

## Trafford CCG Appendix 1: Provider perspective of service delivery

Our main providers are detailed below with equality related information submitted to Trafford CCG. Data helps show which services are being taken up by protected groups and by Trafford locality and includes applications for referrals, referrals to services, discharges.

Main provider partner organisations	Service delivery information to Lead commissioner i.e. CCG	Service Access detail provided	Equality Delivery System 2 (last public grading completed)	Workforce scrutiny report submitted to Lead commissioner	Website check by CCG for PSED compliance
Greater Manchester West Mental Health Foundation Trust  Trafford CCG is Associate Commissioner, Salford is lead.	EDHR Schedule submitted November 2014.  Quality Assurance check completed. Need provider to give CCG full analysis of baseline data and how used for improvements re protected groups.	Service Access and Patient Experience Report received Nov 2014.  Need provider to give CCG full analysis of baseline data and how used for improvements re protected groups.	June 2014 and next submission due in 2015.  Summary Report of scores displayed on their website. <b>Developing</b> (amber) for Trafford in 2014. Need detailed EDS (2) action plan for improvements.	Data covering Oct 2013 to Sept 2014 submitted in Nov 2014.  Data largely representative of local population but require year on year comparisons.	November 2014.  Basic high quality information provided. Require full analysis of this data, including showing year on year improvements for local protected groups. Pick up through action planning and 4 monthly support visits with provider.
CMFT  Trafford CCG is Associate Commissioner, C. Manchester is lead.	EDHR Schedule submitted xxx.	Patients access monitoring report (access and discharges by protected groups) received xxxx.	To be completed re C Manchester CCG as lead commissioner.	To be completed re C Manchester CCG as lead commissioner.	To be completed re C Manchester CCG as lead commissioner.
Pennine Care FT (Community Services) Trafford CCG is Associate Commissioner, HMR is lead.	First EDHR Schedule of evidence submitted Nov 2014. The requirement for an EDHR Schedule was not included within 2013-14 contract	Patient access monitoring shown on website.	First EDS public grading held Oct 2014. Grading for goal1 for Trafford locality was <b>Achieving</b> for outcome 1,2, 4 and <b>Developing</b> for outcome 3 & 5.	Organisation data as at Sept 2014 shown by locality.	Full compliance Nov 2014. However need full analysis of data showing improvements for local protected groups. Pick up via action planning at 4 monthly visits with provider.
UHSM Trafford CCG is Associate Commissioner, S	To be completed re C Manchester CCG as lead commissioner.	To be completed re C Manchester CCG as lead commissioner.	To be completed re C Manchester CCG as lead commissioner by March 2015.	To be completed re C Manchester CCG as lead commissioner.	To be completed re C Manchester CCG as lead commissioner.

Inequality can be found in:

- The social and economic environment - factors such as jobs, housing, education and transport, sometimes called “wider determinants of health” see Marmot Review February 2010 <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
- Lifestyle and health behaviours - including diet, smoking and social networks
- Access to effective services - that result in health benefits

These factors combine to create inequalities in health outcomes - disease, disability or death. Genetic factors may also make some contribution to ethnic health inequalities, for specific conditions such as diabetes and stroke. For some groups there may be very little or no differences in the incidences of certain diseases and yet they may face a poorer experience of health services.

Equality Analysis measures the extent of any unintended consequences and adverse impacts for diverse groups. The national and local health inequality data shown here may provide some service specific evidence to support the process.

There are various other sources of data on local health inequalities as follows:

- a. Health profiles for Trafford provide a snapshot of health in the area. They are designed to help local authorities and NHS organisations improve the health of the local population and tackle health inequalities. They contain issues such as demographics, life expectancy and disease prevalence
- b. Trafford Health Profile (Public Health Observatory): <http://www.apho.org.uk/resource/item.aspx?RID=142113>
- c. Trafford Children’s Health Profile (Child and Maternal Health Observatory): <http://www.chimat.org.uk/resource/item.aspx?RID=192131>
- d. Health and Wellbeing within Trafford Comparison by Ward This examines some key health inequalities and indices of deprivation by ward <http://reports.esd.org.uk/reports/516?oa=E08000009&pa=&a=>

Acknowledgement to Salford Royal FT original Health Inequalities report listed <http://www.srft.nhs.uk/about-us/diversity-equality/meeting-psed/> health inequalities research information developed by the Equality & Inclusion team.

