

BUILDING A HEALTHIER TRAFFORD

MAKING GOOD DECISIONS IN HARD TIMES



TRAFFORD PUBLIC HEALTH
ANNUAL REPORT 2022

WELCOME

Welcome to the Building a Healthier Trafford: Making Good Decisions in Hard Times 2022 Public Health Report. I hope you find it interesting, and that it is helpful in identifying the high impact changes we can make to improve the health and wellbeing of everyone in Trafford.



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Acknowledgements

Many thanks to everyone in the Public Health team for their tremendous work over the last year, and in particular to the contributors and editorial team for the Public Health Annual Report (PHAR); Jilla Burgess-Allen, Helen Gollins, Jane Hynes, Paul Burton, Anna Collins, Hari Parekh, Harry Wallace, Aimee Gibson, and Jane Wagstaff.

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FOREWORD

At the start of 2022, Covid-19 rates were still high, we had restrictions on our movements and a whole population testing programme in place.

This winter, we are seeing quite high levels of Covid-19 with some outbreaks, as well as cases of flu and other infections. Thankfully, the success of the immunisation programmes means that for most people, these illnesses are unpleasant, but not life-threatening. However, just as many of us were thinking that 'normal' life could resume, we have been hit by high rises in the cost of living, inflation, and the visible consequences of climate change. We are also still seeing the aftermath of Covid-19¹ in the numbers of people with long Covid-19, in the lost learning and poorer mental health of our children, and in the backlog of routine healthcare. In addition, many staff are exhausted, and recruitment and retention are problematic in many sectors.

This year's Public Health Annual Report looks at what we can do in Trafford to support and further develop resilient communities, working to improve health, tackle climate change and address the cost-of-living crisis in the borough.

It focuses on three areas where taking effective action will reduce inequalities, reduce carbon usage, and help mitigate cost of living pressures. These areas are transport and travel; household energy efficiency, and food and diet; the report makes some recommendations for personal and system changes that will deliver better health for all.



Jane Slater

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INTRODUCTION

Strong communities make strong individuals; chains are only as strong as their weakest link. How do we use these truisms to help us protect and improve the health of our population at this time, when we are facing a number of challenges?

The national increase in inflation is likely to hit the health and social care sector particularly hard. Many businesses such as care homes are already finding it hard to recruit and retain staff, with Brexit and Covid-19 contributing to the difficulties in maintaining workforce numbers. Many within the sector are on low wages, and other employers, including in the retail sector, are able to offer attractive alternative employment. Inflation in this sector is generally higher than the national rate, and there is increased demand for services following Covid-19.

The pressures exposed by current inflation rates and the issues with fuel/energy cost and supply make it likely that we will face worsening of existing illness, deteriorating mental health, and increased rates of hospitalisation and death among people across the borough. We are also likely to see people declining means tested or co-payment services, such as social care or dentistry, due to pressures on household income making such services feel unaffordable. These impacts will affect our whole population, either directly (for example, through inability to maintain a warm home) or indirectly (for example, through the impact of increased hospitalisation rates on waiting times for elective treatment).

Given the above, how do we prevent ourselves feeling despair? This report will review actions that will help to reduce the risks that people in our borough face, and that will help us develop more resilient and sustainable infrastructure and communities. These actions, taken together, will help us to reduce poverty, inequality, and our carbon emissions, and move into a safer, healthier Trafford.

CHAPTER 1: CHANGING SYSTEMS, CHANGING OUTCOMES

Creating a coherent and unified response to the increasing cost of living across Trafford is urgent.

In Trafford, the projected fuel costs this winter will mean that over 12,000 households (one in eight of our total) will be in fuel poverty. People will be unable to heat their homes adequately and are therefore at increased risk of hypothermia and other health conditions, including exacerbation of respiratory diseases and worsened mental health².

Nationally, one in eight people are currently on an NHS waiting list and this is projected to rise to 10 million by 2024. Greater Manchester is one of the areas hardest hit by Covid-19: we currently have one in six people (over half a million people) waiting for treatment³. This is nearly double the number that were waiting before the pandemic.

The war in Ukraine has led to shortages of both fuel and food, leading to increased costs of both. Trafford families have been very welcoming, with many people opening their homes to refugees, but finding longer term housing for refugees,

wherever they are from, is a pressing issue. This is exacerbated by the huge divide in our housing sector, with many people in expensive, insecure and poor quality rented accommodation. Younger people are particularly affected by this, and those without parental support are finding it challenging to raise the money for a house deposit. Meanwhile, some of our older people are property rich but asset poor, living in large homes that they cannot afford to heat.

Our response must be framed within two overarching strategic goals. The first is the need to address long-standing health inequalities, which were further exposed and heightened in the pandemic, and which are leading to worse outcomes for all. [Our Joint Strategic Needs Assessment Needs \(Trafford JSNA\)](#) gives more detail on this. The second is the need to reduce our carbon footprint.

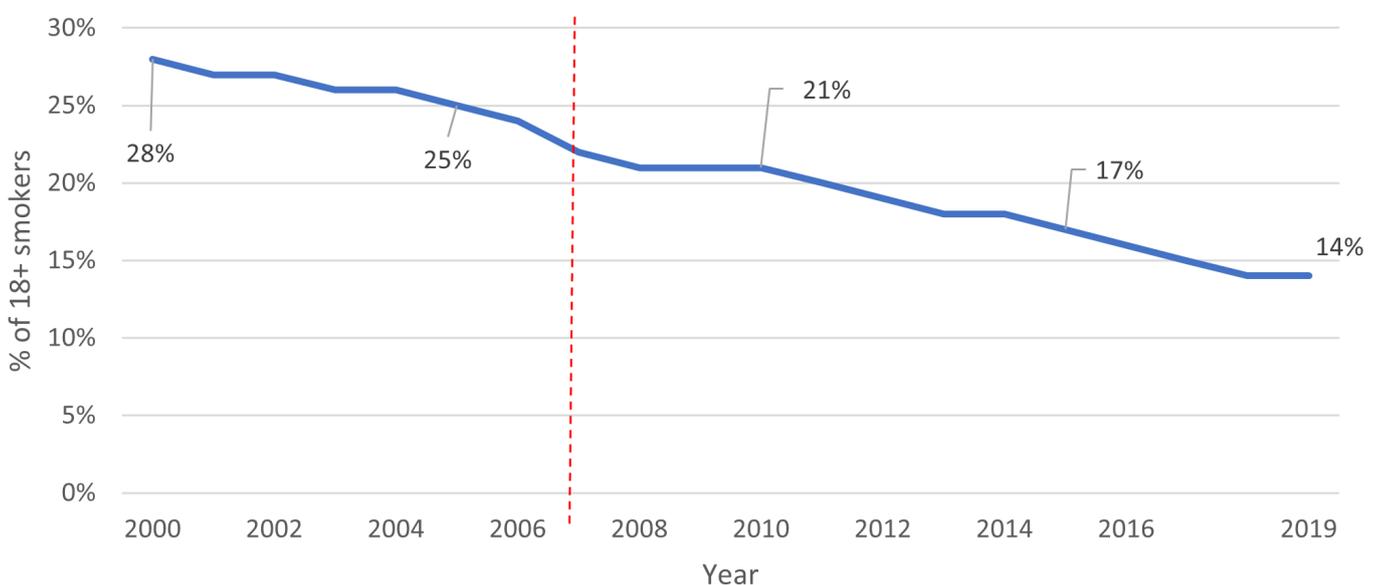
Climate change is starting to hit the northern hemisphere, including the UK. In January, Trafford came extremely close to major flooding and in the summer, we felt the effects of the heatwave, which were estimated to cause over 3,000 excess deaths across England and Wales⁴, droughts have also led to major failures in crops in many parts of Europe, further increasing the cost of food.

We need to ensure that the steps we take to alleviate the impact of inflation and cost of living pressures will also help us reduce our carbon emissions and reduce inequalities. If not, we will create further short, medium and long-term problems.

Recent attempts to address this have often focussed on interventions that support individuals to change their behaviour, rather than looking at changes to the systems and practices that guide how we live. This system change is often described in terms of influencing the 'wider determinants' of health, such as education, employment or housing, but it goes beyond this into thinking about which outcomes are chosen or prioritised, how they are measured, and how different elements influence or impact on each other.

Interventions that focus on the role of the individual are not only less effective than system-based interventions, but also deflect attention from, and reduce support for, system-based change, with people overestimating the importance of individual factors, and underestimating the impact of situational factors. However, unless we change how systems operate, we will not reach the outcomes that we have set for ourselves, at either national or local level. The relative strength of a regulatory, systems based approach over individual approaches has been demonstrated clearly with the smoking ban; although rates of smoking were coming down prior to the ban on smoking indoors, since the ban was introduced they have decreased further. Interestingly, in the run up to the, ban rates decreased quite sharply, possibly because of the discussion on smoking related harm.

Smoking Prevalence in the U.K



Although there was some significant opposition to the ban, with tobacco companies pushing hard for activities focusing on individual behaviour change, after being introduced it has been effective and popular, and requires little in the way of formal enforcement. This is significantly different to the current situation with junk food, which is implicated in the UK's obesity levels. In this case, obesity continues to be popularly understood as being about individual choice, and the food industry is continuing to push back successfully against regulation.

The charity Nesta and the Behavioural Insights team have conducted research looking at how public attitudes to food regulation⁵, as public acceptability of the required actions or interventions is important for the government and food industry.

They found that interventions that change the food environment are more effective than educational or behavioural measures aimed at individuals.

As the general public believes that individual behaviour is the most important factor in tackling obesity, this leads them to support interventions that are aimed at delivering individual behaviour change over those that promote more effective change, such as regulation or restrictions.

The diagrams opposite demonstrate both the inaccurate beliefs that people have regarding the effectiveness of different types of intervention, and how these beliefs influence support for different interventions.



The misconceptions around the effectiveness of obesity interventions

How effective the interventions are
(by intervention type)*



How effective they are perceived to be
(by intervention type)



Perceived as very effective

↑

Average Perceived effectiveness
(How effective they think each intervention is at tackling obesity)

↓

Perceived as not very effective

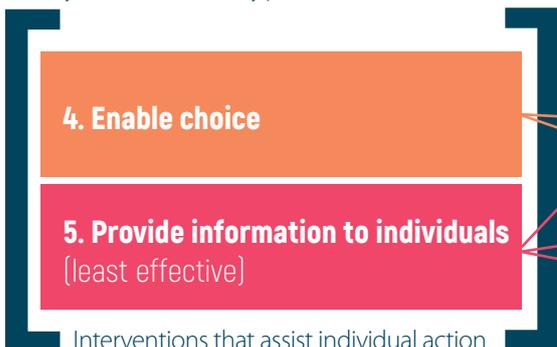
How to read this chart

Box colour represents the actual effectiveness of the interventions



This view is reflected in the misconceptions of obesity interventions

How effective the interventions are
(by intervention type)*



How acceptable they are thought to be
(by intervention type)



