. It sets the strategic direction, but the actual operational details will be developed through the service planning of the many partners involved in its implementation.

This strategy emphasises the importance of partnership working and the joint commissioning of services to achieve a more focused use of resources and better value for money. It is based on the guiding principles of prevention and early intervention, 'think family' and ensuring choice, control and empowerment of our residents.

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Prevention and early intervention

Prevention describes those interventions that occur before the initial onset of illness or a specific condition. They can be divided into:

Universal interventions which aim to prevent ill-health before its onset, at any stage of the life course, they can improve quality of life and prevent problems escalating thus avoid or delay the need for intensive and more costly interventions or services later on. An example would be our childhood immunisation programme.
Other interventions aimed at detecting and treating pre-symptomatic disease that, if left undetected, could become harmful include NHS health checks; cancer screening programmes.

Targeted interventions aimed at improving the quality of life for people with various conditions by limiting complications and disabilities, reducing the severity and progression of disease, and aid rehabilitation or recovery. Examples include:

- Supporting people to manage their long term conditions (LTCs).
- Keeping children and vulnerable adults safe. This is coordinated through the Trafford Safeguarding Children Board (TSCB) and the Trafford Adult Safeguarding Board which will work closely with the HWB.

Trafford Council's Six Corporate Priorities

Trafford Council has six new priorities and a Delivery Plan. The priorities are:

- Low Council Tax and Value for Money
- Economic Growth and Development
- Safe place to live - fighting crime
- Services focussed on the most vulnerable people
- Excellence in Education
- Reshaping Trafford Council

Trafford Integrated Plan/Everyone Counts 2013/14

Trafford CCG and partners have responsibility to ensure they commission the best health care for people, improving outcomes and driving down health inequalities.

We accept the role to establish/build relationships with new/different organisations and to consider the full range of perspectives, including those of patients and the public. A new more strategic, yet business focussed, relationship with Trafford Council is emerging. This relationship builds on the strengths within the borough and

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the significant capabilities and altruism that exist between professionals from both social and health environments. The CCG is co-terminus with the council and this allows for integrated working.

Within the Integrated Plan and the work plan “Everyone Counts” the CCG outline, at a high level, the broad vision and principles of Trafford CCG and the intended strategy for the immediate years ahead; it ultimately represents Trafford’s vision for a whole system change that will take place through integration. ‘Everyone Counts’ spells out in detail how this plan translates to ensure that the planning requirements of the organisations are met.

The Integrated Commissioning Plan has been developed in line with the refreshed Joint Strategic Needs Assessment (JSNA) and the priorities defined in the Joint Health and Wellbeing Strategy. We are confident of the alignment between the two strategies, and the resulting priorities that the JSNA has guided us to. We will continue to evolve our use of the JSNA and other key intelligence sources to continually inform our planning, our priority setting and our commissioning.

The CCG will continue to draw on the local public health service within Trafford Council to build on this evidence based approach to commissioning.

Towards Integrated Care in Trafford

We understand that there is more to do on improving key lifestyle factors such as diet, physical activity, and positive wellbeing; and the reduction of risk-taking behaviours relating to drugs, alcohol, tobacco, violence and sexual health. People who follow healthy lifestyle advice on four key areas (physical activity, smoking, alcohol and diet) live 14 years longer, on average, than those who follow none. This is why we will look to “make every contact count”, encouraging people to adopt healthier lifestyles and optimising healthy living through its commissioning responsibilities, its influence and its participation in key partnerships including the Health and Wellbeing board, Safer Trafford Board, Children’s Trust Board and related delivery groups.

We will work with other commissioners to support the commissioning of targeted interventions to reduce the harm caused by smoking, alcohol and drug misuse, a poor diet and lack of physical activity. We will prioritise improved performance against the National Performance Measure for NHS Health Checks and also ensure immunisation and screening targets are met and continually developed in partnership with the NHS Commissioning Board and Public Health.
In Trafford, efforts to develop integrated care have focused on primary, community health and general acute services, as well as mental health and social care.

We see integration as the key mechanism to deliver high quality, compassionate care leading to improved health and well -being for Trafford residents:

- Improving health and wellbeing being across the course of life rather than reacting to problems

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- Investment in keeping people well and able to live independently
- Focusing on preventing and reducing illnesses such as cancers, cardiovascular disease and respiratory disease
- Reducing inequalities in health and wellbeing between the most and least deprived neighbourhoods
- A strategic shift towards early intervention and prevention

Marmot Guiding Principles

Five of our priorities are aligned to Marmot's six priorities.

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

The focus for this strategy is predominantly on the health and social care related factors that influence health and wellbeing with an emphasis on integrated care. The integrated care strategy will underpin everything that we do. The important underlying determinants of health and wellbeing are addressed through other key strategies; see key supporting strategic documents referenced on the strategy on a page below.

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Trafford Health and Wellbeing Strategy - Priorities 2013-2016

VISION

"Public health is everyone's business. We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life."

OUTCOMES

Outcome One: Every child has the best start in life

Outcome Two: A reduced gap in life expectancy

Outcome Three: Improved mental health and wellbeing

PRIORITIES

Priority 1: Reduce childhood obesity

Priority 2: Improve the emotional health and wellbeing of children and young people

Priority 3: Reduce alcohol and substance misuse and alcohol related harm

Priority 4: Support people with long term health and disability needs to live healthier lives.

Priority 5: Increase physical activity

Priority 6: Reduce the number of early deaths from cardiovascular disease and cancer.

Priority 7: Support people with enduring mental health needs, including dementia to live healthier lives.

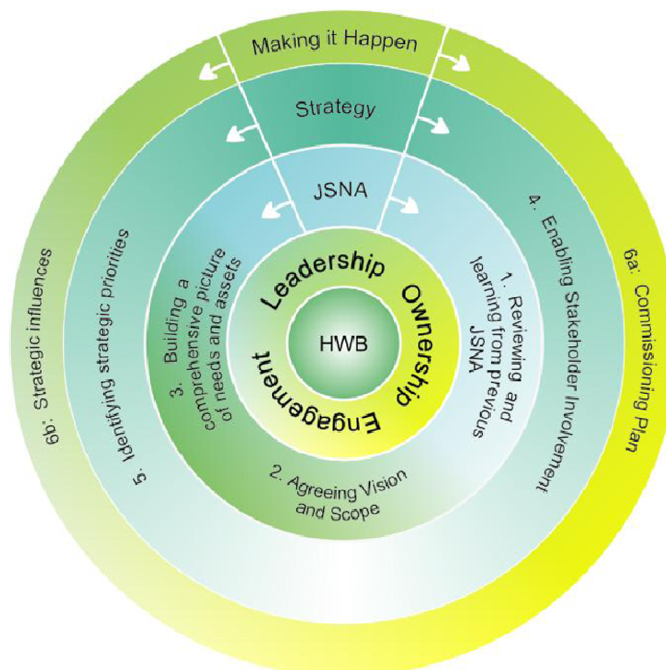
Priority 8: Reduce the occurrence of common mental health problems among adults.

KEY SUPPORTING STRATEGIC DOCUMENTS

CYP Strategy 2011 - 2014
Child Poverty Strategic Plan 2011
Crime prevention strategy: Reducing Crime, Protecting People 2012 - 2015,
Trafford Housing strategy 2009 -12,
Trafford Child Poverty Strategic Plan 2011,
50 + Strategy 2010 - 13,
Trafford Carers Commissioning Strategy 2009 - 2014
Trafford Alcohol Strategy
A Healthy Weight Strategy for Trafford 2010-2013
Living well with dementia in Trafford. Trafford Commissioning Strategy 2010-2012
Stimulating Success. Trafford's Economic Development Plan 2010 - 2013
Trafford Local Plan - Core Strategy: Adopted January 2012
Trafford Partnership Volunteering Strategy 2012
CCG Quality Strategy 2012
Trafford Tobacco Control Partnership Strategy 2010 - 2012.
Promoting Physical Activity. A Strategy for Trafford 2011-2014.
Green Infrastructure & Recreation Local Development framework 2012
Towards integrated care in Trafford
Trafford Commissioning Strategy

The process of engagement was as important as the production of the final strategy. The HWB will continuously engage partners, stakeholders and the community to develop the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) and all the priorities. Engagement was iterative and two-way, collecting a wide range of views/ideas and demonstrating and informing our evidence base.

The following diagram demonstrates how the health and wellbeing board will work to support the JSNA to provide leadership, ownership/engagement and work in partnership to make strategic change happen.



Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies of the future. Department of Health.

Informed by our Joint Strategic Needs Assessment (JSNA) and in consultation with residents, strategic partners and other stakeholders, we have identified the delivery of three outcomes, with related priorities, to achieve our vision. A summary document is available at www.infotrafford.org.uk/hwbstrategy.

How has this health and wellbeing strategy been developed?

This strategy sets out to improve the health and wellbeing of children and adults in our borough and reduce health inequalities between the north and south of the borough. This strategy incorporates the health and wellbeing strategies of Trafford's Children and Young People's Strategy 2011-2014. It also replaces the 'Improving Health and Wellbeing in Trafford - Joint Health Inequalities Strategy and delivery plan' 2010-2013.

This strategy focuses predominantly on the health and social care related factors that influence people's health and wellbeing. We understand how important the underlying determinants of health and wellbeing are in ensuring 'A Healthier Trafford'; these are addressed through other key partnership strategic documents. Links to other strategies are noted in the strategy on a page diagram and chapter 6.

This strategy builds on work that has been undertaken in Trafford over the last five years and is informed by evidence from the JSNA. We consulted organisations and groups (who work in the area of health, wellbeing and prevention) as well as residents, to identify the vision and priorities for this strategy (see the consultation report for the survey results including a list of stakeholders/groups/organisations who responded, and the feedback/comments www.infotrafford.org/hwbstrategy). The feedback given for all phases of the consultation have been incorporated into a revised strategy.

An equalities impact assessment (EqIA) has been completed. The full EqIA can found at: www.infotrafford.org/hwbstrategy

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Context of our strategy

National context

The coalition government has introduced new policy and legislation that will have a fundamental impact on the way in which public health, health services and social care are to be delivered. The Health and Social Care Act 2012 is possibly the most radical restructuring of the NHS since its inception. The major changes include:

- Shifting many of the responsibilities historically located in the Department of Health to a new, politically independent NHS Commissioning Board.
- Giving groups of GP practices and other professionals, Clinical Commissioning Groups (CCGs), responsibility for the majority of NHS commissioning.
- Transferring responsibility for public health from the NHS to the local authority.
- Giving local authorities, through Health and Wellbeing Boards, a new role in encouraging joined-up commissioning across the NHS, social care, public health and other local partners.
- Moving all NHS trusts to foundation trust status.

Our Strategy has been developed with reference to a broad range of national policy and guidance on issues that affect health. It is aligned to “Everyone Counts” – the planning document for health for 2013/14. It includes our local demographics, age, behavioural factors and the wider determinants of health. It is found that reducing health inequalities is a matter of fairness and social justice; that there is a social grading in health - the lower a person’s social position, the worse his or her health. Therefore our action will be to focus on reducing the gradients in health inequalities.

Focussing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal but with a scale of intensity that is proportionate to the level of disadvantaged. Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated ill health. This along with our guiding principles and a focus on integrated care has become a major driver for our strategy.

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Local context

This has been a period of change for the NHS which has had a direct impact in Trafford. Trafford Primary Care Trust ceased to exist in April 2013 with Trafford Commissioning Group (CCG) coming into place. This has ensured that GPs and clinicians are at the heart of all the decisions that relate to health care. At the same

time several elements of commissioning moved to the local area team of NHS England including the commissioning of primary care.

Health and Wellbeing Board (HWB)

In Trafford, we have established a Health and Wellbeing Board (HWB) which has been a statutory board since April 2013.

The HWB has been established as a small, focused decision-making partnership board. Membership includes representation from elected Councillors, Trafford Council (including Children, Families and Wellbeing/ public health), Voluntary and third sector organisations and the Clinical Commissioning Group. Wider stakeholders are being engaged as appropriate. The Health and wellbeing board has a set of four core themes that make up its purpose:

- To reduce health inequalities and improve the health and wellbeing of all Trafford residents.
- To lead and champion the delivery of Trafford's health and wellbeing strategy
- To drive change, innovation and systems reform
- To embed partnership working

The public health function moved to Trafford Council from the NHS in April 2013.

"The transfer of public health to the local authority is a once in a lifetime chance to concentrate on wellness rather than illness" Engagement survey.

Joint Strategic Needs Assessment (JSNA)

Our strategy is grounded in a firm understanding of our JSNA, which details Trafford`s population and its needs, national and local trends and drivers, expert opinion and the evidence base for interventions. It explores any unmet needs and service gaps and makes recommendations for consideration by commissioning. Our JSNA (www.infotrafford.org.uk/jsna) is web-based allowing it to be updated when new data becomes available and to use hyperlinks to other documents and datasets, ensuring that a wealth of information is available on any topic, in one place.

The Commissioning Strategies will ensure that we invest in interventions and programmes that identify and build on the strengths of individuals and communities and the relationships within communities. Consideration of long-term sustainability for successful initiatives will be an integral part of this decision making process.

Our population

Overall, Trafford is a relatively affluent borough, certainly in regional terms, but also in national terms. It is one of the smaller District Councils within the Greater

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Manchester conurbation in terms of population, at 226,600 people (census 2011); 94,500 households; 136,000 employee jobs.

This predominant affluence and high levels of achievement, however, hides local differences and inequalities. Whilst there are some very affluent areas in the borough, some are amongst the most affluent in the country, there are also some of the most relatively deprived areas in the country within the borough. These areas are highlighted throughout the Indices of Multiple Deprivation (IMD), across a range of indicators, as being amongst the most deprived nationally.

Across the range of issues analysed in producing this JSNA, no area in the borough can be said to be free from health, lifestyle or social problems that need to be addressed. However, there are 6 areas that have multiple and persistent issues afflicting the people and communities that live in them throughout the course of their lifetime. Whilst the identity of these areas would be of no surprise to people (parts of Partington, Old Trafford, Sale West estate, Broomwood estate, parts of Longford and Broadheath wards are in the 10% of Lower Super Output Areas or most relatively deprived in the country) the wealth of evidence in one place within the JSNA provides a sobering testament to the range and depth of inequalities faced by these communities. These issues include higher rates of mothers smoking during pregnancy, higher rates of low birth weight babies, lower educational attainment through childhood and youth, higher rates of worklessness, higher rates of mental health problems through life and higher rates of premature mortality across a range of specific diseases.

Mid 2010 estimates put Trafford`s population at 217,307, an increase of 4,500 (2.1%) since 2007. The 2010 estimate suggests there were 107,509 males and 109,798 females.

The latest sub-national population projections for England show that Trafford`s population is expected to grow by 14% to 247,600, over the next two decades to 2030. It is notable that by 2020, the number of males in the population is projected to overtake the number of females.

In general terms, the age structure of Trafford`s population differs only slightly from that of England. The proportion of people under 18 in the population in Trafford, 22.4%, is slightly higher than that seen in the population nationally (20.8%) and the proportion of people over 65 is fractionally lower in Trafford, 16.2%, than seen nationally, 16.6%.

By 2015 there will be 1,500 more people aged 0-17. This has clear, immediate implications for the provision of services, not least school places. There will be 1,300 more people aged 18-64 and 2,700 more people aged over 65 years.

Currently, the borough has a slightly higher percentage of older people than the profile of Greater Manchester. Whilst the proportion of people in the under 18 age group in Trafford is predicted to remain stable at around 22.5%, the over 65 population will increase quite markedly so that by 2030, almost 20% - 1 in 5 people - will be in this age group in Trafford. This rate of increase, however, is significantly

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below the rate of increase for England as a whole: 21.6% of people will be aged over 65 by 2030, a 48% increase from current numbers.

The greatest rate of increase will be seen in those people aged over 85. In Trafford there is predicted to be a 78% increase, from the current 5,000, to 8,900 by 2030.

The average life expectancy of a person born in Trafford today is 78.8 years for men and 83.1 years for women, both slightly above the national averages. This has been increasing over the last decade and more, and is expected to increase for the foreseeable future. This means more and more people will live into what we currently consider to be extreme old age (90+). Alongside this, in 2010 there were 2,876 births to mothers resident in Trafford. This number has been increasing over the last decade, from around 2,300 10 years ago. It is also around 1,000 more than the number of deaths in Trafford in 2010. The highest birth rates (2006-10) were in Bucklow-St Martins, followed by Clifford and Hale Central. The lowest rates were in Bowdon, Davyhulme West and Timperley.

The number of births is expected to increase to over 3,000 within the next couple of years and to remain at that level, if not increase, to at least 2030 and beyond.

The latest Health Profile for Trafford (2012) shows a number of indicators are significantly better than the England average and a range of indicators which are not significantly different from the average across England. One measure, however, is significantly worse than the average across England: hospital stays due to alcohol related harm, although this is significantly better than the regional average. Related to this, the incidence of increasing and higher rate drinking, although not significantly different from the England average, is shown as being worse than the regional average.

The map below shows the levels of deprivation in and around Trafford, based on the Index of Multiple Deprivation 2010 (IMD2010).

The IMD2010 is calculated at Lower Super Output Area (LSOA) level. However, in this map we have given each postcode within the same LSOA the same colour, rather than shade the entire LSOA area. This presentation emphasizes where people live rather than open countryside.