Protected groups	Key Local Population Data (Trafford)	Key National Health Inequalities																							
<b>Age</b>	<p>Source (a)</p> <table border="1" data-bbox="555 309 1256 632"> <thead> <tr> <th>Age</th> <th>Percentage</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>0 - 15</td> <td>19.81%</td> <td>43,056</td> </tr> <tr> <td>16 - 29</td> <td>16.16%</td> <td>35,125</td> </tr> <tr> <td>30 - 34</td> <td>21.86%</td> <td>47,500</td> </tr> <tr> <td>45 -64 males</td> <td rowspan="2">15%</td> <td rowspan="2">32,600</td> </tr> <tr> <td>45- 59 females</td> </tr> <tr> <td>65 and over males</td> <td rowspan="2">19.1</td> <td rowspan="2">41,500</td> </tr> <tr> <td>60 and over females</td> </tr> <tr> <td>Working age people</td> <td>61.11%</td> <td>132,800</td> </tr> </tbody> </table> <p>(Source b) Trafford's population is now estimated to be around 226,600. This is an increase of 7.8%, or 16,400 people, on the 2001 Census. It is also 9,300 higher than the most recent ONS population estimate for Trafford, for 2010.</p> <p>The number of 0-4 year olds has increased by almost 25%. This is the second highest in Greater Manchester (Manchester being the highest), and higher than England as a whole (13%).</p> <p>11.7% of Trafford's population are over the age of 70. This is higher than the Greater Manchester average (10.2%), but is very similar to the England average (11.8%).</p> <p>There are twice as many over 85 year old women than men.</p> <p>The 2011 Census response rate in Trafford was 93%, meaning 93% of Trafford's usual residents were included in the census. This is slightly lower than the National rate of 94%.</p> <p>The number of households in Trafford has increased by 4,500, from very nearly 90,000 to 94,500.</p> <p>For young people, Chlamydia is a key sexual health issue. 8.8% of</p>	Age	Percentage	Number	0 - 15	19.81%	43,056	16 - 29	16.16%	35,125	30 - 34	21.86%	47,500	45 -64 males	15%	32,600	45- 59 females	65 and over males	19.1	41,500	60 and over females	Working age people	61.11%	132,800	<p>Depression is the most common mental health problem in later life. Of the third of older people with depression who discuss it with their GP, only half are diagnosed and receive treatment 1</p> <p>Young men continue to be the group with the highest risk of suicide.</p> <p>More than 1m people aged over 50 feel they are "severely excluded" from society (Age Concern, 2008).</p>
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	<p>tests for Chlamydia in under 25 year olds in Trafford are positive which is higher than the average in Greater Manchester.</p> <p>Half of lifetime mental illness starts by the age of 14.</p> <p><u>Population estimates</u>  The greatest rate of increase in population will be seen in those people aged over 85. In Trafford there is predicated to be a 78% increase from the current 5,000 over 85s to 8,900 by 2013.</p> <p>The two main factors in this population growth are increased life expectancy and birth rate. Average life expectancy of a person born in Trafford today is 78.8 years for men and 83.1 years for women, both slightly above national average. This has been increasing over the last decade or more, and is expected to increase in the foreseeable future. This means more and more people will live into what we currently consider to be extreme old age (90+).</p> <p>Cancer is now the biggest killer in the under 75s in Trafford. Lifestyle remains a key driver to reducing premature deaths.</p> <p>Cancers are attributable to modifiable lifestyle risk factors. Smoking causes around 86% of lung cancer deaths. The biggest preventable risk of breast cancer is being overweight.</p> <p>The impact of people living into very old age has huge implications for mental health services in Trafford. It is estimated that one in four of us will suffer from mental health in some point in our lives. As people get older the likelihood of developing dementia increases.</p> <p>By the age of 90, around 30% of people will be living with dementia. Dementia is a long term condition. Some people live with it for 10 to 12 years and there are low rates of diagnosis compared to the numbers of people estimated to live with the disease. It is estimated that only around 40% of people living with dementia have a diagnosis.</p> <p>On average people have 7 years after developing symptoms and 2 years after diagnosis.</p>	
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	<p>This is because many people are not diagnosed until late in their illness, In 2011 there were 972 people registered with a GP in Trafford but it is estimated that there will be around 2,650 people living in the borough living with dementia. These figures seem to indicate that Trafford reflects the national situation.</p> <p>Dementia patients are disproportionately represented in acute and residential care settings. 1 in 4 acute hospital beds is occupied by a patient with dementia. 2/3 of all people living in care homes has a form of dementia.</p> <p>2/3 of people with dementia live in the community. /there is a need for early diagnosis of people living with dementia in the community. (e) Source 2012 JSNA.</p>																						
<p><b>Gender</b></p>	<table border="1" data-bbox="555 751 1124 879"> <thead> <tr> <th>Gender</th> <th>Trafford population</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>116,782</td> <td>49.9 %</td> </tr> <tr> <td>Female</td> <td>117,151</td> <td>50.1%</td> </tr> </tbody> </table> <p>(Source a and b) There are 4,600 more females than males in Trafford. This is not spread across all ages, however. There are more males in each age band from 0–24, and also between 50 and 60. Females dominate other age bands. There are twice as many over 85 year old women than men.</p> <p><u>Life expectance at birth by gender</u></p> <table border="1" data-bbox="555 1187 1317 1286"> <thead> <tr> <th>Gender</th> <th>Trafford</th> <th>North West</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>78.8%</td> <td>77%</td> <td>78.56</td> </tr> <tr> <td>Female</td> <td>83.1%</td> <td>81.1%</td> <td>82.59%</td> </tr> </tbody> </table> <p><u>Cancer mortality by gender</u></p>	Gender	Trafford population	Percentage	Male	116,782	49.9 %	Female	117,151	50.1%	Gender	Trafford	North West	England	Male	78.8%	77%	78.56	Female	83.1%	81.1%	82.59%	<p>Men are more likely than women to die from bowel cancer but less likely to be screened (iv).</p> <p>Suicide is currently the biggest killer of men under 35 in the UK (v).</p> <p>2.7 million men in England currently have a mental health problem like depression, anxiety or stress (2009).</p> <p>7.7% of children aged 5-10 years have a mental disorder but boys are twice as likely to experience these problems as girls.</p> <p>Around 50 per cent of women who use mental health services have experienced violence and abuse.</p> <p>One in three women die from cardiovascular disease (similar to men), yet they are less likely to think they are at risk, call for help or attend a cardio rehabilitation programme (vi).</p>
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Mortality for all cancers (per 100,000 population in 2008)	Trafford	North West	England
Males at ages under 75	131.4%	140.99%	124%
Females at ages under 75	92.6%	114.38%	101.6%

