

## HEALTH AND WELLBEING BOARD

**Day:** Thursday  
**Date:** 17 September 2020  
**Time:** 11.00 am  
**Place:** Zoom

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b> To receive any apologies from Members of the Health and Wellbeing Board.	
2.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	<b>MINUTES</b> To receive the Minutes of the meeting of the Health and Wellbeing Board held on 29 June 2020.	1 - 4
4.	<b>LOCAL OUTBREAK CONTROL PLAN UPDATE</b> To receive a presentation from:- <ul style="list-style-type: none"><li>a) the Director of Population Health</li><li>b) the Assistant Director of Population Health / Consultant for Public Health</li><li>c) the Director of Operations and Neighbourhoods</li><li>d) the Assistant Director of Policy, Performance and Communication</li></ul>	5 - 38
5.	<b>URGENT ITEMS</b> To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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# Agenda Item 3.

## HEALTH AND WELLBEING BOARD

29 June 2020

**Commenced:** 1.00 pm

**Terminated:** 2.30 pm

<b>Present:</b>	Councillor Warrington (Chair)	Executive Leader
	Councillor Fairfoull	Deputy Executive Leader (Children and Families)
	Councillor Cooney	Housing, Planning and Employment
	Councillor Wills	Health, Social Care and Population Health
	Steven Pleasant	Chief Executive, Tameside MBC and Accountable Officer, Tameside and Glossop CCG
	Stephanie Butterworth	Director of Adult Services
	Jeanelle De Gruchy	Director of Population Health
	Liz Windsor-Welsh	Chief Executive, Action Together
<b>In Attendance:</b>	Shaun Higgins	Active Tameside
	Chris Rushton	Active Tameside
	Phil Nelson	GMFRS
	Jane Higham	GMP
	Donna Kelly	Jigsaw Homes
	Andrew Searle	Tameside Adult's Safeguarding Board
	Henri Giller	Tameside Children's Safeguarding Board
	Karen James	Tameside and Glossop ICFT
	Jessica Williams	Director of Commissioning
	Debbie Watson	Assistant Director of Population Health
	James Mallion	Consultant Public Health
	Sarah Threlfall	Assistant Director - Policy, Performance and Communications
	Jordanna Rawlinson	Head of Communications
<b>Apologies for Absence:</b>	Richard Hancock	Director of Children's Services

### 1. DECLARATIONS OF INTEREST

There were no declarations of interest.

### 2. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 5 March 2020 were agreed as a correct record.

### 3. LOCAL OUTBREAK CONTROL PLAN

The Director of Population Health submitted a report detailing the Local Outbreak Control Plan for Tameside, which provided a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms and infrastructure in place and appropriate routes of accountability.

It was reported that the plan was a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which would allow residents and communities to live safely with Covid-19 during the current phase of the pandemic. It included sections on how the approach aligned to national and regional systems, including integration with the Greater Manchester Outbreak Control Plan, which was currently in development, detail of the approaches that were being taken to prevent outbreaks and a description of the systems and steps in place to effectively manage outbreaks that may occur across Tameside. The plan was iterative and would continue to be informed by local circumstances, intelligence, evidence and on-going engagement within communities.

The Board received a presentation, which outlined four principles that supported the approach to the plan:-

1. Utilising existing Public Health systems
2. Adopting a whole system approach
3. Delivery via an efficient, effective and responsive system informed by data and local intelligence
4. Sufficient resources

A diagram illustrating the cycle of outbreak planning was explained to the Board.

The Director of Population Health informed Members that Tameside was one of 11 beacon Councils and would lead the way in formulating actions and implementing and deploying necessary resources in order to deal with any local outbreaks of Covid-19. Best practice and lessons learned would be shared and the Tameside plan would interconnect with the Greater Manchester plan to ensure a consistent approach.