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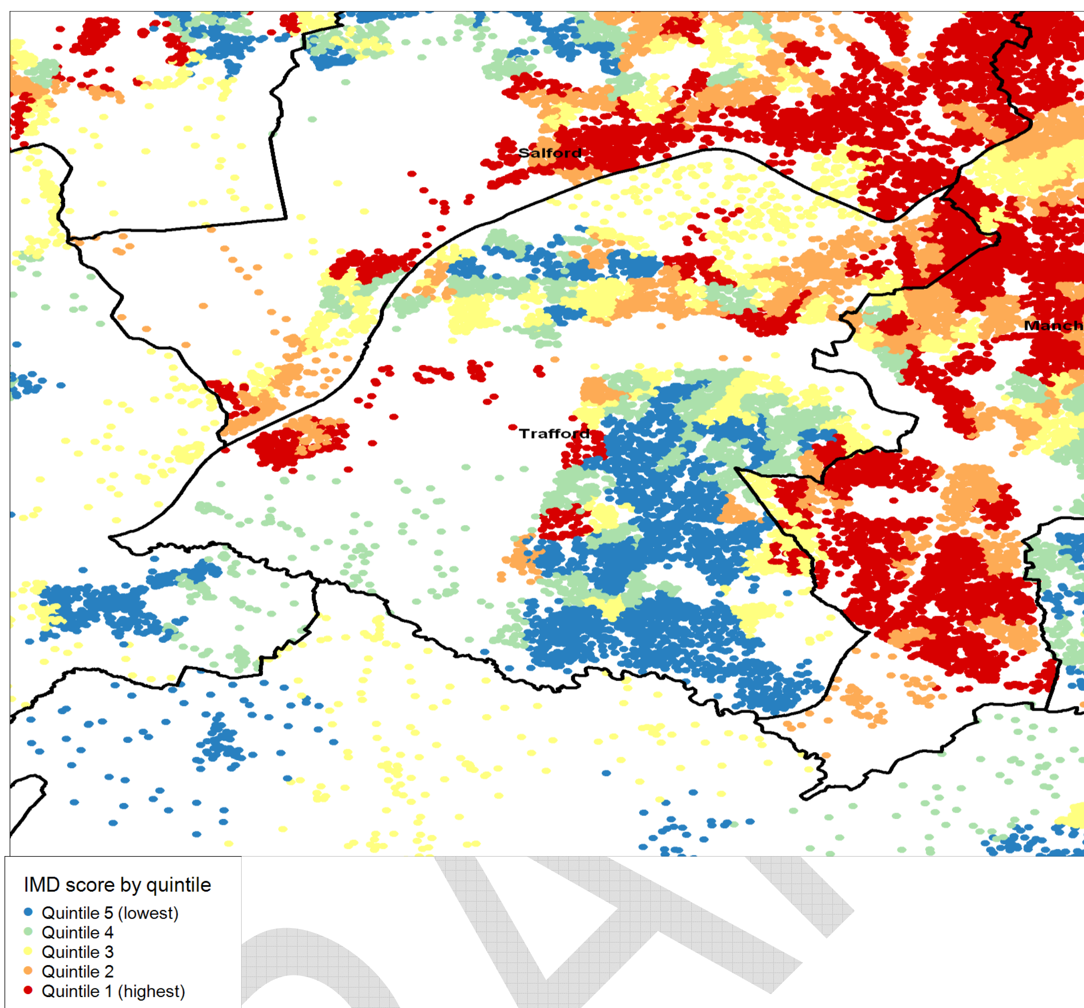

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Analysis gives a clear indication that the recession and public sector cuts are likely to impact on women, families and children, with increases in mental ill health, levels of alcohol consumption, household debt, home repossessions and homelessness.

The most significant underlying economic factors that will impact on current and future health and wellbeing inequalities are:

- Continuing poverty and deprivation in our most disadvantaged communities. (There may well be a significant impact of welfare reform on the levels of health inequalities in Trafford.)
- Significant and increasing inequalities in geographic distribution of unemployment and worklessness
- The increasing impacts of alcohol on the health of residents and communities.

We face financial challenges over the next three years and the depth of deprivation or gap in inequalities will be evident. The HWB Board and partners face differential financial pressure, which may influence attitudes to priorities and implementation. The availability of finance is a key factor if priority goals are to be achieved.

Key improvements and the asset approach

While we are aware that we face significant challenges in addressing health inequalities and improving wellbeing locally, we are also proud of the significant improvements that have recently been made. We believe that our communities have never been built upon their deficiencies or needs. Building communities has always depended on mobilising the capacity and assets of people and environment. The asset approach values the capacity, skills, knowledge, connections and potential in a community. As it does not only see the problems that need fixing and the gaps that need filling.

An asset is any of the following:

- The practical skills, capacity and knowledge of local residents
- The passions and interests of local residents that give them energy for change
- The networks and connections, known as “social capital” in a community, including friendships and neighbourliness
- The effectiveness of local community and voluntary associations
- The resources of public, private and third sector organisations that are available to support a community
- The physical and economic resources of a place that enhance well-being.

The more familiar deficit approach focuses on the problems, needs and deficiencies in a community such as deprivation, illness and health-damaging behaviours. It designs services to fill the gaps and fix the problems.

The asset approach is a set of values and principles and a way of thinking about the world. Therefore it:

- Identifies and makes visible the health-enhancing assets in a community

- Sees residents and communities as the co-producers of health and well-being, rather than the recipients of services

- Promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment values which work well in an area

- Identifies what has the potential to improve health and well-being

- Empowers communities to control their futures and create tangible resources such as services, funds and buildings.

While these principles will lead to new kinds of community based working, they could also be used to refocus many existing council and health service programmes. Trafford is currently developing a locality approach to working with local communities (See supporting document) which we want to contribute to the development of

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community asset based approaches. These programmes will form the basis for developing future approaches and commissioning strategies/locality plans.

Trafford has a long history of working with the multiple providers within the economy through initiatives such as the New Health Deal for Trafford, with all key Stakeholders working together to deliver an integrated care model. This includes local executive and political leadership, staff groups, including clinicians, patient groups, people who use services, carers and families.

Trafford has been ahead of other areas in understanding and developing integrated care action for the people of Trafford.

Trafford has a long history of working with the multiple providers within the economy through initiatives such as the New Health Deal for Trafford, with all key Stakeholders working together to deliver an integrated care model. This includes local executive and political leadership, staff groups, including clinicians, patient groups, people who use services, carers and families.

Trafford has been ahead of other areas in understanding and developing integrated care action for the people of Trafford. Integrated Care in Trafford builds on our well-established integrated Children and Young People's service (commissioning and provision), integrated Mental Health services and integrated services for people with learning disabilities.

People want to access services in a timely manner without having to make multiple referrals to different agencies and providers. The teams have been working hard for the last four years to ensure this system wide approach to delivery of health and social care is happening. All of our health and social care providers are signed up to this approach and ensure, (along with local service users and commissioners) that services are re-designed in an integrated way.

We continue to make significant investment in improving health and wellbeing locally and, as a result, we have a lot to be proud of. There has been an overall improvement in the health of the population as measured by mortality and life expectancy but persistent health inequalities remain between different parts of the borough. Overall male life expectancy in Trafford is 78.8 years which ranks 189 of 404 council areas in the UK and is the highest in Greater Manchester. However, men in the affluent areas of Trafford e.g. Hale Barns, live on average 11 years longer than those in the most deprived areas. Female life expectancy in Trafford is 83.1 years for those in affluent areas but 5.9 years less for those in the deprived communities.

There have been some notable improvements in the health and wellbeing of the people in Trafford as shown below:

Obesity levels in children are falling and are significantly better than the average across England for children aged 4-5 years (7.8%).

Overall Trafford performs well in terms of hospital admissions for long term conditions for children.

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In general, Trafford performs well in immunisations and vaccinations. The seasonal influenza programme 2011/2012 NHS Trafford was the top in the country achieving an uptake of 82.1% in patients aged 65 years and over. The Department of Health target in this category is 75%.

The Year 8 HPV school-based programme has been successful in meeting the target of 90% set by the Department of Health. The Age 2 MMR uptake figure has always been between 89-93% for a number of years and in this quarter our uptake figure was 95.2% exceeding the WHO target of 95%.

On average, 12-year-olds in Trafford have the best oral health in Greater Manchester although dental health for children varies across Trafford.

Trafford has amongst the highest levels of achievement in the country at both Key Stage 4 (GCSE) and A Level.

Trafford has high rates of young people aged 16-18 accessing employment, education or training. There are increasing numbers of young people staying on in education after the age of 16. Consequently, Trafford has the lowest levels of young people not in education, employment or training in Greater Manchester and compares favourably with statistical neighbours including Stockport and Bury.

The level of attendance at leisure centres across Trafford increased by 7% in 2011/12 with an overall increase by Trafford Community Leisure Trust of 10%. Attendance at activities delivered by the Sport Trafford Team (sports development) increased by 38% in the year.

Trafford Community Leisure Trust funded 105 level 1 and 2 coaching qualifications and allocated funding to 24 community groups and organisations to develop projects that increase participation in sport and physical activity. 455 people have attended sport specific training courses.

Trafford Stop Smoking Service exceeded their annual post 4-week quit figures for 2011-12.

Trafford is currently ranked first in the North West (out of 22 areas) regarding successful completions within substance misuse treatment.

Trafford Alcohol Service has contributed to the reduction of alcohol-related crime by 46% over the last 12 months.

Crime in Trafford has almost halved in the past 5 years, with more than 11,000 fewer victims per year. This has saved over 70 million of tax-payers money.

Anti- Social Behaviour (ASB) has reduced by 43% over the past 4 years, with over 6,000 fewer incidents being reported per year, and only 1.7% of local residents believing that ASB is a problem in their neighbourhood, the lowest figure in Greater Manchester. ASB is associated with anxiety, stress and general wellbeing.

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The Safer Trafford Partnership`s extensive preventative work has also led to a 75.6% reduction in the number of young people who become involved in crime and end up within the Criminal Justice System.

Victims of crime are also more likely to see somebody caught and brought to justice within Trafford, than in any other area of Greater Manchester.

These are not just statistics. They represent a real and significant improvement in the quality of life of local people and have been achieved through a partnership approach, which has ranged from prevention and early intervention with children and young people, to complex inter-agency programmes of work with target groups.

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Health and wellbeing outcomes and priorities

Outcome One: Every child has the best start in life

Introduction

Poverty in childhood permeates every part of children`s lives, from economic and material disadvantages, to impacting negatively on their health and their education, through to the personal and more hidden aspects of poverty associated with shame, sadness and the fear of difference and stigma. Giving every child the best start in life was highlighted in “*Marmot Review of Health Inequalities”,* as the biggest priority recommended for reducing health inequalities. It called for a second revolution in early years. Pregnancy and the first years of lives are critical and this is a time when parents are particularly receptive to learning and making changes. Prevention and early intervention in the first years of a child`s life have a significant positive impact for a child`s later outcomes. It can help prevent emotional and behavioural difficulties, under-attainment at school, truancy and exclusion, criminal behaviour, drug and alcohol misuse, teenage pregnancy and the need for statutory social care. It can break the links between early disadvantage and poor outcomes later in life.

What we want to see

We want all children to realise their full potential, helping them to prepare to be self-sufficient from an early age, with a network of support in place to enable them to live independent and healthy lives. Using the growing national and international evidence of the effectiveness of programmes based on prevention and early intervention, we will review and build on our services, focused from the point of conception to age 3, in order to improve outcomes by age 5. We want targeted programmes of support to have a lasting impact, especially towards the most vulnerable, in order to prepare for the responsibilities of adulthood and build up resilience for the future.

Our two priorities to ensure every child has the best start in life are:

- To reduce childhood obesity (40.7%: Consultation score.)
- To improve the emotional health and wellbeing of children and young people. (33.3% Consultation score)

What we know about Trafford

We need to try and ensure that every baby and child in Trafford gets off to a good start. Evidence shows us that what happens in utero, early life and childhood impacts on health and wellbeing for the rest of the person's life.

Influences on a babies’ health start in pregnancy. Although smoking rates in pregnancy are relatively low we must continue to support pregnant women to stop smoking to reduce the incidence of low birth weight. Also, if children breathe in second-hand smoke their chance of getting asthma doubles. Obesity in pregnancy is

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another risk factor for mother and baby so obesity strategies to ensure young women maintain a healthy weight during pregnancy are vital.

Engaging women early in pregnancy is important to ensure factors which may affect their baby’s health are identified early and an appropriate range of support is provided. This includes assessment of mental health.

Breastfed babies are less likely to become obese in the future and there is evidence to suggest that women who breastfeed have a slightly lower chance of developing breast cancer. Initiation of breastfeeding and breastfeeding rates at 6-8 weeks, whilst comparatively good compared to national levels and second highest in the north of England, mask big inequalities across areas in Trafford. In 2011/12, the breastfeeding initiation rates were:

- 62.5.5% at Central Manchester and Manchester Children’s Hospital – essentially covering the north of the borough
- 78.1% at University Hospital of South Manchester – covering the south of the borough.

Breastfeeding rates at 6-8 weeks for clinics across the borough show wide differences, the highest rates being recorded at Broomfield (Hale) and Broadheath and the lowest rates at Partington and Meadway (serving Sale West).

Priority 1: Reduce Childhood Obesity

What we know about Trafford

Obesity levels in children are falling and are significantly better than the average across England for children aged 4-5 years (7.8%) but there is variation in rates of obesity across the borough. By year 6 (10-11 years old), around 16.4% of Trafford children are classed as obese. Although this level has reduced and is similar to the average across England, significantly higher levels of obesity in this age group have been identified in Urmston, Hale Barns, Timperley, Broadheath and Village all with at least 20% of children classed as obese at this age.

You said

Ban snack foods from schools. Improve school meals. Promote cheaper access to health facilities. Get faith communities and influential people involved in health promotion activities. Build on the assets in each community to encourage greater activity - disguise the exercise as something else.

Reduce the number of fast food outlets.

Introduce health and wellbeing as part of antenatal/postnatal session promoting breastfeeding, reducing obesity, early identification etc. Early pathways for families in all area supported by children's centre and multi-agency working.

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More physical activity, better education on healthier eating.

Healthier foods in takeaway, bring back fruit in primary schools in the more needy areas.

Milk and fruit for school children, free exercise e.g. free swimming, increase daily exercise for school children during school day, parent referral to services for their children.

Healthy eating initiatives, recipes distributed detailing seasonal foods, more allotments, emphasis on fitness, community sports fun days.

Tackle obesity in children now as it affects their health now and in their future.

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Together we will:

- Encourage pregnant women to achieve and maintain a healthy weight during and after pregnancy.
- Continue to work to support women to breastfeed through achievement of the UNICEF BFI community accreditation and using the peer support scheme.
- Promote the breastfeeding friendly award in food outlets to encourage women to continue to breastfeed.
- Have a family centred approach and encourage families to join the national Change4life programme.
- Support local employers to have breastfeeding policies.
- Develop early years work to support healthy eating and promoting physical activity e.g. in children's centres and implement the healthy child programme.
- Encourage physical activity and healthy eating initiatives in school including healthy lunchboxes, breakfast clubs and walk to school initiatives and request that schools adhere to the school food standards.
- Continue the annual National Child Measurement Programme (NCMP) for reception class and year 6 children including feedback to parents.
- Explore all planning avenues to reduce the number of fast food outlets in the borough and work with existing outlets to make their food healthier.
- Ensure an effective co-ordinated approach to service provision by developing a healthy weight pathway for children, young people and their families.

- Work with providers of sport and physical activity to ensure that their services are affordable and encourage families to be active.

- Use role models such as local football/Cricket celebrities to promote health and wellbeing. Use Trafford assets to address needs e.g. LCCC/ MUFC.

- Develop MEND type schemes to support families in taking up healthier lifestyles.

- Develop healthy cooking initiatives.

- Promote the use of cycling and walking routes in Trafford.

- Encourage local families to make use of their local healthy lifestyle initiatives in their area by publicising these.

- Establish pilot child obesity panels to help local families develop ideas that will work for them.

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Priority 2: Improve the emotional health and wellbeing of children and young people

What we know about Trafford.

The Early Years Foundation Stage Framework (updated from 1st September 2012) includes Personal Social and Emotional Development (PSE). All children aged five are assessed on three PSE indicators and there are nine levels for each indicator. When the average results for 2005-2009 are aggregated and analysed by ward, the lowest averages are to be found in Bucklow St Martin, Clifford, Longford and St Marys. Also, the average score for boys is lower than the average score for girls. The pupil average for the 3 Personal, Social and Emotional Early Years indicators across Trafford fluctuates at around 7.5 each year and trend is slightly downward over the past five years.

Children who are identified at school as having emotional, behavioural or social difficulties (BESD) that impact upon their schooling can be provided with Special Educational Needs support. The highest proportion of pupils requiring support are in the final two years of schooling when the total proportion of pupils requiring either School Action Plus or Statementing for BESD is 3.1% (Year 10) and 3.2% (Year 11). In total there are 580 pupils (1.6% of the total school population) receiving support for BESD at either of these two levels. Research shows that children with emotional health and behavioural needs are more likely to offend; also the impact of domestic abuse has strong links to a child's emotional health and wellbeing. The Safer Trafford Partnership is working to develop our Domestic Abuse services to ensure that victims are supported and protected. We are developing innovative and effective services which offer a joined up approach to tackling and supporting Stronger families.

The largest diagnosis group is behavioural, emotional and social difficulties including ADHD.