(Rate per 100,000 population 2008)  
Source (c): Department of Health (DoH)

The most common causes of cancer in men in Trafford are prostate, lung and large bowel. The most common areas for women are breast cancer, lung and large bowel.

Source (f)

Circulatory disease by gender

Circulatory disease	Trafford	North West	England
Males	101.8%	124.12%	99.9%
Females	45.4%	54.7%	43.9%

(Rate per 100,000 population 2008)

Source (c)

Lone parents by gender

Lone parents by gender (% 2011)	Trafford	North West	England
Males full time	52.76%	49.67%	52.77%
Males part time	13.7%(87)	13.68%	14.58%
Females full time	29.75 (1,815)	23.81%	23.2%

Women are more at risk of stroke than men and tend to be more seriously affected, needing long-term care (vii).

More men than women suffer from diabetes in England, but women are at relatively greater risk of dying from it than men.

	Females part time	35.9% (2,190)	35.13%	35.43%	
Source Census 2011					
<b>Disability</b>	<p>Reducing health inequalities face by disabled people of all ages will require action on increasing access to and uptake of annual health checks and for women access to cervical and breast screening to at least the levels seen in the general population.</p> <p>We need to improve access to health services for specific difficulties such as provision of longer appointment times and better more accessible information. We also need to gain a greater awareness and understanding of the needs of disabled people and the many sub sets of disability eg physical disability, learning disabilities, mental health issues, diabetes, dementia etc. Source (f)</p>			<p>There are over eleven million people with a limiting long term illness, impairment or disability in Great Britain (x).</p> <p>Around 6 per cent of children are disabled, compared to 15 per cent of working age adults and 45 per cent of adults over State Pension age in Great Britain (xi).</p> <p>A substantially higher proportion of individuals who live in families with disabled members live in poverty, compared to individuals who live in families where no one is disabled.</p> <p>22 per cent of children in families with at least one disabled member are in poverty, a significantly higher proportion than the 16 per cent of children in families with no disabled member (xii).</p> <p>Over a quarter of disabled people say that they do not frequently have choice and control over their daily lives.</p> <ul style="list-style-type: none"> <li>• People with learning disabilities are 58 times more likely to die before the age of 50 than the general population. A third of people with learning disabilities also have physical disabilities so have a higher risk of osteoporosis, hip displacement, chest infections, higher risk associated heart disease obesity, mental health and early onset dementia. A third of people with learning disabilities have epilepsy (some</li> </ul>	

