

TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 21st April 2017
Report for: Information / Discussion
Report of: Interim Director of Public Health

Report Title

Update on HWBB Priorities

Purpose

To provide an update on the 5 priority areas agreed by the Health and Wellbeing Board, and to consider the reach and impact of the Board

Recommendations

For information and discussion

Contact person for access to background papers and further information:

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Summary of progress to date

Members of the Board will be aware that the Board's strategy for 2016-19 has been to make improvements in the areas which are likely to have the largest impact on population health and wellbeing, that is, alcohol, smoking, physical inactivity, the impact of poor mental health, and cancer screening and early diagnosis. Since the last meeting of the Health and Wellbeing Board, programme managers have been identified for each of the five topic areas and the appendix to this report gives more detail on the developing action plans and governance within each area. We have also recruited a Public Health Intelligence Analyst, who is due to start in mid-May 2017 and are also optimistic that our connection to the NHS datasets will also go live around this time. These developments will help us enormously in planning and progressing this work, and in measuring its success.

The aim of choosing improving healthy life expectancy as the Board's focus was to allow a concentration of effort and energy onto a few key areas, rather than spreading our work too thinly. This focus is proving successful, especially when engaging with the wider partnerships in Trafford's neighbourhoods. By structuring discussions in these settings around the five topics above, we have found that people quickly engage and that the areas resonate with their own experiences and observations. The impact of physical inactivity, and considering ways to address this, has led to particularly lively engagement in Sale and South Trafford, where perhaps previously populations had been relatively confident of their good health statistics. Addressing cancer and cardiovascular disease (CVD) risk through earlier diagnosis, and reducing inequalities in smoking prevalence, has struck a chord in Partington and the Old Trafford areas; but in these areas too, the positive messages regarding physical activity are proving engaging.

We have recently looked at how the five topics relate to the life course, and in particular to outcomes for children. It is much easier to see the immediate impact of our priority areas on our working age and older populations, but of course many health and social care outcomes are rooted in childhood experiences. We are now finalising our Public Health Annual Report, in which we are looking at population health through the prism of the experiences of children both across Trafford and in our neighbourhoods; identifying areas of good and poor performance, assessing the implications of these, and of the internal variation in the borough, in order to make the slogan '*Nobody's held back, nobody's left behind*' a reality.

The Health and Wellbeing Board members arguably have two functions: firstly, to act as advocates for positive behaviour change in their own organisations and wherever they can exert a leadership role, and secondly, to work through the Board as a body corporate to effect change.

Examples of the former:

- To promote One You, both the local lifestyle service, and the national One You online offer
- To become more physically active. For example, participate in and promote the Active 10 campaign – targeting the "couch potatoes" (inactive 40-70 year olds) with the message 10 mins of brisk walking counts as exercise. This includes a free app to download <https://www.nhs.uk/oneyou/active10/home#AXfCJe5isZYYWzsr.97>
- To work towards reducing tobacco-related harm. It should be noted that Public Health England now recommend encouraging smokers who do not want to quit, or

struggle to achieve this, to switch to vaping, as 95% of the harm is in the tobacco (rather than the nicotine)

Examples of the latter:

- Making as many settings as possible smoke-free through local policies. A recent example of good practice is that we will soon have our first school in the “Smoke-free School Gates” initiative and the Council has agreed that all new signage in parks and sports facilities will include the smoke free message when replaced
- To support the development of the JSNA – by sharing intelligence with us. Furthermore, to consider methods of gathering extra intelligence. For example, if undertaking a staff survey is it possible to add a few health questions in discussion with us (examples might include whether they smoke/vape, or their level of physical activity)
- Ask PH for evidence and support if not convinced by the argument or why the priority is important.
- Ask for evidence of action on various priorities from various partners
- Request inquiries and investigations into areas for concern, e.g. given our falls rates, what attention and support is being put into helping older people keep active and reduce their risk of falling
- Consider how settings (for example schools and workplaces) are promoting good mental health
- Support a Minimum Unit Pricing policy, particularly if adopted GM-wide
- Require that a Health Impact Assessment is completed on all Planning Applications requiring an Environmental Impact Assessment

The appendix to this paper outlines the progress being made to date against the priorities, and gives examples of both types of actions being developed. Board members are asked to reflect on how to add value to these plans through work of the Health and Wellbeing Board.

Eleanor Roaf

Interim Director of Public Health

11.4.17