Referrals into Trafford`s Child and Adolescent Mental Health Service (CAMHS) have increased significantly over the last ten years and that trend continues. The referrals for the last 4 months of 2011 show a 20% increase on referrals for the same period in 2010. In December 2011, only 10% of referrals were inappropriate.

You said:

Wish that parents could access help for children with learning disabilities. I have been trying to get help for my dyslexic son for 5 years and have paid for assessments to try and get schools to take notice and do something about it.

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It needs to start with young people, particularly their mental health and home lives which influence their other risky behaviours around sexual health, drugs, alcohol and crime

Long term changes have to start with children and young people. There needs to be a focus on physical health, healthy lifestyles and choices but a growing concern that I have had as a professional working with young people is their mental health and well-being especially their mental resilience their ability to cope with stress and personal setbacks.

Having someone to talk to although young people are surrounded by adults many say they have no one to talk through problems with. They feel they can't ask parents; teachers might judge them; GPs are just strangers so they bottle up their problems or listen to the old wives tales or what their mates say. Provide specific health support for young people; young people's clinics, in young people friendly venues, run by qualified young people-friendly-staff, joint delivery, health professionals and youth workers. Provide resources for youth organisations in collaboration with health workers to run programmes and activities that develop young people`s mental resilience and physical wellbeing.

Focus on improving live birth rates and reducing infant mortality rates where there are inequalities. Working in partnership to enable access to health services for long term conditions

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Together we will:

- Publish the findings from our commissioned review of the emotional wellbeing of children and young people in Trafford and implement any recommendations.
- Take account of the NICE guidance relating to social and emotional wellbeing for children and young people, as an effective way of addressing health inequalities.
- Bring our specialist child and adolescent mental health service closer to our locality teams with stronger joint working and access to help and advice.
- Ensure our adult mental health services access early help for children whose parents have poor mental health.
- Evaluate the effectiveness of our targeted family support posts in addressing early difficulties for children and their families which might impact on their emotional wellbeing.
- Continue to commission and deliver specific services for vulnerable groups of children, for example, those who are looked after, those known to the Youth Offending Service and children with learning disabilities. This involves joint working for example our health visitors working with GMP. This will utilise the

stronger families model that is a priority of the Reducing Crime, Protecting People Strategy (2012-15)

- Support schools to continue to commission evidence based primary mental health provision.

- Review how well we are meeting the needs of those children and young people who have self-harming behaviours.

- Engaging families in key localities with the services available in their area. Properly engaged families will benefit from better uptake of services such as immunisations and health visiting, work better with schools and be more connected with their community.

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Outcome Two: A reduced gap in life expectancy

The two main factors contributing to population growth in Trafford are increased life expectancy and birth rate. The average life expectancy of a person born in Trafford today is 78.8 years for men and 83.1 years for women, both slightly above the national averages. This has been increasing over the last decade and more, and is expected to increase for the foreseeable future. This means more and more people will live into what we currently consider to be extreme old age (90+).

There has been an overall improvement in the health of the population as measured by mortality and life expectancy but with persistent health inequalities between different parts of the borough. Men from the most deprived areas of Trafford have about 9 years shorter life expectancy than men from the more affluent areas, while women from the most deprived areas live over 6 years less than those from the more affluent areas of Trafford.

High levels of deprivation, low educational attainment, unhealthy lifestyle factors (high smoking, poor diet, low levels of physical activity) and access to quality primary care are all interrelated determinants of early death and lower life expectancy. In particular, smoking contributes to half of the life expectancy gap. Life expectancy is also significantly lower in certain groups such as those with severe mental illness, learning disabilities or problematic drug users; there are higher than average proportions of people in these groups in Trafford.

To achieve a reduction in the life expectancy gap, our actions will range from universal to targeted, to meet the different levels of need as appropriate - what Marmot terms: proportionate universalism.

The key to this is early identification of vulnerable people and families (or people at a vulnerable time in their lives), from pregnancy onwards, allowing early intervention and the allocation of preventative services at an appropriate level, with a view to stopping problems becoming crises. There needs to be clear pathways to treatment and care, with step up and step down models of practice, applied as and when appropriate.

What we want to see

We will work in partnership to prevent people becoming ill in the first place by supporting our residents to address the key lifestyle risk factors of smoking, physical inactivity and alcohol misuse, which are more common in the deprived areas of Trafford. We will also encourage early diagnosis and management of the major diseases such as cardiovascular disease (CVD) and cancer as reducing deaths from these diseases, particularly in men, will have the greatest impact on reducing the gap in male life expectancy.

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Our four priorities to reduce the gap in life expectancy:

Reduce alcohol and substance misuse and alcohol related harm (Consultation score: 46.9%).
Support people with long term health and disability needs to live healthier lives. (Consultation score: 43.2%).

Increase physical activity. (Consultation score: 37.0%).

Reduce the number of early deaths from cardiovascular disease and cancer (Consultation score 35.8%).

Priority 3: Reduce alcohol and substance misuse and alcohol related harm

What we know about Trafford

Alcohol and substance misuse

In Trafford, estimates would suggest that 12% of adults over the age of 55 years and 10% of 18-25 year olds are drinking over 50 units per week, and that 23% of the 35-45 year age group are drinking at increasing risk levels. If these estimates are correct then that means that there are approximately 7,000 adults over 18 already drinking over 50 units a week and 23,000 drinking over 30 units a week.

From 2002 until 2007, the rate of alcohol hospital admissions per 100,000 for alcohol related harm, in Trafford, remained under the national average. During 08/09 there was a spike in admissions and this has resulted in Trafford rising above the national average and they continue to increase. The number of A&E admissions has doubled between the years 2002 and 2009. The rate of alcohol attributable admissions per 100,000 population in 2010-11 was highest in the wards of Bucklow-St-Martins, Sale Moor, Davyhulme East and Stretford and the rate in these wards was higher than the rate for Trafford overall. Males continue to be presenting at A&E significantly more than women but women are increasing at a faster rate.

Trafford remains under the national and regional averages for alcohol related offences and violent crime. Although general crime has reduced in Trafford, alcohol related offences have increased by 7% during 2009-2011; the data also suggests a serious under reporting by victims of crime, especially regarding Domestic Violence.

Every two years Trading Standards North West (TSNW) conducts a regional study to monitor and evaluate the behaviour and attitudes of 14-17 year olds towards alcohol and tobacco. When asked, how often do you drink alcohol? 40% of the respondents stated once or more a week (the highest in the North West with Oldham), another

40% claimed to drink less than once a week and 20% never drank at all. Cannabis and alcohol remain to be areas of concern when dealing with young people.

Heroin has the highest single category of individual users within Trafford, which is a reflection of the harm minimisation strategy over the past two decades. However, indications are that the opiate drug-misusing population remains largely static. Due to the length of the drug misusing careers of those in treatment via Trafford Drug Services, the age group of this cohort continues to increase with 35-39 and 40-44 being the highest single categories. In terms of secondary drug choices, heroin and crack continue to be the dominant combination used by Adults.

Trafford services have changed during the past year to incorporate recovery management and facilitate access to a range of options which involve either reducing dosage levels or working towards abstinence. This avoids the issue of individuals being parked indefinitely on methadone and a lack of identifiable progress towards client goals. This reflects the commitment to recovery articulated in the 2010 Drug Strategy and the more recent report by Professor John Strang which seeks to ensure individuals have regular case reviews of dosage levels and that all options for recovery are being explored. This report also recommended a clear focus on addressing wider health issues, housing and employment.

As part of the drug strategy review in May 2012, there were new powers granted to tackle the growth of new psychoactive substances (legal highs) with banning orders for substances such as Methadone. In Trafford, these substances have not presented as a recurring issue for Young People whilst Cannabis continues to be the highest single category for those presenting to YP drug services.

You said:

Reduce alcohol and substance misuse and alcohol related harm. This had a consultation score of 46.9% and came out as the top priority, however all 8 priorities will be tackled and no priorities are weighted.

Public Health Awareness through educating children and young people should be looked as an option for infiltrating powerful messages into family life. Getting children/ young people involved in how and what messages are put across is important and can reap significant rewards. This, however, should be offered to all and not just a select few who may be touched by some of the issues dealt with.

Alcohol related harm is going to be a major issue for public health over the next 10-20 years, more funding needs to be spent around educating young people and preventing alcohol harm later on in life.

Encourage people to take more responsibility for themselves whether through a reduction in bad habits smoking, alcohol and drugs etc. or through taking more exercise and having more regular health checks.

Provide specific health support for young people, young people's clinics in young people friendly venues run by qualified young people friendly staff, joint delivery, health professionals and youth workers.

It needs to start with young people, particularly their mental health and home lives which influence their other risky behaviours around sexual health, drugs, alcohol and crime.

Alcohol-related offenders given orders to stop drinking.

Alcohol reduction strategy. Obesity reduction strategy. Improved services for older people.

Reduce smoking, obesity, alcohol and substance misuse and promote sexual health and family planning.

Tighter restrictions of alcohol sales and clubs/pubs. Alcohol providers need to be regulated closely around marketing - why cant pictures of liver disease be put on beer cans just as they are for cigarettes. Strong and radical change needs to happen now.

Actions need to take account of higher instance of drug and alcohol use in the lesbian, gay and bisexual (LGB) communities. More sustained involvement in schools regarding healthy eating and dangers of drugs and alcohol.

Greater investment in prevention services.

In order to help treat people with drug and/or alcohol misuse issues a stronger partnership approach need to be taken.

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Together we will:

- Prioritise and commission a holistic service that will improve health and wellbeing for young people (which incorporates drugs, alcohol, smoking and sexual health).

- Focus on evidence based early intervention and prevention activities across the borough, working closely with key stakeholders such as children and young people`s services, schools, and youth offending.

- Target problem premises where proxy sales are being made to under age individuals.

- Work in partnership across the borough in order to meet the objectives and actions identified in the refreshed 2013 Trafford Alcohol Strategy.

- Commission a provision that is focused on Recovery to support people for longer than the current 12 months.
- Increase interventions to target reducing alcohol consumptions.
- Ensure the provision of detox facilities and brief interventions.
- Target repeat attendees to A&E. Reduce demand for care services and ensure that patients receive high levels of care at the initial point of contact.
- Continue to monitor and report on the prevalence of Children's Safeguarding and Hidden Harm.
- Increase the number of Alcohol Treatment Requirements (ATRs) to help reduce alcohol related harm/offences.
- Work with victims and perpetrators of Domestic Violence where substance misuse is a predominant factor.
- Continue to use Trafford Spotlight as a tool for reducing drug misuse offending.
- Promote recovery and abstinence for all those who require it via services and dedicated forums such as recovery communities and social media.
- Celebrate the recovery focus of Trafford Services via graduation ceremonies and other public events such as the first Trafford Recovery Walk.
- Work with colleagues within Town Centres to reduce alcohol-related crime within Public Houses, Nightclubs, Takeaways and Taxi Ranks.

See the refreshed Trafford Alcohol Strategy 2013 for more information and action plan.

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Priority 4: Support people with long term health and disability needs to live healthier lives.

What we know about Trafford.

A long health condition is one that can't be cured but can be controlled by medication or other therapies. This figure is set to increase over the next 10 years, particularly those people with 3 or more conditions at once. Examples of long term conditions include high blood pressure, depression, dementia, learning disabilities and arthritis.

Long term conditions can affect many parts of a person's life, from their ability to work and have relationships to housing and education opportunities. Care of people with long term conditions accounts for 70% of the money we spend on health and social care in England.

We want Trafford to be one of the best boroughs in supporting people with long term conditions to live healthily and independently.

We want to help people to manage their own health condition as much as possible. Telehealth and Telecare services (which include items like blood pressure monitors and alarms for old people who have fallen over and need help) are a useful way of doing this. We want to encourage greater use of remote monitoring information and communication technology in health and social care.

People with disabilities can be amongst the most vulnerable in our communities. In Trafford, many people received residential or nursing care at some point in the year. The proportion of out of borough placements for people with a learning disability is higher than that seen across all primary client types for Trafford.

All of this shows that as well as an increase in numbers, Trafford needs to change the way services are provided so that the needs of individuals and their families can be met as they grow older, require more complex packages of care and support, and demand rises from different ethnic minority groups.

For other long term conditions and disabilities, there is also a need to ensure that there is provision of good quality, up-to-date, easily accessible information in a variety of formats to enable informed decision making about health, lifestyle, care and support services by those accessing mainstream provisions and services. As part of Trafford's integrated programme, a number of initiatives are in place including a data sharing agreement which helps health and social care to identify the most at risk people and ensure appropriate services are focused to support them. This programme will continue on an on-going basis and will be developed further to support single assessments and records.

We need to promote greater awareness and understanding of disability issues and needs by those providing services and by the general public.

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We need to promote greater uptake of personal budgets, Direct Payments in particular, to allow people to have greater choice and control of their care. Alongside this is the provision of a diverse local market in care services, developed to enable real choice to meet the needs of growing numbers of disabled people, giving them the right care, in the right place, at the right time.

We need to ensure that there is greater access to employment opportunities and support whilst in employment for people with disabilities.

Support for carers will be crucial in supporting any future developments, especially in light of the ageing population and where disabled people may themselves become carers.

Reducing health inequalities faced by disabled people will require action on increasing access to and uptake of annual health checks, and access to cervical and breast screening for women to at least the level seen in the general population.

We need to improve access to health services for people with specific difficulties, such as the provision of longer appointment times and better, more accessible information. Alongside this, there needs to be greater awareness, and understanding, of the health needs of disabled people.

Prevalence of heart disease, stroke, respiratory disease, cancer, diabetes and dementia feature highly in the health problems of older people. This age group also accounts for a high proportion of emergency admissions to hospital.

People with long term conditions and those at high risk of frequent acute admissions will be known and will be monitored in the community as part of admissions avoidance. Patients will receive support to take responsibility to self-manage and monitor their conditions. In essence integrated care will support the shift to the proactive, rather than reactive, management of health and well -being for residents of Trafford.

We know that to ensure a sustainable local health economy we must begin to move resources away from dealing with the consequences of over hospitalization and that allows people, where appropriate, to be cared for in the community. Services will be designed to proactively work with people with long term health needs with an increase in intermediate care facilities and respite.

Community rapid response teams will support people both to stay at home and also to be discharged early from hospital when required.

Social care and health care will work together in single teams to ensure people's needs are met in a holistic well organised manner. Community matrons and community geriatricians will support people with the most complex long term conditions to ensure they remain as well as possible.

Integrated care re-design has a two year focus on respiratory disease. Care will be streamlined with improved access to services such as pulmonary rehabilitation and oxygen therapy services.

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People with long term conditions often have a bewildering number of appointments, clinics and doctors involved in their care. To ensure that the services are truly integrated, a care co-ordinator centre has been commissioned which will mean a single access point for queries, bookings and transport services. The service will include signposting to the most appropriate service and information on waiting times and appointment slots.

Trafford's Integrated Care Programme will be primarily focussed upon patients who have long term conditions and are identified as being at risk through our risk stratification programme. This work will identify the comparative health risks of different vulnerable groups initially and then incorporating social care data and risk identification at a later date.

Population and risk will build on the local stronger communities and stronger families work streams – whereby those who would benefit most from person-centred, coordinated care and support, such as intensive users of services and/or vulnerable individuals with complex support needs, who repeatedly cross organisational boundaries, are recognised as disproportionately vulnerable and in need of integrated care solutions.

A particular focus of work by Trafford Council and the local NHS partners includes fully taking on board the local and national findings of work with respect to the Confidential Inquiry into premature deaths in people with learning disabilities, Winterbourne View Review Joint Improvement Programme and statutory Autism Act Delivery Programme, as people with learning disabilities can be amongst the most vulnerable in our communities. It is imperative that people with learning disabilities have access to the same life opportunities as the general population. Statutory services must ensure that people have the opportunities to live independent, ordinary lives, making decisions about the things that affect them – with the risks that this entails, but protecting them from poor quality services and unsafe care.

Locally, people with learning disabilities and family carers have emphasised to us that someone with a learning disability can frequently have a range of interlinking health conditions and needs and that often these issues cross over in ways which increase the effect one condition on its own would have. A particular area of attention noted concerns pain assessment, treatment and anticipatory care.

Some people with learning disabilities have very complex health needs because of multiple disabilities, with some people totally dependent on others for their care throughout their lives. These individuals may need a wide range of equipment and adaptations to support them in their homes, schools and work places. People with a learning disability experience the same range of mental health difficulties as the rest of the general population, and they are 3-4 times more likely than the general population to become mentally unwell.

People with learning disabilities and mental health problems are more likely to be a victim of hate crime and anti-social behaviour. The joined up approaches of the Safer Trafford Partnership and the adult Safeguarding Children's Board ensure that

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vulnerable people are afforded the maximum level of protection from harm. The Reducing Crime Protecting People Strategy has made a commitment to develop innovative and effective services which offer a joined up approach to tackling and supporting families with complex needs.

For other long term conditions and disabilities, there is also a need to ensure that there is provision of good quality, up-to-date, easily accessible information in a variety of formats to enable informed decision making about health, lifestyle, care and support services by those who access mainstream provisions and services, particularly in regard to housing.

We understand there is a need to promote greater awareness and understanding of disability issues and needs by those providing services and the general public.

We also need to promote greater uptake of personal budgets, Direct Payments in particular, to allow people to have greater choice and control of their care. Alongside this is the provision of a diverse local market in care services, developed to enable real choice to meet the needs of the growing numbers of disabled people, giving them the right care, in the right place, at the right time.