It was highlighted that a preventative approach was key to reduce transmission and avoid outbreaks. This could be achieved by effective communication and engagement with communities, test and trace systems, stringent infection control and use of PPE, providing support to individuals and organisations, use of data and specific planning and risk assessments for high risk settings and groups. Data received from the national Test and Trace system in addition to the Joint Biosecurity Centre was vital in addition to local information gathered from Tameside communities in order to create robust local, real-time data dashboards to enable rapid identification of any hotspots. The practical steps of responding to an outbreak were detailed within the plan. A clear governance structure was in place and local data and intelligence cells collated reports for the Health Protection Board.

The Assistant Director of Population Health provided examples of national and regional scenario planning focusing on identification and the necessary actions taken in response to outbreaks within the care home setting, within the community and within a school. The outbreaks had been complex requiring bespoke approaches and had provided invaluable learning that had informed the planning process for any future community outbreaks.

The Assistant Director of Policy, Performance and Communication outlined the objectives of the ongoing communications strategy for Covid-19. The national messages had been tailored for Tameside to ensure it was relevant to the population with a focus on individual responsibility to help control the spread of the virus. Local data and insight had been utilised to create targeted communication for high risk groups and those with protected characteristics. The three key themes of lifting lockdown, living with Covid-19 and Building Back Better were highlighted and a selection of communications was shown to the Board.

A reactive communications strategy had been developed, that focused on positivity to be delivered in a proactive way, and the key responsibilities of the team, should there be a local outbreak, were provided.

A number of communication channels, such as utilising GP practice text messaging services, were suggested to cascade information to residents. The Assistant Director of Policy, Performance and Communication advised that a large scale distribution list had been created from a variety of sources and a global text message was due to be sent. Members of the Board also suggested that an effective way to engage with specific groups was for a trusted community leader to utilise their existing network channels to distribute information. In addition, producing information in a variety of languages and formats enhanced inclusivity.

Clarification was sought and provided on what constituted an outbreak and it was confirmed that work on domiciliary care guidance was on-going. Concern was expressed around testing within sheltered accommodation settings. It was confirmed that there was flexible testing at a Greater Manchester level.

A discussion ensued around the use of heatmaps. It was reported that the team had recently received information of positive cases that had occurred within the community and were analysing this data alongside local intelligence to gain a better insight.

Members of the Board thanked officers for their work and keeping the community regularly informed. It was agreed that meetings of the Health and Wellbeing Board be held on a more regular basis while the Covid-19 pandemic continued and information presented at Health Protection Board meetings be distributed via email to Members of the Health and Wellbeing Board.

**RESOLVED:**

- (i) That an additional meeting of the Health and Wellbeing Board be arranged; and**
- (ii) That the content of the Local Outbreak Control Plan be agreed and recommended to Strategic Commissioning Board and Executive Cabinet.**

**4. URGENT ITEMS**

There were no urgent items.

**CHAIR**

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# Agenda Item 4.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	17 September 2020
<b>Reporting Member / Officer:</b>	Councillor Wills - Executive Member for Health, Social Care and Population Health Dr Jeanelle de Gruchy - Director of Population Health
<b>Subject:</b>	<b>LOCAL OUTBREAK CONTROL PLAN UPDATE</b>
<b>Report Summary:</b>	<p>The Local Outbreak Control plan for Tameside provides a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms and infrastructure in place to deliver this, and appropriate routes of accountability. This presentation will provide an update on the following aspects:-</p> <ul style="list-style-type: none"><li>• Data Intelligence Update</li><li>• Update on local restrictions</li><li>• Testing &amp; Contact Tracing</li><li>• Outbreaks</li><li>• Business Compliance</li><li>• School reopening</li><li>• Communications &amp; Community Engagement</li></ul>
<b>Recommendations:</b>	That the Health and Wellbeing Board receive the presentation and note the update in relation to the various actions being taken by the locality.
<b>Corporate Plan:</b>	The Outbreak Control Plan describes how we will manage and control Covid-19 in the current phase of the pandemic and will be crucial in enabling our communities to live with Covid-19. Providing this safe approach will be crucial in supporting the system across Tameside and Glossop to deliver against the corporate plan priorities, particularly considering those residents who are more vulnerable to the impacts of Covid-19 (Nurturing Communities and Longer & Healthier Lives).
<b>Policy Implications:</b>	This is a key strategic plan, which will inform and enable wider policy across the Council as to the steps we take to protect lives and safely ease lockdown.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>The Council and CCG have received additional funding to support the outbreak of Covid-19. This includes £13.9 million allocated to the Council together with an indicative £6.2 million allocated to the CCG. However, it should be noted that current forecasts suggest this funding will be insufficient to support the related additional costs and reduced levels of budgeted income.</p> <p>In addition the Council has been allocated £2.1 million relating to Infection Control, 75% of which has to be distributed to care home providers in the borough to support related measures. The</p>