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	<p><b>Race &amp; Population (figures taken from 2011 census)</b></p> <p>14.5% of the population are from Black and Minority Ethnic groups). The largest of Trafford's minority groups is Pakistani which makes up 3.1% of the total population. This is closely followed by people of Indian origin at 2.7%. All groups including black Caribbean, black African and Chinese are represented making Trafford a diverse population. Latest available data indicates that Trafford's BME population is growing as a proportion. Trafford's BME population of 14.5% is about the same as the overall England average (14.6%) but much higher than the North West (9.8%).</p> <p><b>Race CVD</b></p> <ul style="list-style-type: none"> <li>• Cardiovascular disease is significantly higher in the Indian, Bangladeshi, Pakistani, and Black communities than the White population.</li> </ul> <p><b>Race</b></p> <p>Overall, the strategy tackles inequalities and the focus is on; public services improving equality and tackle inequality. Old Trafford locality is in the 10% of Lower Super Output Areas or most relatively deprived in the country. The wealth of evidence in one place within the JSNA provides a sobering testament to the range and depth of inequalities faced by these communities. The locality approach highlighted in the appendix explains how BME groups will be supported in this area. A BME Mental health needs assessment has also been completed and has been referred to when developing the JHWBS priorities. The health needs of these groups is evidenced in the JSNA on the website: <a href="http://www.infotrafford.org.uk">www.infotrafford.org.uk</a> Source (e) and (k)</p>	<p>using chewing tobacco. Among Bangladeshi women, use of chewing tobacco was greatest among those aged thirty-five and over (26 per cent).</p> <p>Black Caribbean and Irish men had the highest prevalence of obesity; Pakistani and Bangladeshi men and women, and Black Caribbean and Black African women, were more likely than the general population to have raised waist to hip ratio and raised waist circumference.</p> <p>Indian, Pakistani and Bangladeshi men and women were less likely than the general population to meet the physical activity recommendations (of at least thirty minutes of moderate or vigorous exercise on at least five days a week). Black African boys were more likely to be obese than boys in the general population (31 per cent and 16 per cent respectively). Otherwise, the prevalence of obesity was similar among all groups.</p> <p>The prevalence of obesity among Black Caribbean and Bangladeshi boys increased between 1999 and 2004 from 16 per cent to 28 per cent, and 12 per cent to 22 per cent respectively.</p> <p>Irish and Black Caribbean women are much more likely to have high blood pressure than women in the general population.</p> <p>Gypsy and Travellers, on some sites, have life expectancies of 50 years and experience some of the worst health outcomes of any minority group. The Gypsy and Traveller community continue to experience in some areas significant barriers to accessing health care and public services.</p>
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Religion or Belief		<table border="1"> <thead> <tr> <th>Religion</th> <th>Trafford</th> <th>England</th> <th>North West</th> <th>GM</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>63.4%</td> <td>50.4%</td> <td>67.3%</td> <td>61.8%</td> </tr> <tr> <td>Buddhist</td> <td>0.3</td> <td>0.5</td> <td>0.3</td> <td>0.4</td> </tr> <tr> <td>Hindu</td> <td>1.0</td> <td>1.5</td> <td>0.5</td> <td>0.9</td> </tr> <tr> <td>Jewish</td> <td>1.1</td> <td>0.5</td> <td>0.4</td> <td>0.9</td> </tr> <tr> <td>Muslim</td> <td>5.7</td> <td>5.0</td> <td>5.1</td> <td>8.7</td> </tr> <tr> <td>Sikh</td> <td>0.7</td> <td>0.8</td> <td>0.1</td> <td>0.2</td> </tr> <tr> <td>Other</td> <td>0.2</td> <td>0.4</td> <td>0.3</td> <td>0.3</td> </tr> </tbody> </table>				Religion	Trafford	England	North West	GM	Christian	63.4%	50.4%	67.3%	61.8%	Buddhist	0.3	0.5	0.3	0.4	Hindu	1.0	1.5	0.5	0.9	Jewish	1.1	0.5	0.4	0.9	Muslim	5.7	5.0	5.1	8.7	Sikh	0.7	0.8	0.1	0.2	Other	0.2	0.4	0.3	0.3	
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Sikh	0.7	0.8	0.1	0.2																																										
Other	0.2	0.4	0.3	0.3																																										
	Source (h)	<p>Only half of people who are of South Asian heritage are likely to take up bowel cancer screenings, which drops to a quarter for Muslims. This is in comparison to two thirds of people who are not Muslim or not of South Asian heritage.</p> <p>Of all faiths, limiting long term illness or disability rates are highest amongst Muslims 24% females 21% males.</p> <p>Muslim, Sikh and Hindu females are more likely to report ill health than males from those religions.</p> <p>Some religions forbid certain types of treatment and drugs used: for instance, the prohibition of eating pork in Judaism and Islam means that porcine-or alcohol-based drugs might be forbidden in these communities.</p> <p>Many religions believe in the 'supernatural' which implies that scientific explanations do not always apply.</p> <p>Religion and belief impacts on a variety of health matters such as blood transfusion, contraception and medication.</p>																																												
Sexual Orientation		<p>National and Greater Manchester data sources such as surveys designed to capture sexual orientation and behaviour show 5-7% of the population is LGB. However, many people do not disclose their sexual orientation on surveys and it is estimated that the Lesbian, Gay, Bisexual and Transgender (LGBT) community make up 9 per cent of the population in Greater Manchester. Based on Trafford's population of 226,600 people (census 2011) this would give an LGBT community of between 11,300 and 20,394</p>																																												
		<p>Lesbians may have a higher risk of breast cancer and gay men are at higher risk of HIV (xxiii).</p> <p>Almost 50% of the LGBT community smoke. Nine in ten lesbian and bisexual women drink and 40 per cent drink three times a week compared to a quarter of women in general, Lesbian and bisexual women are five times more likely to have taken</p>																																												