We need to ensure that there is greater access to employment opportunities and support whilst in employment for people with disabilities.

Support for carers will be crucial in supporting any future developments, especially in light of the ageing population and where disabled people may themselves become carers.

Reducing health inequalities faced by disabled people will require action on increasing access to and uptake of annual health checks, and access to cervical and breast screening for women to at least the level seen in the general population.

We need to improve access to health services for people with specific difficulties, such as the provision of longer appointment times and better, more accessible information. Alongside this, there needs to be greater awareness, and understanding, of the health needs of disabled people.

All of this work will take into account how public services are integrated better with the unpaid contributions of families, carers and communities. This focus is essential as a key element of local public service reform programmes.

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You said:

Better partnership working at higher level and joint funding/commissioning.

Return to Community Services (local shops and local people working together and for good of community) Higher standards and expectations for service and care

Increased investment in social care for older people, increased investment in community development, and support for the voluntary sector

More intermediate care beds to be available to enable fewer admissions to 24-hour care.

Centralised information would be good. After my husband's stroke, it was a nightmare trying to find the correct help, even now after 6 years we are still coming across help we didn't know about.

Together we will:

- Focus on preventing and managing long-term conditions to extend both the quality of life and reduce health inequalities for the population of Trafford.
- Ensure the most vulnerable people in our communities are offered timely high quality care that is sensitive to their needs.
- Work closely with the local area team and NHS England to ensure people who require specialist care access high quality care in a timely manner.
- Continue to develop integrated services through a partnership approach.

Trafford CCG has the following arrangements in place in order to continue with the integrated care strategy.

- An integrated care board is in place which has strategic representation of GP clinical leads, voluntary sector, service providers and commissioners.
- A local program office to deliver and implement the strategy for integrated care, reporting to the integrated care board, CCG board and health and wellbeing board on progress.
- A comprehensive programme plan that tackles all areas of health through redesign of service using the principles of integration.
- Development of primary care to be able to offer enhanced services that allow people to access care outside the hospital environment.

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- Focus on respiratory and emergency care looking at early intervention and safe early discharge from hospital.

- Ensuring that through the data sharing work and risk stratification that people at risk are identified early and appropriate support care given.

- Systems to target continued improvements with respect to more choice and driving up quality of services, (see the strategy on a page diagram) in line with the CCG's quality strategy, this includes the use of evidence based research and innovation.

- Fully agree and implement service improvement programmes taking into account the local and national findings of work with respect to the Confidential Inquiry into premature deaths in people with learning disabilities, Winterbourne View Review Joint Improvement Programme and statutory Autism Act Delivery Programme.

- Enabling structures are in place to drive up quality and promote re-design of services with an in house education team and use of technologies such as map of medicine to support high quality clinical decision making.

Focus on achieving improved Health Outcomes:

- Improve self-management of respiratory disease to reduce exacerbation by patient education, additional services in winter months, improved oxygen services and pulmonary rehabilitation.

- People who are experiencing acute respiratory exacerbations, are to have access to intensive home programme support.

- Continue to offer education programmes to patients and professionals on diabetes care.

- Continue to develop services for palliative care in line with the right to choose where to die with a focus on shared information, education, integrated care and additional respite care.

- We will work together to ensure that there are targeted interventions to reduce harm caused by smoking, alcohol, drug misuse, a poor diet and lack of exercise which may lead to long term conditions.

- The use of Health Action Plans will enable the client and their carer to take better care of their needs.

- Improved access to public health improvement programmes such as weight management, physical activities, and screening programmes.

- Ensure we have specialist services in the community for those people with complex or multiple conditions; this will include community geriatricians, community matrons and combined health and social care teams.

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- Improve access to intermediate care services so that those who require additional nursing and rehabilitation, can rapidly access it when required.

- Develop a weight management programme that offers a whole system approach from clinic based intervention and support to surgery where appropriate.

- Improve services for those with learning disability through a range of measures including the identification of ‘learning disability champions’ in each practice and hospital to support awareness raising , training, audit and sharing of best practice and ensuring effective networking with community learning disability teams and primary care/acute liaison nurses.

- A priority for the teams is to ensure that those people with learning disabilities who require in patient care, are able to access as close to home as possible (as referenced in the winterbourne report).

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Priority 5: Increase physical activity

What we know about Trafford.

Trafford is an active borough and is above the national average for participation in sport and physical activity. The initial Active people survey in 2006 identified that 22.9%, against 21% of the adult population nationally who take part regularly in sport and active recreation. The second round of Active People survey (2008) identified that Trafford had improved its activity levels to 29.2% compared to the national average of 21.4%. This trend levelled out for the APS3 and 4 providing Trafford with an overall average participation over the study of 27.1%.

Trafford at 27.1% is also above the regional average. Regionally, regular participation averaged at 21.4% and ranged from a high of 30.9% in the South East region to a low of 19.3% in the West. Sport and recreation participation in the North West, as a region, is level with the national average.

Walking is the most popular recreational activity (239 different sports and recreational activities were counted) for people in England. Over 8 million adults aged 16 and over (20%) did a recreational walk for at least 30 minutes in the last 4 weeks. 5.6 million people (13.8%) swim at least once a month while 4.2 million people (10.5%) go to the gym. There is strong evidence that woodland provides attractive areas for people to go for walks, and it also contributes to social inclusion and wellbeing. Access to green spaces is associated with better mental and physical health across socioeconomic groups.

Trafford Community Leisure Trust is the main provider of physical activity opportunities in the borough and its aim is to have “more people, more active, more often”. Trafford Community Leisure Trust provides centre based activities alongside community programmes delivered through the Sport Trafford development team. Trafford’s participation levels are above the national average and in the top quartile of the country, at least 3 days x 30 minutes, moderate intensity participation (sport and recreation walking and cycling) per week (all adults).

Physical Activity amongst Young People:

The Government has recently changed the focus for delivery for school sport and they have developed a new approach focussing on competition. Unfortunately the funding for developing school sport has been reduced and the new infrastructure does not monitor the amount delivery of sport in schools so it is difficult to establish figures for activity levels. School Games Organisers are a new position specifically developed to support competition across schools. The aim is to engage schools to participate in a competition structure, develop a volunteer workforce of young leaders, provide support for ‘out of hours’ clubs and develop a range of ‘Change4life’ clubs to support participation in competition. The programme will act as a vehicle to deliver positive outcomes for all young people supporting them to achieve their personal best as part of the London 2012 legacy for young people.

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Trafford has sustained the School Sport Partnership based at Flixton Girls School and The Dean Trust Ashton on Mersey School to provide a strategic partnership with Sport Trafford which is the development team for Trafford Community Leisure Trust. This partnership provides programmes, funding and resources to increase sport, physical activity and leisure opportunities for young people. In addition to this, Sport Trafford provide in and out of school coaching programmes, school to club links, community projects, leadership, training courses and physical activity initiatives. Sport and physical activity offers structured and disciplined diversionary opportunities for young people as a crime prevention measure and therefore compliments the Reducing Crime, Protecting People Strategy.

Physical Activity amongst Adults:

Trafford physical activity levels have increased between the APS1 (2006) to the APS4 (2012) by an average of 4.2% and this has exceeded initial expectation. The National target is a 1% increase year on year up to 2012. This provided Trafford with a target of 25.9% of the population achieving the recommended amount of physical Activity per week.

You said:

Give health professionals and others working with families the resources to issue free passes to sports centres gyms and swimming.

Give youngsters fitness points they can earn by walking to school joining a football team or after school sports club, going on a bike ride or long walk. They can then redeem their points to go towards health treats or equipment like a football or free swimming tickets.

Set up fun ways of getting fitter.

Ensure that leaflets are delivered to EVERY home in Partington and Carrington detailing what sports, leisure and social opportunities are available to each sector of the community i.e. parents and babies, OAPs, men or women only. Many of the facilities are underused due to lack of knowledge or encouragement.

Increased availability of active leisure activities for people of all ages

Free exercise sessions.

More physical activity

Offer a cheaper way to keep fit and healthy - accessing the gym can be costly for a lot of families.

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Provide increased guidance at Primary Care level e.g. GP practices for good practices such as anti-smoking, anti-obesity and simple physical activity either by means of more literature or well publicised workshops.

Encourage more physical activity. For example I walk a dog for the charity the Cinnamon Trust. This helps infirm people keep their pets. Working in collaboration with this charity would enable overweight people to get fit for free by walking someone else's dog.

People need better and easier access to exercise equipment, swimming pools etc.

Use physical activity as a preventative measure.

Together we will:

- Ensure that strategic planning processes contribute to creating a local environment, including facilities for outdoor recreation, physical activity and play that support an active lifestyle.
- Work with partners to increase participation levels and offer pathways to progression.
- Build on and support the work of the School Sport Partnership to increase participation in school sport and physical activity.
- Continue to support activities/initiatives for the under 5's.
- Invest in walking and Nordic walking schemes.
- We will identify gaps in provision and target interventions where they are most needed, e.g. women and girls', ethnic minority communities and young people between the ages of 14 - 24
- Link to the Trafford Partnership Volunteering Strategy to promote and develop volunteering and coaching in sport and physical activity.
- Invest in information provision and marketing of what is available.
- Work with people who have mental health, learning and physical disabilities.
- Continue to extend and promote Active Trafford scheme to communities most at need.
- Develop the physical activity referral scheme to increase participation levels and increase health: Develop to enhance the Active Trafford Referral Scheme.

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- Extend the walking programmes - for children, older adults and community groups. Cycling programmes - for children in schools and cycles schemes for community groups.

- Continue to target excluded groups to break down barriers to participation in physical activity.

- Continue to deliver, develop and expand the Healthy Hips and Hearts older peoples exercise programme throughout Trafford.

- Build on the successful London 2012 Inspire mark's gained in Trafford and capitalise on the demonstration effects and festival effects of the London 2012 Olympic and Paralympic Games, to encourage sustainability by seeking to inspire and encourage healthy and active lifestyles.

- In partnership with Transport for Greater Manchester, develop bike hubs and led bike rides using the Sale West model. Also, develop bike skills/maintenance sessions in community settings.

See Trafford Sport and Physical Activity Strategy 2013, Trafford Community Leisure Trust's Vision 2020 and the Sport and Leisure Strategy.

The Strategic Sport and Physical Activity Partnership has an ultimate goal to increase participation levels in sport and physical activity and provide activity delivering real health outcomes.

The framework has a focus on coordinating work with partners, using their knowledge, resources, experience and skills to support the work of the Partnership to ensure that it is action focussed.

By taking this approach, the partnership aim to reach increased participation levels across various sports, improve health and well-being, reduce crime and, driving and informing future delivery across Trafford's communities.

Their aim is to work in partnership with the environmental partnership to improve the provision of sporting facilities and the use of green space and environment for physical activity in the borough such as running, cycling and walking.

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Priority 6: Reduce the number of early deaths from Cardiovascular Disease (CVD) and cancer.

What we know about Trafford.

Mortality rates for Cardiovascular disease (CVD – covers coronary heart disease & coronary artery disease which can lead to heart attacks and heart failure and cerebrovascular diseases which can lead to strokes) have fallen by almost 50% in the last 15 years and the gap between the least deprived and most deprived areas has decreased by over 60% since the beginning of the century. Despite this, big inequalities in premature death due to CVD remain in Trafford. The premature mortality (people under 75) rate for all circulatory diseases (2006-10) in Bucklow-St Martins – the highest – is almost treble that seen in the ward with the lowest rate – Hale Central. The next highest rates were observed in Clifford, Stretford and Sale Moor, whilst the next lowest rates were observed in Hale Barns, Brooklands, Village and Altrincham.

When viewed by deprivation quintile, the mortality rate amongst the most deprived 20% of the population was, for men, substantially more than double the rate seen in the least deprived 20% of the population. For women, this 'social gradient' is less pronounced.

South Asian men are more likely to develop CHD at a younger age and have highest rates of myocardial infarction. Black people have the highest stroke mortality rates.

Cancer is the leading cause of death for people under 75 years in Trafford and accounted for 38% of premature deaths in Trafford in 2008-10. The incidence of cancer in Trafford is rising, with around 1,200 new diagnoses each year and it appears to be rising faster than the national and regional rates. However, mortality from cancer in people aged under 75 is falling and is similar to that seen nationally. There are approximately 500 deaths per year due to cancer in Trafford.

It is estimated that there are approximately 6,900 people who have been diagnosed with cancer and who are still alive in a year. Of these, 36% are aged 75 years or over. In addition to the cancer itself, many people being treated for cancer experience some of the unpleasant side effects. Living with cancer for many people is similar to living with chronic disease.

Whilst the incidence rates of cancer in Trafford appear to be higher than comparator groups, the mortality rates are similar, or better than those groups. This would suggest that there is a higher rate of early identification of cancer and so earlier treatment leading to better outcomes and chances of survival for people in Trafford.

Rates of premature deaths from all cancers show much higher rates in the most deprived part of the population compared to the least deprived. The rate of

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premature mortality from all cancers is highest in the wards of Gorse Hill, Longford and Bucklow-St-Martins. The rate in Davyhulme West is significantly lower. The mortality rate for cancer in the most deprived 20% of the population is almost double that seen in the least deprived 20%. This gradient is especially stark in men highlighting the importance of men's health in tackling inequalities in Trafford. However, NW data shows there is no clear trend in five and one-year survival by level of deprivation (NWCIS 2010).

The most common causes of cancer for men in Trafford are prostate, lung and large bowel. The most common causes for women are breast cancer, lung and large bowel.

Whilst incidences are rising and mortality rates falling in most cases, some cancers such as oesophagus (the gullet) and upper gastro-intestinal, are on the increase.

Whilst data shows that generally, mortality and incidence rates rise with increasing levels of deprivation, this does not appear to be the case for breast cancer, where it appears that women from the least deprived quintiles have higher mortality rates.

Improving lifestyles

The teams are working closely together to develop a primary care cancer strategy which focuses around early detection and intervention services will be integrated to ensure people receive seamless care in the most appropriate setting, this requires people to be educated in self-care with an understanding of appropriate screening and early symptom recognition.
Changes in lifestyle can help to reduce the risk of developing cancer and also cardiovascular disease. It is estimated that over 30% of circulatory disease and many cancers could be avoided by quitting smoking, improving diet and increasing physical activity.

Improving the environment in which people live can make healthier lifestyles easier. Lower socioeconomic groups and those living in more deprived areas often experience an environment less conducive to health.

Smoking is the single biggest preventable factor for cancer followed by obesity (Cancer Research UK 2012). After these factors, alcohol is one of the most important modifiable risk factors for cancer. Even moderate alcohol consumption can increase the risk of mouth, throat, liver, breast, and bowel cancer. Prevention of cigarette related fires in the home is also part of the Safer Trafford Partnerships aims and objectives.

There is increasing evidence that increased physical activity during and after treatment may improve survival for breast, colon and other cancers.

Public awareness of the signs and symptoms of cancer is often low and this may contribute to late presentation. This in turn leads to late referral and to the disease being at a more advanced stage when it is diagnosed, there is a direct link between

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stage at diagnosis and survival outcome (Department of Health 2012). Measuring the public`s awareness of the signs and symptoms of cancer could help understand patterns of awareness and the reasons why awareness is low. This could then help reduce the variance in breast, cervical and bowel screening in Trafford.

You said:

Plan for an environment where people love to live. This would include areas for children to play safely, areas to enjoy physical activity, easy access to healthy food, less fast food takeaways, normalisation of cycling with safer cycling routes and cycling incentives and improved public transport.

Ban smoking in public places (Outdoor spaces – Parks/play areas).

Greater investment in prevention services.

Improve education so that people can take responsibility for their own health and wellbeing rather than abdicate responsibility to the NHS and other agencies.

Bridge the gap in health inequalities - aspiring to the highest common denominator, through improved educational outcomes, leading to employment and better quality of life.

Provide people with information on health lifestyle choices including information on mental health and diet.

Access to training around food and meal preparation - healthy eating.

Drop in centres to promote health and wellbeing i.e. to provide info of healthy recipes and food choices, sport and activity info (cycle route maps, sports group/club details in local area), offer taster sessions for different activities such as sport and cooking, vouchers to try sports activities for free/discounted (1 free session etc. to get people interested), provide general health info, smoking cessation etc.

Early intervention is the way to go.

Ensure access for all to appropriate health services e.g. screening

Development of an improved home/community health provision.

Diagnostics, e.g. blood testing, x-rays, scans etc. to be more quickly accessed for fast results available to GP's and to have these services increased in local areas for easier and quicker access for patients. User-friendly hours extended as part of the package. Some of these facilities would be located in or near GP's place of operation.

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Public awareness and mobile, walk-in clinics for common checks e.g. weight, skin cancers, blood pressure, diabetes, cholesterol, cataracts etc.

Regular check-ups to spot health problems before they become life threatening, local doctors available in the evening for those working at a distance.

Health checks in pubs and clubs, especially for men

Free sign up to diet classes for obese people saving money in later life if successful

Together we will:

- Reduce obesity, reduce alcohol consumption and increase physical activity (see priority 1, 3 and 5).

- Reduce tobacco consumption through the Trafford Tobacco Control Strategy (see separate tobacco control strategy for more detail) and Stop Smoking Services.

- Continue with the NHS health check programme to review all 40-74 year olds without existing cardiovascular disease and establish their risk of developing the disease and provide advice on how this risk can be reduced. This check is offered to each eligible person every five years.

- Continue to support public and staff training to improve awareness of the early signs of cancer and ensure timely access to diagnostic tests and appointments across Trafford.

