

## TRAFFORD COUNCIL

**Report to:** Health Scrutiny  
**Report of:** Helen Gollins, Director of Public Health  
**Date:** 30<sup>th</sup> January 2024

### Report Title

An update on work carried out to tackle health inequalities and plans to address health inequalities in 2024/25.

### Purpose

To provide an update on work carried out to tackle health inequalities, since the previous health scrutiny report received February 2023, and to look at plans to address health inequalities in 2024/25.

### Next Steps / Recommendations

Trafford's Public Health Team and partners across Trafford are committed to reducing the impact of health inequalities. We will continue to do this by:

- Working across the health and social care system advocating for under-served groups and the communities they live in.
- Advocating for system-wide improvements in how population data is recorded, analysed and reported in order to inform pro-active interventions that address inequalities.
- Commissioning and influencing other service commissioners to promote 'proportionate universalism', aiming to improve the health of everyone, but with a greater focus and intensity on those facing the greatest need. Promoting equal access to services, experiences and opportunities.
- Working with colleagues to improve access to information and advice for residents and professionals.

Health Scrutiny Members are asked to continue to advocate for and support ongoing work to reduce the impact of health inequalities through:

- The Health and Wellbeing Board, Locality Board, new Fairer Health for Trafford Partnership and wider governance systems.
- Engagement and co-design mechanisms to enable a better understanding of residents' experiences within Trafford, ensuring these routinely inform service design and delivery.
- Championing of the neighbourhood programme, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.

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## 1. Introduction

Life expectancy is a good measure of health status and health inequality for an area. In Trafford, on average males can expect to live for 80.0 years and females, 83.7 years, this is comparable to England, (ONS data, 2016-2020 estimates). However, this varies across Trafford. A male living in Hale Barns might live, on average, to the age of 84.4 years, while in Bucklow St-Martins' the average life expectancy for males is 74.9 years, a difference of 9.5 years. Females in Hale Central have an average life expectancy of 88.1 years compared to 79.2 years for a female living in Bucklow St-Martins', a difference of 8.9 years. These stark differences are unfair and preventable.

In March 2023 Trafford's Health Scrutiny Committee received a report providing an overview of health inequalities in Trafford, and the steps being taken to address them, (see agenda item 9, [Agenda for Health Scrutiny Committee on Wednesday, 1st March, 2023, 6.30 pm \(trafford.gov.uk\)](https://trafford.gov.uk/agenda-for-health-scrutiny-committee-on-wednesday-1st-march-2023-6.30-pm)). This report provides an update on this work and describes our ambitions for 2024/25.

## 2. What do we mean by health Inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities can be measured between:

- socio-economic groups and deprivation: for example, our population smoking rate for adults aged 18+ (12.7%) is much lower than the smoking rate for routine or manual workers aged 18-64 in Trafford (22.5%)<sup>i</sup>.
- protected characteristics<sup>1</sup>: for example, evidence has shown that Trafford residents with a serious mental illness will die younger from physical health needs compared to residents without serious mental illness.
- geography: for example, we know that health outcomes for our residents living in Partington are not as good as those living in Hale.
- inclusion health and vulnerable groups: for example, the traveller community are less likely than other groups to be vaccinated against communicable diseases such as flu, measles and covid. We have an established traveller community living in Trafford's west neighborhood.

Health inequalities arise because of the impact of the wider determinants of health (or what are becoming more widely referred to as the building blocks for health such as jobs, homes, and education). Differences in the conditions in which we are born, grow, live, work and age influence our opportunities to live healthily, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing<sup>ii</sup>. Although access to health and care services are important, they have less bearing on our health than the building blocks, but differences in people's access and experience of health and care services is a contributing factor to inequalities.

## 3. Why should we reduce health inequalities?

Health inequalities negatively affect quality of life and limit opportunities to thrive. At a societal level, the presence of inequalities is not just bad for those with the poorest outcomes or experiences; it generates a sense of unfairness and lack of cohesion across the social gradient which is bad for a functioning society as a whole<sup>iii</sup>.

Health inequalities present further significant costs to society<sup>iv</sup> including the cost to the NHS and social care system of treating people with preventable conditions, and the impact to the wider economy through people being unable to access quality employment or connect with their communities. Prior to COVID-19, health inequalities were estimated to cost the NHS an extra £4.8

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<sup>1</sup> The Equality Act 2010 identifies nine protected characteristics: age, disability, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief

billion a year, society around £31 billion in lost productivity, and between £20 and £32 billion a year in lost tax revenue and benefit payments<sup>v</sup>.