Most supported

↑

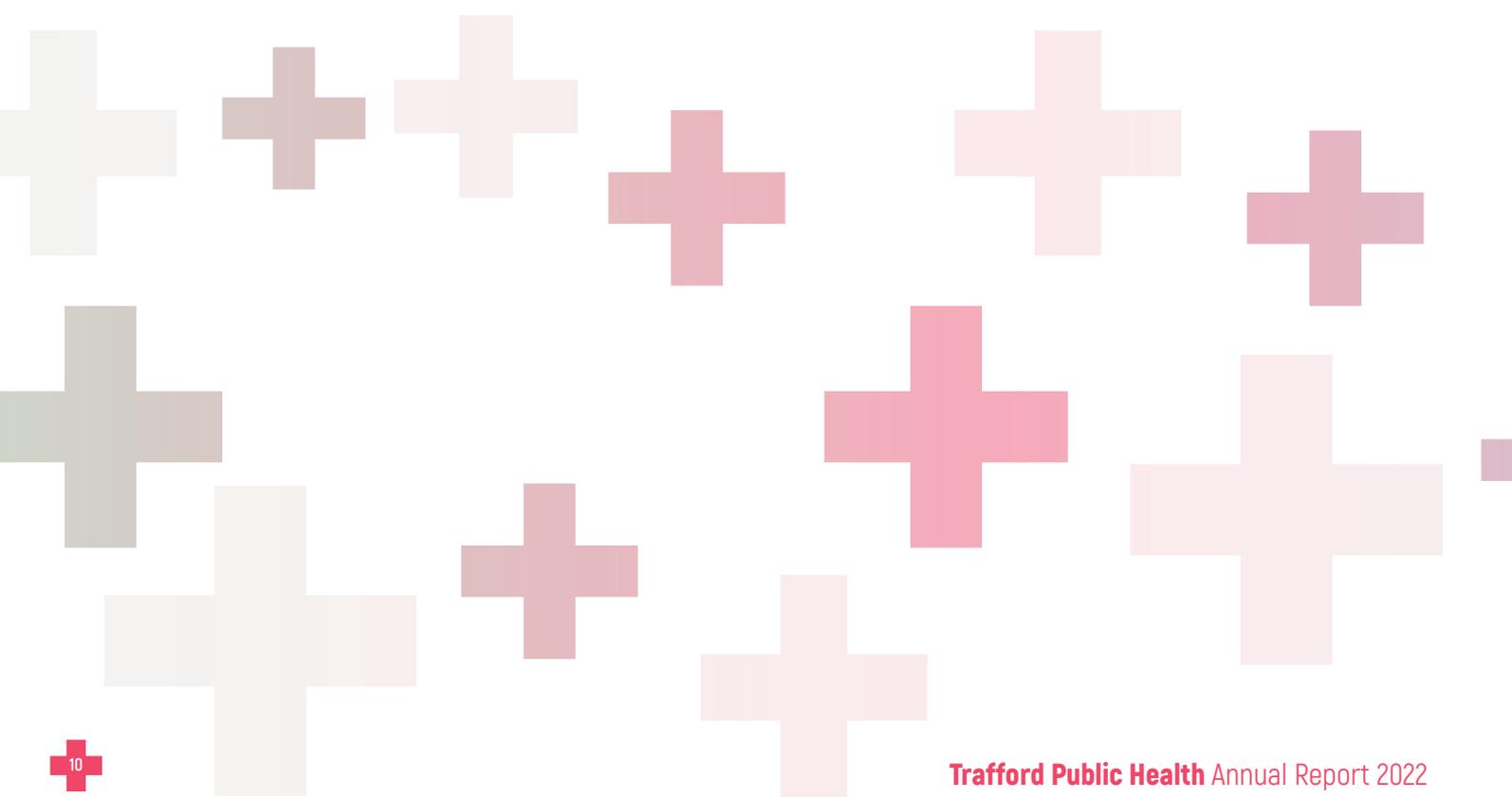
Averaged acceptability
(How much people would support these ideas to be used to tackle obesity)

↓

Least supported

By ensuring that people are given accurate information about the relative impact of different interventions, it is hoped that we can move away from an individualistic approach, towards gathering more support for system-based changes. Such changes also have the advantage of being less likely to be stigmatising or victim blaming and will help us to develop collective actions that provide sustainable benefits for everyone.

The next three chapters of this report explore this further, looking in turn at how system-based measures to improve food and diet, household energy efficiency, and reduce transport costs can give benefits to health and the environment, while reducing household costs.



CHAPTER 2: HEALTHY FOOD; HEALTHY LIVES

Everyone should have access to food that is affordable, healthy and climate friendly.

In this chapter we explore the issue of food insecurity, its impact on health and wellbeing, and how by addressing this issue as a system, rather than an individual issue, we can improve people's quality of life and their health outcomes.

Healthy food is generally more expensive than highly processed food and increases in energy costs will make it more likely that families will be forced into eating cheaper, lower quality foods.

Food insecurity is defined as experiencing one or more of the following:

1. Having smaller meals than usual or skipping meals due to being unable to afford or get access to food
2. being hungry, but not eating due to being unable to afford or get access to food
3. not eating for a whole day due to being unable to afford or get access to food

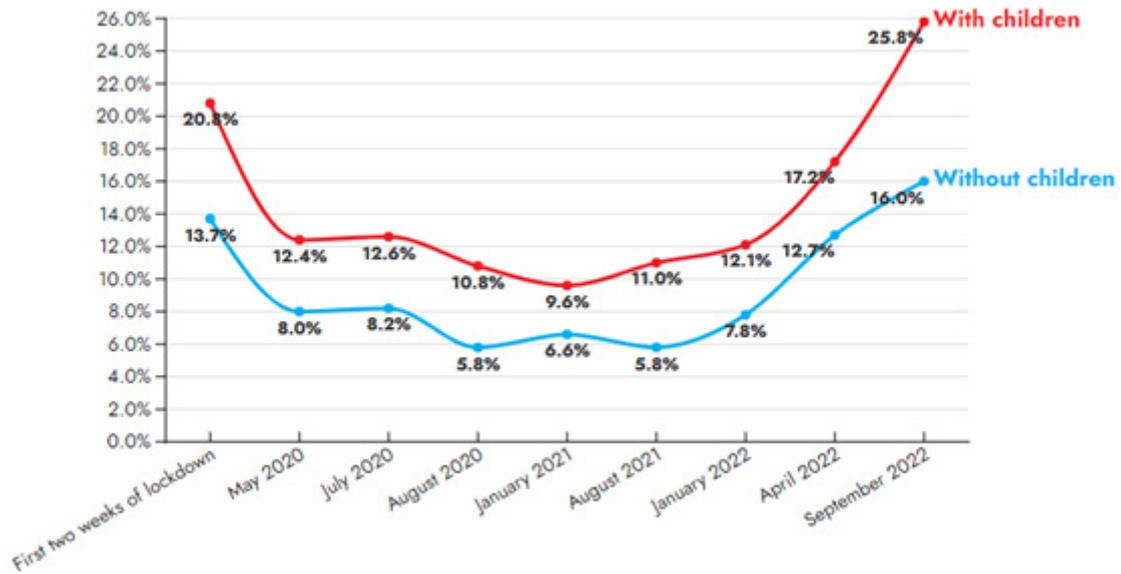
In Trafford, people living in more disadvantaged communities were already experiencing difficulties in accessing and affording food for a balanced diet before the current increases in the cost of living. The energy cost increase has exacerbated this in several ways: those who have access to a car to drive to a supermarket to buy more affordable foods have been hit by the increasing fuel costs, and those who cook from scratch are less able to afford to run an oven or hob due to increasing gas and electricity prices.

Food insecurity is linked with malnutrition and obesity, as well as poor mental and physical health and wellbeing, so if we fail to tackle food insecurity, we are going to see a huge increase in demand on health and social care services⁶. In September 2022 in Greater Manchester, 42% of people were experiencing food insecurity, with 56% of all households with children, and 34% of households without children experiencing food insecurity – with increases in all groups since spring 2022⁷.

Food insecurity in households

Food insecurity has increased more in households with children

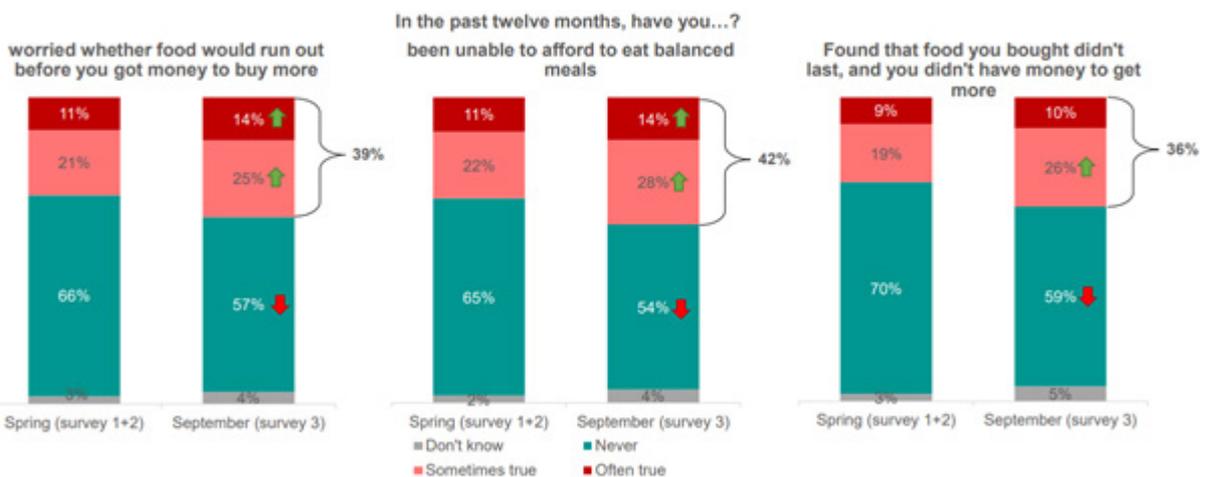
Percentage of households experiencing food insecurity*:



* 1-month recall period



There has been an increase since Spring in the proportion of respondents who are **worried about their food running out** (32% to 39%), who **couldn't afford balanced meals** (33% to 42%), or whose **food didn't last and couldn't afford more** (28% to 36%)



↑ ↓ Significantly higher/lower than the Greater Manchester Residents' survey 1+2

B2. How true would you say the following statements are when applied to your household for the last 12 months? Unweighted base: Survey 1+2, 2840; Survey 3, 1677 (All respondents)

Children in the most deprived communities within Trafford are already significantly more likely to be overweight or living with obesity than those in the least deprived communities. By the time they are in Year 6 (age 10-11), around 50% of children in the 20% most deprived communities in Trafford are overweight, compared to around 25% in the least deprived 20%. Of the Year 6 children living with obesity, nearly one third are in the most deprived group compared to just over 10% in the least deprived. Please see figures A and B.

