**TRAFFORD COUNCIL**

**Report to:** **Health Scrutiny Committee**
**Date:** **February 2023**
**Report for:** **Information**
**Report of:** **Eleanor Roaf, Director of Public Health**

## Report Title

Addressing Health Inequalities in Trafford

## Summary

The purpose of this paper is to provide an overview of some key aspects of health inequalities in Trafford, and the steps that are being taken to address them.

## Recommendation(s)

That the contents of the report are noted.

1. Introduction

1.1 Addressing health inequality is one of the Council's Corporate priorities and has been a longstanding objective of our Health and Wellbeing Board (HWBB). Trafford's Public Health Annual Report for 2021 Public-Health-annual-report-2021.pdf (trafford.gov.uk) looked at the costs and harms caused by inequality, and identified a number of actions that could be taken to address these. Within Trafford, we see big inequalities in healthy life expectancy and in rates of premature mortality between our most and least deprived populations. The main drivers of our inequalities in health outcomes are the differences in the prevalence of risk factors for diabetes, cardiovascular disease and cancer between the top and bottom quintile, that is, between the twenty percent most deprived and twenty percent least deprived of the population. These key risk factors are smoking, alcohol use, physical inactivity, and obesity and the impact of serious mental illness. In Trafford, diseases associated with these contribute to most of the difference (76.9% in men and 73.6% women aged 40-79 years old) in life expectancy between the top and bottom quintiles in our population.

**Some definitions:**

**Healthy life expectancy** is defined as the number of years a person may expect to live in good health, while **life expectancy** is the total number of years a person is predicted to live

**Premature mortality** is any death before the age of 75.

**Preventable mortality** refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions (that is, before the onset of diseases or injuries, to reduce incidence)

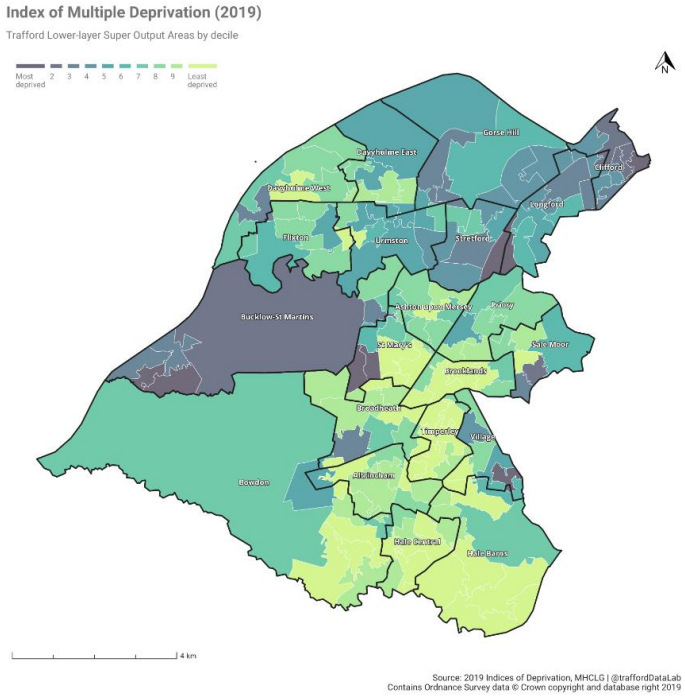



Figure 1: Index of Multiple Deprivation for Trafford lower-layer super output areas, by decile.

1.2 Figure 2 below shows the difference in life expectancy at birth for residents of each ward in Trafford and includes the confidence intervals for each. The link between deprivation and life expectancy can be clearly seen, with both men and in women in Bucklow St Martins having significantly lower life expectancy than those in almost every other ward.

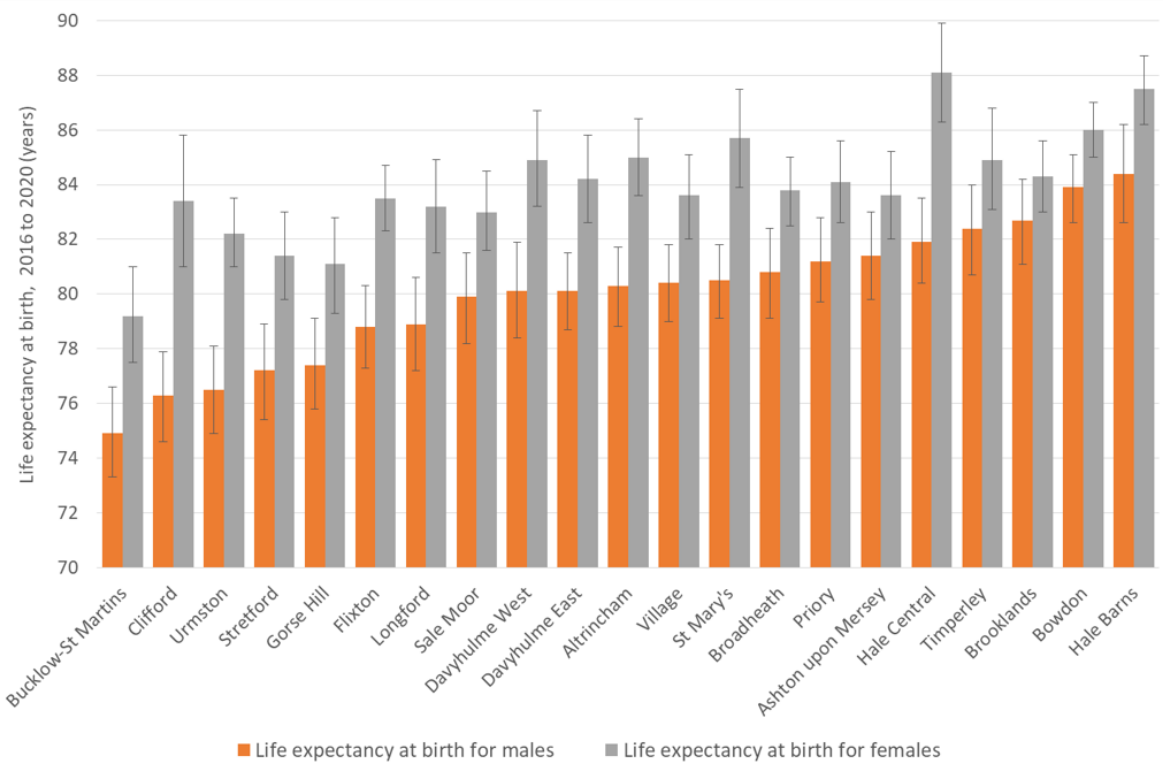
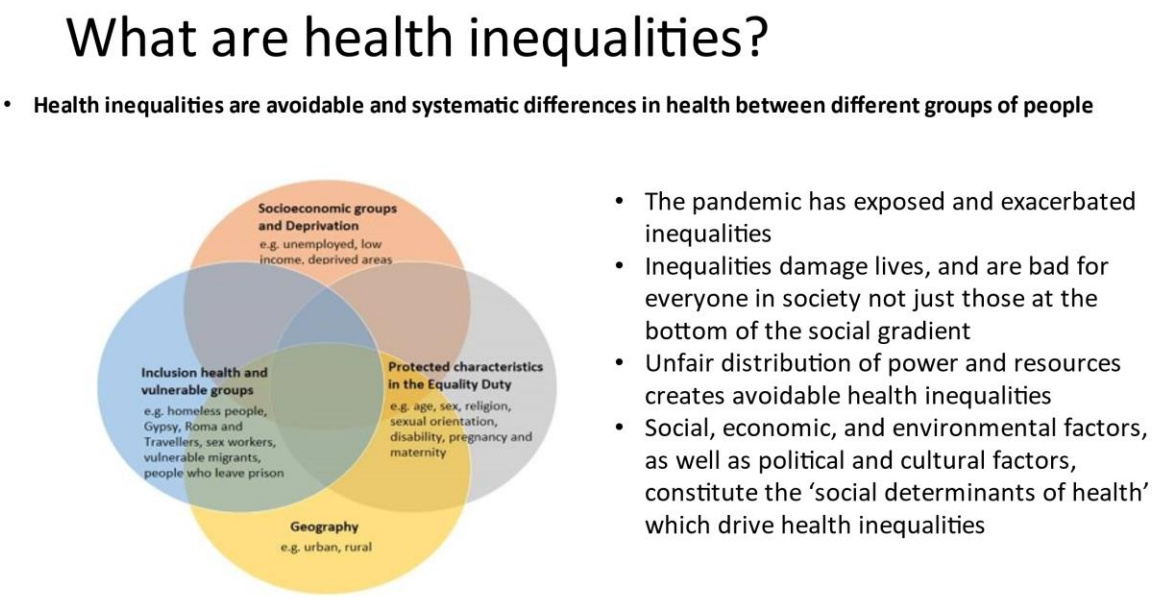