There is strong evidence for cost-effectiveness and return on investment for preventative and public health level interventions<sup>vi</sup>. Appendix A presents some ROI examples.

#### **4. Local Context**

Although at borough level health outcomes for people who live in Trafford, or are registered with our primary care practices, are good compared to England, these figures mask hidden inequalities. The previous scrutiny paper provided a comprehensive review of health inequalities in Trafford. Furthermore, a health inequality needs assessment was produced by Trafford's Public Health Team in April 2023 to support a commissioning exercise. A copy of this needs assessment is available on request.

#### **5. System working to reduce inequalities in Trafford.**

By systems working in a co-ordinated way, we can support a reduction in health inequalities. (Examples of where this has worked are described in section 9: Successes).

Trafford Council and partners are committed to improving the wider determinants of health including through the provision of services, improved infrastructure, education, and employment. Trafford's Public Health team is integrated into the Greater Manchester and local health and care system.

Trafford has an established Locality Board and Health & Wellbeing Board; each have priorities that will impact on the wider determinants of health and address health inequalities. Work is underway to develop a joint Locality and Health and Wellbeing Strategy for Trafford.

The Locality Board has three priorities: resilient discharge, urgent care, and the neighbourhood programme, which are delivered by the Trafford Provider Collaborative Board. The Health and Wellbeing Board has five priorities:

- To reduce the impact of poor mental health.
- To reduce physical inactivity.
- To reduce the number of people who smoke or use tobacco.
- To reduce harms from alcohol.
- To support our residents to be a healthy weight.

Each of the priority areas has an active local partnership that are focusing action both at a population level and an inequalities level. Proportional universalism, (delivering interventions proportionate to need), promoting inclusivity, tackling the causes, and mitigating the negative impacts of health inequalities are all considered within partnership work programmes.

Integrating services and embedding a population health preventative approach are the principles of Trafford's Neighbourhood Programme. Each of our neighbourhoods experience health inequalities differently and our place-based approach enables us to tackle these inequalities. The recent primary care community outreach test and learn programme, which operated in Sale West, is an example of a place-based approach to addressing health inequalities.

##### **5.i. Greater Manchester Fairer Health for All**

A development since March 2023 is the implementation of a Greater Manchester-wide approach to addressing health inequalities at scale. Fairer Health for All is a system-wide commitment to

reducing health inequalities. It provides tools and resources for how we can collaborate, share, and learn across the system, to ensure people have the best possible health and wellbeing, no matter who they are or where they live. The tools will enable collation of vast and diverse intelligence, data, and insights from across public and VCFSE partners to drive resource and interventions where they are needed most. These tools will build capacity – for people, systems, and places – and provide strategic insights and collaborative approaches for integrated working. This will ensure we hardwire equity, inclusion and sustainability into our policies, initiatives, and programmes to meet our six Integrated Care Partnership missions and strengthen leadership and accountability.

Supporting the six key missions from the Integrated Care Partnership Strategy, as well as the delivery of the Five Year Joint Forward Plan, the framework provides a roadmap for how we will:

- fulfil statutory NHS responsibilities to create a greener, fairer, more prosperous city-region and deliver health and care services that better meet the needs of the communities we serve.
- enhance and embed prevention, equality, and sustainability into everything we do.
- tackle the discrimination, injustices and prejudice that lead to health and care inequalities.
- create more opportunities for people to lead healthy lives wherever they live, work and play in our city-region.

Trafford's Public Health team work closely with the Greater Manchester population health team to develop an understanding of how this will impact on delivery across Greater Manchester and into Trafford.

## **5.ii. Establish a Fairer Health in Trafford Partnership**

In recognition of the impact of health inequalities in Trafford, the breadth of activity being delivered, the range of organisations involved and the introduction of the GM Fairer Health for All Framework, the Health and Wellbeing Board agreed to establish A Fairer Health in Trafford Partnership, (FHiTP).

The Partnership will bring together the work of the partners, ensuring alignment and coordination of agendas including the Core20PLUS5 delivery programme (see appendix B for Core20PLUS5 model).