government have also recently allocated a ring-fenced test and trace grant of £1.4 million to the Council.

Members are requested to note these allocations as additional government funding that will support the local outbreak control plan.

**Legal Implications:  
(Authorised by the  
Borough Solicitor)**

The legal context for managing outbreaks of communicable disease, which present a risk to the health of the public requiring urgent investigation and management sits:-

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships. These arrangements are clarified in the 2013 guidance Health Protection in Local Government. PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks. The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

The presentation is intended to provide Members with a comprehensive overview of the response to Covid-19 locally with particular regard to The Government's four key strands of test, trace, contain and enable to tackling Covid-19.



A number of the actions in the plan will require their own governance and decision making through Strategic Commissioning Board and it is recommended that regular reports are taken so clearly sighted on where focus needs to be. This will be particularly important given the budgetary pressures as set out in the financial implications and detailed legal implications will be included for Members' consideration at that time.

**Risk Management:**

The challenges posed by Covid-19 present significant risks to the Council and this plan is a mechanism via which we will mitigate direct risks of Covid-19 infection and transmission. This plan outlines the key steps and functions that will ensure emerging risks in the form of outbreaks in the local area are quickly identified, risk assessed and acted upon.

**Background Information:**

The background papers relating to this report can be inspected by contacting Debbie Watson, Assistant Director of Population Health:-



Telephone: 07970 456338



e-mail: [debbie.watson@tameside.gov.uk](mailto:debbie.watson@tameside.gov.uk)

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# Health and Wellbeing Board

17 September 2020



# Outline

- Data Intelligence Update
- Update on local restrictions
- Testing & Contact Tracing
- Outbreaks
- Business Compliance
- School reopening
- Community Engagement
- Discussion