**Figure 2 Life expectancy at birth for males and for females by ward of residence**




1.3 Reducing these inequalities across Trafford will improve quality of life, reduce service demand, improve health outcomes, and create a fairer, healthy, economically flourishing environment. Our Health and Wellbeing Strategy has been designed to deliver this, and is overseen by our HWBB, with its role in leading system change and in identifying high impact interventions. The HWBB works closely with Trafford's Locality Board and wider partnerships to deliver change and improve outcomes. We have recently undertaken a 'deep dive' into each of the key topics and identified some key actions for the HWBB and its partner organisations. Details of these are included below, arranged by topic. The key actions as outlined below are currently being worked into SMART targets, and these will return to the HWBB in March for discussion and ratification.

1.4 In addition, Public Health funding has been used for our Healthy Lives Inequalities project, which has been commissioned from April 2020 to March 2024 to support specific groups within Trafford who have poorer health and are less likely to access services. Residents are supported to improve their own health and wellbeing through projects looking at helping people to stop smoking, be more active, be psychologically well, have healthier diets, be independent from drugs and alcohol and access screening for health concerns like cancer and dementia at an early stage. The projects also look at the person's whole life and relationships and how other elements such as poverty, caring roles, unemployment, and their environment can impact health and wellbeing. Target groups were identified based on gaps in provision and a needs assessment. Information on the outcomes of these projects is contained in Appendix 1. Currently Public Health is working with Trafford Housing Trust and other partners to look at recommissioning services to support targeted inequality groups from March 2024 forward.

**Projects Funded Through Trafford Healthy Lives**:

1. Voice of BME- specifically targeting people from BAME (Black and Minority Ethnic) communities in the North of the borough to improve health and access cancer screening
2. Pakistani Resource Centre- Specifically targeting people with mental health issues from BAME communities
3. Manchester Deaf Centre: Deaf and hearing-impaired community
4. Empower You: Supporting people with learning disabilities, autism, disabilities, and long-term health conditions to access physical activity and ensuring that organisations and groups providing any form of physical activity are supported to ensure their services are accessible
5. Age UK: Health bus targeting older people (particularly those in fuel poverty or from deprived communities)
6. LIVA: online health coaching for people from all our target groups with a particular focus on those from deprived communities or living in poverty.

## 2. The five priority areas of the Health and Wellbeing Strategy

### 2.1 HWB Priority Area 1: Reducing the impact of poor mental health

2.1.1 Mental health inequalities have widened because of the Covid 19 pandemic, and Trafford is determined to improve wellbeing through a system-wide approach to mental health equality.

2.1.2 The determinants of mental health interact with inequalities in society, leading to some people and communities to be at much greater risk of worsened mental health: for example, those living in poverty, poor quality housing or with precarious or no employment; those living with an existing mental health problem, including addiction to drugs, alcohol or gambling; older people who may be at greater risk of social isolation; women and children exposed to violence and trauma at home; people with long-term health conditions; and people from BAME communities where prevalence of long term conditions is higher and outcomes are worse. Members of the LGBTQ+ community have higher rates of mental illness and lower wellbeing than heterosexual people; children living in poverty are four times more likely to have serious mental health difficulties than those in affluent households; and 80% of autistic adults also have a mental health condition. Furthermore, people with serious mental illness (SMI) on average have 15 to 20 years shorter life expectancy than the general population. Most of this reduced life expectancy is due to a higher rate of physical conditions such as cardiovascular disease. There are many factors contributing to the poor physical health status of people with SMI, but one is the smoking prevalence within this group, which is around 35% compared to 10% for our wider

population in Trafford. Work to support people in this group to stop smoking is described below in Section 2.3 on smoking and tobacco control.

### Mental health indicators showing local inequalities

2.1.3 Living in poverty has detrimental impacts on people's mental health, and this applies at least as much to children as to adults. Feedback from a local focus group of professionals working with the young people's mental health charity 42nd Street stating *"We see resilience in young people all the way through, particularly in those communities that have experienced greater levels of intergenerational trauma and people of colour. When you're speaking to community leaders, to families, to young people, there's huge resilience already there. But those people are struggling disproportionately because of the situation they're in, because of prejudice in society, because of structural inequalities."*

2.1.4 To explore wellbeing in teenagers, the #BeeWell programme surveys the domains and drivers of wellbeing of pupils in secondary school across Greater Manchester (GM). This survey began in the autumn of 2021 and will take place on an annual basis. A total of 3,658 Year 8 and Year 10 pupils participated in the 2021 survey. Interestingly, despite children in the South of the borough tending to live in much more affluent households than those in the North and West, there was no significant difference in wellbeing in children from different neighbourhoods in psychological wellbeing, optimism or life satisfaction. This may be because the sample size was too small to pick up any differences at a local level.

2.1.5 However, at a Greater Manchester level, the following inequalities in wellbeing were identified:

- Gender Identity – Females scored significantly lower than males across psychological wellbeing, optimism or life satisfaction. The largest difference was observed between males and those identifying as non-binary (non-binary young people scoring significantly lower).
- Sexual orientation – Sizeable inequalities were observed between heterosexual young people and those identifying as gay/lesbian or bi/pansexual. The latter two groups scored around two-thirds of a standard deviation lower than their heterosexual peers
- Transgender status – Transgender pupils reported lower levels of life satisfaction and psychological wellbeing than their cisgender peers

2.1.6 Although wellbeing inequalities were identified with respect to other dimensions (ethnicity, language, age, socio-economic status, caregiving responsibilities, and special educational needs and disabilities), these were not statistically significant. One exception was the difference in life satisfaction scores between two school year groups – Year 10 reported significantly lower scores than their Year 8 peers. Again, the small sample size will have affected whether differences were identified.