The FHiTP aims to provide a focussed approach to reducing health inequalities in Trafford by being a tactical forum that coordinates health inequality action across the borough, utilising current governance for delivery. If appropriate governance does not exist, the partnership will be accountable for delivery to address the specific health inequality. The objectives of the partnership are to:

- organise Trafford system action to tackle health inequalities.
- provide an evidence base of health inequalities in Trafford.
- map current health inequalities activity across Trafford.
- identify gaps in current delivery and consider the most effective and efficient approach to reducing these gaps, including current partnerships for delivery.
- ensure robust measurement and evaluation of action.
- listen to the voices of our residents and those impacted by the health inequality, ensuring their voices influence the approach taken to tackle the inequalities.
- provide challenge into the system when action is not implemented.

Establishing a new way of working can be challenging. The strengths of the proposed approach are:

- a coordinated approach to work that is otherwise fragmented with multiple partners driving forward action.
- a shared narrative and system-level health inequalities objectives accompanied by an action plan with outcomes, agreed with and understood by partners across the four neighbourhoods.
- once established, this process will strengthen system working and innovation, encouraging better use of resources and potentially joint funding.

The first meeting of the Partnership is expected to take place in February 2024.

## **6. Programme Activity**

The following programmes are examples of activity on going in Trafford which aim to address the causes and impacts of health inequalities. The examples are comprehensive but not exhaustive. One of the first actions of the Fairer Health in Trafford Partnership will be to map all current activity against need.

### **6.i. Understanding health inequalities**

Public Health have carried out work to understand the health needs of different groups of residents in Trafford via a range of health needs assessments. Needs assessments that have been completed or commenced in 2023 include:

- Smoking,
- Healthy Lives (inequalities),
- Serious violence,
- Oral health,
- Alcohol and substance misuse,
- Urgent Care Needs Assessment.

### **6.ii. Tobacco Control**

- System-wide Approach to Stopping Smoking: We have launched Trafford's Tobacco Alliance which brings together partners from across the system including public health, enforcement, health, emergency services etc. to address smoking related harm in the borough. We have developed our local vision, strategy, and action plan.
- Commissioned support for those with Serious Mental Illness (SMI): Trafford's smoking rate for individuals with SMI is 42.1% - an increase from last year, and much greater than the Trafford general population at 8%. To help reduce health inequalities in this group, we have commissioned Bluesci to deliver specialist stop smoking support to those with SMI.
- Developing a vaping offer: We are building on the existing vaping offer to schools by working in partnership with our CYP substance misuse partner Early Break and our School Health Team. This includes one-to-one support, school-based sessions, and webinars to help inform both professionals and parents of the associated risks and reduce harm, particularly around illicit vapes.
- An e-cigarette service has been commissioned: We also recognise that regulated e-cigarettes are a supportive quit aid for those who smoke, so we have commissioned Totally Wicked to offer e-cigarettes as a stop smoking intervention through our local stop smoking services.

### **6.iii. Improving Physical Activity**

- Public Health have worked collaboratively with Leisure, Primary Care and Trafford Leisure to stand up the Physical Activity Referral Scheme in Partington, focusing on developing a specific offer for this community that takes account of the multiple factors that impact on people moving more.
- Commissioned accessible cycling activity via Wheels for All: this continues in Stretford and will expand to Sale West, Partington and Old Trafford.

- Beyond Empower continue their work to support people with disabilities to increase their participation in physical activity.
- The falls prevention service provided by Age UK Trafford and Trafford Leisure is supporting older people at risk of falling to improve their strength and balance through specialist classes.
- Funding has been secured from the UK Shared Prosperity Fund to deliver a cycle hub at Stretford Leisure Centre, and outdoor gym equipment and activities in Cross Lane Park in Partington and in a park location in North Trafford TBC.
- We are leading a health stakeholders' group to ensure that the redevelopment of Partington Leisure Centre (via Levelling Up Funding) ensures that the physical building and associated activities and programming address health inequalities.
- Place-based physical activity plans are under development, with activity demonstrated through the inaugural Broomwood Moving network meeting, led through the neighbourhood programme.
- Commissioned Beat the Street to support children and families in Stretford, Gorse Hill and Old Trafford to walk, wheel and cycle more around their local community to earn points (and prizes) for themselves and their school.