Percentage of Overweight Year 6 Children by IMD
Trafford, 2017/18-21/22

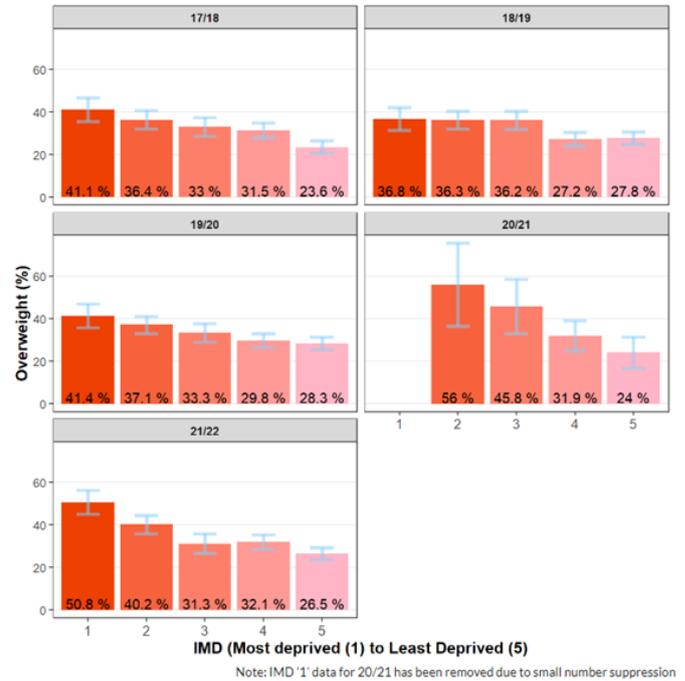


Fig. B

Percentage of Obese Year 6 Children by IMD
Trafford, 2017/18-21/22

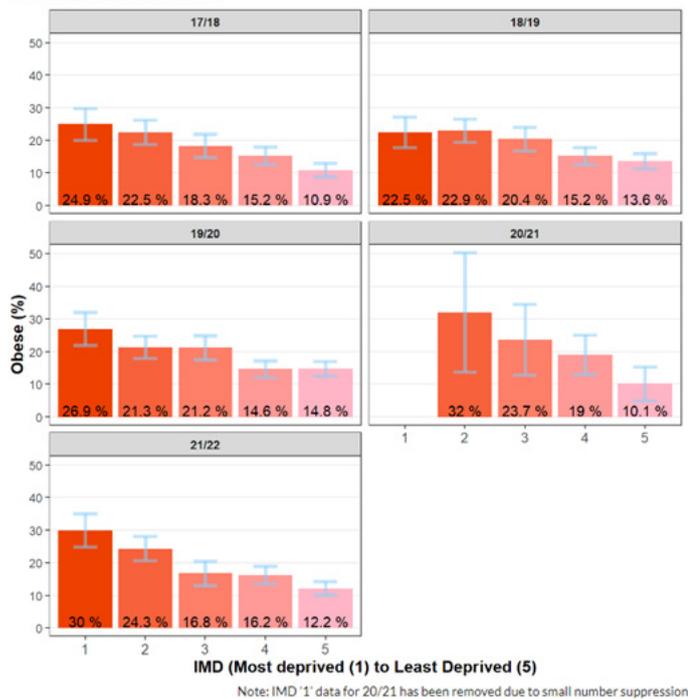


Fig.A

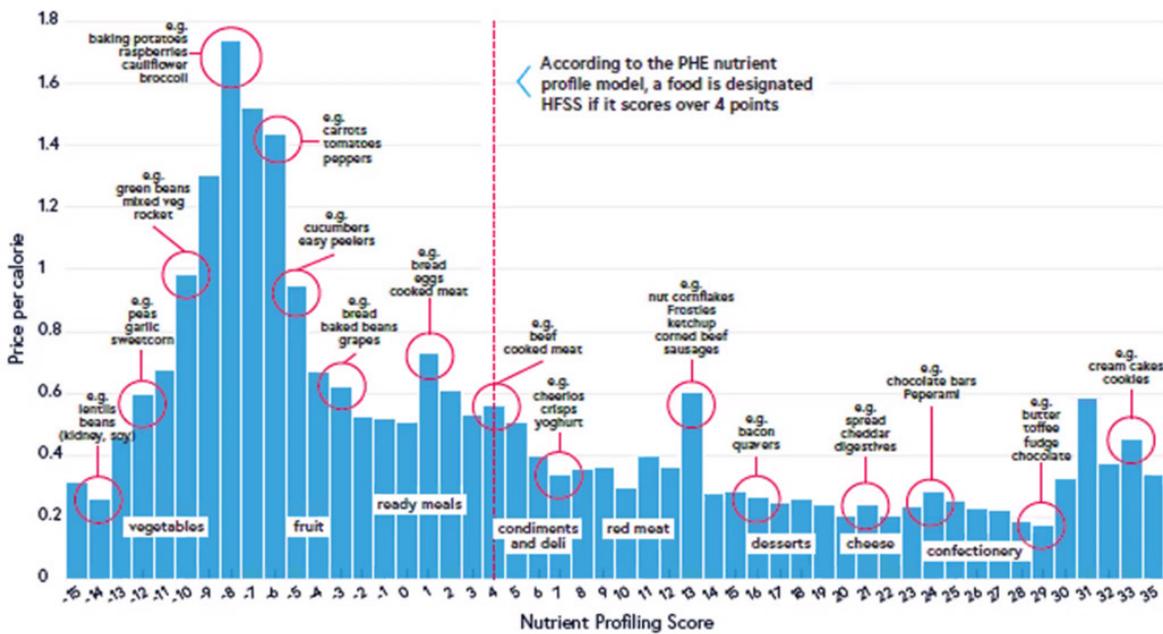
This inequality was already increasing prior to the recent increases in the cost of living⁸, and the gap will continue to widen as more families experience food insecurity.

The link between food insecurity and obesity can be demonstrated by the chart below, showing the price increases of different foods between September 2021 and September 2022, with a larger increase in the costs of healthier foods:

Food	Price rise
Low fat milk	42.1%
Olive oil	27.2%
Pasta products and cous cous	22.7%
Frozen vegetables (except potatoes)	20.3%
Potatoes	19.9%
Dried, preserved or processed vegetables (inc. tinned vegetables, beans and pulses)	18.8%
Poultry (inc. chicken, turkey and duck)	17.2%
Preserved fruit (inc. canned tinned fruit)	16.5%
Fresh or chilled fish	15.4%
Preserved or processed fish and seafood (inc. canned fish, fish pies, battered fish)	14.8%
Bread	14.6%
Fruit and vegetable juice	14%
Yogurt	12.8%
Fresh chilled vegetables	11.1%
Fresh or chilled fruit	9.8%
Soft drinks	9%
Rice	6.8%
Breakfast cereals and other cereal products	6.8%
Confectionery (inc. sweets, toffee, chewing gum)	6.1%
Sugar	4.7%
Sweet potatoes	3.5%
Chocolate	3.3%

This is further demonstrated in the chart below, which shows the average price of products per nutrient profiling score – the higher the score, the less healthy the food is¹⁰:

AVERAGE PRICE OF PRODUCTS WITHIN EACH NUTRIENT PROFILING SCORE



Healthier food tends to be more expensive per kcal than HFSS food

Note: The Nutrient Profile Model scores food and drink according to their overall nutritional composition rather than just calories. Points are awarded for unhealthy qualities (e.g. energy density, saturated fat, sugar and salt) and for healthy qualities (e.g. fruit, vegetables and nut content, fibre and protein). A score is calculated by subtracting the healthy points from the unhealthy points. Foods which score over 4 points, and drinks which score over 1, are defined as HFSS.

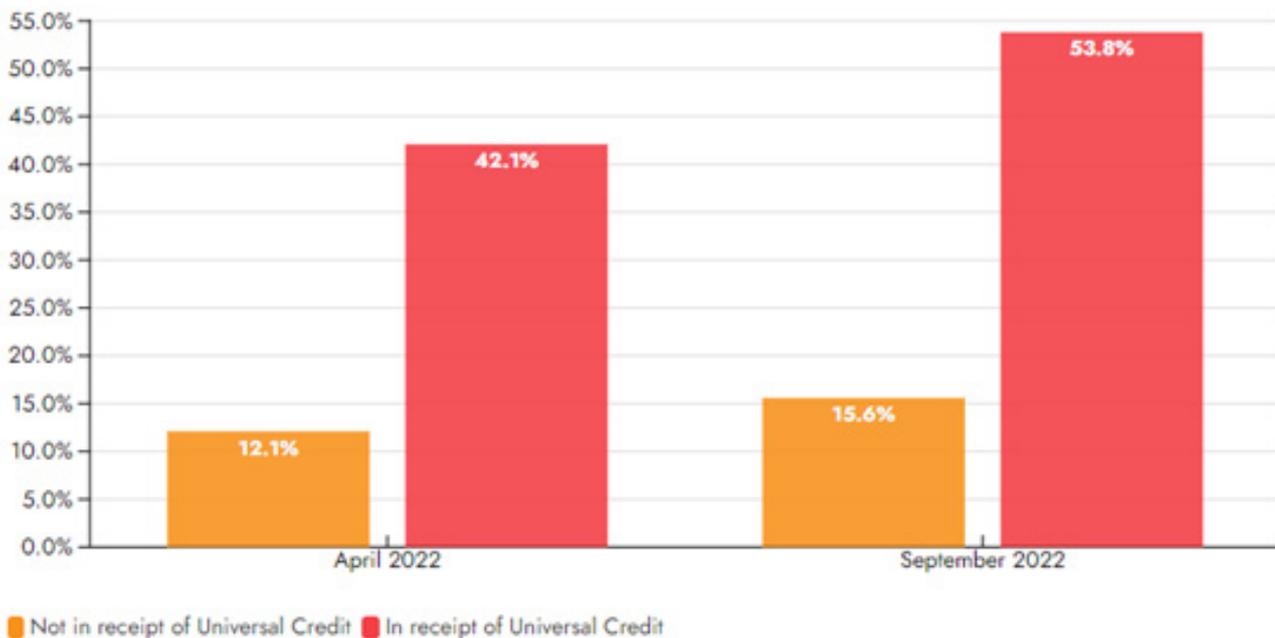
SOURCE: Analysis by Rachel Griffith using data from Kantar Worldpanel. Griffith, R. (2021). How does the price of different food products vary with the healthiness of that product? Institute for Fiscal Studies and University of Manchester. Online. Available at: [Policy and work in progress | Rachel Griffith](#)

In Trafford, feedback from local food support organisations highlights that the demand for food support is increasing, both from food pantries (such as The Bread and Butter Thing) and food banks, with the additional challenges of energy costs for cooking. While this type of food support is necessary to help people, it is a short-term remedy that does not address the causes of poverty and food insecurity. In addition, the current food support system relies on the redistribution of leftover donated or unsold food. Suppliers

and retailers are being tasked with reducing food waste, but there is less surplus food within the system, meaning that organisations that redistribute reduced cost surplus food are increasingly unable to satisfy rising demand. It is vital that we move away from a system where people on low incomes rely on surplus food, which is also disempowering and stigmatising for families.

Over half of households on Universal Credit have experienced food insecurity in the past month

Percentage of households experiencing food insecurity*:



* 1-month recall period



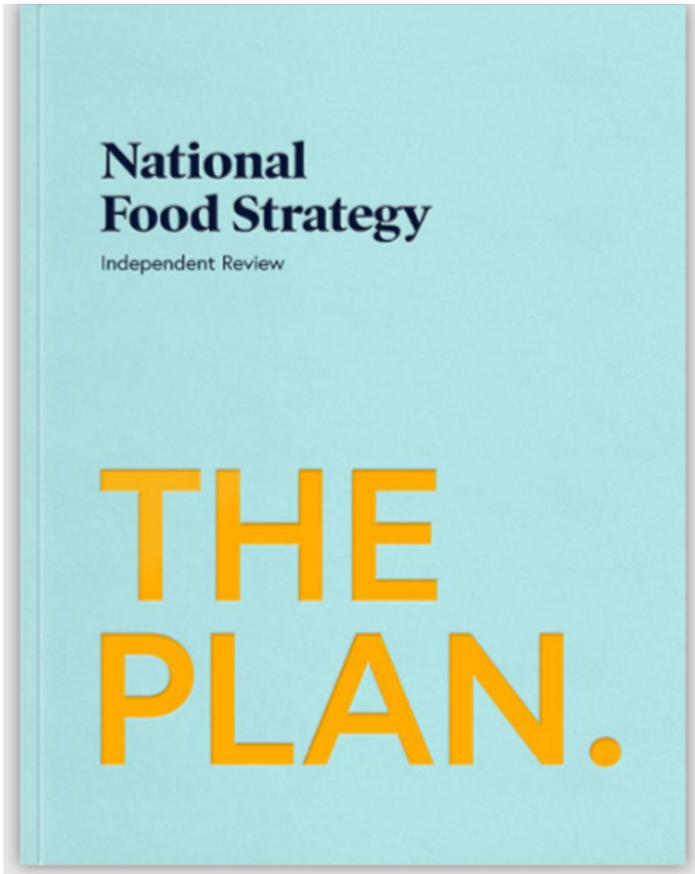
There are a number of welfare systems in place to support families, but they are only available to those on the lowest incomes. The income threshold for children to receive free school meals (FSMs) is low (£7,400 household income after tax and excluding benefits), and there are a significant number of school-age children living in poverty who are not eligible¹². Healthy Start is an NHS benefit available to people on some benefits¹³ who are at least 10 weeks pregnant or have at least one child under four years old. Those eligible receive a pre-paid payment card that will have money added to it every four weeks:

- £4.25 each week of your pregnancy from the 10th week
- £8.50 each week for children from birth to 1 year old
- £4.25 each week for children between 1 and 4 years old

The card can be used to buy cow's milk, infant formula, fruit, and vegetables. In addition, the Healthy Start card can be used to get free vitamins for children under four and pregnant women (up until baby's 1st birthday). Since the switch from vouchers to the pre-payment card, access to Healthy Start has been fraught with difficulty for those trying to register.