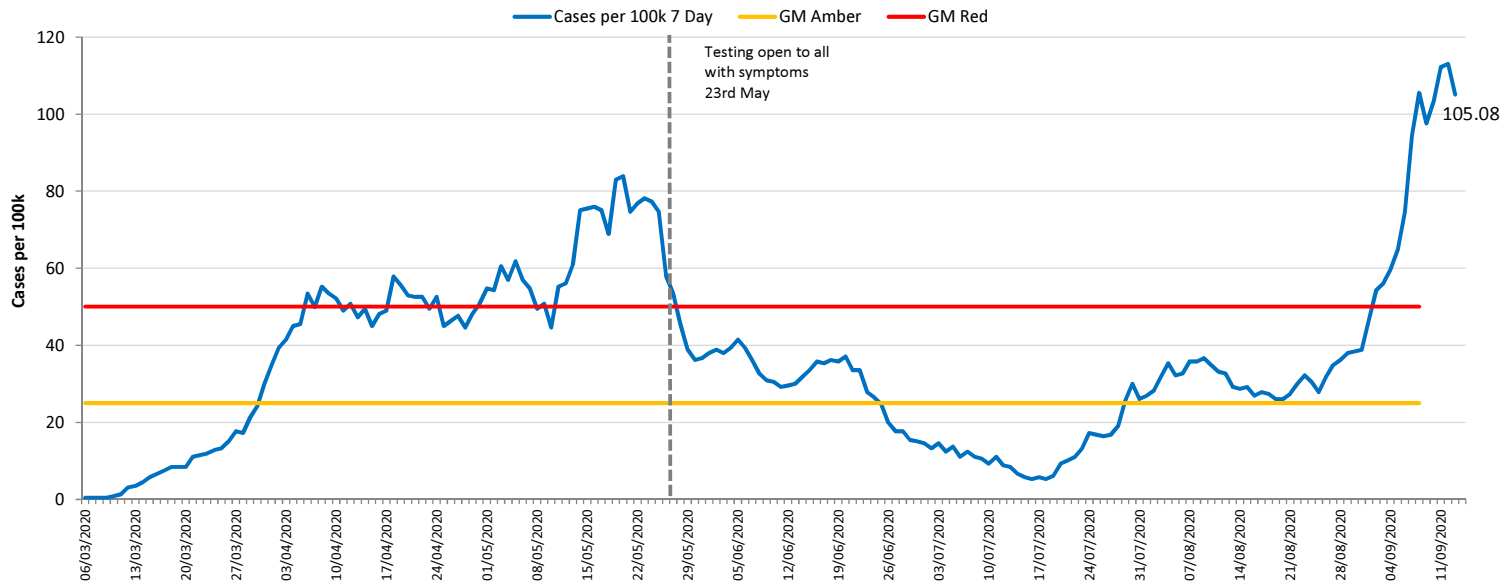


# Data Intelligence Update



# Tameside Cases: Summary

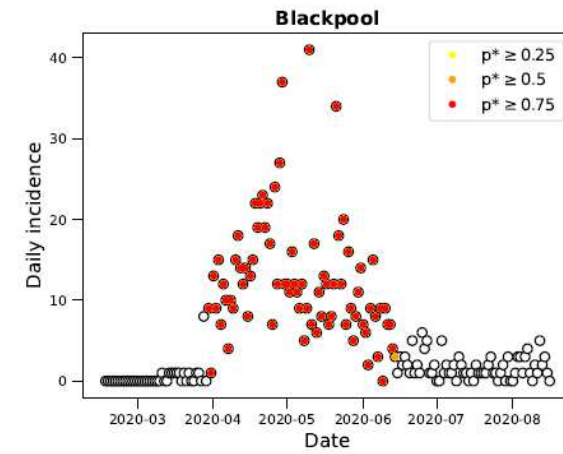
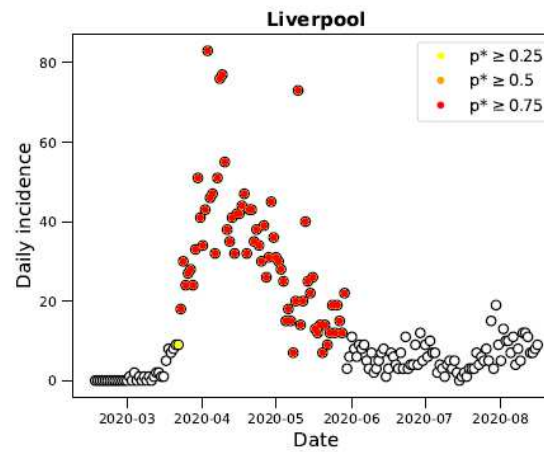
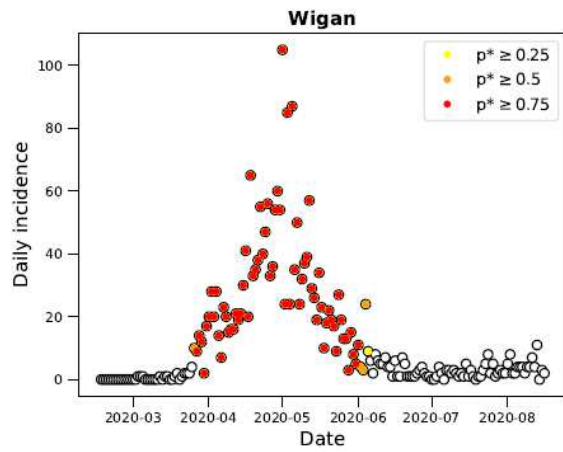
Threshold measures- New positive cases per 100,000 people (7 days)-Tameside