		<p>drugs.</p> <p>Binge drinking is around twice as common among LGB people compared with the general population</p> <p>Almost one-third of LGB people who are substance dependent would not seek information, advice or treatment, even if they were worried about their drug or alcohol use. XXIX</p> <p>In the last year, 3% of gay men and 5% of bisexual men have attempted to take their own life, compared to only 0.4% of men in general.</p> <p>Among the 16- to 24-year-old age group, 6% of gay and bisexual men have attempted to take their own life in the last year, compared to less than 1% of men in general in this age group.</p> <p>7% of gay and bisexual men deliberately harmed themselves in the last year, compared to only 3% of men in general who have ever harmed themselves.</p> <p>Among the 16- to 24-year-old age group, 15% of gay and bisexual men have harmed themselves in the last year, compared to 7% of men in general in this age group who have ever deliberately harmed themselves.</p> <p>Lesbian young people are up to six times more likely to attempt suicide than heterosexual youth. Young gay men are 30 times more likely to attempt suicide than their heterosexual counterparts (xxiv).</p> <p>Half of lesbians and bisexual women are not out to their GP or healthcare professionals. A third of gay and bisexual men are not out to their GP or healthcare professionals.</p>
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		<p>There are over 400,000 black and minority ethnic lesbian, gay and bisexual people living in Great Britain.</p> <p>More than two in five (43 per cent) have never been screened for sexually transmitted infections xxviii</p> <p>More than one in ten (11 per cent) over the age of 25 have never had a cervical screen compared to seven per cent of women in general</p> <p>Three in ten have had an eating disorder compared to 1 in 20 of the general population who have eating disorders</p> <p>These inequalities increase further among bisexual women:</p> <p>Fifteen per cent have had problems with their weight or eating in the last year compared to four per cent of men in general xxvii</p> <p>Almost two in five (38 per cent) have never been tested for any sexually transmitted infection</p> <p>Half (49 per cent) have never had an HIV test</p> <p>These inequalities increase further among bisexual men:</p> <p><b>Domestic abuse:</b></p> <p>Four in ten (39 per cent) lesbians and bisexual women with a disability have experienced domestic abuse in a relationship</p> <p>A greater number of gay and bisexual men have experienced domestic abuse from a family member or partner since the age of 16 than both men and women in general.</p> <p>Of gay and bisexual men:</p> <p>Half (49 per cent) of all gay and bisexual men have experienced at least one incident of domestic abuse</p>
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		<p>from a family member or partner since the age of 16. Almost two-thirds (63 per cent) of gay and bisexual men with a disability have experienced at least one incident of domestic abuse from a family member or partner since the age of 16</p>
<p><b>Transgender</b></p>	<p>According to research carried out by the Gender Identity and Education Research Society (GIRES) the prevalence of people who had sought medical care for gender variance in 2007 was 20 per 100,000, i.e. 10,000 people nationally, of whom 6,000 had undergone transition. This equates to approximately 44 transgender people in Trafford.</p> <p>80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men).</p>	<p>Tran's men (female to male) are rarely included in breast screening programmes. Tran's women (male to female) are rarely offered prostate screening but are often inappropriately invited for cervical screenings.</p> <p>Intersex women report being repeatedly asked about their last period and their contraceptive use, some are given smears (although they do not have a cervix).</p> <p>Transgender people are at a greater risk of depression, self-harm and suicide due to the social disapproval and discrimination that they encounter. 34% of people with gender identity issues report having attempted suicide or self-harm one or more times when they have not been able to access support and treatment in a timely way (xxv).</p> <p>For the Transgender community mental health problems are a serious concern as well as ignorance of their sexual health needs.</p> <p>1 in 3 trans people face difficulties when trying to get information and obtaining funding for Gender Reassignment Surgery.</p> <p>23% of the population suffer from long term illnesses, against the national average of 18%.</p>