For example:

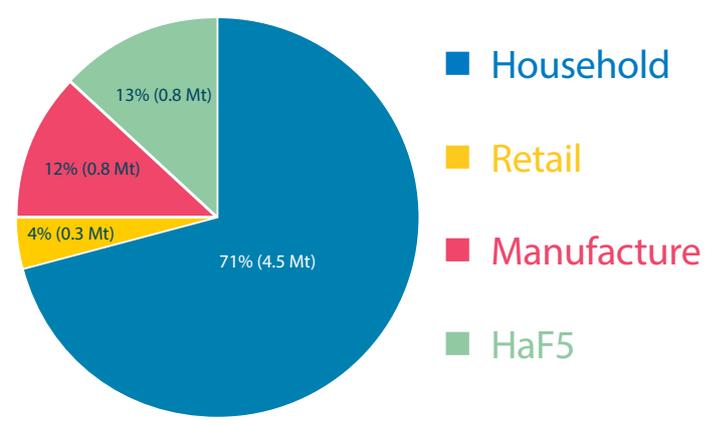
- The online system can only be used by those on Universal Credit, those on legacy benefits need to apply via phone or e-mail
- The details used to register must match exactly those held by Department for Work and Pensions (DWP) – but the system does not tell you which piece of data is incorrect when you register
- The phone line to provide support and assistance is a chargeable number, with long wait times, making the phone calls unaffordable for people on low incomes who are eligible to receive support with their application



Locally, there is a Trafford Healthy Start task force made up of partners across the statutory and voluntary sector, offering guidance and support to people who are eligible for Healthy Start to support them with their applications.

The National Food Strategy 2020¹⁴ called on the government to expand FSM eligibility to all households where a parent or guardian is in receipt of Universal Credit or equivalent benefits but, as yet, there has been no action on this in England.

Amounts of food (excluding inedible parts) wasted in the UK by



By weight, household food waste makes up 70% of the UK post-farm-gate total (excluding inedible parts), amounting to around 6.6Mt and around 16% of all household food purchases¹⁵. Some of this is down to understandable public confusion on food safety and quality, and in particular the difference between best before and use by dates, and some is due to busy lives which can lead to a lack of meal planning and organisation. While reducing household food waste is beneficial for the climate, and can help households save money, it is unlikely to have a huge impact on those on the lowest incomes experiencing food insecurity who are both more likely to be reliant on highly processed food and also unable to afford to waste any food they purchase.

Older people and preventable malnutrition and dehydration

The term malnutrition has no universally accepted definition¹⁶, but it is a significant, and neglected, public health problem, affecting over 10% of the population over 65¹⁷. Malnutrition contributes to lack of nutrients which can lead to dizziness and fatigue. The most efficient way to prevent malnutrition is by providing adequate calories and protein to help meet energy needs and inhibit loss of muscle mass¹⁸. An older adult's diet should include a variety of fruits and vegetables, whole grains, lean proteins such as eggs or lentils, and foods rich in calcium. Immobility and reduced movement can significantly reduce appetite in older people and eating alone can also lead to lower than necessary nutritional intake¹⁹. In 2012, the Malnutrition Task Force was established and seeks to raise awareness, and provide information and practical guidance to help combat preventable under-nutrition and dehydration in later life²⁰.

Dehydration is also associated with poor outcomes such as low blood pressure, weakness, dizziness and increased risk of falls, as well as increased hospitalisation and mortality²¹. Even mild dehydration adversely affects mental performance and increases feelings of tiredness. Swallowing difficulties, dementia and poorly controlled diabetes are more common in older people and are all associated with poor hydration. Improving hydration can bring improved wellbeing and better quality of life for patients and can reduce use of medication and prevent illness. Inadequate fluid intake is a major contributor to preventable dehydration, and fear of incontinence may lead to individuals limiting their fluid intake, although restriction of fluid intake does not reduce urinary incontinence frequency or severity. Strategies to improve hydration in care settings involve maximising opportunities to improve fluid intake, whenever possible, and improving staff training to recognise its importance. Preventable dehydration in care settings, whether care homes or hospital, is an indicator of poor-quality care.

Since April 2020, the Greater Manchester

Nutrition and Hydration programme has been delivered in Trafford.

It aims to identify preventable malnutrition and dehydration in older people by embedding conversations about eating and drinking within all routine contacts with older people and thus improving identification and treatment of the early signs of preventable malnutrition and dehydration. It is getting good results but would be further enhanced by more supportive national messaging and higher food standards.

Case study: what can we learn about food policy from actions to reduce smoking rates?

While it may seem odd to include an

example about smoking in a chapter on food, it demonstrates what can be achieved by regulation rather than behaviour change approaches alone, and because of the continued impact of smoking on family incomes, which can mean less money for healthy food.

“Smoking helps to sustain deprivation, just as deprivation sustains smoking.”

Fig.C

The national ban on smoking indoors has had a huge impact on smoking rates, and in Trafford our rates are declining faster than in England as a whole. However, there is a significant inequality as we still

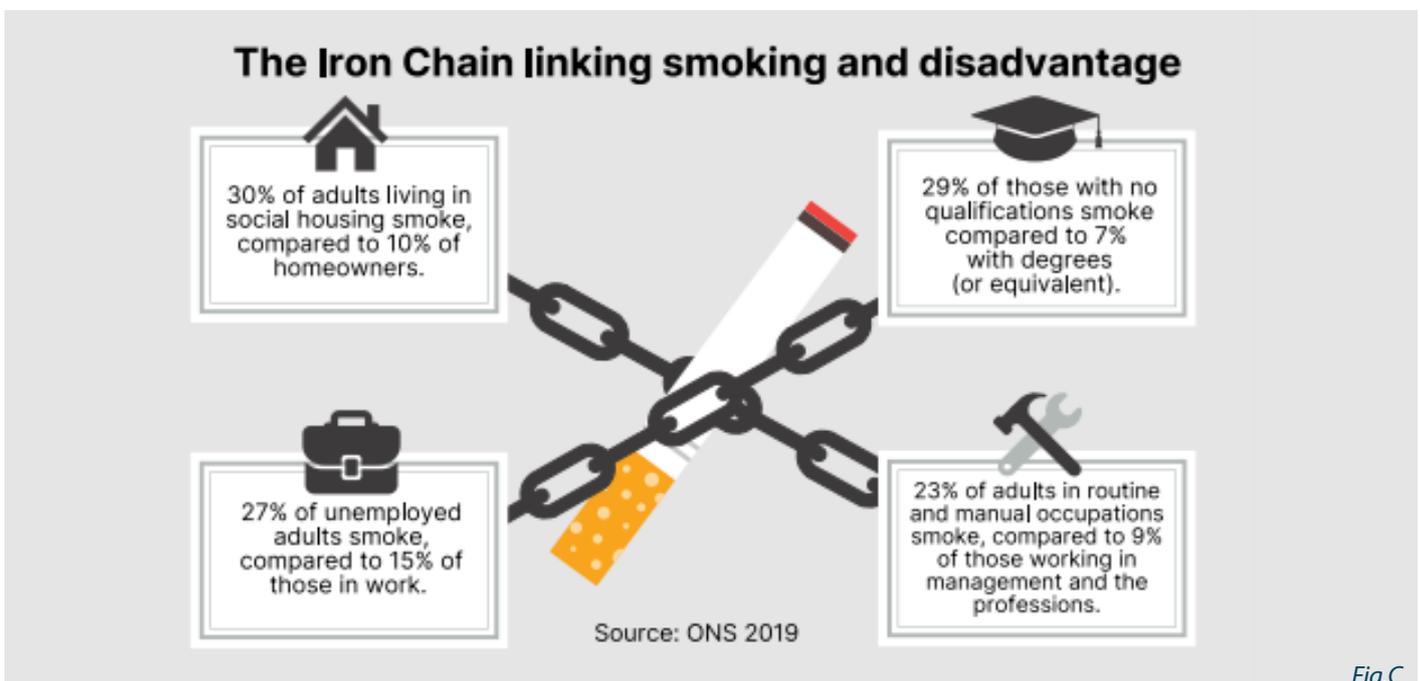


Fig.C

have higher rates in routine and manual workers (20.3% vs overall 8.5% in 2020) and know this group will be severely affected by inflationary pressures.

While some may use this as a push to quit, others may find themselves unable to do so due to other stress in their lives.

The average smoker smoking 10 cigarettes a day spends just over £2,000 a year on tobacco, a 20-a-day smoker will spend £4,380 and this expenditure can drive families into poverty.

The persistent inequality in smoking rates shows that while system-based change can lead to big changes at a population level, we still need to have local programmes to ensure that the system change reaches all of our residents, especially those facing multiple stresses in their lives. Public Health's e-cigarette programme in pharmacies has been working to target individuals experiencing inequalities. Our original pilot programme supported 38% of people from routine and manual occupations and 24% from the unemployed population. Our new project targeting housing association residents, shows that a switch to a free e-cigarette device can save a 10-a-day smoker £550 in a three-month period and a 20-a-day smoker £1,100. We know that the cost of a vaping device can be a barrier, so we include the provision of a free device, free liquids and a shopping voucher; successful quitters could be £600 better off.

How's £600
Sound this autumn?

STEP 1
Put down the cigarettes for just three months.

STEP 2
Pick up a FREE e-cigarette along with 12 liquids.

STEP 3
Prove that you have stopped smoking and receive a £10 shopping voucher.

STEP 4
Remain smokefree and continue saving money.

The infographic features a yellow background with a dark blue banner at the top. A circular inset on the left shows a lit cigarette. The text is arranged in a clean, modern font.

Royal College of Physicians and Action on Smoking and Health. *ASH at 50: stubbing out smoking since 1971*. London: RCP, ASH 2021

We need to apply this learning to our work promoting healthy food: system change alone (for example in the form of tighter regulation or higher quality standards) can be enough to change many people's habits, but to get the changes to have an equal impact across all groups, local efforts are required to strengthen the messages, support change, and enable all to benefit.

Recommendations

National policy

1. Expand FSM eligibility as recommended in the National Food Strategy
 2. Ensure benefits are increased in line with inflation
 3. Enable access to Healthy Start by making application process easier to navigate and troubleshoot – and free of charge
 4. Reinvest income from the soft drinks industry levy (SDIL or sugar tax) to subsidise other areas that reduce food insecurity, such as to fund expanded FSMs, or subsidise access to fruit and vegetables
 5. Reinstate the plans to ban advertising, product placement and offers on foods high in fat, salt and sugar (HFSS)
 6. Adopt a cross-government approach to policy making that considers the social, political, economic, and commercial determinants of food insecurity ²²
3. Ensure that uptake of FSMs is maximised, and work with providers and schools to reduce stigma
 4. Work with residents and communities to ensure their voices are heard and inform the development of neighbourhood plans to enable residents to access affordable, healthy food
 5. Ensure that food insecurity and the impact on health is reflected in relevant strategies and action plans, such as healthy weight
 6. Ensure that the nutrition and hydration programme is embedded within key work programmes that work with older people across all sectors, such as training of care home and home care staff.

Local policy

1. Support eligible residents to access Healthy Start
2. Ensure that planning policy enables access to healthy and affordable food in all development and redevelopment activity

CHAPTER 3: INCREASING HOUSEHOLD ENERGY EFFICIENCY

How we light, heat and function in our homes and workplaces requires energy, with the energy used in buildings responsible for 40% of the UK's carbon emissions.

The pandemic led to major changes in working practices, including an increase in people working from home and a considerable increase in domestic energy consumption²³. Reducing household energy usage, (for example by improving household insulation and raising planning standards) requires collective action at a population level, but achieving this gives a number of benefits:

- It will help households reduce their bills
- It will reduce household energy demand and associated carbon emission
- It will increase our energy security and reduce the risk of blackouts caused by demand exceeding energy supply during winter.