- Work with local communities, service providers, and health data analysts to identify areas in Trafford for enhanced promotion work for early detection and health checks, and ensure that all members of the community are given the opportunity to improve their health.

- Reduce inequalities in CHD in males by encouraging health checks in places other than GP surgeries and ensure the needs of South Asian men are met as they are at greater risk of CHD.

- Programmes of screening, targeting particular groups – people with disabilities, men, BME and LGB&T communities.

- Ensure we have high quality screening programmes in place for bowel, breast and cervical cancer. We will ensure our screening targets as set by the national performance measures are met.

- Work with local communities to ensure that lifestyle advice is supported by good information including local services to support their needs.

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- Improve take up of the bowel cancer and breast screening programmes which can pick up cancer early.

- Improve take up of the HPV immunisation and cervical screening programmes, which can prevent cancer developing.

- Improve take up of the abdominal aortic aneurysm screening programme for men aged 65 years, which can prevent death from rupture of a weakened aorta (the main arterial blood vessel in the body).

- Ensure appropriate management of CHD and cancer in line with best practice e.g. NICE guidance through our contracts with providers of services.

- Ensure that those patients who have potential diagnosis of cancers are fast tracked into the most appropriate facilities which offer IGC compliant services.

- For those patients at the end stages of their disease ensure they are supported through the last days of life pathway with appropriate holistic services to support them

- For people who experience cardiovascular symptoms such as transient ischemic attacks ensure rapid access clinics for assessment and treatment are readily available

- For those people that have a cerebral vascular accident access to hyper acute centres are in place with step down to a designated stroke unit

- Ensure people with long term conditions who require complex treatments receive expert care through the integrated care system with access to a range of teams including community matrons and specialist consultants in the community.

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Outcome Three: Improved mental health and wellbeing.

Support people with enduring mental health needs, including dementia, to live healthier lives. (Consultation score: 39.5%).

Reduce the occurrence of common mental health problems among adults. (Consultation score: 33.3%).

Priority 7: Support people with enduring mental health needs, including dementia, to live healthier lives

What we know about Trafford.

Mental health is an issue that cuts across the life course and can affect people young and old. It is also an 'equal opportunities' affliction, affecting people across the social scale. It is estimated that one in four of us will suffer from mental health problems at some point in our lives. Mental and behavioural disorders are present at any point in time in about 10% of e adult population. One fifth of teenagers under the age of 18 years suffer from developmental, emotional or behavioural problems, one in eight have a mental disorder; among disadvantaged children the rate is one in five. Psychiatric conditions now account for five of ten leading causes of disability and premature death, and increase the risk of physical illnesses. The economic impact is wide-ranging, long-lasting and enormous.

Mental health is the single largest cause of disability in the UK and accounts for up to 23 per cent of the total burden of disease and 13 per cent of NHS health expenditure. In Trafford, the health needs analysis demonstrates that mental health is both recognized as a significant need mirroring national results almost exactly and is seen as a priority for professionals and service users with their carer's. Despite this, mental health expenditure in Trafford at present remains low against national comparisons. By contrast, the return on this investment in terms of key national service performance criteria is very positive, with all targets achieved through effective collaborative design, development and delivery programmes.

As such, the existing and refreshed Mental Health Commissioning Strategic Plan (2008-13) has ensured a gradual increase in investment in this area and related services, with agreed positive outcomes reported by a range of stakeholders. Through external validated reviews Trafford is seen to currently deliver very high quality outcomes with continuing relative low levels of investments compared to ONS, regional and national comparators based on the Department of Health commissioned work from the Association of Public Health Observatories (APHO) linking health outcomes and expenditure using Programme Budgeting. This includes a comprehensive set of specialist community and in-patient mental health services, as well as individual community care packages.

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The importance of good mental health and wellbeing is a key factor for many health problems and behaviours. People with lower mental health and wellbeing are more likely to smoke, drink unhealthily, be obese, have lower physical activity and eat unhealthily. All these contribute to lower life expectancy. Mental ill health has impacts on certain populations e.g. people from black and ethnic minority communities, homeless people and other socially excluded groups. The links between mental health and wellbeing and the whole range of socio-economic determinant factors is now well documented.

The King's Fund report on Long Term Conditions and Mental Health: the cost of co-morbidities, published in February 2012, noted that co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition. Between 12 per cent and 18 per cent of all NHS expenditure on long-term conditions in England each year are linked to poor mental health and wellbeing.

As a result, *No health without mental health*, a cross-government mental health outcomes strategy for people of all ages was launched in February 2011. The Strategy sets a clear and compelling vision for improving mental health and wellbeing in England.

The local Trafford strategy and refreshed commissioning strategic plan work programmes adopted by the CCG mirror the national implementation framework guidance which aims to bring about significant and tangible improvements in people's lives by ensuring:

- Mental health has parity of esteem with physical health within the health and care system.
- People with mental health problems, their families and carers, are involved in all aspects of service design and delivery.
- Public services improve equality and tackle inequality
- More people have access to evidence-based treatments
- The new public health system includes mental health from day one
- Public services intervene early
- Public services work together around people's needs and aspirations
- Health services tackle smoking, obesity and co-morbidity for people with mental health problems
- People with mental health problems have a better experience of employment
- We tackle the stigma and discrimination faced by people with mental health problems

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The impact of more people living into very old age has huge implications for mental health services in Trafford. As people get older, the likelihood of developing dementia increases. By the age of 90, around 30% of people will be living with dementia. The huge increase in this age group over the next twenty years and beyond, linked to this prevalence rate is what is often referred to as the dementia time bomb.

Dementia is a long-term condition. Some people live with it for about10 years and there are low rates of diagnosis compared to the numbers of people estimated to live with the disease. It is estimated that only around 40% of people living with dementia have a diagnosis. On average people live seven years after developing symptoms, and two years after diagnosis. This is because many people are not diagnosed until late in their illness. In 2011, there were 972 people registered with a Trafford GP with a diagnosis but it was estimated that there would be around 2,650 people in the Borough living with dementia. These figures would seem to indicate that Trafford reflects the national situation, in that there are currently high numbers of people with dementia with unmet needs and remaining undiagnosed.

Dementia patients are disproportionately represented in acute and residential care settings. One in four adult hospital beds is occupied by a patient with dementia. Two-thirds of all people living in care homes have a form of dementia.

Of those diagnosed, most people with dementia live at home, supported by neighbours, communities and mainstream services. Two thirds of people with dementia live in the community. The remaining third live in care homes and are usually at a more advanced stage of the illness.

Whist dementia is not curable, it is estimated that about half of all cases have a vascular component (i.e. vascular dementia or mixed dementia) so there is an opportunity to minimise the effects of dementia, or prevent it altogether for some people through health promotion messages on diet and lifestyle. Potential risk factors for dementia include hypertension, heavy alcohol use, smoking and diet. Reducing the prevalence rates for obesity and depression among older people and increasing physical and intellectual activity may also be protective.

There is a need for early identification of people with dementia in the community. Although general population screening for dementia is not recommended, GPs should take the opportunity to review patients that they see regularly for other conditions, such as heart disease, diabetes, asthma and hypertension. Early identification of mild cognitive impairment, and other symptoms that may indicate onset of dementia, will enable the patient to receive an early diagnosis and appropriate advice and support.

Evidence suggests that early provision of support at home can significantly decrease institutionalisation and costs associated with dementia, even in complex cases. Early diagnosis and intervention improves quality of life of people with dementia and early intervention has positive effects on the quality of life of family carers.

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Mental health problems among older adults constitute a huge and growing burden on NHS and social care services. Dementia, in particular, is associated with high service costs, but importantly depression is even more prevalent and highly disabling for older people.

Dementia patients are also disproportionately represented in acute and residential care settings. One in four adult hospital beds is occupied by a patient with dementia. Two-thirds of all people living in care homes have a form of dementia. Further:

- 66% beds occupied by older people
- 33% by patients with dementia
- 48% are in acute beds for reasons other than medical
- 60% will have or acquire a mental disorder during admission

As the National Dementia Strategy recommends, building on the systematic and integrated approach initiated in Trafford to dementia diagnosis, assessment and care would clearly improve the experience and outcomes for those with dementia and their carer's and would also reduce emergency admissions, re-admissions and length of stay in over 65s and delay or reduce admissions into residential care.

You said:

Focus on improving mental health to bring a change in peoples' physical health.

Improve the speed and efficiency for people to see doctors within the hospital setting. Increased community funding for home support in both health and social care

Make sure that the elderly who are ill and alone, by this I mean their family live a distance from them are well looked after, and make sure that they eat and drink and get the specialist medical help they need.

Mental health issues need looking at, there is not enough support for people with mental health problems.

Better partnership working at higher level and joint funding/commissioning.

More reliable home care for the sick and elderly

Increased investment in social care for older people. Increased investment in community development, and support for the voluntary sector

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Have more trained staff to go out into the community to help keep people in their own homes for longer and be near family and friends.

Implementing social programs incorporating various activities (i.e. forms of exercise, creativity, discussion groups, social groups (going to the movies/ theatre etc.) in general for little or no fee (not necessarily for all activities but for those that can help in health issues (i.e. exercise, creativity like drama, art etc. as forms of expression) for those who may have found it difficult to mix because of physical and mental health issues.

Integrated emotional support services with physical health services.

Localised wellbeing hubs within library and community buildings improve social interaction for older people - isolation results in depression which results in bad health.

Together we will:

Target continued working to reduce physical health inequalities through:

- Increased proactive health screening, health action plans and active care management for those with long term conditions.
- Increased numbers of people with mental health difficulties and learning disabilities accessing specialist services with up-to-date annual health reviews.
- Reduced levels of inappropriate anti-depressant prescribing.
- Reducing complaints and concerns about equal access to quality primary care and specialist health services.

Continue to focus on improved access through:

- Increasing the range and capacity of services for people with common mental health difficulties.
- Enhanced psychological and related support for people with complex enduring mental health conditions, including Autism, ADHD, complex common mental health problems and personality conditions.
- Increased uptake of primary care and community-based self-help/psychosocial interventions.
- Reduced waiting times to access effective evidence-based talking therapies.
- Single point of access for mental health referrals with triage by clinical teams to the most appropriate services.

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Ensure the availability of effective and enhanced specialist mental health services by:

- Improving access to appropriate flexible pathways between primary and secondary care, focusing on older people with dementia and depression.

- Improving response rates for detection and early identification of problems relating to common mental health difficulties, severe mental health difficulties and neurological impairments/dementia across all age groups.

- Increasing numbers of people with severe and enduring mental health difficulties and learning disabilities receiving NICE-compliant support.

- Reducing number of unnecessary referrals to specialist services and out-of-area placements.

- Reducing inappropriate admissions, readmissions and lengths of stay in specialist in-patient services.

- Additional sufficient capacity in effective local psychiatric liaison services and RAID services, to support both dementia and other vulnerable patients.

Sustained joint working in partnership with Trafford Council on Mental Health Promotion, Recovery & Social Inclusion activities such as:

- Improving positive mental health and increased awareness of resilience building for vulnerable individuals and groups, including those at risk of abuse and domestic violence.

- Increasing access to combined health and social inclusion initiatives, including arts, cultural and voluntary work.

- Increased take up of self-help and resilience building initiatives through social/exercise prescribing and bibliotherapy.

- Increasing numbers of individuals in local settled home accommodation.

- Increasing numbers of individuals engaged in paid/unpaid work and decreasing numbers of unemployed individuals due to mental illness and disabilities.

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Provide better support for carers and older people in partnership with Trafford Council through:

- Increased range of health and social care support services for older adult service users and their carers – targeting additional short breaks for carers of people with complex health conditions to delay community breakdown, support carers to achieve their full education and employment potential; enable personalised support for carers so they can live a full life.

- Increased information, practical support including short-term breaks and reduced carer burden through increased proactive health screening, health action plans and active care management of carers to remain mentally and physically well.

- Increasing access to wider mental health support resources, self-help groups, coaching/mentoring and talking therapies

- Support implementation of the Trafford's Dementia Strategy (developed in partnership with Trafford Council, Trafford CCG , Age Concern Trafford, clinicians, care providers and voluntary sector providers, and strongly influenced by individual and group consultations with people with dementia and their carers) and the resulting action plan priorities for:

    - Consistency across providers and common effective practice approaches across service providers
    - Enhanced service coordination
    - Better service information
    - Overcoming critical gaps including: better needs assessment, improved community personal support services for people living at home, more memory assessment/treatment clinics, improved intermediate care for people with dementia, responsive crisis / out-of-hours support, and improved end of life care
    - Shifting resources from reactive to prevention services
    - General public education / tackling stigma

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Priority 8: Reduce the occurrence of common mental health problems among adults.

What we know about Trafford.

Mental health is an issue that cuts across the life course and can affect people young and old. It is also an equal opportunities affliction, affecting people across the social scale. It is estimated that one in four of us will suffer from mental health problems at some point in our lives. Mental and behavioural disorders are present at any point in time in about 10% of the adult population. One fifth of teenagers under the age of 18 years suffer from developmental, emotional or behavioural problems; one in eight has a mental disorder; among disadvantaged children the rate is one in five. Psychiatric conditions now account for five of ten leading causes of disability and premature death and increase the risk of physical illnesses. The economic impact is wide-ranging, long-lasting and enormous.

The importance of good mental health and wellbeing is a key factor for many health problems and behaviours. People with lower mental health and wellbeing are more likely to smoke, drink unhealthily, be obese, have lower physical activity and eat unhealthily. All these contribute to lower life expectancy. Mental ill health has impacts on certain populations e.g. people from black and ethnic minority communities, LGB communities, homeless people and other socially excluded groups. The links between mental health and wellbeing and the whole range of socio-economic determinant factors is now well documented.

Hence it is not surprising that many of the effective preventive measures are harmonious with principles of octal equity, equal opportunity and care of the most vulnerable groups in society. As such, collaboration between mental health, public health and other sectors is complex but necessary for making prevention programmes a reality.

Biological, psychological, social and societal risk and protective factors and their interactions have been identified across the lifespan from as early as foetal life. Many of these factors are malleable and therefore potential targets for prevention and promotion measures. High co-morbidity in patients with mental disorders and their interrelatedness with physical illnesses and social problems stress the need for integrated public health and wellbeing polices, targeting clusters of related problems, common determinants, early stages of multi- problem trajectories and populations at multiple risks.

The majority of mental health issues are dealt with and managed at primary care level, by GPs, who respond with a range of strategies to deal with the 90% of common mental health problems such as anxiety, depression and post-traumatic stress reactions.

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Preventing mental ill health represents a high opportunity with estimates of the burden on ill health ranging from 9 - 23% with the health and economic cost in England estimated at 77.4 billion pounds in 2003. Mental health promotion interventions vary in scope and include strategies to promote the mental well-being of those who are not at risk (e.g. through promoting positive psychological health through the five ways for wellbeing), those who are at increased risk, and those who are suffering or recovering from mental earth problems. It is therefore an enabling process, done by, with and for people.

Social, environmental and economic determinants of mental health can be divided in two:

Risk factors (e.g. access to drugs and alcohol; displacement; isolation and alienation; lack of effective education, transport and housing; neighbourhood disorganisation; peer rejection; poor social circumstances; poor nutrition and sleep; poverty; racial injustice and disadvantage; urbanisation; violence and delinquency; war; work stress; and unemployment).

Protective factors (e.g. empowerment; positive interpersonal interactions; soak participation; social responsibility and tolerance; ethnic minorities integration; effective social care and services; social support and community networks; work and meaningful occupation).

Mental disorder prevention targets those determinants that have a causal influence, predisposing to the onset of mental disorders. In this case, risk factors are those associated with an increased probability of onset, greater severity an longer duration of major health problems while protective factors are conditions that improve people's resistance to risk factors and disorders.

Mostly individual protective factors are identical to features of positive mental health, such as self-esteem, emotional resilience, positive thinking, problem-solving and social skills, stress management skills and feelings of mastery.

There is strong evidence on risk and protective factors and their links to the development of mental disorders. Both risk and protective factors can be individual, family-related, social, economic and environmental in nature. Mostly it is the cumulative effect of the presence of multiple risk factors, the lack of protective factors and the interplay of risk and protective situations that predisposes individuals to move from a mentally healthy condition to increased vulnerability, then to a mental problem and finally a full-blown disorder. Therefore effective interventions aim to counteract risk factors and reinforce protective factors along the lifespan in order to disrupt those processes that contribute to mental dysfunction.

The main evidence-based factors related to prevention for mental disorders are:

Risk factors (e.g. academic failure and scholastic demoralisation; attention deficits; caring for chronically ill or vulnerable people; child abuse and neglect; chronic insomnia; chronic pain; communication deviance; early pregnancies; elder abuse; emotional immaturity ad days control; excessive substance misuse; exposure to violence, aggression and trauma; family conflict or family disorganisation; loneliness;

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low birth weight; low social class; mental illness; neurochemical imbalance; parental mental illness; parental substance abuse; perinatal complications; personal loss and bereavement; poor work skills and habits; reading disabilities; sensory disabilities or organic handicaps; social incompetence; stressful life events; and substance misuse during pregnancy).

Protective factors (e.g. ability to cope with stress; ability to face adversity; adaptability; autonomy; early cognitive stimulation; exercise; feelings of security; feelings of mastery and control; good parenting; literacy; positive parent-child interaction; problem-solving skills; pro-social behaviour; self-esteem; skills for life; social and emotional growth; stress management; and social support of family and friends).