		<p>Transgender people can face discrimination and harassment. Negative experiences have been reported e.g. being addressed incorrectly placed on the wrong ward for their acquired gender or staff allowing their personal feelings to be known by the patient.</p> <p>Young Trans people report insecure housing, economic hardship, legal problems and difficulty in accessing appropriate healthcare. They have limited family support, high rates of substance abuse and high risk sexual behaviours (xxvi).</p>								
<b>Marriage and Civil Partnership</b>	<table border="1"> <thead> <tr> <th>Married</th> <th>In a registered same sex civil partnership</th> <th>Other living in a couple</th> <th>Single</th> </tr> </thead> <tbody> <tr> <td>87847</td> <td>397</td> <td>20246</td> <td>73850</td> </tr> </tbody> </table>	Married	In a registered same sex civil partnership	Other living in a couple	Single	87847	397	20246	73850	
Married	In a registered same sex civil partnership	Other living in a couple	Single							
87847	397	20246	73850							
<b>Pregnancy Maternity and Breastfeeding mums</b>	<p>Race/Carers/Pregnancy and Maternity/Breastfeed themes from Trafford Integrated plan 2012-15</p> <p><a href="http://www.traffordccg.nhs.uk/assets/pdf/Integrated%20Plan%20v5.pdf">http://www.traffordccg.nhs.uk/assets/pdf/Integrated%20Plan%20v5.pdf</a> Source (j)</p> <p><u>Cancer: breast cancer in Women</u></p> <ul style="list-style-type: none"> <li>• 17% 2007-10</li> </ul>	<p>There is significant inequality in the uptake and maintenance of breast-feeding rates in England, with much lower rates among women in low income groups. This contributes to inequalities in:</p> <ul style="list-style-type: none"> <li>• the number of hospital admissions for diarrhoea and respiratory infections in infants</li> <li>• the risk of ovarian and breast cancer in women who breastfeed is lower</li> <li>• childhood obesity rates, and rates of coronary heart disease and diabetes in later</li> </ul>								