#### **6.iv. Healthy Weight**

- Set up distribution of Healthy Start vitamins via Early Help Hubs for families who are eligible for the Healthy Start benefit. Also set up the provision for families not eligible for Healthy Start to purchase vitamins at cost price (significantly cheaper than otherwise available) from the EHHs.
- The Adult Weight Management programmes delivered by Slimming World and Foundation 92 (FitFans) continue to work closely with colleagues in specific neighbourhoods to ensure that uptake of these free programmes is maximised by people most likely to experience health inequalities.
- Foundation 92's family wellbeing programme continues to deliver positive outcomes around healthy eating, physical activity and mental wellbeing for families living in our most disadvantaged communities.
- Progress the Health & Wellbeing Board priority actions around school food and advertising – Public Health are working with Environmental Health to carry out research into adherence to the school food standards at a number of schools. In addition, we are making progress with developing a new advertising policy for the Council which sets out restrictions in advertising foods that are high in fat, salt and/or sugar (HFSS).
- Latest data from the National Child Measurement Programme show that the slope of inequality in reception children for prevalence of both overweight and obesity has narrowed over the past five years. In 17/18, there were nearly twice as many overweight children in reception in IMD quintile 1 compared to IMD quintile 5. Confidence intervals between the most and least deprived groups now overlap.

#### **6.v. Improving Oral Health**

- Established a new programme of supervised tooth brushing in early years settings – incorporating supervised brushing into daily routine within the setting. The initial pilot (summer) and main programme (autumn) will be targeted to areas of higher deprivation where prevalence of tooth decay is likely to be higher.
- Supplies of brushes and paste have also been secured for targeted distribution by health visitors, and for the resettlement hotel – which houses migrant adults and families.

#### **6.vi. Mental health**

- Trafford Health and Wellbeing Board mental health deep dive recommended that all employers that sit on the Board commit to becoming Living Wage accredited and that a third commit to work towards the Good Employment Charter by April 2024. Trafford Council is now a fully accredited Living Wage employer and is a full member of the Employment Charter as of June 2023.

- We are working to embed insights from the Poverty Truth Commission and mental health inequalities work in Trafford's all age mental health and wellbeing strategy.
- As part of the development of the neighbourhood networks, the public health team is working to promote early intervention and preventative mental wellbeing support for residents, developing our communications plan to target populations most in need
- Public Health has commissioned a small 2-year pilot school transition programme called Headstart to support the mental wellbeing of year 6 pupils into secondary schools and will be delivered in 5 primary schools in Trafford by April 2025. This programme has been targeted at those children living in areas of most deprivation and will raise awareness of emotional literacy with pupils and staff within the programme.

#### **6.vii. Substance Use**

- Improved partnership working and information sharing: We are continuing to build on the Trafford Alcohol, Substance Misuse & Gambling Partnership (TASMGP) which bring together partners to address substance related harm in Trafford. In having this partnership, we have been able to build relationships with partners and gather a better picture of substance related needs and health inequalities in the borough. Membership includes regulatory services, housing, GMP and probation, education and the VCFSE sector etc. The intelligence shared has been able to feed into our local needs assessment which is currently in development.
- Increased investment: We have been able to continue funding into the substance misuse sector after being in receipt of the Supplementary Substance Misuse Treatment & Recovery Grant to reduce drug related deaths across the borough. We have used this grant to increase capacity within the recovery service, to increase training available to the wider system, and to increase partnership working for example with NWAS.

#### **6.viii. Immunisation uptake**

- As part of Greater Manchester's measles preparedness efforts, Trafford has developed its own measles action plan. Increasing uptake and coverage of measles, mumps and rubella (MMR) vaccination in 0–5-year-olds and reducing inequalities in coverage between groups in our population.
- Trafford Public Health and GM Integrated Care (Trafford) are currently working together to increase uptake and coverage of measles, mumps and rubella (MMR) vaccination across the borough, prioritising children registered at the four practices in the North neighbourhood. As part of this work, we have co-commissioned Voice of BME Trafford (VBMET) to undertake assertive 'call and recall' activities which entails contacting families by telephone and speaking to them in community languages to provide information and assurance about MMR vaccination and encourage informed consent. There are also some additional community engagement activities underway to increase awareness of measles risk and MMR vaccination among residents.
- The project started at Limelight in mid-October and is already having a positive impact on uptake. This is significant progress in an area of the borough where there are high levels of vaccine hesitancy and uptake for all childhood vaccination programmes is considerably lower than in our other three neighbourhoods. The project is also helping us to gather valuable intelligence about local residents' attitudes towards vaccination with VBMET volunteers capturing feedback about the key reasons given for accepting or declining vaccination. This insight will inform our ongoing work to improve uptake and reduce inequalities (e.g. tailoring communications to address specific concerns or misinformation about vaccines in the community).
- The VBMET volunteers have completed the calls at Limelight (although there may be some additional work to follow up the 8 families who did not attend their appointments) and are now contacting patients at North Trafford Group Practice. They will then move on to Delamere and Lostock later in November.