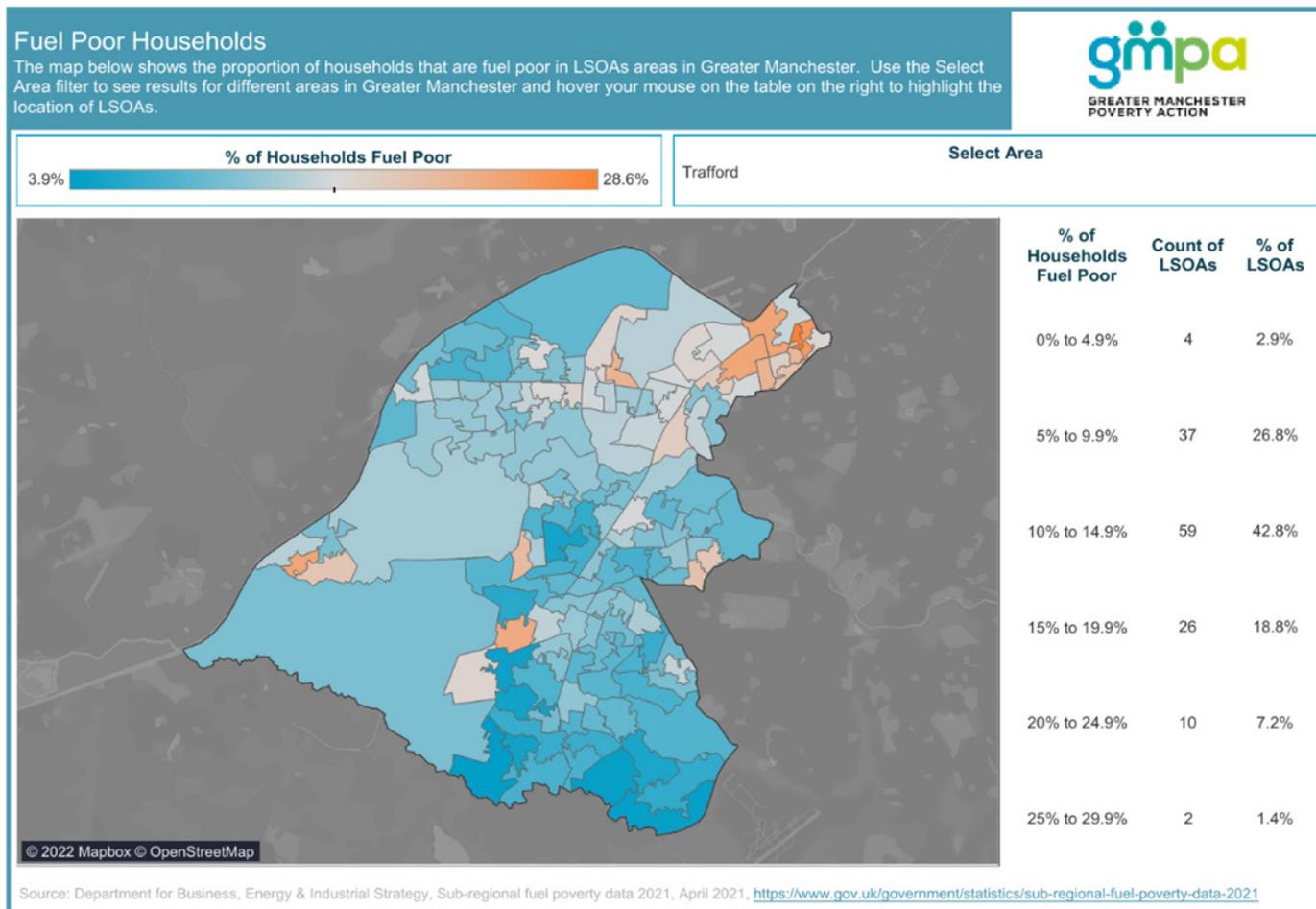
While some households may not feel as much financial need to reduce their usage as others, their actions to reduce energy usage will help us meet net zero targets.

In Trafford, the average household is likely to see an increase in energy bills of £1,510 per year as energy bills increased by 54% in April 2022, and by a further 27% in October, despite the government's Energy Price Guarantee²⁴. In winter, heating becomes a necessity, and in Trafford, there are already an estimated 12,440 households in fuel poverty. As prices rise further, some households may cut energy use to levels that pose a risk to their health, or use unsafe alternative sources of heating, both of which could have devastating consequences. For example, there is an increased risk of house fires and/or carbon monoxide or other poisoning caused by people burning unsafe materials in their homes.

The map below shows the distribution of households in fuel poverty in Trafford, showing that there are a far greater proportion of households in the north of the borough affected. We are expecting to see that number increase.

Newer houses tend to be more energy efficient, and new planning regulations are reinforcing this. However, many of us live in houses that are poorly insulated, with just 34% of houses in Trafford having a good Energy Performance Certificate (EPC) rating of A, B or C – below the England level of 41% and similar authorities at 44%. This will be, in part, due to the age of the housing stock, with a large proportion of Victorian houses across the borough.

Fuel Poverty in Trafford



We need to improve the energy efficiency of our older or less energy efficient homes. Such dwellings often have solid walls, no loft space for insulation, or are high rise and cannot be upgraded easily or cost-effectively using standard methods²⁵. Increasing the energy efficiency of buildings through 'retrofitting' to minimise heat loss involves measures such as insulating walls, double or triple glazing on windows, and improving the energy efficiency of boilers. As well as reducing carbon, these steps increase the value of the property²⁶ and have a positive impact on the health and wellbeing of people.

For example, having a house that is warmer and drier allows people to use more space in the home and increases privacy and promotes good relationships, which ultimately reduces absences from school, work, and reliance on healthcare²⁷
²⁸.

In practice, most retrofitting programmes require the active participation of the householder, including in many cases their funding of any intervention. Households in private or socially rented properties, people living in flats, and one-person households have been shown to be less likely to invest in retrofit measures than owner occupiers^{29 30}.

Many social housing providers (including those in Trafford) are undertaking extensive home improvement and retrofitting programmes. However, low-income owner occupiers, and people in privately rented accommodation are more likely to be in fuel poverty and are unlikely to be able to afford to make the necessary changes, or to influence their landlords to do so. This further increases the fuel poverty divide and consequent implications for health³¹.

Additionally, many people are not sure what the most cost effective interventions are. Some interventions are very disruptive or may not take proper account of how people live in their homes. Currently, Energy Performance Certificates (EPC) use a Standard Assessment Procedure to generate retrofit recommendations. However, tailoring retrofits to best suit the household behaviours could increase energy efficiency and cost savings by over £10 million annually at the urban level or over £220 per year to the average household in addition to the savings suggested by the EPC³².

Household assessment vs energy performance certificate

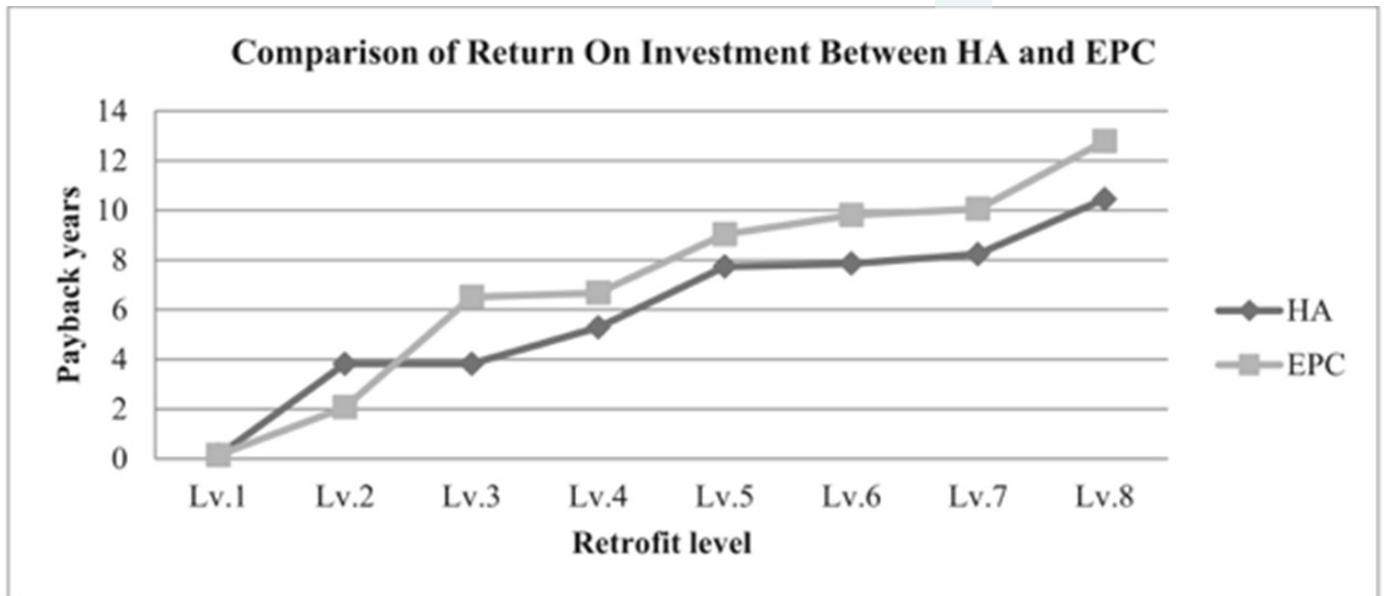


Fig. 5. Comparison of return on investment between retrofit recommended using Household Archetypes (HA) and EPC

In order to help people find the best measures to save energy in the home, there are a number of online resources. These include the government guidance: [Find ways to save energy in your home](#), as well as specific information for residents of Greater Manchester: [YOUR HOME BETTER](#) or Trafford: [Make your home more energy efficient](#).

Locally, officers in the Private Sector Housing Team undertake work to improve energy efficiency, and Trafford Council also offers a Homeowner Grant, for owner occupier households who cannot fund repairs or improvements for Category 1 & 2 hazards. Our local social housing providers also give specialist advice on energy efficiency, with Trafford Housing Trust now employing two energy advisors.

The Greater Manchester Combined

Authority (GMCA) are also co-ordinating the delivery of the Government's ECO4 scheme on behalf of the 10 GM authorities, with a continued focus on low income and vulnerable households.

The Local Energy Advice Partnership (LEAP) is a free service to help people keep warm and reduce their energy bills without costing them any money. It is open to all types of householders – homeowners, private renters and social housing tenants and aims to support anyone that either is already in or is at risk of falling into fuel poverty. Following a referral, a trained energy advisor will offer tailored advice and support and onward referrals, such as:

- Installing free, simple home energy measures such as LED lighting and draught proofing

- Giving you day-to-day energy efficiency hints and tips and making sure your heating controller is working correctly
- Checking if you are on the cheapest energy tariff
- Arranging a free telephone advice service to help with benefits, money, and bill problems
- Referring you for further energy efficiency improvements, such as loft or cavity wall insulation and in some instances a new boiler.

While all of these offers and incentives are helpful, almost all rely heavily on individual householders being willing to act, and able to identify the right actions to take. By taking a systems-based approach, the construction industry has estimated that renovating the UK's draughty homes to low-carbon standards would cost the government £5bn within the next four years and would create 100,000 jobs, cut people's energy bills, increase tax revenue and bring tens of billions in economic benefits³³. This compares with the estimated £89bn cost of the energy price cap, which while necessary to ensure that people are able to keep warm this winter, does not do anything to reduce current or future demand for energy, or reduce household carbon emissions.