As such, it is unsurprising that Trafford with the generally positive backdrop now presents as an area with both highly positive mental health and physical health outcomes, despite very low relative investment in mental health services.

Risk and protective factors have their strongest impact on mental health at sensitive periods along the lifespan, and even have impact across generations. For example, child abuse a parental mental illness during infancy and early childhood can lead to detestation and anxiety in later life as well as next generation, while secure attachment and family social support can reduce such risks. Maternal risk behaviour such as substance misuse during pregnancy and aversive events early in life can cause neuropsychological vulnerabilities. Marital discord can precede conduct problems in children, depression among women and alcohol-related problems in both parents. There are also inter-relationships between mental and physical health. For example, cardiovascular disease can lead to depression and vice versa. Mental and physical health can also be related though common risk factors, although research in this area of shared determinants is still developing.

However, it is clear that there are strong links between mental ill health and smoking, alcohol and drug problems. In addition, 9.8million working days were lost in Britain in 2009/10 due to work related stress, depression or anxiety alone, and until recently Trafford rated as an area for unusually high numbers of incapacity claimants with mental health and stress disorders.

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You said:

Community wellbeing activities that help people to enjoy an active lifestyle and help them to learn how to deal with stress

Encourage use of local facilities to: improve physical wellbeing by exercise improve mental health and emotional wellbeing by contact with others and positive experiences (classes, hobbies social etc.) signpost support and educate by putting health messages in these venues.

Mental health issues need looking at. There is not enough support for people with mental health problems. People need better and easier access to exercise equipment, swimming pools etc.

More frequent health checks for children and over 50's including mental health assessment.

There needs to an NHS Weight Watchers. This model is hugely successful in attracting people (even if some of the longer term benefits could be questioned). Once people attend, they can then get the help and support they need from professionals. Health Professionals also need to develop more of a 'social prescribing' mind-set. Many health problems are rooted in social issues, contributing and causing ill health. Addressing some of these issues by engaging professionals outside of the health sphere could have a potentially huge positive impact.

Friendly drop in centres which provide help for peoples emotional and health problems

Employ `Community Participation Workers` to encourage and motivate many more people to take part in and develop sports, leisure and social activities, especially the unemployed. Employ Skills Workers to teach (free of charge) skills such as painting, decorating, gardening, car maintenance, electrical, plumbing, woodworking, telesales, retail, work ethics, etc. in conjunction with the 'Community Participation Workers' with a view to providing people with Skills for Life and Work.

Disproportionate demand on police. Focus on reducing demand through early intervention, problem solving and support.

Make sure Health and Wellbeing are part of a holistic plan including housing,

Education and employment as each of these areas effect people's mental and physical health.

I mentioned creative arts earlier. I think these can help people with confidence/mental and physical health issues as well as allowing them forms of expression and communication that some may struggle with otherwise. So implementing counselling and creative arts would, I believe, be useful.

Bridge the gap in health inequalities - aspiring to the highest common denominator, through improved educational outcomes, leading to employment and better quality of life.

Easy access to physical activity at all levels, opportunities for real challenge, the arts music dance, projects and programmes that develop self-esteem, self-worth, ambition, personal development and personal resilience, Drug use, alcohol use, self-harm, risky sexual behaviour, eating disorders all have an impact on health but all can be improved by having good personal resilience.

If people value themselves, then other behaviours like alcohol and giving up smoking will follow. Whilst some of our communities recognise that their health is worse than the average, reinforcing these negative images could have a negative impact on self-worth. This is why Trafford will be taking an asset approach as mentioned earlier.

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The engagement process highlighted that improving mental health/self-esteem and self-worth are priority areas for Trafford in order to improve lifestyles.

Together we will:

- Address Trafford community needs and risk/protective factors (especially coping/dealing with adversity skills, high reasons for living, physical activity, family connectedness, supportive schools/colleges, positive health treatment, employment, exposure to positive role models/values and addressing where appropriate particular ethnic/religious/spiritual needs).

- Increased practical support for carers and parents to improve both physical and mental health.

- Enhance our local Child and Adult Safeguarding strategies and programmes.

- Base investment decisions in prevention programmes on principles of proven effectiveness.

- Address the multiple related outcomes in mental and physical health and social domains.

- Support the wider macro Heath and Well Being strategies to reduce risk and enhance resilience by improving the quality of life of local Trafford people, and especially those vulnerable individuals and families.

- Targeted healthy places and healthy people initiatives such as: supporting better lifestyles (nutrition, exercise, sleep, occupation and education); local safer and stronger community network programmes; reducing the harm from addictive substances especially alcohol and support better balances between work, home and play.

- Intervening in the workplace.

- Continue the expansion and availability of evidence-based low intensity and high intensity/specialist Psychological Therapy and Talking Therapy service options to children and adults of all ages, enhancing mental health literacy in line with NICE guidance and supporting the prevention/early intervention agenda.

- Build on the range of Ageing Mentally Healthy programmes and investment in areas such as:

    - Enhanced social support and exercise interventions.
    - Early screening and intervention in primary care.
    - Depression and suicide prevention.
    - Better chronic medical and long-term conditions support that reinforces good mental health.

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- Build local capacity and training through expanded blueSCI and other 3rd sector/mainstream services offering non-stigmatising positive mental health support programmes, especially where these offer opportunities for individuals to follow the 5 ways to wellbeing (Foresight Report NEF):

  - Connect with family and friends
  - Take notice
  - Learn a new skill
  - Be Active (This links to priority 5, increase physical activity).
  - Give

We believe that by focusing support on developing social networks, helping people to become actively involved in their community, participating in arts/creative and cultural activities, improving knowledge, skills and emotional well-being, that people will be less likely to need formal health and social care services.

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Delivering the outcomes

Below is a highlighted list of strategies and plans in Trafford that impact on health and wellbeing. They have all contributed to the development of this strategy. The Trafford Partnership Structure supports the delivery/outcomes of these strategies (See the strategy on a page diagram).

Trafford Alcohol Strategy

A Healthy Weight Strategy for Trafford

Living well with dementia in Trafford

Trafford Commissioning Strategy Trafford Tobacco Control Partnership

Promoting Physical Activity A Strategy for Trafford

Strategic Sport and Physical Activity Partnership Framework

Trafford Community Leisure Trust's Vision

The Children and Young Peoples Strategy

Trafford New Health Deal

Trafford CCG Quality Strategy

Trafford CCG Commissioning Strategy

Crime prevention strategy: Reducing crime, protecting people.

"I think that the Health and Wellbeing document is detailed and comprehensive and is appropriately aligned to the CYP Strategy." (Consultation phase 2)

While this strategy focuses predominantly on the health and social care related factors that influence health and wellbeing, we recognise the importance of the wider determinants of health. Actions to address these will be delivered through the following partnership and strategic partners' organisational documents, relevant plans & strategies. An example would be, the recently developed Trafford Partnership Volunteering Strategic Vision, with regards wellbeing:

Our vision is aligned to the health and wellbeing strategy as we aim to ensure volunteers get a positive experience from volunteering. This is through feeling valued, increased social interaction, connecting with wider social networks, learning new skills and improving mental health and wellbeing. This is in line with research from the NEF (New Economics Foundation) regarding the 5 ways to wellbeing, these are: connect, take notice, learn a new skill, be active and give.

The synergies between some of these strategies are highlighted in the supporting strategy document. This supporting document also details our locality approach.

We want a shared vision with partners for Trafford, particularly for locality working and we see the health and wellbeing vision, *"Public health is everyone's business.*

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We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life" supporting the shared vision with partners for Trafford, particularly for locality working and we see the Stronger Communities Board's vision of *flourishing neighbourhoods and communities that create a thriving, diverse, prosperous and culturally vibrant Trafford,* becoming the Partnership's vision for locality working.

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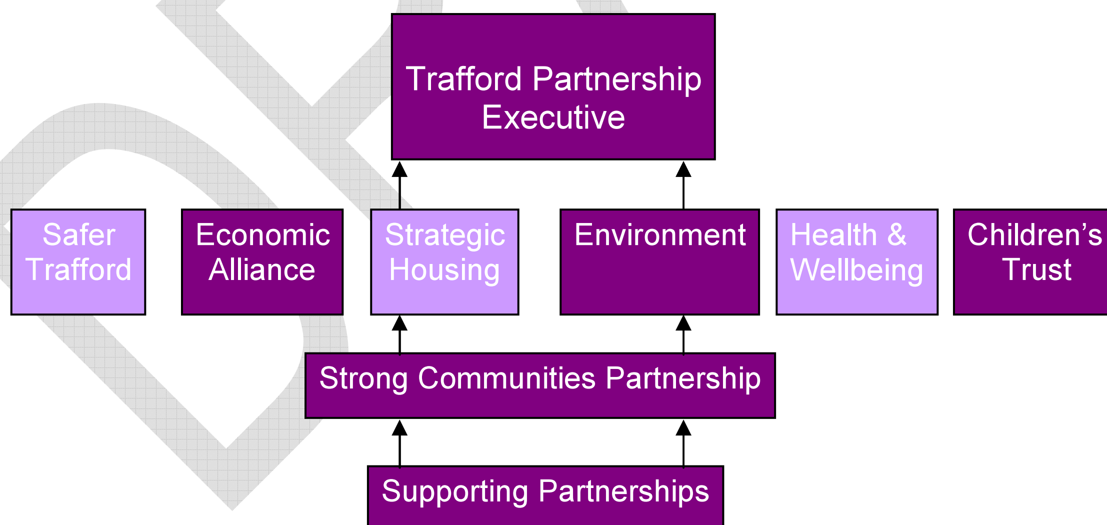
Partnership working

We recognise that partnership working is essential to make sure that we achieve the best possible outcomes for everyone who lives or works in Trafford. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in the delivery of the health and wellbeing agenda. This is even more imperative given the challenges brought about by the current economic climate and the introduction of government policies that will change how local services are delivered.

This strategy will strengthen joint commissioning for local NHS services, public health and social care services. Through working together we will:

Ensure patients and the public have a voice through Healthwatch Trafford. Healthwatch with partners will develop a method of ensuring stakeholders and the community have a voice on health and wellbeing issues and facilitate engagement. We also expect that Healthwatch Trafford will play a vital role in supporting the fostering of local partnerships and will, although a member of the health and wellbeing board, play a part in holding the board to account for ensuring the public's voice is appropriately embedded into boards' work.
A Health and Wellbeing Action Plan Group has been established, chaired by the Deputy to Corporate Director of Communities, Families and Wellbeing to ensure an effective structure is wrapped around this health and wellbeing strategy.

Trafford Partnership Structure



Trafford Partnership Structure provides a framework for all the partnerships that contribute to improving the health of Trafford residents and reducing health inequalities.

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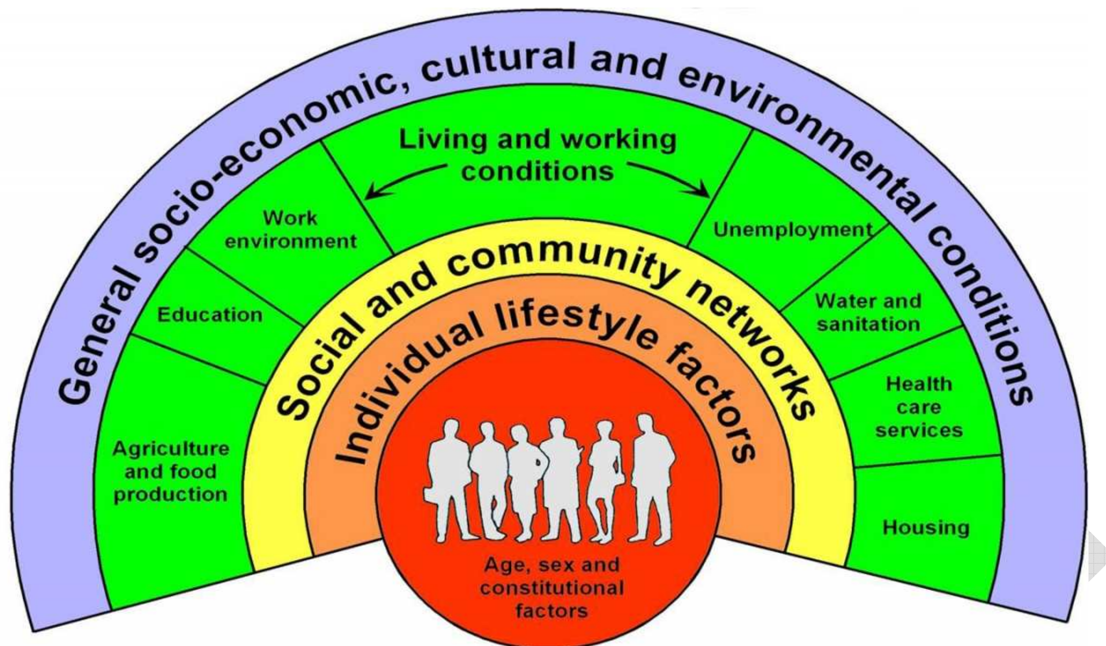
Causes of Health Inequalities: Dahlgren and Whitehead Model.



Source: Dahlgren and Whitehead, 1991

The causes of health inequalities are complex, but largely the result of exposure to generations of multiple health risk conditions, arising from social, economic and environmental inequalities. The Dahlgren and Whitehead diagram above sets out the complex multi-layered factors which impact on the health of individuals. At the centre are those things over which individuals have little influence, including their age, gender and genetic inheritance. In the second layer are behavioural patterns such as smoking, diet and physical activity. In the third layer are social position, and relationships with family, friends and the wider community. The fourth layer includes the wider or underlying determinants of health, such as work environment, housing and living conditions, education and transport. In the outer layer are the economic, political, cultural and environmental conditions present in society as a whole. Tackling inequalities requires action within all these layers of influence. Therefore, other strategies such as volunteering and carer's strategies as well as partnerships such as the community locality partnerships, the four locality boards and the strong communities partnership board all have their part to play in improving health and wellbeing. See appendix 3 for a description of our approach to locality working.

Living and working conditions are affected by our housing strategy, and the strategic housing partnership, our streets and environmental conditions are affected by the crime prevention strategy under the Safer Trafford Partnership. Education is affected by our Children and Young Peoples Strategy and Children`s Trust Board. Our economic environment is influenced by our Economic Development Plan and the Trafford Economic Alliance and the environmental conditions are shaped by the Green Infrastructure & Recreation Local Development Framework within the Trafford Environment Partnership.

All of these partnerships and strategies work together to inform the Trafford Partnership Executive who align activity to the 7 key objectives stated in the Trafford Vision 2021: a blue print report.

Progress on delivery of the health and wellbeing strategy will be communicated through the monitoring report to the health and wellbeing board. The chair of the health and wellbeing board (Cllr Dr Karen Barclay) will inform the Trafford Partnership Executive via thematic partnership updates

The CCG Quality Strategy

The CCG Quality Strategy that has been developed is the vehicle through which Trafford CCG ensures that the services commissioned in line with the Integrated Strategic Plan (which reflects the priorities set within this strategy) are safe, effective, and provide a positive patient experience.

The CCG Quality Strategy also sets the scene in relation to approaches that the CCG will lead on for improving quality. It takes into account the priorities within the Joint Health and Wellbeing Strategy and also incorporates other sources of data such as information about serious incidents that have affected Trafford patients, areas of concern within commissioned services, safeguarding information, and information form external regulators such as the Care Quality Commission.

The strategy has an operational action plan behind it with clear milestones, and will inform reports that are monitored by the Health and Wellbeing Board in relation to the delivery of the Joint Health and Wellbeing Strategy.

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Third Sector Trafford Commissioning and Funding Strategy

Thrive Trafford

Thrive is a partnership between Pulse Regeneration and Trafford Housing Trust delivering support to third sector organisation's and communities in Trafford.
Thrive's aim is to help Trafford Council and the Trafford Partnership to deliver their vision for a 'thriving third sector'.

Thrive's services include capacity building, funding support, community engagement, voluntary sector grants, private sector engagement, and volunteering.
Thrive Trafford is working together with all partners in delivering an innovative service which is enterprising, responsive to change, and sustainable.

Trafford Partnership's Third Sector Strategy recognises the voluntary sector's ability to deliver effective and innovative support that reaches into the heart of our local communities. The diversity and wide range of local voluntary sector organisations means that it has a highly significant role in helping to improve the health and wellbeing of people who live and work in Trafford, particularly vulnerable adults and children.

The strategy sets out clear roles and responsibilities in a two-way relationship with the voluntary sector which will:

- Significantly improve the clarity and accountability of funding to the local voluntary sector
- Bring consistency to how we work with partner organisations
- Provide a transparent, accessible and equitable process
- Enable Trafford Council, Trafford CCG and other public sector partners to more effectively manage and monitor the performance of contracts
- Improve services for residents and ensure services commissioned are those most needed
- Use a commissioning approach to ensure value for money is achieved

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Monitoring and implementation of the strategy

This strategy will be monitored by the Health and Wellbeing Board, and re-evaluated in light of feedback we receive and on-going consultation with members of the public and other stakeholders - as well as national learning from experience across the country being collated from the Department of Health and Communities and Local Government. This will ensure that the health and wellbeing strategy remains effective and reflects what matters most to the people of Trafford.