### Activities to support improvements in Mental Health and Wellbeing

2.1.7 In the summer of 2022 nearly 100 Trafford residents, service users, commissioners and providers attended two co-production workshops to create a system map to improve our understanding of the wider factors driving a widening in inequalities in mental health, and to generate suggestions of where in that system partners could intervene to disrupt the system and create conditions that will reduce mental health inequalities. The map and recommendations were divided into four themes: societal and economic, social and community, environmental and physical, and behavioural, and formed the basis for the shared Mental Health Equality Action Plan. The Working Group completed a prioritisation process to determine feasibility and impact of each action. This draft plan is now being finalised by system leaders to agree next steps.

2.1.8 Examples of the draft actions to be agreed are:

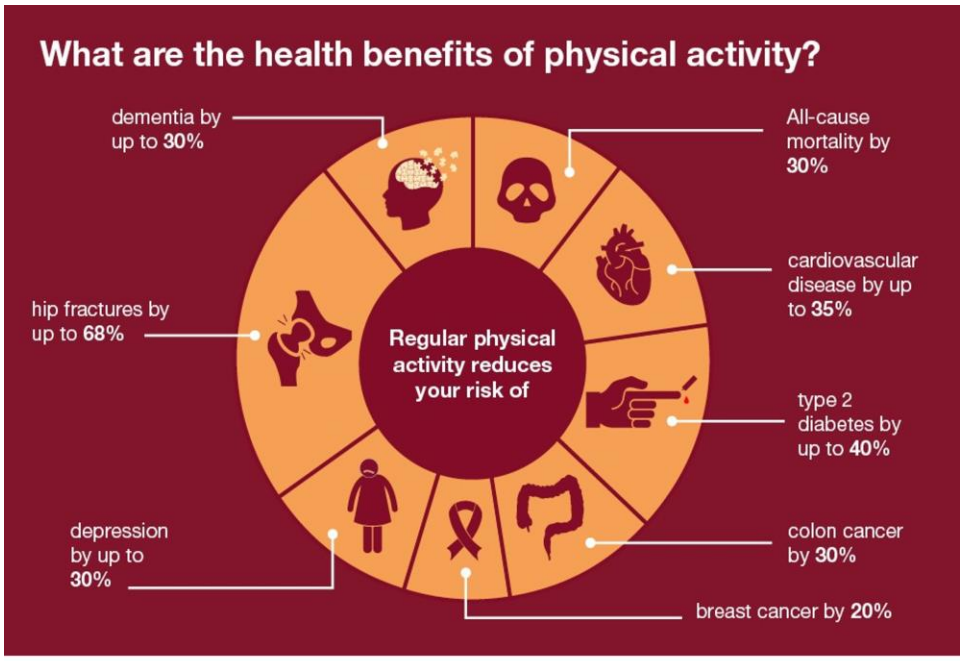
- Health and Wellbeing Board members to pledge to embed social value across their services, signing up to the Greater Manchester Good Employment Charter and become Living Wage Foundation Accredited
- Develop a partnership approach between housing and public health to influence relevant strategy and policy decisions to meet the needs of Trafford residents to improve health and wellbeing and reduce inequalities.
- Develop an 'Every Contact Counts' approach to promotion of Healthy start vouchers and free childcare and support to complete applications, to reduce household poverty.
- Develop a trauma sensitive network for the community, targeted at VCFSE and local businesses and explore sustainability.

2.1.9 The report of the Mental Health inequalities workshops can be viewed online here: Trafford-mental-health-inequalities-workshops-report.pdf

## 2.2 HWB Priority Area 2: Reducing physical inactivity

2.2.1 Since 2011, the evidence to support the health benefits of regular physical activity for all groups has become more compelling. In children and young people, regular physical activity is associated with improved learning and attainment, better mental health and cardiovascular fitness, also contributing to healthy weight status. In adults, there is strong evidence to demonstrate the protective effect of physical activity on a range of many chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Regular physical activity can deliver cost savings for the health and care system and has wider social benefits for individuals and communities. These include increased productivity in the workplace, and active travel can reduce congestion and reduce air pollution.[i]

Figure 3: The Health benefits of physical activity




Source: Public Health England

2.2.2 The 'Active Lives Survey' by Sport England collects data on levels of physical activity in adults. While the majority of adults in Trafford are physically active, this percentage has not increased in the last 5 years of available data. Physical **inactivity** in adults has been increasing since 2018/19, and while it remains lower than the trend observed in England and in similar Local Authorities, it is starting to approach a similar level.

2.2.3 The percentage of people who are inactive varies across groups (Figure 4) The highest levels of inactivity are seen in the over 75s. Inactivity levels have increased over that period in people in the National Statistics Socioeconomic classification groups 6-8 (NS SEC 6-8 (routine and semi-routine occupations, or never worked/long term unemployed), men, and people aged 35-54.

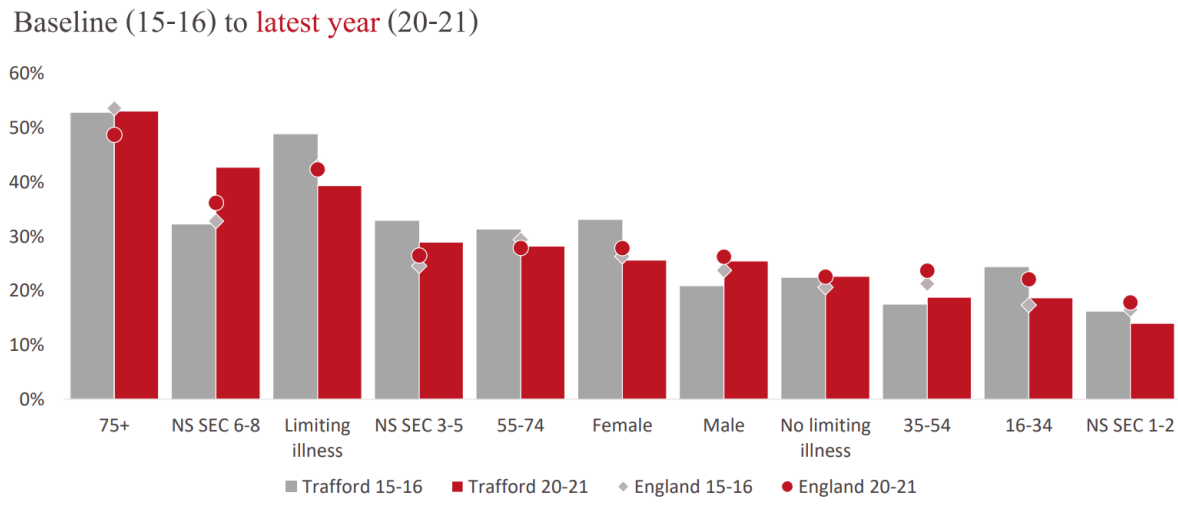



Figure 4 Inactivity across population groups: 2015/16 vs 2020/21 (Active Lives survey).