Recommendations

1. Creation of a national programme linked to Your Home Better, with funding to retrofit all energy inefficient homes, supported by local and national messaging on energy efficiency
2. National and local action to create a supply chain for retrofit approaches, including market development and skills
3. Across Greater Manchester, local planning standards and building regulations should be raised to ensure that all new homes or extensions to existing homes meet the future homes standard a year early, that is, by 2024
4. The ambitions for energy efficiency in the private rented sector should become requirements and be accelerated with private rented properties to meet Energy rating A-D by 2024 and with requirement to meet EPC A-C by 2028. This would need to be supported with finance to support landlords with fewer properties
5. Trafford Council should emulate the national Net Zero strategy and set targets within the Local Plan for reducing the proportion of energy inefficient housing within the borough, to strengthen the Climate Crisis priority of increasing the proportion of EPCs A, B or C, emulating the government's Net Zero Strategy target

CHAPTER 4: REDUCING TRAVEL COSTS, IMPROVING HEALTH

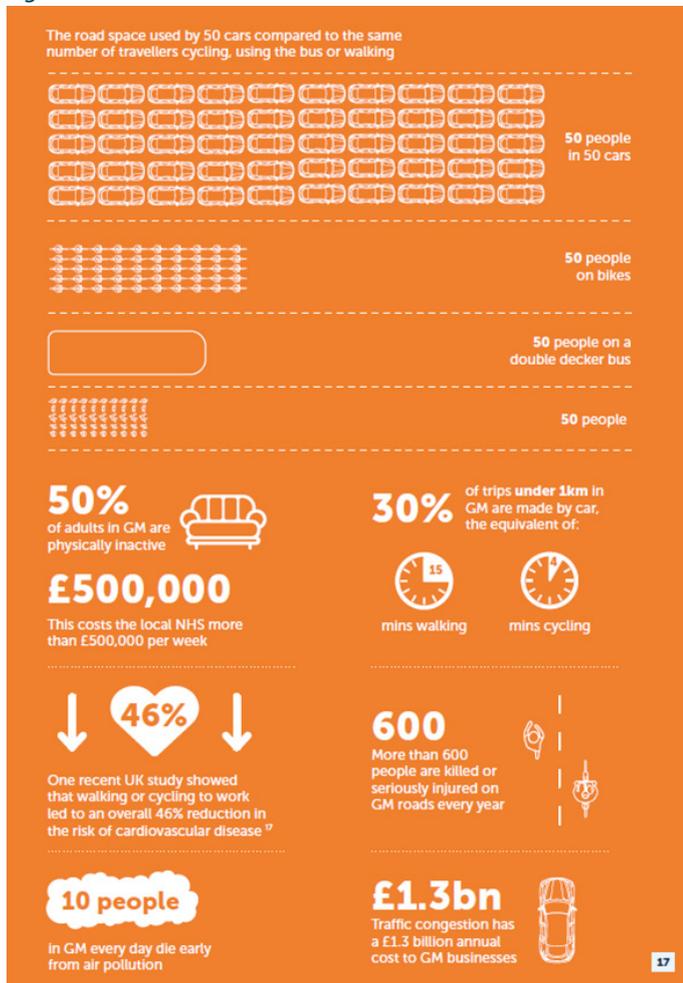
High quality transport systems are crucial for health and wellbeing. Good transport links allow people to access wider employment, educational, and leisure opportunities and to participate fully in family, cultural and social activities.

The cost of travel in the UK can be high, and the quality of our transport systems is variable, with many people in Trafford currently dependent on a car. Although car ownership is generally taken as the norm, it is unevenly spread across the population, and people on low incomes, older people, and people with disabilities are less likely to have access to a car or van. Some people on low incomes (for example, those working unsocial hours) find themselves forced into car ownership, resulting in reduced income for other essentials such as healthy food. With fuel

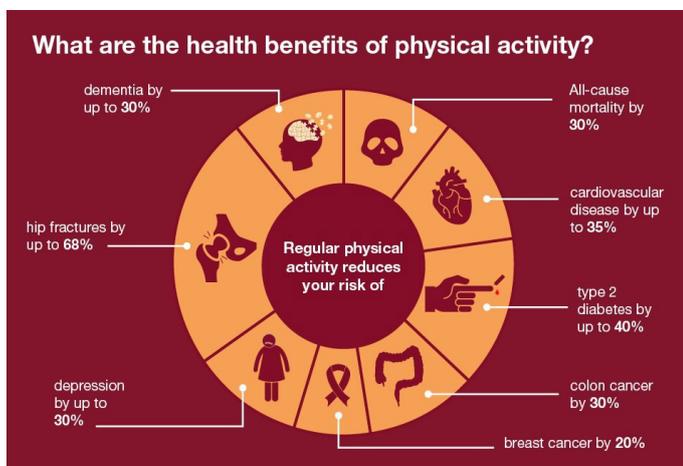
prices increasing, meeting transport costs has become a major concern for many families.

Furthermore, transport accounts for over a quarter of the UK's greenhouse gas emissions, with 90% of this coming from road transport vehicles³⁴. The largest share of this is from cars and taxis, but changing our travel habits and making it easier to get around without using a car will help us to reach net zero. Active travel (making journeys by walking, cycling, and wheeling - using a wheelchair or scooter)³⁵ is significantly cheaper than driving, and the recent reductions in bus fares across Greater Manchester, and the R pass giving free travel to 16–18-year-olds, means that public transport costs are now more affordable. There are also other major benefits gained from active travel or public transport: fewer cars and vans on the roads reduces congestion, air pollution and carbon emissions, and makes the roads more pleasant and safer for walking and cycling. Electric cars and vans, although less polluting than petrol or diesel vehicles, still cause congestion and air pollution, and provide no physical activity benefits.

Fig. D



Credit: Transport for Greater Manchester



Source: Public Health England

In Greater Manchester 30% of journeys under 1km are made by car and, on average, these journeys would take less than 15 minutes to walk or four minutes to cycle (see Fig.D). Urban road space is a limited resource and we should be using it as efficiently as possible. It takes less space for people to walk, cycle or use public transport than for people to drive. If fewer people used cars for these short trips, it would bring a myriad of other benefits, including to air quality, health, high street businesses, community cohesion, productivity and reduced carbon emissions.

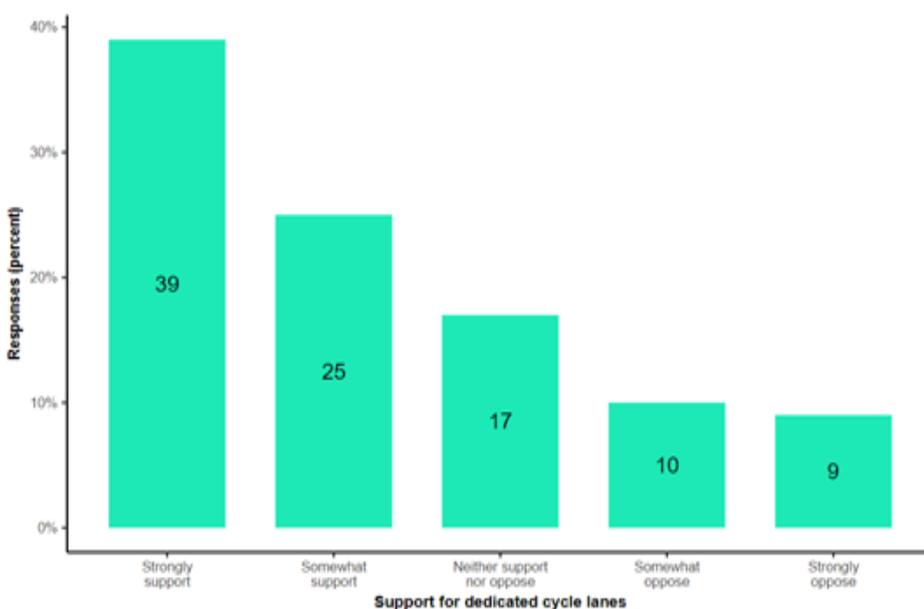
Walking, including with mobility aids, is one of the main ways women, disabled people, older people, people on lower incomes, and people from South Asian, Black, and other ethnic minority backgrounds are physically active³⁷. Ensuring walking routes are safe and pleasant is a significant equalities issue.

During the pandemic, the importance of people’s local neighbourhood to their quality of life became increasingly recognised, and measures to support active travel also improve the quality of the local environment. From the national study on attitudes to travel, we know that well-maintained pavements are the biggest factor that would encourage people to walk more, and that off road/ segregated cycle paths, and safer roads, are the biggest factors for increasing cycling³⁸.

Changing road space allocation so that more space is given to cyclists can be extremely controversial, but the survey shows (see chart below) that such changes may not be as unpopular as expected, with four times as many people strongly supporting more space for cyclists as those who are strongly opposed. Encouraging active travel for short journeys, including school pick up/drop off and local shopping trips, is a good way to start the discussions about creating a more pleasant local environment.

Views on dedicated cycle lanes

Chart 6: To what extent do you support or oppose the creation of dedicated cycle lanes in your local area, if this means less road space for cars?



Active Neighbourhoods

To deliver the Greater Manchester Bee Network (for active and sustainable travel) the Mayor of Greater Manchester set up the Mayor's Cycling and Walking Challenge Fund. Trafford Council was awarded £6.5M to create Trafford's first Active Neighbourhood in Flixton, Davyhulme and Urmston. Active Neighbourhoods (sometimes called Low Traffic Neighbourhoods, or LTNs) use filters (such as bollards or planters) to restrict motorised through-traffic from residential streets but maintain access for walking and cycling. No street is closed entirely and it is still possible to drive to and from any point in an LTN, but it may require a longer route. LTNs simultaneously improve conditions for active travel, reduce the convenience of driving short journeys and have proven to increase walking and cycling³⁹, the Urmston Active Neighbourhood consultation generated over 3,400 comments from residents who made suggestions on how to improve their neighbourhood.

These comments were analysed and developed into a plan. The works proposed included six proposed minor routes (some fully protected),

a proposed major route, modal filters and cycle storage. Included in the proposals were Cyclops style junctions, improved and additional crossings, Dutch roundabouts, school streets and side-road enhancements. To deliver all the proposals would have cost around three times the allocated MCF budget; therefore there are tough decisions to make to scale back and phase the works⁴⁰.

Helping children be more active

For children, there is evidence of improved educational outcomes among those who are more physically active⁴¹, and active travel is a great way of increasing physical activity. However, many parents are too worried about dangers from cars to allow their children to walk or cycle independently. Pavement parking can also be a barrier to walking to school; in a [UK survey](#), 80% of parents would feel it's safer to let their children walk to school if there were not vehicles parked on the pavement⁴². School-based cycle training is valuable but it needs to be supported by safe spaces for children to learn to ride and practise their skills, for example in parks and on pavements.

Living Streets, the UK charity for everyday walking is implementing the WOW project in a number of Trafford schools. This is a pupil-led initiative in which children self-report how they got to school using an interactive travel tracker. If they travel actively to school by walking, wheeling, or cycling once a week for a month, children are rewarded with a badge. On average, WOW schools see a 30% reduction in car journeys to the school gate and a 23% increase in walking rates⁴³. Springfield School in Sale did particularly well.

Recently, this work has been developed further with the introduction of School Streets in Trafford. School Streets are roads outside schools that have restrictions on motorised traffic at school drop-off and pick-up times, to create pedestrian and cycle zones. Access is retained for residents, blue badge holders and emergency services. School Streets increase levels of active travel to and from school⁴⁴, and improve air quality around schools⁴⁵. We have eight schools that are introducing this in 2022/23.



Monthly Mention

Walk to School!

WOW the WALK TO SCHOOL challenge
WELL DONE

A HUGE well done to everyone at Springfield.
You really are Walk to School champions.
Since the re-launch in November Springfield have...
Awarded over 1,200 monthly achievement badges.
Made 94% active journeys to school, that's over 18,000!!
Only 6% of pupils travelling to school by car.

Thank you to all the parents and children who are supporting this fantastic initiative.

Experience elsewhere shows that using Automatic Number-Plate Recognition (ANPR) is the most sustainable process for delivering the restrictions, again demonstrating how creating individual behaviour change is best supported by system change. Unfortunately, outside London, the process for using ANPR is complex.