	<p><b>Pregnancy and Maternity</b></p> <p>The HWB strategy follows the life-course approach and starts in pregnancy. These are the areas highlighted in the strategy: “We need to try and ensure that every baby and child in Trafford gets off to a good start. Evidence shows us that what happens in utero, early life and childhood impacts on health and wellbeing for the rest of the person’s life. Influences on babies’ health start in pregnancy. Although smoking rates in pregnancy are relatively low we must continue to support pregnant women to stop smoking to reduce the incidence of low birth weight. Also, if children breathe in second-hand smoke their chance of getting asthma doubles. Obesity in pregnancy is another risk factor for mother and baby so obesity strategies to ensure young women maintain a healthy weight during pregnancy are vital. Seeing women early in pregnancy is important to ensure factors which may affect babies health are identified early and an appropriate range of support given to pregnant women depending on their needs. This includes assessment of mental health. Breastfed babies are less likely to become obese in the future and there is evidence to suggest that women who breastfeed have a slightly lower chance of developing breast cancer. Initiation of breastfeeding and breastfeeding rates at 6-8 weeks, whilst comparatively good compared to national levels and second highest in the north of England, mask big inequalities across areas in Trafford. Breastfeeding initiation rates are discussed in the strategy. Source (j)</p>	<p>life</p> <p>Smoking is the single most modifiable risk factor for adverse outcomes in pregnancy; contributing to 40% of all infant deaths, 12.5% increased risk of premature birth and 26.3% increased risk of intrauterine growth restriction<sup>[1]</sup>. Currently 20-25% of neonatal admissions are estimated to be primarily as a result of smoking during pregnancy<sup>[2]</sup></p> <p>Children from more deprived households are more exposed to second-hand smoke. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease, resulting in around 10,000 hospital admissions each year. If both parents smoke, children are four times more likely to start smoking than if neither parent smokes.</p>
<p><b>Carers</b></p>	<p>Trafford CCG is working in partnership with Trafford Council to review the carer strategy for the Borough. Taking the strategy forward is about working with carers and partners to identify priorities and set out a plan of action to help us respond to the needs of carers within Trafford Borough. As part of the review, carer consultation was considered to be an essential element, therefore representatives from Trafford Council and Trafford CCG met with carers in December 2011</p>	

<sup>[1]</sup> DH (2009). NHS Stop Smoking Services: Service and monitoring guidance 2010/11

<sup>[2]</sup> Steve Ryan, (then) Medical Director Alder Hey Children’s Hospital, Liverpool, provided to NHS Blackpool 2010

	<p>to agree an engagement strategy. The strategy set out a plan of how to work in partnership with carers to identify the type of help and support they need to continue in their caring role.</p> <p>There has been a positive response to the consultation with carers being keen to have their say and tell us about the services they need to help them in their caring role.</p> <p>Although different methods have been used to capture carer views common themes have emerged which are categorised below:</p> <ul style="list-style-type: none"> <li>I. Early Intervention and Carer Assessments</li> <li>II. Respite/breaks/one off payments</li> <li>III. Support and recognition from GP and health agencies</li> <li>IV. Recognition</li> <li>V. Information</li> <li>VI. Third Sector Support</li> <li>VII. Young Carers</li> </ul> <p>The aim is to incorporate these areas into the updated strategy and link our local priorities to outcomes in the National Strategy. These priority areas will be monitored as Quality Standards to ensure improvements and developments in services that help and support carers safely and effectively.</p> <p>Locally, people with a learning disability and family carers have emphasised to us that someone with a learning disability can frequently have a range of interlinking health conditions and needs and that often these issues cross over in ways which increase the effect that one condition on its own would have. The strategy highlights that support for carers will be crucial in supporting any future developments, especially in light of the ageing population and where disabled people may themselves become carers. It is stated on page 34 that supporting carers is something that we will remain focused upon.</p> <p>Source (I) Health and wellbeing Strategy 2013- 16  <a href="http://www.infotrafford.org.uk/custom/resources/HWBSFull2014.pdf">http://www.infotrafford.org.uk/custom/resources/HWBSFull2014.pdf</a></p>	
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**In addition to the 9 protected groups, there are significant inequalities related to deprivation, a summary of which is provided here:**

- In Trafford rates of premature deaths from all cancers show much higher rates in the most deprived parts of the population compared to the least deprived.
- The rate of premature mortality from all cancers is highest in the wards of Gorse Hill, Longford and Bucklow-St-Martins.
- The mortality rate for cancer in the most deprived 20% of the population is almost double that seen in the least deprived 20%.
- This gradient is especially stark in men highlighting the importance of men's health in tackling health inequalities in Trafford. (f)
- The average life expectancy of a person born in Trafford today is 78.8 years for men and 83.1 years for women, both slightly above the national averages 78.6 years for men and 82.6 years for women. However, men in the least deprived areas of Trafford, in Hale Barns, live on average 11 years longer than those in the most deprived areas, parts of Partington. The difference in female life expectancy is 5.9 years between the least deprived and most deprived communities xxx.
- Trafford includes some amongst the most affluent areas in the country, but also some areas highlighted throughout the Indices of Multiple Deprivation (IMD) as being amongst the most deprived nationally xxx
- The areas of Old Trafford, Lostock / Stretford, Sale West, Partington and Sale Moor experience disproportionate levels of crime and antisocial behaviour and are also the areas which experience higher levels of deprivation. xiii
- Smoking –related diseases account for approximately half of the difference in life expectancy between the lowest and highest income groups. xxx