2.2.4 Inactivity varies by ethnicity. People in Black and Asian ethnicity groups have the highest levels of inactivity in Trafford, though this has improved in the former group and worsened in the latter.

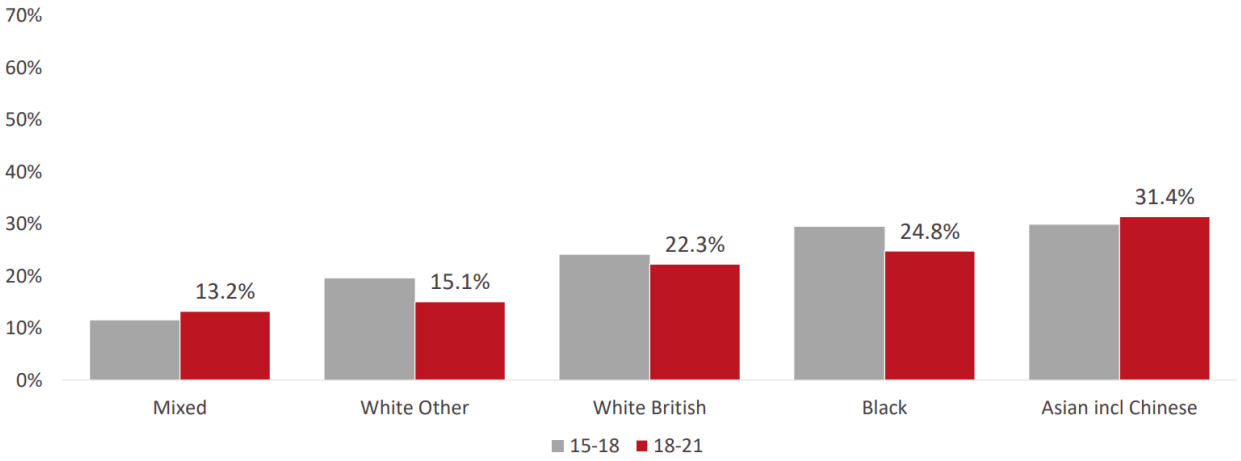



Figure 5: Inactivity by ethnic group: 2015/16 vs 2020/21 (Active Lives survey).

2.2.5 Physical activity in children

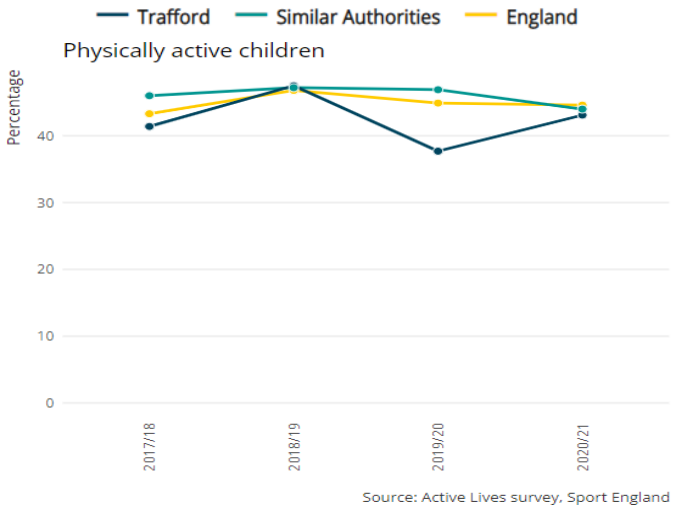



Figure 6 Physical Activity in children

Physical activity in children is lower in Trafford than in England and similar Local Authorities, but has started to increase again since 2019/2020 and is approaching the same levels as the comparison groups.

## Activities to support increased physical activity

2.2.6 Through the Trafford Moving strategy, specific neighbourhoods within Trafford have been identified as having higher levels of inactivity, and the delivery of the strategy will involve co-producing and delivering on place-based physical activity plans, which are linked

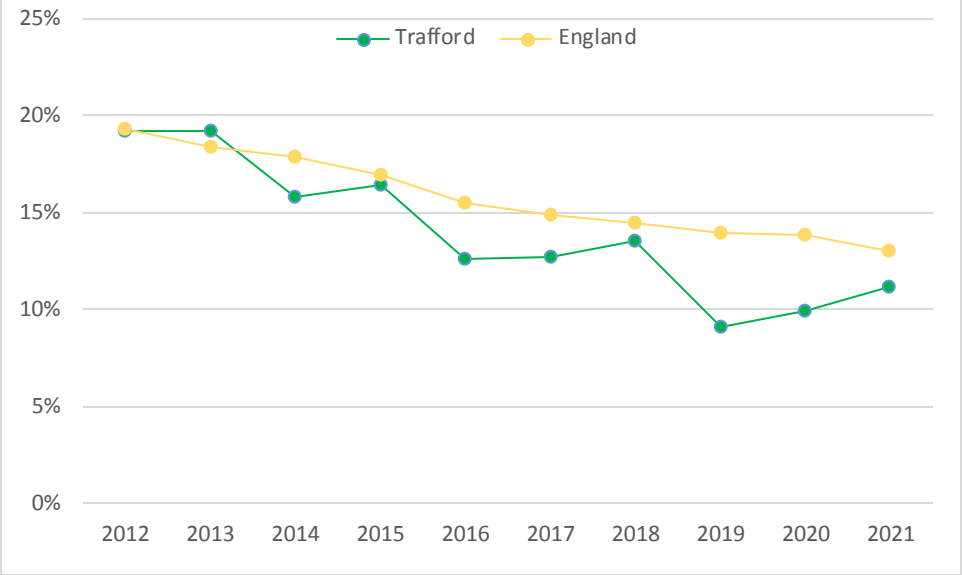
into the neighbourhood delivery plans. In addition to this place-based approach, the Active Lives survey data described above has helped us to identify other key groups who are less likely to be active, and to implement programmes to support increased activity. Key work includes:

- Refurbishment of Trafford Leisure Centres to future-proof facilities and ensure they are fit for purpose. This includes securing £20m via the Levelling Up Fund to re-develop the Partington Sports Village site so that it meets the needs of the local community.
- Re-launch of the Trafford Leisure Physical Activity Referral Scheme (PARS). A key programme of support for people with long term conditions to access physical activity within leisure centres (at a significantly reduced cost) and wider community activity opportunities.
- Pedal Away and Bike Buddy support for people in north Trafford to learn to ride, support with route-planning and confidence building – including access to adapted cycles.
- Development of Trafford Walking, Wheeling & Cycling strategy (still in draft) and recruitment of Walking, Wheeling & Cycling Lead to deliver on the associated plan.
- Expansion of the falls prevention strength and balance programme delivered by Age UK and Trafford Leisure. Post-pandemic de-conditioning in older people has resulted in much greater demand for this service, so additional capacity has been secured for the long term.
- Introduction of e-bikes for people working in home care, which both increases physical activity and increases employment opportunities for people who do not drive.