High impact changes that will increase active travel

In Trafford, some high impact changes are already being discussed for implementation. Implementing these will help us deliver all three of Trafford's corporate objectives, reduce carbon, reduce health inequalities, and help tackle poverty and reduce the cost of living.

We need to take a whole system approach, with a mix of interventions that support each other to change our neighbourhoods and redesign them to meet the needs of people who walk and cycle, as well as drivers. In addition, having more people travelling actively

encourages others and makes it safer for everyone⁴⁶. As with food and energy, the highest impact comes from interventions that change systems rather than focussing on individual behaviour change.

High impact changes

1. Implement Vision Zero: start with reducing speed limits

Trains, planes and trams are all subject to stringent safety regulation with a 'zero tolerance' approach to deaths and serious injuries. This is not the case for road transport, leading to many preventable deaths or life changing injuries each year.

One of the easiest measures to implement is to reduce the speed limit on all urban roads to 20mph. There is strong evidence that this reduces accidents⁴⁷ and can support people to take journeys by walking and cycling, as well as improving community cohesion and local business viability. Driving can also be smoother in 20mph zones, which decreases carbon emissions⁴⁸.

2. Redesign roads and pavements to give space for people to walk, cycle and scoot safely

Many people feel unsafe cycling on busy roads. Providing protected space increases the number of people cycling in towns and cities across the UK. It is particularly important in supporting women, older people, disabled people and children to cycle, as reallocating road space helps create an inclusive environment so people of all ages and abilities can travel actively.

3. Charge for parking

Restricting and charging for parking encourages active travel and decreases car use. In Cambridge, one of the cities with the highest cycling rates in the UK, workplace parking charges have been shown to provide a big incentive to cycle⁴⁹. Nottingham's workplace parking levy, which charges businesses for parking spaces, has been used to improve public transport and infrastructure, and has been highly effective in reducing car journeys into the city, without damaging businesses⁵⁰. This type of system change can be supplemented by workplace interventions such as normalising active travel, Cycle to Work schemes,

providing secure bike parking, drying rooms and showers that remove some of the practical barriers to cycling. These work best when they are combined with parking restrictions and/or charges⁵¹.

4. Ensure roads and pavements are well lit, well maintained and free of obstructions (including parked vehicles)

This makes walking and cycling easier and safer, especially for disabled people and older people, and those with pushchairs or prams.

Parking on roads reduces the road space available for circulating traffic, and it adds to the dangers that both cyclists and pedestrians face.

Additionally, any active travel route should be well-lit. Street lighting is an important factor in increasing levels of active travel and is of particular importance to women as it can reduce personal security concerns.

5. Include good links to public transport

For routine journeys, most people would like to walk up to about one mile or cycle up to three miles⁵².

Journeys that are longer than this may be more feasible by combining walking or cycling with public transport. This includes taking bikes onto trains and trams, having bike share schemes and/or secure bike parking. Personal travel planning and integrated transport systems can help people increase their physical activity, by embedding active travel into longer journeys.

6. Bicycle sharing, e-bikes, and bike storage

Bike sharing schemes have been shown to increase uptake of cycling, bringing new people to cycling and leading to a shift away from cars⁵³. The schemes should include e-bikes, e-scooters, and e-cargo bikes as these extend the scope of journeys that can be undertaken and can help older people and disabled people to cycle.

Bicycle theft is a major deterrent to people cycling, and providing secure cycle parking at home, school/college, work, in town centres and at event venues increases cycling. Changing kerbside car parking spaces to secure cycle parking – using cycle hangars for example, can make cycle storage more possible for people living in flats or smaller homes.

Recommendations

1. Develop a strategy for implementing Vision Zero across Trafford
2. Work with GM colleagues to explore the feasibility of introducing a Workplace Parking Levy across the conurbation
3. Engage with residents on how best to meet the competing needs of different road users, so that the public realm is used efficiently and equitably
4. Improve the quality of our local streets and pavements, to ensure that people can walk safely in a pleasant environment
5. Evaluate our School Street programme, and use any learning to ensure that impact is maximised

CHAPTER 5: A NEIGHBOURHOOD-BASED APPROACH

Learning from the pandemic has provided impetus to scale up community-centred ways of working, from the margins to being central, to how we deliver the health and care services that people need where they need them.



Working in a community-centred way can address health inequalities in multiple ways. These include enabling residents and community groups to directly influence the things that can make their community a healthier place to live, but also by nurturing those individuals and groups to thrive and thereby strengthening the fabric of a resilient community.



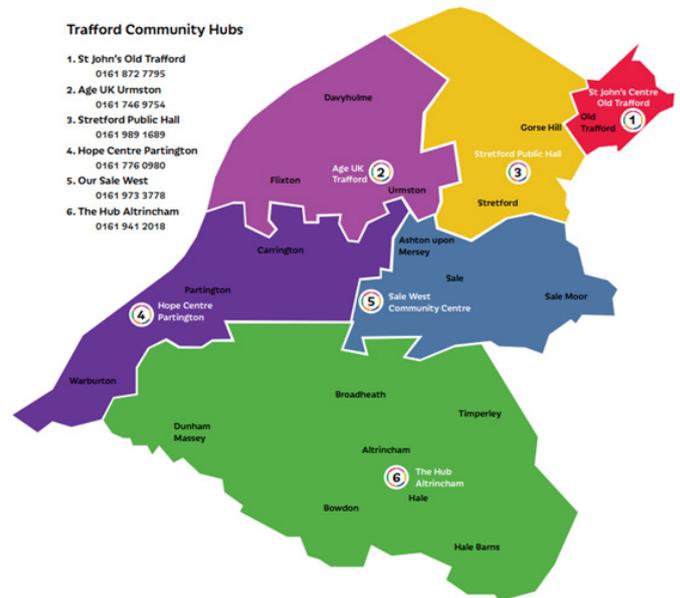
When thinking about how to improve people's health, there can be a tendency to focus on the need for individuals to change their health behaviours, be that by stopping smoking, eating more healthily or practising safe sex.



to the integrated neighbourhood teams, which will align to the family hubs. Trafford has five Primary Care Networks, three of which cover the same area as their neighbourhoods – in the North, West and Central – with two PCNs in the South. We have six community hubs, one in each of Trafford’s towns as shown in the map below. In addition, we have four Trafford Community Collective lead partners, creating a network of voluntary sector organisations working at neighbourhood level.

Many of us underestimate the role that the wider social determinants have on our ability to live a healthy life – things like our education, job, house, friends, neighbourhood. Living in poverty is particularly damaging to health, and with the current increasing cost of living it is more important now than ever to think beyond health behaviour to how we bolster individuals, families and communities against the economic blows all of us are facing.

Trafford borough has four neighbourhoods, and our community health and care services are increasingly organised around these. For example, the Living Well programme for transforming primary mental health support will align



www.traffordhubs.org

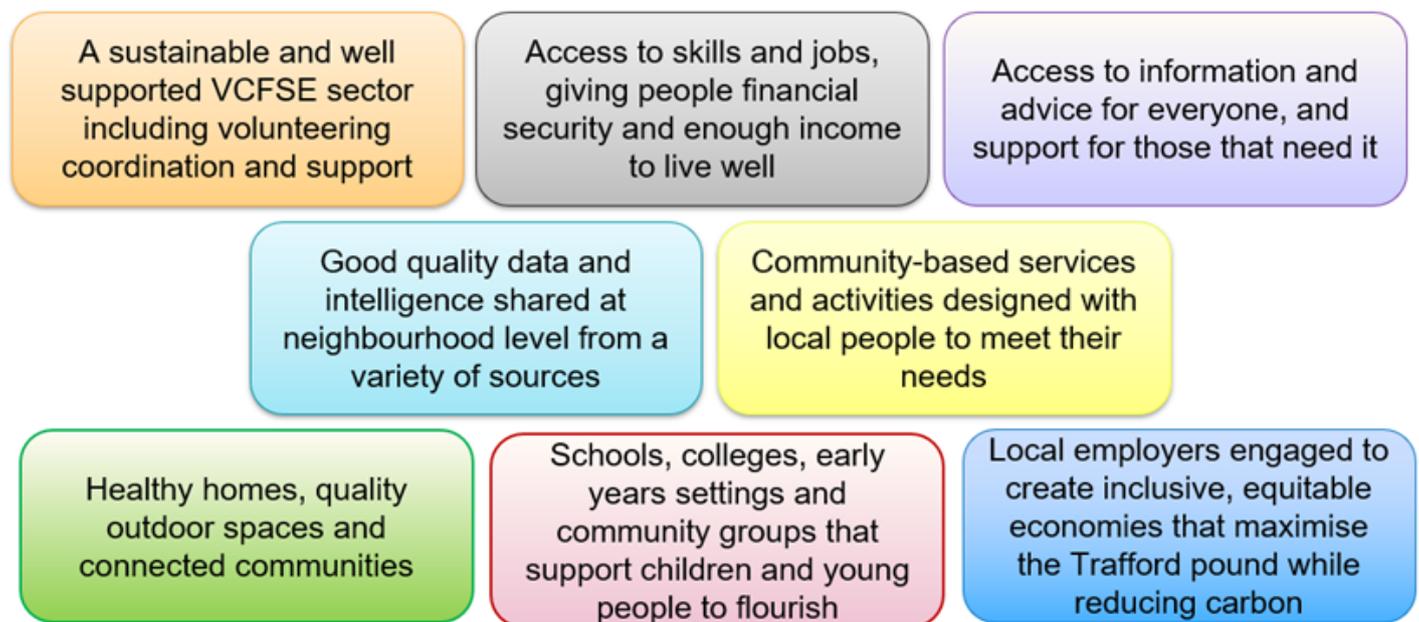
Through developing neighbourhood working in Trafford, we are shifting to a more asset-based approach. Neighbourhoods can achieve more when they combine their expertise, time, creativity and resources.

Community assets include the people, their skills and knowledge, community groups working with a common interest, places and spaces, and the connections people have to their community. This way of working requires a different mindset to deficit (needs focused) approaches – instead of focusing on needs and gaps, it sees neighbourhoods as diverse and capable. It also involves engaging the wider community as citizens not clients.

Our eight building blocks have been co-produced with a wide range of local partners and set out what effective community-based working looks like.

In March 2020, Trafford’s six community hubs were established as an immediate response to Covid-19. Historically we often see a strengthening of communities because of crises. In the late 18th century, Britain experienced severe food shortages and people responded with protest, philanthropy and mutual aid, for example friendly societies bought grain in bulk at lower prices and even established their own mills.

Eight Building Blocks



Over the past two years, the hubs have evolved from focusing on supporting clinically extremely vulnerable people, or people struggling during the Covid-19 restrictions and ensuing economic impacts, to now focusing on the impact of the cost of living, providing a number of services and support:

- Help people to maximise their income through signposting, advice, information and support
- Ensure people can access food, fuel and other essential services
- Help residents to access to skills, development training and employment
- Support people to improve their physical and mental wellbeing
- Provide activities which reduce loneliness and social isolation
- Promote partnership working and focus on early intervention and prevention

A community hub case study:

'Clive' is single, over 65 and lives in rented accommodation. He contacted the hub to request a food parcel. The hub noticed that he requests a food parcel every year around the same time.

After further discussion, Clive explained he receives large utility bills at this time of the year, he has dyslexia and finds it easier to pay the bills in one go. He did not want to set up a direct debit to spread the cost.

It also emerged he suffered from several other health conditions (COPD, heart problems) but was not receiving any disability benefits.

How the hub helped:

Urmston hub arranged a food parcel delivery to resolve the immediate issue, and also helped Clive to make a claim for Attendance Allowance – he was awarded AA at the lower rate.

Following our advice, he contacted pension credit with the assistance of family to inform them that he should be receiving a disability premium.

Clive now has more income to cover his living expenses. He is also in a better position to be able to afford large bills, reducing his need for localised charitable support.