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## Acknowledgements

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## Appendix 3: Sexual Orientation Trafford

Data and quotes from Trafford’s JSNA 2012 – 2016 (unless otherwise stated)	Prevalence within the lesbian, gay and bisexual community
Trafford population 226,578 (Census 2011)	‘National and Greater Manchester data sources such as surveys designed to capture sexual orientation and behaviour show 5-7% of the population is LGB.’ 15,860 plus. However, many LGB people do not declare their SO in surveys so the figure is thought to be nearer to 9% of the population nationally ie 20,392 in Trafford.
<b>HIV</b> HIV rate in Trafford according to 2011 Health Prevention England is 1.66 per 1000 16- 59 year olds, the 5 <sup>th</sup> highest of all local authority in North West.	8 out of 10 gay men contract HIV from a man who was unaware of his infection.  Direct and indirect measures of incidence show that the rate of HIV transmission in the MSM population remains high.
<b>Drugs</b> ‘More than 1 in 12 adults use illicit drugs and drug users are more likely to be involved in crime, to be unemployed and to lose contact with family.’	Lesbian and bisexual women are five times more likely to have taken drugs than women in general.  51% of gay and bisexual men have taken drugs in the last year compared to just 12% of men in general.
<b>Mental Health</b> The majority of mental health issues are dealt with and managed at primary care level, by GP’s.  Preventing mental ill health represents a high opportunity with	1 in 5 lesbian and bisexual women have deliberately self-harmed in the last year and they are 50 times more likely to do so than the general population.  0.4% of men in general have attempted to take their own life compared to:

<p>estimates of the burden of mental ill health ranging from 9-23% with the health and economic cost in England estimated at £77.4 billion in 2003.</p>	<p>5% of bisexual men 3% of gay men</p>
<p><b>Alcohol</b></p> <p>‘After smoking and obesity, alcohol is one of the most important modifiable risk factors for cancer.’</p> <p>‘Alcohol is becoming the key lifestyle issue which is leading to premature death across the borough.’</p> <p>The latest estimates of drinking in Trafford suggest that there are nearly 8,000 people drinking at a higher risk level, and nearly 40,000 drinking at an increasing risk level. There have been year on year increases in the rate of hospital admissions in which alcohol is an underlying factor.</p>	<p>Alcohol dependency (over a 12month period) was found to be 1.5 higher in the lesbian, gay and bisexual community compared to their heterosexual peers.</p> <p>Drinking alcohol 3 or more times a week:</p> <p>Women in general: 25%    Lesbian and bisexual women: 40%</p> <p>Men in general: 35%        Gay and bisexual men: 42%</p> <p>Indicative data:</p> <p>10% of lesbian, gay and bisexual people reported binge drinking 4-5 times a week or almost daily.</p>
<p><b>Cancer and smoking</b></p> <p>‘High rates of smoking have been identified in the Sale West / Broadheath, Partington, Stretford and Old Trafford areas, all above 30% prevalence.’</p> <p>‘We need to ensure that there are accessible arrangements for women to attend for breast cancer screening, particularly in</p>	<p><b>Smoking</b></p> <p>Young people who identify as lesbian or gay are more than twice as likely, and bisexual were almost twice as likely to have tried smoking as heterosexual people in the same age group.</p> <p><b>Cervical cancer</b></p> <p>15% of lesbian and bisexual women have never been for a cervical screen compared to 7% of women in general.</p> <p>40% of women who have sex with women have been previously told that they do not need a</p>

<p>those areas of lowest uptake.'</p>	<p>cervical smear either by a health professional or member of the community.</p> <p><b>Breast cancer</b></p> <p>1 in 12 lesbian and bisexual women aged between 50 and 79years old will be diagnosed with breast cancer.</p> <p><b>Anal cancer</b></p> <p>Accepted that the incidence for anal cancer is at least 20 times higher in gay men than the general population.</p>
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**Source:** Lesbian and Gay Foundation 2014 <http://www.lgf.org.uk/>