#### **6.ix. Reducing the impact of health inequalities on Children and Young People**

A detailed paper on health inequalities for children was presented to the Children's Scrutiny Committee in November 2023 with more detail on the specific experiences and action to tackle health inequalities for children and young people, (see agenda item 7, [Agenda for Children and Young People's Scrutiny Committee on Tuesday, 21st November, 2023, 6.30 pm \(trafford.gov.uk\)](#)).

Trafford's Public Health team commission the universal health offer through health visitors and school nursing. Additionally, the team fund youth workers to provide public health interventions and advice. They provide sexual health advice, including talks at local secondary schools and youth groups and a specific support group for young parents giving sexual health and relationships advice. The wider youth work team give advice on substance misuse, alcohol, smoking, vaping, healthy eating, and nutrition, promoting physical activity, mental health and wellbeing and healthy relationships and domestic abuse.

### **7. Health inequalities specific funding**

For a number of years, Trafford Council's Public Health Team in conjunction with L&Q Housing has funded a number of voluntary sector providers to address health inequalities for key groups. These projects have been funded for four years now and their contracts are coming to an end in March 2024. These have included:

- **Age UK**  
Provides a roving support vehicle across all of Trafford, twelve times in each of the four neighbourhoods per year with a focus on deprived communities. They provide information and advice for over 50s; benefit checks; information on dementia and MCI; health interventions (such as blood pressure checks); advice on fuel poverty; signposting; information on the prevention of falls. The purpose is to enable people to gain control over their lives and re-engage with the community. It is aimed at people over 50 and their carers (with specific emphasis given to targeting the BAME community).
- **Manchester Deaf Centre (Trafford Deaf Advocacy & Support Service)**  
The service supports deaf people with communication, information, advocacy, and signposting. Deaf people accessing the service will receive a holistic health & wellbeing assessment. People will be able to access peer support and training on topics such as independent living and food hygiene. They will also be supported to obtain a health assessment and access public health interventions such as smoking cessation or NHS health checks.
- **Pakistani Resource Centre (PRC)**  
The service works with Black Asian and Minority Ethnic (BAME) individuals experiencing mental ill health focussing on improving their general health and wellbeing. 1-1 support is delivered both in people's homes and at community centres. This support is for six weeks, with potential follow up support as required. As well as 1-1 support, there are also drop-in support groups on topics such as health, domestic violence, and female genital mutilation. A specific project has been set up in conjunction with North Trafford Group Practice to offer Health Checks to people from Black and South Asian ethnic communities at the earlier age of 25-39 years, due to the prevalence of health conditions and higher risk of CVD and stroke in those communities.



- **Unlimited Potential – Beyond Empower**  
Works with disabled communities and those around them to lead healthy active lifestyles. Users receive a physical health check in which their BMI, blood pressure, blood glucose, blood cholesterol and forced expiratory volume are measured. Support from Empower You is available via 1-1 and group support. Group support is for an eight-week period where motivational interviewing and behaviour change techniques are used to increase individuals' confidence and independence. The 1-1 support sources activities of interest for 8 weeks and includes 3 face-to-face support sessions. The project also works with mainstream providers and groups providing physical activity to ensure they have disability awareness and can adapt their provision to be appropriate. They also work with care providers to ensure physical activity is embedded into the lives of those they support.
- **Voice of BME – Saving Lives & Better Living**  
Primarily working with BME communities, the service increases the uptake of NHS screening, with special emphasis on breast and cervical screening. This occurs via 1-1 support over the phone, screening awareness drop-ins, a Wellbeing Health Club, and community engagement. The 1-1 support helps people to make changes to their overall health and wellbeing. This service works in partnerships with 3 main practices including North Trafford Group Practice, Limelight, Delamere & Lostock. The project was extended in 2023 to include bowel screening.

Trafford Council is continuing to invest £145,000 a year to the voluntary and community sector to support some groups of people within Trafford who are disproportionately impacted by health inequalities. A five-year funding offer was recently developed in conjunction with the sector and wider colleagues. The target cohorts for this were:

- People living in high areas of deprivation as defined by the 20% most deprived nationally.
- Ethnically diverse populations experiencing health inequalities.
- Older people from deprived communities.
- People with learning disabilities, physical disabilities or sensory impairments.
- Travellers/gypsy communities in Trafford.