### 2.3 HWB Priority Area 3: Reducing the number of people who smoke or use tobacco

2.3.1 Smoking remains the singles biggest cause of preventable death in the UK, and there are stark inequalities in rates, with people in routine and manual groups and those with serious mental illness, far more likely to smoke than people in the general population. Trafford currently has smoking rates of 11.1%, slightly below the national average of 13.0%. Locally, our smoking rates have increased slightly over the last couple of years, after a sharp drop in 2019.

Smoking Prevalence in adults (18+) - current smokers (Annual Population Survey)




2.3.2 Smoking rates in routine and manual workers in the borough is 23.4%, which is significantly higher than in the general population, although in line with the England average of 24.5%. The trends in smoking rates by occupational group are shown in Figure 7 below.

Trends by occupation (Annual Population Survey):

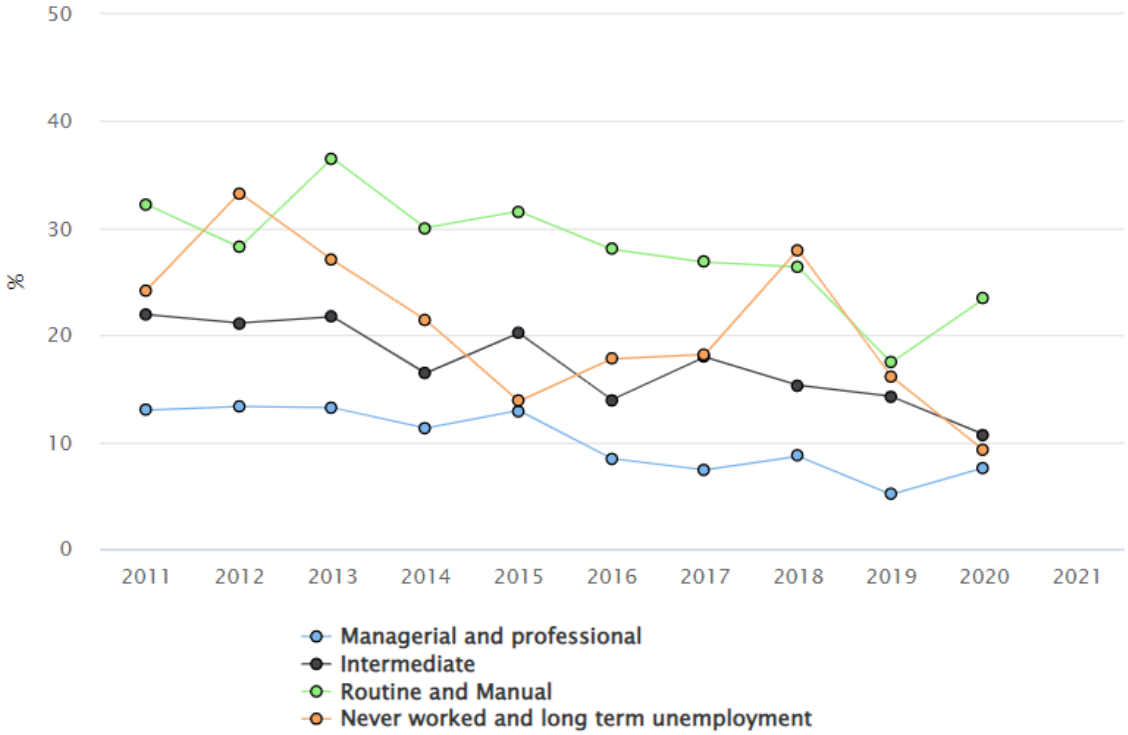



Figure 7 Smoking trends by occupational group

2.3.3 Current smoking rates for people with SMI in Trafford in 2022 at 35.2% is higher still, although below the estimated national average of 40%. Figure 8 below shows the smoking

rates in Trafford's general population compared to those of people with serious mental illness.

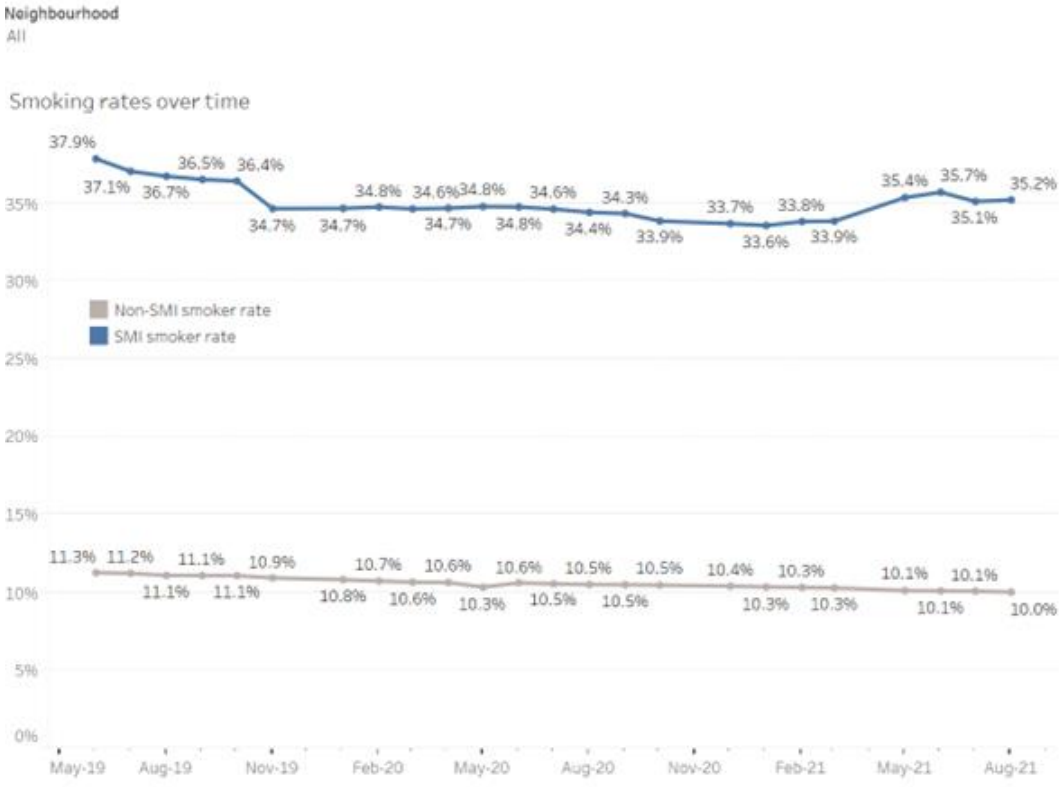



Figure 8: Trends in smoking rates in Trafford for people with and without serious mental illness (Source: gmtableau.nhs.uk)

2.3.4 E-cigarettes have shown themselves to be a very effective aid to quitting smoking, but for some people, the initial outlay required to move to vaping was prohibitive. In 2021 Trafford Public Health introduced an e-cigarette scheme for smoking cessation based on a successful local pilot. This has since been extended into maternity services through a GM programme and to all hospital inpatients. Our smoking cessation programme through community pharmacy is due to extend to an evidence based, twelve-week programme from April 1, 2023. A GP surgery in Partington started delivering e-cigarettes as a smoking cessation aid in 2022 (working with 87 people in the first six months with a 49% quit rate) and it is hoped that this can be extended to further surgeries in 2023 with ICB support. Public health also used the COVID-19 vaccination mobile unit as a way of supporting people from the homeless community and areas of high deprivation to stop smoking.