Recommendations

1. Neighbourhood working to be measured against the eight building blocks, ensuring each building block is in place and all eight are interlinked, so that communities are strengthened and assets maximised
2. Support the Community Hubs to meet the needs of vulnerable families, preventing the need for health and social care and enabling communities to flourish
3. Work with community partners to develop locally owned Neighbourhood Plans to improve health and wellbeing. These must include the wider determinants of health, and neighbourhood assets as well as needs
4. Implement community wealth building approaches by strengthening the connection between the people and the places that create wealth and those who benefit from it, by harnessing the wealth that exists locally, and by promoting progressive employment and procurement practices



CHAPTER 6: PROGRESS ON ACTIONS FROM THE 2021 PHAR, AND THE LINKS WITH THE CURRENT REPORT

“As Trafford’s Director of Public Health, my role is to identify and help address threats to the health of Trafford’s population.”

Eleanor Roaf, Director of Public Health

Our last report focused on the damage that inequality causes to our society, and We identified some actions that we can collectively take to reduce this. This year, the increasing cost of living, which for a proportion of our population who are chronically affected by poverty is not a new issue, has focused people’s minds on how to live well on reduced resources, with more residents making considered decisions about spending, for example, on food and heating.

For our residents whose health, social and economic opportunities are already reduced by inequality and the consequences of the pandemic, the next two years will be more challenging than ever. However, we now have a chance to review the way we live and work, and to change these challenges into

opportunities.

Doing what we have always done is no longer an option. By embracing change, we can improve our lives and reduce the risks to our health that climate change, inequality and poverty present.

The recommendations from last year’s PHAR are included in Appendix 1 and this year we have worked as a Council and wider partnership to deliver these recommendations.

[Trafford’s Corporate Plan](#) describes our commitment to reducing inequalities, supporting people out of poverty, and addressing the climate crisis. It holds us to account through an outcome’s framework. The indicators described in the framework help services across the Council shape their delivery to ensure the three corporate priorities are met, and include outcomes on wider determinants such as housing, employment, education, and specific groups, for example children being ready for school. The Council reports on these measures four times a year, and will review and refresh them in 2024.

At a time of escalating living costs, supporting employers to pay the living wage and/or appropriate benefits has never been so important in helping to

reduce poverty. As a Council we can encourage and provide leadership, however, we cannot ensure that employers do pay the living wage. We are taking part in the Fair Price for Care programme of work, and we are an organisation that buys care services from smaller businesses to care for our residents (care providers). We have asked care providers we work with if they pay the living wage, fortunately most do. Trafford Council has a clear ambition to support providers to pay the Real Living Wage and has taken this into consideration when setting local care rates as part of the Fair Price for Care work.

We are also working with Greater Manchester organisations to support our residents to sign up for and receive the benefits to which they are entitled; this brings more cash into households to help meet basic needs.

In line with the new corporate priorities, Trafford is working to deliver its Carbon Neutral Action Plan, identifying and delivering key actions. To support this, the DPH co-chairs the Climate Crisis Officers' Group, which drives the plan and has identified shortfalls in terms of resource, as well as carbon reduction shortfalls compared to those needed to achieve the aim of net zero by 2038. In order to build

carbon reduction into the everyday work of all Council employees, a programme of Carbon Literacy is being rolled out across the organisation, providing staff at all levels with the knowledge and support to reduce carbon through their work. While this is valuable, it needs to be supplemented by the system reform proposals included within this year's report.

Developing the conditions for proper engagement and strengthening the trust between our organisation and our residents can be hard but is vital to success. Measuring trust is complex and is affected by a range of factors. However, in public health we see the damage that a lack of trust in services brings, whether this is in vaccination uptake, voting habits, or other preventative or health promoting activity. We recognise that trust is not a fixed relationship and is something that we need to continually work to improve. We are fortunate in Trafford to have a strong Voluntary, Community, Faith, and Social Enterprise Sector (VCSFE), and as a Public Health team and a Council we work closely with this sector and rely on them heavily for their insights and their reach into communities. Relationships, engagement and responding to what we hear will help us on this trust journey.

Trafford has started an exciting programme of transformation, which will mean a more local and place focused delivery of services for our residents. For each of our four neighbourhoods – North Trafford, West Trafford, Central Trafford and South Trafford – residents will play an important part in what this looks like for them. We are strengthening the service users’ voice in our service design and working hard to ensure that the services meet the needs of our residents, especially those affected most by inequalities and poverty.

This work is ongoing but gives an exciting opportunity, not only to strengthen the voice of our residents in service design and delivery, but also to engage them in some of the difficult decisions that face us as a society.

A specific set of recommendations relating to weight management and diabetes prevention are also included, and the Public Health team has been working hard with partners to progress these recommendations:

- The Trafford Healthy Weight Strategy has been drafted and is going through the Council’s governance processes.

This strategy provides the framework for delivering on these recommendations, and some progress has been made in the last 12 months. As part of the consultation process, we are seeking views on the language used within the strategy to avoid stigma and ensure that we are reflecting the views of people living with excess weight.

- The Health & Wellbeing Board (HWBB) investigation into healthy weight and physical activity has identified key actions that need the cross-sector support of the HWBB to deliver, but also some of the key actions that were identified in last year’s annual report now have greater buy-in at a strategic level, enabling these to be progressed in the coming months.
- Our commissioned weight management service providers have linked in with local VCFSE organisations and social prescribing link workers, to ensure that people accessing services can access wider support around healthy weight and physical activity, and that people requiring support from a link worker can access the most appropriate service to help them make the changes they want to make.

- To support more people to be active, the Trafford Moving strategy is being refreshed, taking a place-based approach to activity, and the Walking, Wheeling and Cycling strategy has been developed. The latter provides a mandate for the Council to deliver leadership, infrastructure development, and enabling activity in relation to walking, wheeling and cycling for transport and leisure. The development of School Streets in Trafford is ongoing, with Flixton Primary School being the first to go live, making it safer for children to get to school every day.



CONCLUSION

In the pandemic we found that many things are best delivered locally, but in order for them to have maximum impact, they need to be supported by strong national messaging and regulations.

The recommendations included in the current report are based on this learning and develop many of the themes identified previously. With their focus on system-based actions, they should, if enacted, lead to increased impact on all three of our Council Corporate Objectives, and to those of our partners. They will also bring short, medium and long terms benefits to our residents.

To deliver the changes required, at pace, we need to see more national action on all of these areas, and be quick to take local opportunities to implement change.

APPENDIX 1: RECOMMENDATIONS FROM “THE COST AND HARMS OF INEQUALITY, TRAFFORD PUBLIC HEALTH REPORT 2021”.

To address the recommendations made in last year’s report to improve the health and resilience of our population, improve sustainability and reduce inequalities:

- Use the measures in our Corporate Plan to identify and improve the wider determinants of health, thereby reducing health inequality
- Set targets for reductions in inequalities between our most and least deprived groups (and subgroups) in key indicators such as school readiness and educational attainment⁵⁴, smoking, physical activity, air pollution, and obesity
- Reduce poverty through ensuring all workers receive a living wage and/or appropriate benefits where required
- Reduce the risks to our population from climate change by ensuring that our carbon reduction plan meets the net zero requirement in time and engage our population in honest discussions on how we do this without creating avoidable harm or increasing inequality
- Work with communities to lead service design so that services better meet the needs of the people who need them the most
- Explore the extent that we can use measures, such as the uptake of screening or vaccinations, or turn out at elections, as proxy measures of engagement and trust

The Council to lead by example in:

- Tackling inequality and discrimination in all its forms, such as through increasing diversity within the workforce
- Taking account of all employees’ needs including providing equitable access to training, development, and opportunities for advancement, no matter where someone works
- Providing opportunities to work flexibly, part time and remotely

Specific recommendations on weight management and diabetes prevention: to improve outcomes and reduce inequalities in these measures we need to:

- Work with communities to tackle the stigma of being overweight and obesity
- Ensure planning takes account of health policies to reduce the number of takeaways and increase the number of outlets that provide affordable, healthy food
- Ensure all schools (including academies) provide school meals that meet or exceed the School Food Standards
- Support our population to become more physically active, and in particular to build physical activity into people’s everyday lives through measures such as active travel (walking, cycling, and using public transport), improving air quality and reducing carbon emissions

- Encourage and enable children and their parents/carers to walk or cycle to school through a comprehensive Trafford School Streets offer
- Evaluate success of locally and nationally commissioned support services for weight loss and diabetes prevention, to determine what works best for different Trafford communities
- Continue to work with VCFSE organisations and groups to ensure that the people who need support with managing their weight can access it
- Contribute to the Waiting Well programme to support people waiting for hospital procedures and appointments to maintain and improve their health

APPENDIX 2: RECOMMENDATIONS FROM THE PHAR 2022

Food and health

National policy

1. Expand FSM eligibility as recommended in the National Food Strategy
 2. Ensure benefits are increased in line with inflation
 3. Enable access to Healthy Start by making the application process easier to navigate and troubleshoot – and free of charge
 4. Reinvest income from the soft drinks industry levy (SDIL or sugar tax) to subsidise other areas that reduce food insecurity e.g. to fund expanded FSMs, or subsidise access to fruit and vegetables
 5. Reinstate the plans to ban advertising, product placement and offers on foods high in fat, salt and sugar (HFSS)
 6. Adopt a cross-government approach to policy making that considers the social, political, economic and commercial determinants of food insecurity
3. Ensure that uptake of FSMs is maximised, and work with providers and schools to reduce stigma
 4. Work with residents and communities to ensure their voices are heard and inform the development of neighbourhood plans to enable residents to access affordable, healthy food
 5. Ensure that food insecurity and the impact on health is reflected in relevant strategies and action plans, such as healthy weight
 6. Ensure that the nutrition and hydration programme is embedded within key work programmes that work with older people across all sectors, for example training of care

Local policy

1. Support eligible residents to access Healthy Start
 2. Ensure that planning policy enables access to healthy and affordable food in all development and redevelopment activity
1. Creation of a national programme linked to Your Home Better, with funding to retrofit all energy inefficient homes, supported by local and national messaging on energy efficiency
 2. National and local action to create a supply chain for retrofit approaches, including market development and skills
 3. Across Greater Manchester, local planning standards and building regulations should be raised to ensure that all new homes or extensions to existing homes meet the future homes

Reducing Energy Use

standard a year early, that is, by 2024

4. The ambitions for energy efficiency in the private rented sector should become requirements and be accelerated with private rented properties to meet Energy rating A-D by 2024 and with requirement to meet EPC A-C by 2028. This would need to be supported with finance to support landlords with fewer properties
5. Trafford Council should emulate the national Net Zero strategy and set targets within the Local Plan for reducing the proportion of energy inefficient housing within the borough, to strengthen the Climate Crisis priority of increasing the proportion of EPCs A, B or C, emulating the government's Net Zero Strategy target

Reducing transport costs

1. Develop a strategy for implementing Vision Zero across Trafford
2. Work with GM colleagues to explore the feasibility of introducing a Workplace Parking Levy across the conurbation
3. Engage with residents on how best to meet the competing needs of different road users, so that the public realm is used efficiently and equitably
4. Improve the quality of our local streets and pavements, to ensure that people can walk safely in a pleasant

environment

5. Evaluate our School Street programme, and use any learning to ensure that the impact is maximised

Developing a neighbourhood-based approach

1. Neighbourhood working to be measured against the eight building blocks, ensuring each building block is in place and all eight are interlinked so that communities are strengthened and assets maximised
2. Support the Community Hubs to meet the needs of vulnerable families, preventing the need for health and social care and enabling communities to flourish
3. Work with community partners to develop locally owned Neighbourhood Plans to improve health and wellbeing. These must include the wider determinants of health, and neighbourhood assets as well as needs
4. Implement community wealth-building approaches by strengthening the connection between the people and the places that create wealth and those who benefit from it, by harnessing the wealth that exists locally, and by promoting progressive employment and procurement practices

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