Public health has received applications covering the first four target cohorts and will be looking to award and progress these projects with an April 2024 start date. Trafford NHS ICB has also awarded some similar funding for people with long term conditions and Public Health will be working collaboratively to ensure the two schemes complement each other and that we maximise both opportunities. Public health can update scrutiny on the details of the projects once awarded.

## **8. Additional activity focused on specific groups**

- **Sex workers**  
Trafford Council funds a project specifically addressing the health and wellbeing of sex workers in conjunction with Manchester City Council called Manchester Action on Street Health. This includes a nurse-run clinic to address preventative healthcare and sexual health support and a drop-in giving wider support, advice and referrals into other services.
- **Homelessness**  
Trafford's Strategic Housing team have employed a co-ordinator from November 2023 to look at establishing a series of health drop-in events at key locations to support the health of people experiencing homelessness. A nurse will be present to give health support and Public Health are currently exploring funding the nurse to undertake health checks and smoking cessation interventions. Local agencies will be on hand to provide advice on drug and alcohol issues, sexual health and mental health support.

- **Unpaid carers**  
Trafford Council and Trafford NHS ICB jointly fund support to carers via a contract with Trafford Carers Centre. This includes a comprehensive carers assessment looking at the impact of their caring role on all aspects of their lives and includes a nurse working at the Centre to carry out Carers' Health Assessments. Carers are also identified through primary care to be placed on a Carers Register due to carers being at a higher risk of illnesses and to offer eligibility to flu vaccinations. Trafford's Public Health team plan to explore with Trafford Carers Centre the opportunity to offer fuller interventions as part of their health offer, such as smoking cessation.
- **LGBTQIA+**  
Trafford already commission a specific project in conjunction with the other nine Greater Manchester local authorities to support the sexual health of people from LGBTQIA+ groups. Public Health is looking in 2023 to establish a smoking cessation intervention project for this group given the higher rates of smoking.
- **Gypsy, Roma and Irish Traveller communities**  
Public Health gave GRT communities as a priority group in the recent health inequalities funding but failed to receive any bids to address the health inequalities in this population. Conversations have taken place recently with the Partnerships Team, Education Welfare and Enforcement to establish where there might be opportunities to develop public health interventions. Future conversations are planned with a variety of groups to progress this provision.

## **9. Success**

Each of these programmes of work aim to improve the quality of life of our residents. We wanted to share three examples of where working as a system has definitively reduced a health inequality.

### **9.i. Supporting children to be a healthy weight.**

Children who are obese tend to stay obese in adulthood, and as such are prone to increased risk of diabetes and cardiac problems at a younger age. There is a clear social gradient in excess weight in children, with those living in the most deprived areas around twice as likely to be overweight or very overweight than those in the least deprived areas. This inequality is particularly pronounced at age 10-11.

Every year, the school health team are responsible for weighing and measuring every child (with parental consent) in Reception (age 4-5) and Year 6 (age 10-11) – known as the National Child Measurement Programme (NCMP). This is one of the statutory functions of Public Health which TLCO's school nurses carry out on our behalf. The data collected helps us understand some of the local challenges with regards to children's health and where we need to focus our work with partners and families to improve health and reduce inequalities.

The data collected via the NCMP tells us that, generally speaking, children living in our most disadvantaged communities are more likely to be living with overweight or obesity. However, this year we have seen important improvements, with the differences in the prevalence of excess weight between our most and least disadvantaged children now virtually eliminated in reception aged children. The overall percentage of children who are overweight or very overweight is also decreasing. This is not a trend that is being seen nationally, so Trafford are bucking the trend in a positive way, showing that the hard work of colleagues across the system is starting to pay off.

## **9.ii. Suicide prevention**

Public Health have commissioned a local provider to provide Suicide Prevention Training. Organisations were selected for training was based on the organisation's links with 'at risk groups', their level of professional competency within the subject area, and the number of workforce development opportunities afforded to them regularly. Training is to take place between January – March 2024 and currently 160 frontline workforce colleagues have signed up. Organisations range from; housing associations, domestic abuse services and children's services.

Through the UK Shared Prosperity Funding, the government's levelling up fund, a panel of Trafford Council and Trafford Collective colleagues we were able to award all three bids for Round 1 to VCFSE organisations and community groups for activities to take place between January – July 2024. Public Health priorities for funded activities maintain that they must contribute to the improvement the health and wellbeing of residents and help to reduce health inequalities. Successful applicants were Gorsehill studios working with young people who do not meet the criteria for other services, Seed Studios working with those socially isolated and living in deprived areas and Inch Arts using art to support those affected by a bereavement.