2.3.5 In addition, we have commissioned Bluesci, a social prescribing provider, to deliver stop smoking support to people with severe mental illness (SMI), which is defined as any patients with schizophrenia, bipolar or present with psychosis or delusions. The service model is based on the findings from Scimitar, a 2019 study, which found that the desire to quit smoking in people with SMI is the same as in the general population but more bespoke support is needed to turn this motivation into successful quits. GP & Community Mental Health Teams will be able to refer patients who smoke into the service, for support.

2.3.6 The service aligns with the NHS Long-Term commitments centred around tackling health inequalities and coincides with Greater Manchester Mental Health (GMMH) being chosen as an early implementer site for stop smoking support in acute settings. Bespoke work is also planned for residents of housing association properties, an education and intervention programme for young people (including vaping) and a partnership project with the ICB looking at lung health, cancer screening and smoking cessation in Partington in 2023-24.

2.3.7 While vaping is much safer than smoking, it is not without risks, including that of people move from vaping to smoking. We are therefore very keen that vaping is only used as a quit aid, and that vaping is not normalised in any communities. To this end, Trafford Public Health has funded a trading standards project which began in January 2023 targeting the illegal selling of cigarettes and vapes to young people. We have also been successful in securing a research fellow from September 2023 who will undertake research into smoking and vaping activity in young people to inform future services locally and nationally.

**2.3.8 Future Plans:** The health and wellbeing board held a deep dive session into Tobacco Control in late 2022 leading to a full action plan with key partners to address key areas. This will include:

- using the national CLEAR assessment to identify strengths and opportunities for development in Tobacco Control,
- developing a multi-agency action plan
- Establishing a local tobacco alliance to ensure implementation of the local plan

## 2.4 HWB Priority Area 4: Reducing harms from alcohol

Please note that a more detailed report on Alcohol was presented to Trafford's Health Scrutiny Committee in January 2023, and can be found here: [(Public Pack)Agenda Document for Health Scrutiny Committee, 18/01/2023 18:30 (trafford.gov.uk)](#).

2.4.1 Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions. Alcohol harm, both in terms of health and crime impacts disproportionately on the poorest, worsening existing inequalities in society.

2.4.2 Nationally, there are currently the most alcohol deaths on record[ii]. Trafford had an alcohol-related mortality rate of 35.9 per 100,000 in 2020 (more recent data have not yet been published); this rate is similar to the England rate of 37.8, and increased from a rate of 32 in 2019. This data does not demonstrate the inequalities between communities: both geographic and of shared characteristics.

2.4.3 Anecdotal data tell us that alcohol attributable conditions increase as the levels of deprivations increases in Trafford. This is in line with national trends as the impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The reasons for this are not fully understood. People on a low income do not tend to consume more alcohol than people from

higher socio-economic groups. The increased risk is likely to relate to the effects of other issues affecting people in lower socio-economic groups[iii].

2.4.4 As published in the last report, alcohol related death and hospital admission rates amongst male residents in Trafford continue to be at least twice as high as amongst females. Hospital admissions for alcohol attributable conditions increase as the levels of deprivation increases in Trafford.

2.4.5 Across GM and Trafford work is underway on prevention and early identification of alcohol related harm, including equity in access to treatment services. Trafford Council commissions the Achieve treatment partnership to support people with their alcohol use. Since 2017/18 there has been a year-on-year increase in the number of people accessing support for their alcohol use.

| Substance Category | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---|---|---|---|---|---|
| Alcohol only | 317 | 358 | 366 | 375 | 380 |

(Ref: NDTMS - ViewIt - Adult)

Locally, the highest number of specialist alcohol treatment referrals are for areas including Sale, Stretford, and Urmston. When speaking with our treatment provider, it is felt the reason for this is down to them receiving more referrals from social housing providers, who are linked into our mobile clinic offer to deliver interventions to the homeless and rough sleepers. One element of the mobile clinic is to offer individuals testing for blood borne viruses (BBV) and drug/alcohol support. As a result of this, more people have been offered BBV testing and been referred into the Achieve treatment service.

2.4.6 The Health and Wellbeing Board held a deep dive session into alcohol in late 2022 leading to a full action plan with key partners to address key areas. Key actions include:

- Creating a joint vision to tackle alcohol harm in Trafford, ensuring this is linked into wider strategies across the system.
- Developing a new sub-group for alcohol and substance misuse.
- Updating the alcohol Joint Strategic Needs Assessment (JSNA).

2.4.7 When looking at inequalities relating to young people, rates for alcohol-specific hospital admissions for individuals under 18 years of age has reduced since the last report was published, falling from 47.6 in 2017/18-2019/20 to 41.4 per 100,000 in 2018/19-2020/21. However, this still remains significantly higher than the England average.

When speaking with our young people's substance misuse treatment provider Early Break, the highest age group receiving alcohol support is currently for 14-16 year olds, followed by 17-19 year olds. We have recently commissioned Early Break to develop a young people's outreach service in hotspot areas identified through partnership/or internal service intelligence sources. To support the work of these outreach sessions, Early Break will develop and deliver creative brief interventions workshops along with drop-in sessions tailored to the needs of young people. This service will be delivered weekly over a period of 12 months.

Early Break have also developed their "Stressed Out Brain" Programme to support the delivery of harm reduction interventions with young people including addressing issues such as: risky behaviours, drugs and alcohol use, sexual health and screening, mental health and emotional wellbeing. They offered training to professionals to use these resources with young people. A range of professionals working directly with young people were in attendance such as those from our youth centres.

## 2.5 HWB Priority Area 5: Healthy Weight

2.5.1 Excess weight can have serious implications for health, with increased risk of cardiovascular disease, type 2 diabetes, vascular dementia and cancer and significantly reduces life-expectancy[iv]. More recently, all evidence suggests that as BMI increases, so does the severity of and mortality from COVID-19. Excess weight also has a huge impact on mental health and wellbeing, with weight stigma associated with significant increases in anxiety, depression and decreased self-esteem. Similarly to disability, evidence indicates that there are bi-directional associations between depression and excess weight – in other words, excess weight can cause mental health problems, and mental health problems can cause excess weight.

2.5.2 There is a strong social gradient in obesity, particularly in children, with children in the most deprived quintile nearly twice as likely (9.3%) to be obese at age 4-5 than those in the least deprived quintile (4.9%). By age 10-11, this difference is nearly three-fold (30% in the most deprived vs 12.2% in the least deprived quintile). This is illustrated in Figures 9 and 10 below. In adults, there is also a social gradient in obesity as seen from the primary care obesity register.