The National Public Health Outcomes Framework will enable us to set measures and establish data sources to track progress towards to improving the health of the population. A dashboard of performance indicators will be set up as a framework to monitor progress on priorities and actions. This will be accompanied by a series of agreed actions, which will set out a programme of activities - and progress will be reported. An equalities impact assessment (EqIA) has been completed. The full EqIA can found at: www.infotrafford.org/hwbstrategy.

This first Health and wellbeing strategy has been developed during a period of preparation for the council to take on new statutory public health responsibilities, from April 2013. With leadership from Trafford Council within Children, Families and Wellbeing directorate we will develop new local approaches to improving public health delivery for example, developing a `settings` based health programme for localities and `place` such as town centres.

Our Health and Wellbeing Action plan Framework will support the implementation of this strategy and have been co-produced and developed in partnership. The Action Plan Framework will:

- Use of evidence-based and integrated care action plans to address the public/professional consultation priorities

- Acknowledging the fact that the health and care system will need to actively prepare for different future volumes and patterns of demand: So more investment to prevent illness, discourage unhealthy lifestyles and encourage benefits from contact with natural community/non-commissioned service resources thereby action plans must reduce the need for services in the first place and re-focus on prevention and early intervention to increase healthy life expectancy, reduce health inequalities and maximise self-care.

- Agreed responsibilities across the system on the mechanisms, measures and incentives to make this work sustainable

- Develop public reports on progress and results as a whole Health and Wellbeing partnership

- Highlight clear outcomes in line with NHS, Adult Social Care and Public Health Outcomes Frameworks that define what matters most to people using

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summarised personal experience statements and partner semi structured interviews and themes.

Our overarching integrated health and wellbeing strategy aims are therefore:

- To integrate around, and deliver better outcomes for patients as customers, including experiences for individuals, families, carers and communities - aligning with the national outcomes frameworks and encompassing mental and physical health, social care and public health, as well as other public services, such as education, involving the community and voluntary sectors, as appropriate, across Trafford.

- As set out in this strategy, our ambitious plans are to focus on preventing and reducing devastating the effects that illness has on our community. Trafford's priorities are to improve the health outcomes for our residents, by supporting improvements in physical and mental health. Improvements in outcomes will narrow the gap in health and wellbeing between the most and least deprived neighbourhoods. Early intervention and prevention will be supported by the risk stratification which will highlight the clients which are most at risk, for these individuals to be carefully monitored at the earliest opportunity.

- To improve the care and support experience for all residents. Trafford wants to give local people choice and control to shape in the new integrated care model. The new care model will be seamless and less confusing for its user with improved communications. The model will *think family* and where appropriate have greater support and interventions from health and social care within the community. Clients will be encouraged to maintain their independence with support provided to all including family and carers.

- To ensure efficient use of resources across the health and social care economy, by identifying potential financial efficiencies for reinvestment and measures of success. The strategy will be delivered throughout partnership working with greater emphasis focused on the use of resources and improved value for money. To integrate resources around children and young people, adults and older people Trafford will use the Marmot *life course* approach which is recognised as the most effective way to address inequalities.

This strategy was presented to a variety of boards and partnerships in Trafford including the Partnership executive. Also, the Trafford Health and Wellbeing Strategy was selected to be presented at a regional conference organised by the North West Transition Alliance Team (NHS Northwest) in December 2012. The NW Transition Alliance supported The Department of Health on producing statutory guidance, which explains the duties and powers of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). The Department of Health undertook a public consultation on a draft version of the guidance which had been developed with significant input from and engagement with stakeholders

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across the health and social care system, this included Trafford. The final guidance is the result of this consultation and engagement.
The Trafford Joint health and wellbeing strategy was referenced for good practice in the North West Employers report: *Taking Stock: A review of the new Joint Health and Wellbeing Strategies in the Northwest.*

You can read a summary version of our Health and Wellbeing Strategy 2013 – 2016 and the find the complimentary action plans at: www.infotrafford.org.uk/hwbstrategy.

You can also tell us what you think. We have genuinely welcomed all your views at each development phase and appreciate your ideas. Contact us at: healthandwellbeing@trafford.gov.uk

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TRAFFORD COUNCIL

Report to: **Council**
Date: **13th November 2013**
Report for: **Discussion**
Report of: **Executive Member for Transformation and Resources**

Report Title

Year End Corporate Report on Health and Safety – 1 April 2012 to 31 March 2013

Summary

1. To provide information on council-wide health and safety performance and trends in workplace accidents.

2. To provide a summary of other key developments in health and safety over the 12-month period.

Recommendation

1. That the report is noted.

Contact person for access to background papers and further information:

Name: Josh Arnold
Extension: 4919

Background Papers: None

Relationship to Policy Framework/Corporate Priorities	Improving the health and safety of staff contributes towards the corporate objective to improve health and wellbeing and relates to the Council's Health and Wellbeing strategy. Health and safety arrangements, including reporting arrangements are set out in the Corporate Health and Safety Policy.
Financial implications	There are no direct financial implications arising from this report.
Legal Implications:	The programme of audits carried out by the Health and Safety Unit within Trafford schools in the past year, together with on-going policy developments and training arrangements are likely to mean increased compliance with health and safety legislation within the schools.
Equality/Diversity Implications	None
Sustainability Implications	None
Staffing/E-Government/Asset Management Implications	None None
Risk Management Implications	The increase in the total number of accidents to

	staff this year is not likely to indicate higher levels of risk to the Council in terms of civil claims and the risk of prosecution, due to the nature of the accidents. The number of reportable injuries has reduced.
Health and Wellbeing implications	Improving the health and safety of staff contributes towards the corporate objective to improve health and wellbeing and relates to the Council's Health and Wellbeing strategy. RIDDOR-reportable injuries are monitored in respect to the impact on sickness absence levels.
Health and Safety Implications	See Legal Implications section above. The implementation of the Corporate Health and safety improvement plan in the coming year will ensure that an emphasis is placed on continuous improvement.

1.0 Introduction

This report covers the period from 1st April 2012 to 31st March 2013. It highlights changing trends in accidents, major activities and points of interest, as well as providing a summary of accidents to Council staff. In addition to this report, separate reports on Directorate performance will be made to the relevant Corporate Directors and local Joint Consultative Committees.

The overall total number of accidents involving staff reported to the Health and Safety Unit (HSU) has increased by 37%, with 238 accidents in 2012-13 compared to 174 in 2011-12. The most common type of reported accident remains those due to violence and aggression; the majority of these occurred within schools (particularly special schools) and services in Communities and Wellbeing (CWB).

This report provides a direct comparison of the total number of accidents that occurred between 2010-11 and 2012-13 only. Previous years' figures are not directly comparable due to changes in accident reporting arrangements for non-maintained schools in line with statutory requirements. Pre 2010, all schools were included in the CYPS and total council-wide accident statistics, whereas now, only maintained schools (where the Council is the employer) are included in the statistics.

2.0 Accident Statistics: April 2012 to March 2013

2.1 Summary

Appendix 1 provides details of the accident statistics, broken down by Directorate and service area for staff for the period 1st April 2012 to 31st March 2013. A summary of the findings is detailed below.

2.2 Overall Numbers and Rates of Accidents

The overall total number of accidents to staff reported to the Health and Safety Unit (HSU) has increased by 37%, from 174 in 2011-12, to 238 in 2012-13 (see Table 1 below).

However, it should be noted that 45% of this increase (29 of the 64 additional accidents) is accounted for by occurrences of violence and aggression involving one service user who has a learning disability (see Section 2.5 for more details). The special schools have also improved reporting of occurrences of violence and aggression this year, as they were not all reporting these correctly previously, which was discovered during the HSU audits in 2011-12.

Table 1: Overall number and rate of accidents to staff

Indicators - Year End Results	2006-7	2007-8	2008-9	2009-10	*2010-11	2011-12	2012-13
Total number of accidents to employees (as reported to the HSU)	414	229	341	259	217	174	**238**
Overall rate of accidents to employees/100 employees	4.9	3.04	4.65	3.5	3.5	3.0	**4.05**

Rate based on number of staff at 1st April at the start of each reporting period.

**Please note that due to a change in reporting arrangements, the total number of accidents to employees from 2010-11 onwards has been amended to include reported accidents for community schools only (where the Council is the employer), in order to give a direct comparison with accident levels in the last 3 years.*

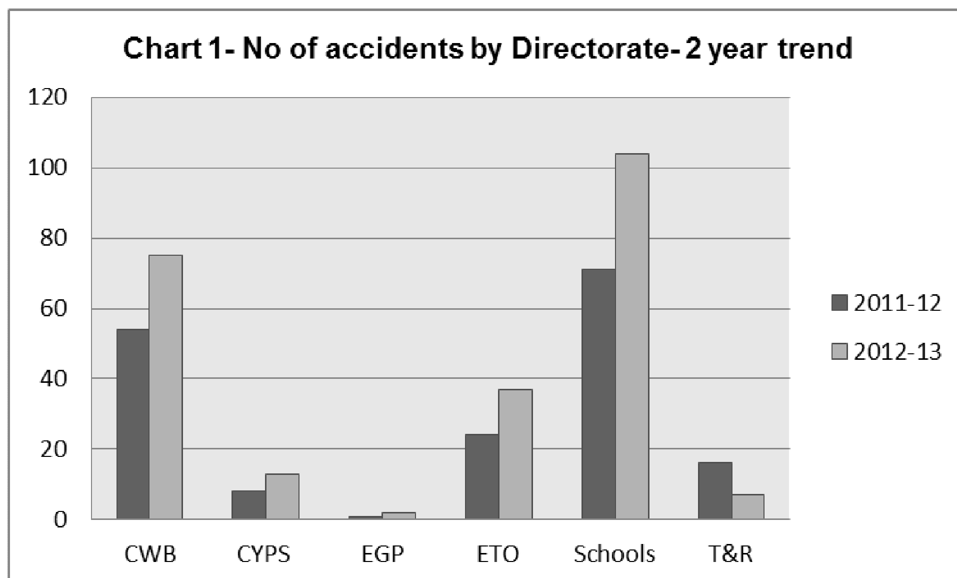
Overall, there has been an increase in the number of reported assaults and accidents involving exposure to hot surfaces/substances and a slight increase in the number of reported manual handling accidents. There has been a decrease in the number of slips, trips and falls, road traffic accidents and accidents involving objects, animals or insects.

The overall rate of accidents per hundred employees has increased when compared to 2011-12, from 3 accidents per hundred employees to 4.05 in 2012-13.

2.3 Numbers of Accidents by Directorate

Compared to 2011-12, the total number of accidents increased in all Directorates, with the exception of Transformation and Resources (T&R); see Chart 1 overleaf. Analysis by service area (see Appendix 1) shows that a few service areas account for a large proportion of the accidents in each Directorate. These are generally the areas where we would expect higher numbers of accidents, due to the nature of the work undertaken in these services.

Patterns at service level will be reviewed in more detail in separate Directorate Health and Safety reports.



2.3.1 Communities and Wellbeing

The overall number of accidents reported in Communities and Wellbeing (CWB) has risen by 39%, from 54 accidents in 2011-12 to 75 accidents in 2012-13. However, it should be noted that there was a 41% decrease in the previous year and that these changes are very sensitive to fluctuations in rates of violence and aggression from individual service users. This is explored in more detail in Section 2.5. The majority of accidents in CWB occurred within Provider Services, which is not unexpected due to the nature of the work carried out within this service.

The rate of accidents in CWB was 12.3 accidents per hundred employees, a significant rise from last year when the rate was 7.88 per hundred employees.

2.3.2 Children and Young People's Service

The overall number of accidents reported in the Children and Young People's Service (CYPS) has risen 63%, from 8 in 2011-12 to 13 in 2012-13. The rate of accidents in CYPS is 1.08 per hundred employees.

2.3.3 Environment, Transport and Operations

The overall number of accidents reported within Environment, Transport and Operations (ETO) has increased significantly by 54%, from 24 in 2011-12 to 37 in 2012-13. However, it should be noted that there was a 31% reduction last year in ETO accidents and accidents this year are at a similar level to the year before last (2010-11), where there were 35 accidents in ETO. The reasons for this increase will be explored further in the Directorate report.

The rate of accidents in ETO is 2.93 per hundred employees.

2.3.4 Economic Growth and Prosperity

There were 2 reported accidents within EGP in 2012-13 compared with 1 in 2011-12 and 5 in 2010-11. Within EGP, the rate of accidents per hundred employees is 1.45 per hundred employees.

2.3.5 Transformation and Resources

The overall number of accidents reported in Transformation and Resources (T&R) has seen a decrease of 56 %, down from16 in 2011-12 to 7 in 2012-13. The rate of accidents in T&R is 1.04 accidents per hundred employees.

2.3.6 Maintained Schools

The overall number of accidents reported in maintained schools has seen a 44% increase, up from 72 accidents reported in 2011-12 to 104 in 2012-2013. This continues the increase of the previous year and is likely to be due to increased awareness of the need to report accidents, due to recent auditing activity by the HSU within schools as part of the Service Level Agreement introduced in 2011.

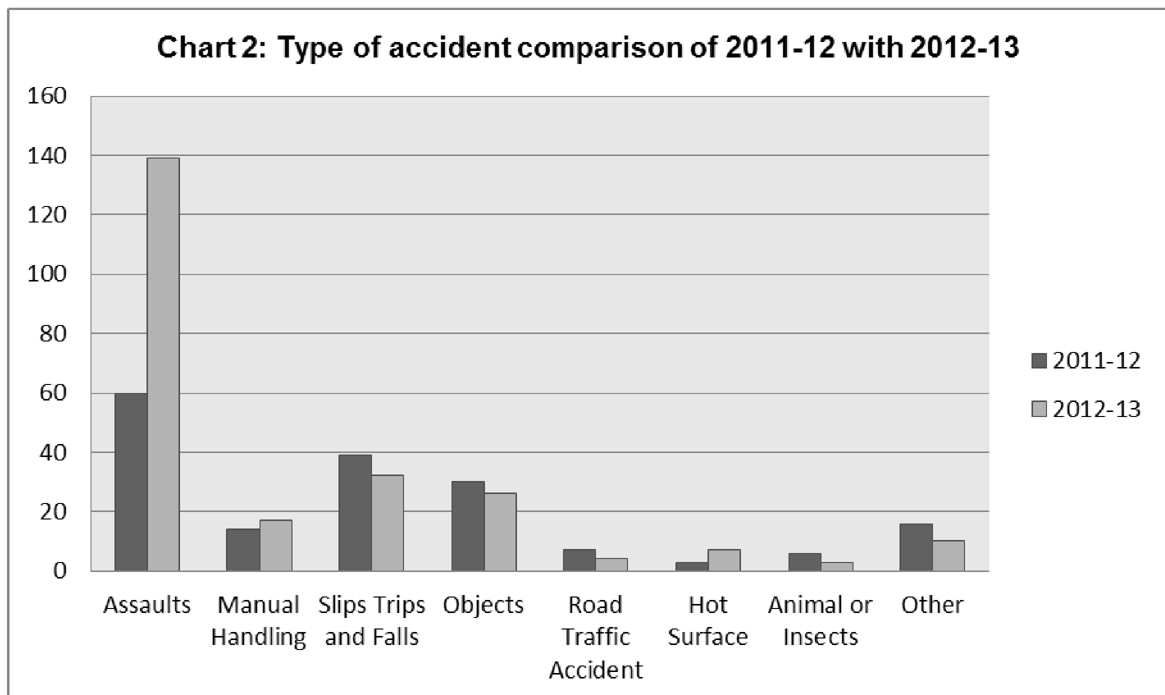
The rate of accidents in schools is 5.27 per hundred employees.

2.4 Types of Accidents

Chart 2, overleaf, shows a summary of the main types of accidents compared to the same period last year.

The most common types of reported accidents involving staff are violence and aggression against staff (59% of all reported accidents – see Section 2.5) and slips, trips and falls (13% of accidents - see Section 2.7). When taken together with the next most common causes of accidents, those involving objects (11%) and manual handling (7%); these account for 90% of all accidents involving staff.

Appendices 2 and 3 show a detailed breakdown of the types of accidents and a breakdown for each Directorate and service area.



2.5 Violence and Aggression

There has been an increase in the number of reported assaults, up 133% from 60 in 2011-12 to 140 in 2012-13. As in previous years, the majority of reported assaults in 2012-13 were physical assaults (116 of 139). The number of reported physical assaults has risen by 157% (from 45 to 116) from the previous year. The number of reported threats of assault or intimidation (a new category this year, replacing verbal assault) has increased from 15 in 2011-12 to 23 in 2012-13. It should be noted that 36% of the overall increase in assaults is due to one service user, within the learning disability service in CWB (see below for more information).

The number of occasions of violence and aggression against staff is subject to a wide degree of fluctuation year on year, as it is very sensitive to issues in managing individual clients' behaviour within social care and special school settings. The general trend is that these fluctuations relate to one or two service users; the significant increase in 2012-13 relates to a different service user than in previous years.

A high proportion (83%) of the reported assaults in 2012/13 came from services dealing with adults or children displaying challenging behaviour (see Chart 3). Nearly half of all reported assaults (49%) occurred within special schools, involving children with challenging behaviour.

The Health and Safety Unit (HSU) have undertaken specific work to raise awareness of the need to report such incidents within schools and, in particular, within special schools, which is likely to have led to the rise in reporting of such incidents. All of Trafford's maintained schools as well as a number of other schools who bought back the Health and Safety service-level agreement received a full audit within the period April 2011 to July 2012. These audits looked in detail at the arrangements that the schools had in place for the recording and reporting of accidents, including incidents of violence and aggression, which has led to improved accuracy.