## **9.iii. Improving MMR vaccinations uptake.**

Vaccination uptake is usually lower in communities negatively affected by the wider determinants of health, and as we saw through the pandemic are the communities that experience the great harm.

Increasing uptake and coverage of MMR vaccination among 1–5-year-olds, and reducing inequalities in coverage between groups is a key priority in Trafford. Communities in the North neighbourhood are the most deprived and ethnically diverse in Trafford, and uptake across all routine childhood immunisation programmes is significantly below national/international targets and the 95% threshold for maintaining herd immunity against measles.

Public Health worked with a voluntary sector organisation, Voice of BME Trafford (VBMET) to pilot an enhanced call and recall programme for children registered at the four GP practices in North Trafford, identifying and targeting those children with incomplete MMR vaccination status. Community Health Mentors from VBMET worked within the four practices, contacting families by telephone, speaking to them in community languages to provide information and assurance about MMR vaccination and encourage informed consent. Those that consented were then booked in and vaccinated at GP practices. Community Health Mentors were supported by direct access to a General Practitioner who provided further information to mentors and spoke to families when needed. Mentors gathered intelligence about residents' attitudes and beliefs around MMR (and vaccination more generally). Mentors also attended community engagement events.

Community Health Mentors spoke to over 200 families, with a rate of between 30-50% booked in for MMR vaccination. They gathered intelligence on reasons for previous decline or lack of response to MMR vaccination, current views and beliefs on vaccination and any barriers to MMR vaccination going forward. These included language barriers, religious and cultural concerns regarding the MMR vaccine, issues with access and capacity in the local health system, concerns about safety of vaccine, vaccine content and potential side effects.

This project delivered positive outcomes on MMR vaccination uptake and a significant impact on local health inequalities. The latest cover data (Q2 2023-2024) shows Trafford reporting the highest MMR uptake of all boroughs in Greater Manchester, for MMR2 at 5 years, 92.1%. Trafford reported an uptake rate of 88.2% for the last quarter in Trafford– Q1 2023-2024, this programme

has demonstrated an increase of nearly 4%. Trafford has received a further £18,000 from Greater Manchester ICB to support this programme of work across all our neighbourhoods.

## **10. Summary**

This paper provides an update on work to address health inequalities in Trafford. It describes how the system is working together to strengthen the building blocks of health and reduce the causes and impact of health inequalities. We also describe our ambition to add strength to our programmes of work through the establishment of the Fairer Health for Trafford Partnership. We will have a coordinated approach to understanding our inequalities, the work and resources required to address these and most importantly the outcome measures, so the system can understand if and how we collectively make a difference.

Trafford's Health Scrutiny Committee is asked to continue to advocate for and support ongoing work to reduce the impact of health inequalities through:

- The Health and Wellbeing Board, Locality Board, new Fairer Health for Trafford Partnership, and wider governance systems.
- Engagement and co-design mechanisms to enable a better understanding of residents' experiences within Trafford, ensuring these routinely inform design and delivery of our response.
- Championing of the neighbourhood program, bringing together partners at a neighbourhood level and sharing intelligence about what is happening on the ground.

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## For every £1 invested in...



### Alcohol treatment

There's a social return on investment (SROI) of **£3**.  
This increases to a total of **£21** over 10 years. [\(Source\)](#)



### Drugs treatment

There's a SROI of **£4**.  
Increasing to **£26** over 10 years. [\(Source\)](#)  
**£2.50** over a year. [\(Source\)](#)



### Suicide prevention

There's a SROI of **£39.11** after 10 years. **40** years of additional life.  
A narrower health, local authority and police perspective still finds a ROI of **£2.93** over 10 years [\(Source\)](#)



### Smoking cessation

On smoking cessation, **£10** is saved in future health care costs and health gains [\(Source\)](#)