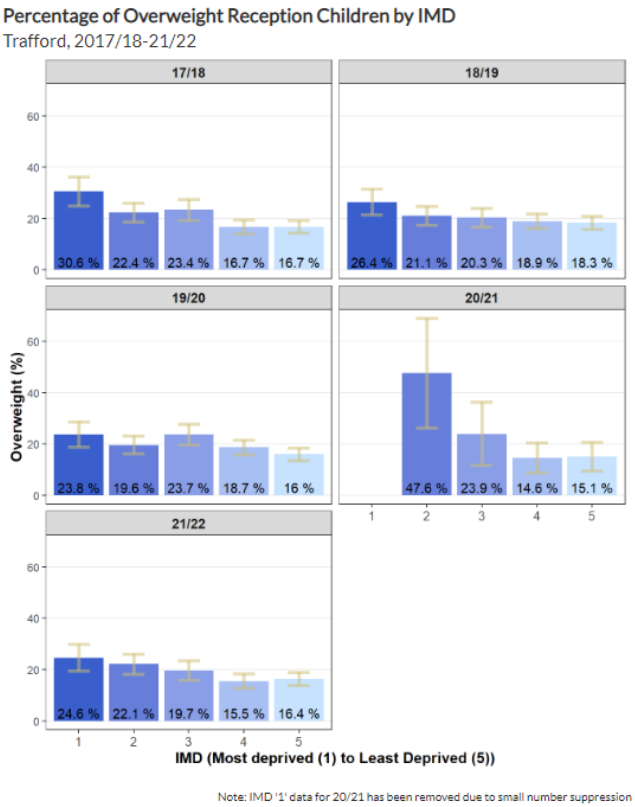



Figure 9 Percentage of overweight children by Index of Multiple Deprivation (IMD) in reception year (National Child Measurement Programme)

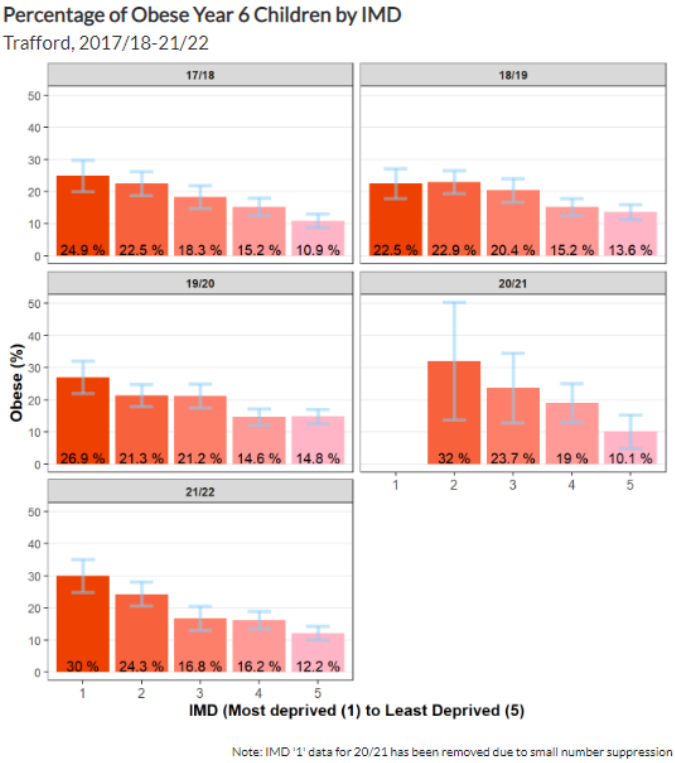



Figure 10 Percentage of overweight children by IMD in year 6 (National Child Measurement Programme

2,5.3 In addition, we know that certain groups of people are at greater risk. Those from a South Asian origin are at greater risk of obesity-related disease at a lower BMI than white people, while adults with disabilities are at increased risk of obesity compared to adults without disabilities. For those with learning disabilities, excess weight is linked to lower levels of physical activity, poor diet, and the side-effects of medication.[v]

2.5.4 Addressing excess weight requires a dual approach – providing support services to help people lose weight or maintain a healthy weight, alongside addressing the drivers and factors that create the obesogenic environment within which we live.

2.5.5 Obesity is a major risk factor for developing diabetes, and we can again see the impact of deprivation in our diabetes rates, with much greater prevalence in the north and west of the borough, as shown in Figure 11 below:

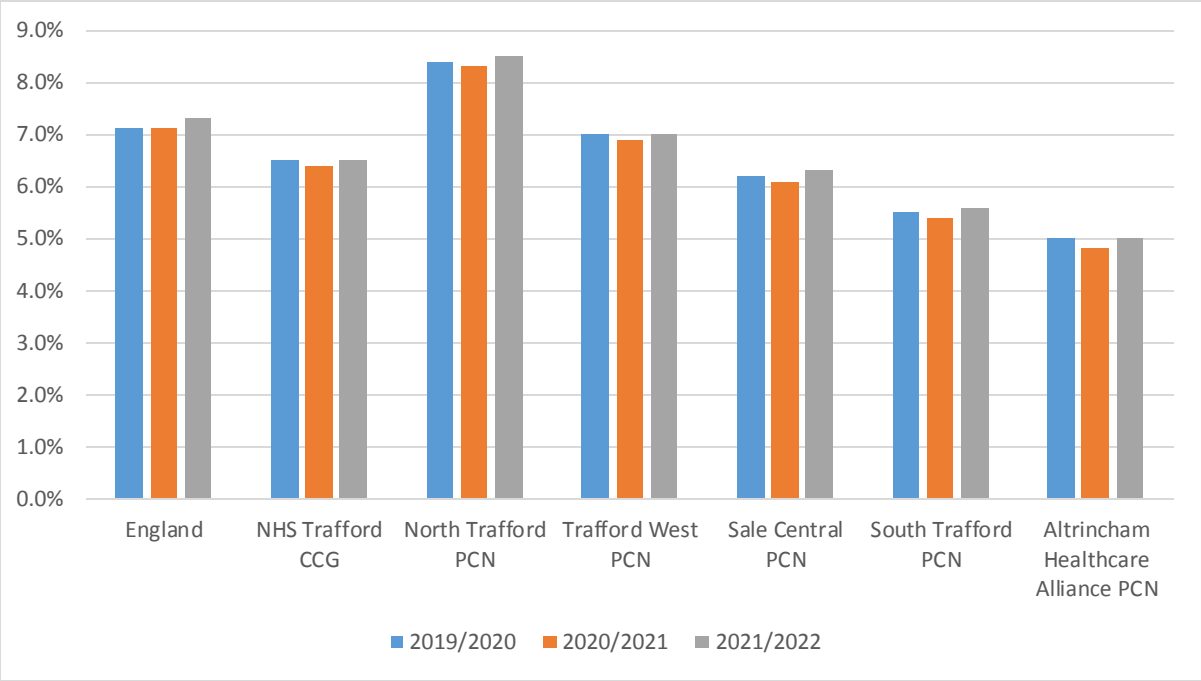



Figure 11 Diabetes prevalence for those aged 17+ by England, Primary Care Network and Trafford CCG.

2.5.6 Weight loss support:

- There are a range of locally and nationally commissioned weight loss services available, and this provides a good range of choice for residents but can also lead to inaction due to confusion over access/referral routes from residents and referring professionals. Therefore, the PH team have worked closely with primary care colleagues to provide easy to follow, easily accessible information on eligibility criteria and referral mechanisms.

