

## Live Well Board minutes 19/02/18 9:30-11:00am Meeting room 9, Trafford Town Hall

**Attendees:** Cllr J Lamb; Julie Hotchkiss; Adrian Bates; Kate Hardman; Sam Mansfield; Vimi Jhatakia; Matthew Gardiner; Jean Rose; Angela Hunter; Ric Taylor; Dan Shelton; Nidi Etim; Jo Cherret

- 1) **Welcome, introductions and apologies:** Apologies from Eleanor Roaf, Deb Gent, Sarah Grant
- 2) **Health and Wellbeing Board (HWB) governance structures and role of this sub-Board:**  
Cllr Lamb outlined the purpose of the 3 life course themed Boards and the Mental Health Partnership under the HWB. Matthew Gardiner queried where loneliness fits into these boards. It was discussed that the Age Well board will lead on loneliness. Jo Cherrat enquired where nutrition would fit in. Julie Hotchkiss stated that the priorities were the 5 decided by the HWBB in 2016, which didn't include nutrition, partly because it is such a wide area and difficult to make impact at the local level. They would be reviewed in 2019. The role of the sub-board was discussed generally within the meeting, Cllr Lamb stressed that it was to be strategic, but could go into more detail than the HWB meetings.
- 3) **Health and Wellbeing Strategy on a page:**



Trafford Health and Wellbeing Strategy 2016-2021

HWB identified priorities, Public Health have reduced it to something more manageable with emphasis to giving children a good start to life. The strategy acknowledges that the wider environment sets the foundation and influences individual lifestyle choices which ultimately influence health. How does this work through the life course of the resident?

This year's Public Health work plan particularly this year focusing on:

- To reduce smoking for people with severe mental health issues.
- To reduce alcohol consumption and influence powers locally with licensing.
- With physical activity to promote exercise widely, for instance within the Stretford Masterplan.
- Target areas where poor uptake of screening using the existing cancer champions.

Matthew Gardiner made reference to urban design and placing emphasis on the Carrington housing development. Carrington is the largest brownfield site within Trafford. It was discussed that Public Health should have an input to the planning. Jo Cherrat stated that this was a once in a lifetime opportunity and perhaps there was potential to improve facilities and access for neighbouring Partington. Councillor Lamb referred to the discussions that had been had with the developer at Limelight and felt that it was worth testing out what the developer had to say. Ric Taylor added that the discussions had to be had early enough and to focus on the areas we felt were most important.

**Action:** Councillor Lamb/Public Health to think about ways of engagement, possibly as per the discussions that had been used with Limelight.

- 4) **Latest Health and Wellbeing Outcomes and Performance:** Kate Hardman informed the board that the overall smoking figures had shown a decline however the prevalence was still high in routine and manual workers and the gap between them and the rest of the population

is increasing. The smoking figures for people with severe mental health issues are high. A question was asked about the age profile of smoking prevalence, Julie Hotchkiss said that we know that it declines with age as more and more people quit (or die early!). There was a desire for more local data, a greater granularity which could allow local targets, for this and alcohol. Trafford's alcohol figures were high in some indicators, and especially so considering the social makeup of the borough. Julie Hotchkiss described the Communities in Charge of Alcohol (CICA) project, targeting an area of high alcohol-related harm for the recruitment of alcohol champions. It was going to be Partington, but as quite a small neighbourhood was proving difficult to recruit enough champions, so it was moved to Altrincham, where there is more scope to address drinking establishments.

The figures for physical activity are similar to the national average. Cllr Lamb thought that averaged figures hid what was happening at the small area, e.g. wards, and we need to ensure that the operational groups were addressing this.

Childhood obesity was of concern everywhere, but highest in deprived areas. Matthew Gardiner queried this as North of the borough as he had heard that there were more children are underweight in Clifford ward, Old Trafford. Kate Hardman said she didn't think so but would check [*note – post meeting the numbers were checked. There are very few children in the underweight category and no higher rate in the North.*] The figures for cancer are in the national average range, but there are still over 500 new cases of cancer per year which had factors which were preventable. The observation was made that people aged 20 – 35 years working in the offices in the borough seem to make poor lifestyle choices, and no wonder when they were in low level jobs, high debt, etc, Jo Cherret thought posed a problem for the companies too.

Trafford has a low suicide rate, but people with severe mental illness are 5 times more likely to have a premature death (under 75 years).

in Gorse Hill, but couldn't enough people interested there, so now rolled out wider.

**Action:** Kate Hardman to drill down on figures in specific areas of Trafford so that we can establish if interventions are needed in target areas. Kate Hardman to provide data for children's weight in the ward of Clifford to see if they indicate the children are underweight. Kate Hardman to work on mapping data from HWBB to align with this group.

## 5) Terms of Reference and Membership:



Live Well Board  
Terms of Reference v

The board discussed the need for targets for this Board. It was also discussed if the purpose is to look at areas that the HWBB cannot. This Board has no powers "to ensure a strategic approach" – Cllr Lamb responded that the role was to have strategic oversight **Action:** Julie Hotchkiss to review and amend the ToR.

## 6) Existing operational groups relevant to this domain:

Julie Hotchkiss tabled the sub-structure diagram.



Trafford Live Well  
operational groups.doc

## 7) How this Board will operate – discussion and next steps:

The board discussed setting targets, Julie Hotchkiss said that the HWBB has targets on a dashboard and we should think about aligning targets regarding the 5 public health priorities. Ric Taylor added that the NHS has very clear targets, therefore the targets needed to align, but add local geography. The Board wanted to see the issues mapped, so they could identify barriers. The role of this sub group is to understand the data at a much more meaningful level and then engage, for instance should this Board engage with Stronger Communities. Adrian Bates asked if the 5 priority groups should report up to this Board, and would this Board set back challenges to them?

Matthew Gardiner asked how this Board related to Greater Manchester and shouldn't it look to the wider world for inspiration?

Etim described her project on worklessness in the over 50s – it had started The question was asked if we want to focus on 1 priority.

It was suggested that we have standing item on the “Wow factor” happening elsewhere, something to energise the meeting. Also somewhere to hear the residents' voice.

Quarterly meetings, to be about 4 weeks before the Health and Wellbeing Board so that issues can be fed upwards if necessary.

Next date TBC