In addition, these audits also examined the arrangements in place for children with special needs and for managing violence and aggression at school level and considered the processes in place for producing risk assessments and support plans for individual students. This ensured that, where necessary, the schools take a multi-agency approach and that any training needs for staff are identified. The audit also examined the support in place for staff, whether risk assessments considered the risk of violence and aggression to staff and the communication in place to inform staff about individual children's needs and safe systems of work.

As a result of the increase in reported occasions of assault within the special schools in 2012/13, a follow up mini-audit was undertaken by the HSU to review the management of violence and aggression within special schools. Throughout July and August 2013, all of Trafford's special schools were visited by a Health and Safety Advisor.

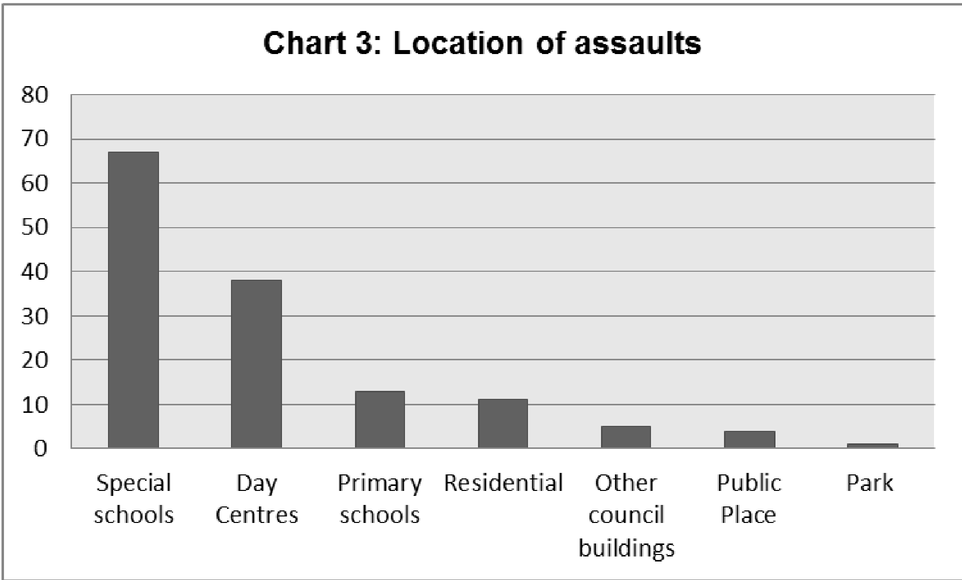
The special schools have established arrangements in place to train staff in "Team Teach" physical intervention strategies and to undertake individual risk assessments for pupils with challenging behaviour. Team Teach is an external approach commissioned by the Department for Education around care and control, with a maximum 2-yearly refresher given to all staff. Within this training, staff are trained to understand the protocol of "danger areas" i.e. what is personal space (the space in which they are most likely to get hurt). Staff

are also trained in de- escalation techniques, body language and the appropriate use of spoken language.

The HSU works closely with these schools to review their arrangements and ensure that they have appropriate strategies in place for managing such behaviour, in order to reduce the risk to staff. Each reported incident is reviewed by a Health and Safety Advisor and investigations are undertaken on a case by case basis. The HSU also closely monitors trends in violence and aggression at school/service level throughout the year.

As a result of this mini-audit, the (HSU) has concluded that the Special schools have appropriate measures in place to manage the risk of violence and aggression from pupils and these appear to be robust and are regularly reviewed and monitored. The risk of violence and aggression is part of the nature of the work with these challenging pupils.

The next highest number of reported assaults (accounting for 35% of assaults) occurred within Provider Services, either within the community or in the learning disability day care setting (involving either staff at the centre, or staff involved in the transport from home).



Twenty-nine (59%) of the assaults in the day care setting relate to one service user, which accounts for 21% of the overall total number of reported assaults. The triggers that led to the difficulties with this service user's behaviour have been identified and behaviour support plans are in place. A review of the management of this individual was carried out by the service, together with the HSU and the Community Learning Disability Team (CLDT). As a result, only 2 of the 29 incidents involving this individual occurred in the past 6 months, which demonstrates that the response to managing this behaviour has been successful.

The majority of the remaining assaults within Provider Services in CWB occurred whilst supporting service users and residents with tasks such as personal care, dressing and dealing with challenging behaviour. A more detailed analysis of these issues is contained within the CWB Directorate report. Robust arrangements are in place within Provider Services to monitor the number and patterns of incidents of violence and aggression.

However, the HSU also closely monitors the incidents reported to the Unit on a case by case basis, to ensure that the incident has been dealt with adequately and investigated properly. The HSU also looks at trends in reported incidents and where a pattern appears

to be emerging e.g. an escalation of behaviour in relation to one particular individual, ensures that the service has already instigated an internal review.

There were a number of assaults reported within Primary Schools, involving either pupils with challenging behaviour or parents (46% of the 13 reported assaults). A more detailed analysis of these will be contained within the CYPS Directorate report.

An analysis of the perpetrators of assaults shows that the vast majority (88%) are either pupils or service users displaying challenging behaviour, only 16 (11%) of these assaults were perpetrated by customers or members of the public (including parents), see Table 2 overleaf.

Table 2: Perpetrators of assaults against staff

Group	No of assaults
Pupil	77
Adult Service User	47
Parent	6
Member of the public	5
Not given	3
Colleague	1
Child service user	1

2.6 Manual Handling

The number of manual handling accidents has risen by 18%, from 14 in 2011-12 to 17 in 2012-13. Lifting and handling operations were responsible for 7% of all accidents in 2012-13.

The highest numbers (7) of manual handling accidents reported in 2012-13 are within ETO, which includes school cooks (41% of manual handling accidents). Staff in operational services in ETO have recently received refresher training in lifting and handling objects and refresher training for staff within the catering and cleaning services will take place shortly.

The next highest numbers are within (mainly special) schools (5) and CWB services (4), mainly as a result of people handling. Annual refresher training continues for staff in services involved in people handling, within Communities, Families and Wellbeing (CFW) and schools.

The long term trend is that manual handling accidents have considerably reduced (see Appendix 2) down 59% from 41 in 2008-9 to 17 in 2012-13.

2.7 Slips, Trips and Falls

Slips, trips and falls remain the second most commonly reported cause of injury and were responsible for 13% of all accidents in 2012-13. This represents a decrease of 18%, down from 39 (in 2011-12), to 32 this year (2012-13). The majority of the slips, trips and falls occurred within Primary Schools. Of the slip, trip and fall accidents, 7 were known to slip on a spillage of food or liquids, 7 tripped over an object or person, 5 slipped on a wet or icy surface and 6 simply went over on their ankle or lost their footing. The remaining accidents have no clear cause given.

3.0 Health and Safety Performance

3.1 Rate of Reportable Injuries to Staff

Over this reporting period, there were 9 reportable accidents to staff (those which have to be notified to the national Incident Contact Centre, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), see Table 3 overleaf:

Table 3: Rate of reportable injuries to staff

Local performance indicator-	**2006-7**	**2007-8**	**2008-9**	**2009-10**	**2010-11**	**2011-12**	**2012-13**
Total Number of reportable accidents	30	22	24	18	19	18	**9**
Target for rate of reportable accidents/100 employees	0.44	0.42	0.40	0.38	0.36	0.34	**0.32**
Actual rate of reportable accidents/100 employees	0.36	0.29	0.32	0.24	0.31	0.31	**0.15**

This represents a large (50%) decrease in the total number of reportable injuries from last year (2011), down from 18 to 9. However, it should be noted that from April 2012 the criteria for reporting accidents under RIDDOR changed and now only accidents involving staff absences of over 7 days or those that are classed as a 'major reportable injury' are reportable, whereas previously those over 3 days were reportable.

A breakdown of the injuries reported under RIDDOR in the past two years, shows the effect that these changes to RIDDOR have had on levels of reporting, as follows:

Year	**No. of Major Injuries**	**No. of over 3 day absences**	**No. of over 7 day absences**	**Total no. of RIDDOR reports**
2011-12	4	14	N/A	18
2012-13	5	N/A	4	9

N.B. each incident is reported either as a "Major Injury" or as an "Over 7 day" injury, with any major injuries leading to over 7 days absence reported as major injuries only and not categorised as both. A further explanation of what is reportable under RIDDOR is contained within Appendix 4.

The rate of reportable injuries per hundred employees has also halved. The overall accident rate remains below the performance indicator target for this year of 0.32 accidents per hundred employees. Benchmarking across AGMA on the rate of reportable injuries to staff has been undertaken and the position is as follows:

Organisation	Injuries Reportable under RIDDOR			
	No of major injuries	No. of over 7 day	Total RIDDOR reports received	Total RIDDOR per 100 employees
Bolton	0	55	55	0.46
Rochdale	3	9	12	0.15
Trafford	**5**	**4**	**9**	**0.15**
GMFRS	1	14	15	0.66
Tameside	0	8	8	0.14
Wigan	6	25	31	0.30

As can be seen, Trafford is positioned a close joint 2nd from the 6 responses received, with a wide range of reported results.

3.2 Performance against 2012-13 Corporate Health and Safety Improvement Plan

Key actions that were contained within the Corporate Health and Safety Improvement Plan for 2012-13 included:

- Support the work of the long term accommodation team - agile working and premises arrangements;
- Support further development of the HR/Payroll system re incident reporting;
- Approval and implementation of an updated display screen equipment (DSE) framework and guidance;
- Approval and implementation of the Driving at Work policy and the new Lone Worker framework and guidance;
- Review of provision of health and safety training arrangements.

The HSU has worked with the long term accommodation and facilities management teams to ensure that adequate arrangements are in place for the provision of first aid and for fire evacuation at our main administrative buildings. A health and safety handbook has been produced, which contains guidance on health and safety for agile workers. In addition, the display screen equipment guidance has been updated to support the move towards agile working. The Fire Safety Advisor has worked with Building Control and Facilities Management to provide advice and support on the Fire Safety Strategy and arrangements for safe fire evacuation at Trafford Town Hall.

All employee accidents are now entered onto the HR/Payroll system (I-Trent). The HSU is monitoring the effectiveness of this system and is currently working on the development of the self service system for managers to report accidents directly onto I-Trent.

New frameworks and guidance for Driving at Work and Lone Working have been produced and a refresh of health and safety training available to staff has been undertaken.

Courses have recently been provided in risk assessment, working at height, first aid and moving and handling of people and loads. The HSU is currently refreshing its training strategy, reviewing the standards set for managers' training and is producing a number of new introductory courses specifically for schools staff, ready for the new academic year.

4.0 Audit Programme

Following the introduction of a Service Level Agreement (SLA) for schools in April 2011, the HSU focused on carrying out a full health and safety audit of each school that signed up to the SLA within the academic year 2011-2012. In the current academic year (2012-13), the schools have been offered an audit of their play areas (for primaries) or their sports and PE arrangements (for secondaries) and so far, 47% of schools have taken up this offer, with others opting for full audits or bespoke time in school with a health and safety advisor.

The schools are performing well in the play area audits and have generally performed very well in the health and safety audits, with an average overall score of 83% in the last academic year. Feedback from schools has been very positive and the audits have been welcomed.

5.0 Other Key Developments in Health and Safety

A review was recently undertaken of the existing numbers and training of first aiders and appointed persons across the council. However, due to the recent re-location of many members of staff, records are currently being audited to ensure a robust list of existing first aiders remains available, together with their location and the type and expiry date of their training qualification. Any additional numbers required will be identified and training provided, as necessary. Defibrillators have been provided at Trafford Town Hall and this facility will be rolled out at other buildings across the borough.

6.0 Fire Safety

The Fire Safety Advisor has risk assessed all premises with the exception of one school, which is being re-built. Audits are now being undertaken to ensure that any identified actions have been completed.

Support has been provided in reviewing the arrangements in place for evacuation in administrative buildings and where necessary, amendments have been made to the procedures. With the recent movement of staff between premises, a review is being carried out to assess the location and numbers of Fire Marshals at Trafford Town Hall and further marshals are being recruited and trained. All existing marshals have been offered an update briefing in the new procedure. Further drills will be carried out until staff, marshals and incident controllers are familiar with the procedure.

Initial and refresher training has been carried out for Incident Controllers and Fire Marshals at all administrative buildings and where necessary, disabled evacuation training has also been undertaken.

7.0 Conclusion

The overall total number of accidents to staff reported to the HSU has increased by 37% in 2012-13, compared to the previous year, largely due to increases in the number of incidents of violence and aggression against staff. Some of this increase can be explained by increased reporting levels in special schools and also by a number of assaults involving one service user, which are responsible for a large portion of this increase.

There have been reductions in the number of slip and trip accidents and accidents involving objects, which is a welcome improvement that builds on the long term downward trend in overall accident rates and improvements in health and safety management.

More service audits scheduled to take place in 2013-14 should lead to further improvements, by highlighting what is being done well and where further improvements are needed.

Senior managers must ensure that managers treat health and safety as a core business area, in order to meet the required standards. The HSU will continue to support and assist managers in this process.

Corporate Accident Statistics 2012-13

Appendix 1: Numbers of accidents by Directorate and Service Area

Directorate	Service Area	No of accidents
Children and Young Peoples Service	Commissioning Performance & Strategy	2
	Services For Children Young People & Families	11
Total CYPS		**13**
Communities and Wellbeing	Business Services	2
	Operations	73
Total CWB		**75**
Economic Growth and Prosperity	Development & Investment	2
Total EGP		**2**
Environment, Transport and Operations	Operations	18
	Public Protection	1
	Strategic Business Unit	18
Total ETO		**37**
Schools	Special schools	79
	Primary schools	25
Total schools		**104**
Transformation and Resources	Finance	2
	Human Resources	1
	Customer Services	3
	Transformation	1
Total T&R		**7**
Grand Total		**238**

Appendix 2: Type of accident 2008- 2013

Accident Type	2008-9	2009-10	2010-11	2011-12	2012-13
Assaults					
Physical Assault	137	64	76	45	116
Assault, Threats or Intimidation (previously Verbal Assault)	20	20	1	15	23
Total Assaults	**157**	**84**	**77**	**60**	**139**
Manual handling (lifting, moving, manoeuvring etc.)					
Manual handling	**41**	**30**	**28**	**14**	**17**
Slips, Trips and Falls					
Slipped, tripped or fell on same level (new category 12-13)	N/a	N/a	N/a	N/a	28
Slip on the same level	43	56	30	34	N/a
Fall down steps/stairs	4	7	4	4	3
Trip	10	11	9	0	N/a
Fall from height	1	2	3	1	1
Total Slips, Trips and Falls	**58**	**76**	**46**	**39**	**32**
Accidents involving objects					
Hit by a moving, flying or falling object	17	8	12	15	12
Striking against object/hit something fixed or stationary	15	14	10	9	9
Cut by a sharp object	6	5	8	6	5
Total Objects	**38**	**27**	**30**	**30**	**26**
Others					
Contact with a moving person (new category 12-13)	N/a	N/a	N/a	N/a	1
Other	15	12	5	9	4
Road Traffic Accident	11	10	16	7	4
Animal/Insect	5	2	2	6	3
Hot surface/substance	10	11	10	3	7
Trapped	2	3	2	3	1
Exposed to, or in Contact With, a Harmful Substance	0	1	0	2	0
Electricity	0	0	0	1	1
Plant & machinery (including hand and power tools)	0	3	2	0	2
Sports Injury	1	0	0	0	1
Total Others	**44**	**42**	**37**	**31**	**24**
Overall Total	**341**	**259**	**217**	**174**	**238**

Appendix 3: Type of accident by Directorate 2012-13

Type of accident	CYPS	CWB	EGP	ETO	Schools	T&R	Total
Animal/Insect		1		2			3
Assault Threats or Intimidation	4	10		2	6	1	23
Contact with a moving person		1					1
Cut by a sharp object	1	1		3			5
Electricity		1					1
Fall down steps/stairs	2	1					3
Fall from height	1						1
Hit by a moving, flying or falling object	1	1		6	2	2	12
Hit something fixed or stationary				1	4		5
Hot surface/substance		3	1	3			7
Manual handling- lifting, moving, manoeuvring	1	4		7	5		17
Other	1	1	1				3
Physically Assaulted by a Person	1	37		5	74		117
Plant & machinery (including hand and power tools)				2			2
Road Traffic Accident		4					4
Slipped, tripped or fell on same level	1	5		6	12	4	28
Sports Injury		1					1
Striking against object		4					4
Totals	**13**	**75**	**2**	**37**	**104**	**7**	**238**

Appendix 4: Definitions of injuries, incidents and diseases reportable under RIDDOR

Injuries

Under the "The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995", an accident is reportable if:

- It results in the **death of any person** as a result of an accident arising out of or in connection with work;
- Any **person not at work** suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury;
- Any person at work suffers a **major injury** (as described below) as a result of an accident arising out of or in connection with work.
- It causes incapacity for more than **7 consecutive days** (see below) (previously more than **3 consecutive day** injuries)

Major Injuries

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

"Over 7 day" injuries (previously over 3 day injuries)

As of 6 April 2012, the over-three-day reporting requirement for people injured at work changed to more than seven days.

All injuries resulting from accidents at work, which cause incapacity for **more than 7 consecutive days** (excluding the day of the accident but including any days, which would not have been working days) must be reported to the HSE. This would mean an absence from work for more than 7 consecutive days and would also include anyone unable to carry out their normal duties i.e. on "light duties" or temporarily transferred to another job.