- Locally, Slimming World are commissioned to deliver across Trafford, but they have developed key relationships in targeted neighbourhoods, such as Partington, to maximise uptake of the programme from these areas. The next stage is to develop similar relationships with VCFSE partners in the north of Trafford to increase uptake of the service from the communities in this area.
- The FitFans programme is targeted at men (who tend not to access weight loss programmes) using football as the engagement vehicle. This programme is delivered from key neighbourhoods – Partington, Sale Moor and Old Trafford.
- The Foundation 92 Family Wellbeing Programme supports families with physical activity, diet and mental wellbeing and resilience. Again, this is delivered in targeted neighbourhoods.
- The Trafford Healthy Weight Steering group has developed and implemented a safeguarding policy to support professionals to identify where obesity may be an indicator of neglect. Training has been delivered to a wide range of professionals to ensure that they understand the impact of excess weight on physical and mental health and wellbeing, and where it may be a cause for safeguarding concern.

2.5.7 System drivers:

The Health & Wellbeing Board deep dive into healthy weight identified key actions at a system level to start to address wider factors that influence weight, and these have been agreed by the board as:

1. Influence local planning policy and decisions in relation to food and transport to enable people in most deprived neighbourhoods to access affordable, healthy, sustainable food.

2. Develop policy statement on vending (machines) and implement across HWBB partner organisations.

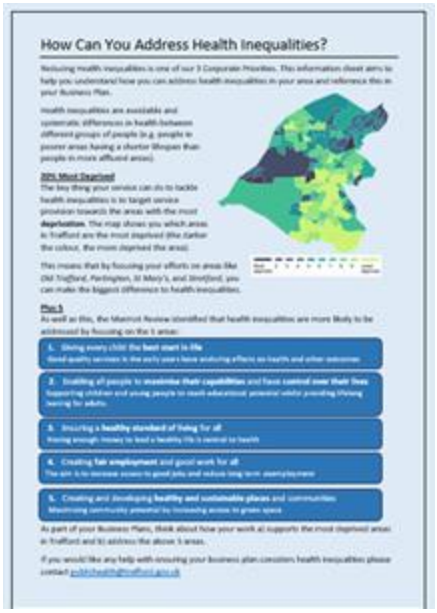
3. Investigate the impact of a local policy on advertising on Council owned land in relation to foods high in salt, fat, and sugar (HFSS).

4. Build on existing good practice to ensure school food standards are met - develop a set of enhanced school food standards for Trafford schools (reflecting health and climate) with an associated implementation plan including feasibility and cost implications.

These have been chosen based on evidence that:

- Advertising and availability of foods HFSS is targeted at/more concentrated in areas of greatest deprivation.
- Easy access to HFSS foods influences food choice, and vending machines are an example where the food on offer is exclusively HFSS.
- Adherence to the school food standards is variable.

3. **Supporting policies, partnerships, and key documents**


How Can You Address Health Inequalities?

3.1 Because reducing health inequalities is a central to both Trafford Council and to our NHS Partners, we have been able to harness the energy and enthusiasm of our integrated health and social care system to progress this work. Health inequalities are often deeply embedded, and it can take time to see the results of our work. However, we are working together to align our plans and processes. As an example, in order to secure consistency with the NHS CORE 20 plus 5, Trafford Public Health have replaced the '5' focus clinical areas requiring accelerated improvement to focus on the 5 areas in Marmot that address the wider determinants of health inequalities, as this helps make the approach more applicable and comprehensible to local authority staff and partners. . A briefing sheet has been prepared for all Council Directorates to support their business planning process and their consideration of how each Directorate can align their work programmes to securing a reduction in health inequalities

The Briefing also:

- Focusses on approaches – including the successful engagement methodologies used during the COVID pandemic
- Includes examples of existing programmes within the Council that are directed to reducing health inequalities.

3.2 One of the challenges we have in developing a co-ordinated integrated approach to reducing health inequalities is that different partners are sometimes working to different planning guidance. Whilst this adds complexity, the integrated approach that is being taken by our Locality and Health and Wellbeing Boards provides a structured approach where there is clear accountability and visibility on all the areas of action, leadership and governance. Listed below are some of the key documents that we are using to guide our work:

- Trafford Together Locality Plan
- NHS Planning Guidance 22/23; 23/24
- Trafford Council Corporate Plan 2022/23
- NW ADASS Vision 2030

- Trafford's Public Health Annual Reports
- Trafford Primary Care Strategy
- GM Healthwatch Strategy
- Trafford HWBB Strategy
- Trafford VCFSE Strategy
- Trafford Poverty Strategy
- Trafford Social Value Charter
- GM Strategies: Taking Charge 2, People and Communities

Appendix 1

Outcomes from Healthy Lives Project

| Outcomes | Evidence this difference | Target (from application) | What did you actually achieve? |
|---|---|---|---|
| *e.g. Improve the money management skills of young people through training them* | • *Register of attendees at training course*<br>• *Case Studies of Young People* | *15 young people trained* | *10 completed training, 5 in progress* |
| Increase the uptake of NHS health screening in the Borough by continuing and developing medical practice intervention | Record of the contacts made and patients booked for screening<br><br>No of patients attended screening (data provided by the practice) | 600+ contacted with 70% (480) attending over 3 years | 2881 contacted with 1202 – 61% above the target |
| increase the physical activity of BME people | • Engaging in physical activity | 75 people engaged in total | 131 adopted healthy lifestyles |
| Make more people aware of the importance of healthy weight for reducing the risk of CVD and Cancer- reducing the risk of long-term illness | • Attending wellbeing sessions | 25+ people more informed | 454 people attended wellbeing sessions |
| Support Service users in a way that will boost their confidence in local service, and they will take steps towards improving physical and mental health. | People from BAME communities attending mental and physical awareness courses | 840 | 160 |
| impact the wider determinants of health (reduce poverty, increase employment and volunteering, improve the environment etc) – within the deaf community | Attendance of Advocacy and resource appointment | 100 | 104 |

| | | | |
|---|---|---|---|
| Reduce levels of inactivity for disabled people | people engage in new physical activities. | 780 | 170 |
| Improve the health and well-being of disabled people | Engage in group activities with a physical health focus | 780 | 551 |
| reduce physical inactivity for participants through setting goals for daily activity as part of the programme | Number of participants achieving their goals for daily steps | 630 | 285 |

Weight management programme outcomes:

| | **Overall scheme** | **Most deprived quintile** |
|---|---|---|
| Completion | 60% | 62.5% |
| Average attendances | 8.6 | 8.8 |
| Average weight change | -4.8% | -4.2% |
| % achieving 5% weight loss | 46.8% | 37.5% |
| Average attendances (completers only) | 10.9 | 10.9 |
| Average weight change (completers only) | -6.2% | -5.8% |
| % achieving 5% weight loss (completers only) | 64.1% | 55.0% |

[i] UK Chief Medical Officers' Physical Activity Guidelines (publishing.service.gov.uk)

[ii] Alcohol-specific deaths in the UK - Office for National Statistics (ons.gov.uk

[iii] Health matters: harmful drinking and alcohol dependence - GOV.UK (www.gov.uk))

[iv] https://www.nhs.uk/conditions/obesity/

[v] Obesity & Disability – Adults (PHE)