### Physical activity

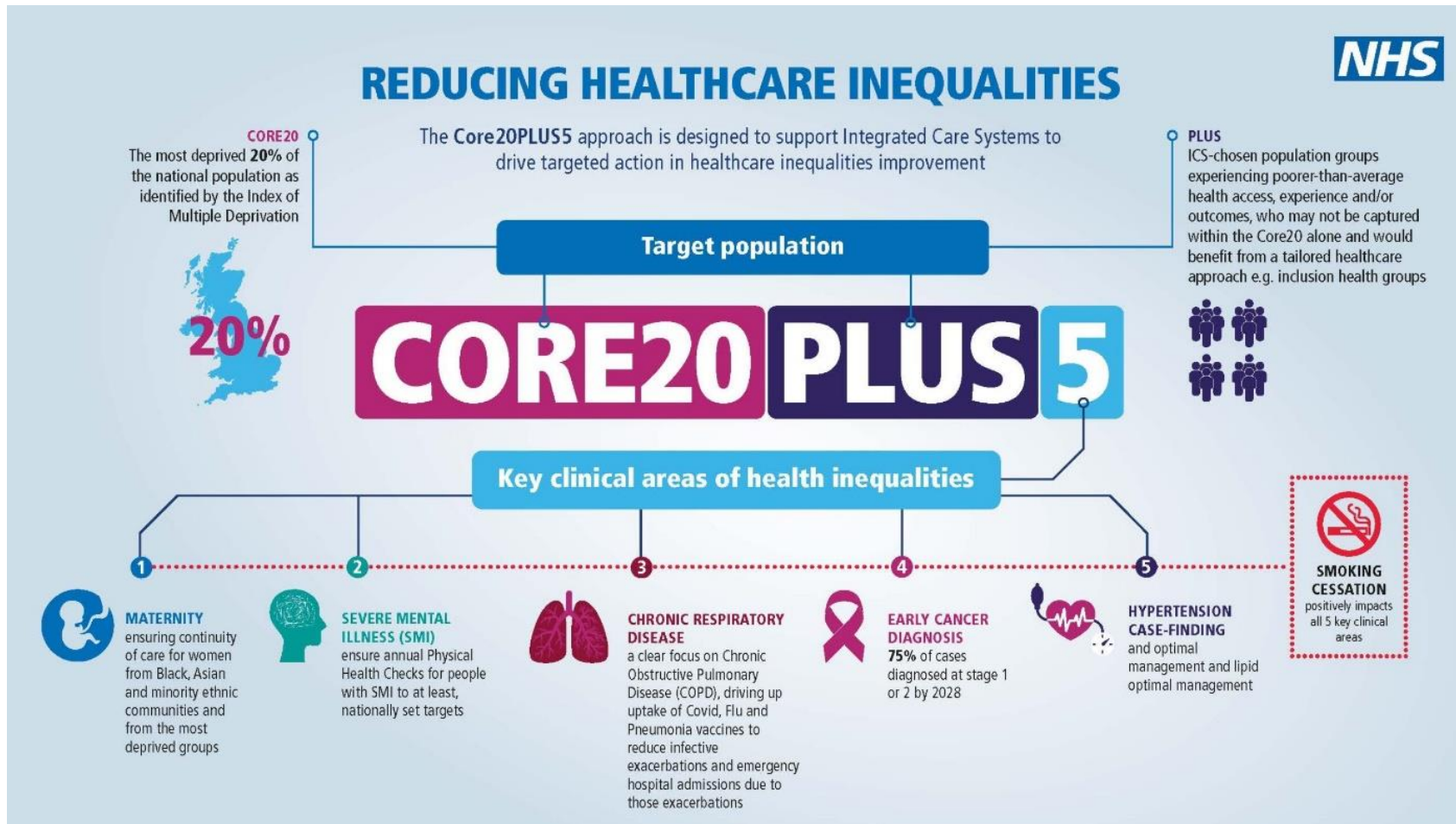
On sport and physical activity **£3.28** worth of social impacts over a year. [\(Source\)](#)



### Public Health interventions

Average (median) ROI for all public health interventions = **£14.3** [\(Source\)](#)

## Appendix B: Reducing Healthcare Inequalities



## References

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- <sup>i</sup> ONS, (2022), Annual Population Survey (APS) QMI, <https://www.ons.gov.uk/>
- <sup>ii</sup> World Health Organization. *Global Status Report on Noncommunicable Diseases 2010*. Geneva, Switzerland: WHO Press; 2011
- <sup>iii</sup> [Impacts | The Equality Trust](#)
- <sup>iv</sup> OHID, (2022) Health disparities and health inequalities: applying All Our Health. [www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health](http://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health).
- <sup>v</sup> OHID, (2022) Health disparities and health inequalities: applying All Our Health. [www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health](http://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health).
- <sup>vi</sup> [Making the case for prevention - Primary Care Unit \(cam.ac.uk\)](#)