Number of new cases in the last 14 days	
31/08/2020	11
01/09/2020	24
02/09/2020	36
03/09/2020	20
04/09/2020	22
05/09/2020	27
06/09/2020	29
07/09/2020	56
08/09/2020	49
09/09/2020	18
10/09/2020	33
11/09/2020	42
12/09/2020	29
13/09/2020	11
<b>Total new cases last 14 days</b>	<b>407</b>
This is an increase of 30 new cases compared to the previous 14 days.	



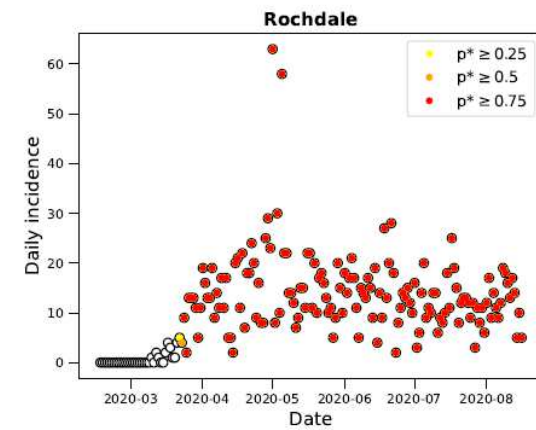
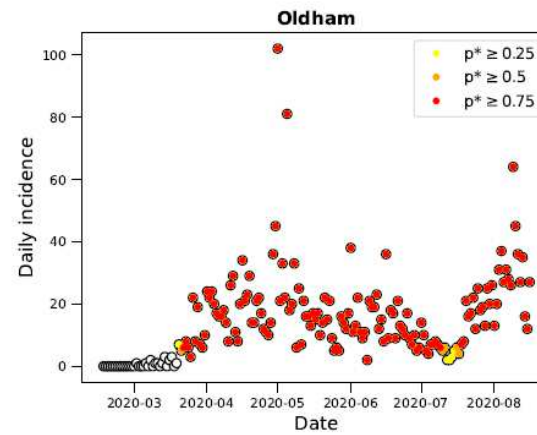
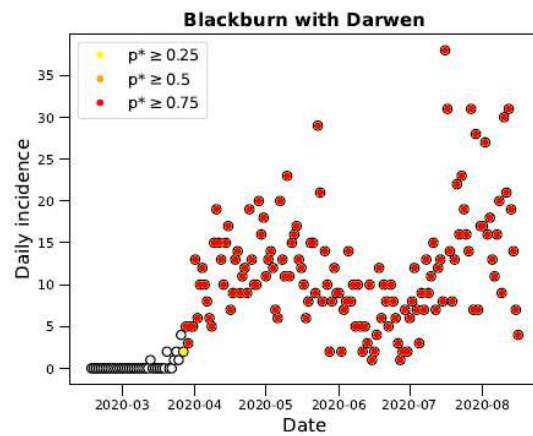
# NW Epidemic



These charts show the daily incidence numbers – the red dots indicate where there is a strong probability (75%+) that the locality is in an 'epidemic phase' as opposed to observing simple one off exceedances



# NW Endemic?



The overall analysis suggests Bolton, Manchester, Oldham and Rochdale never really left the epidemic phase – and that 9 of the 10 boroughs are currently experience an epidemic phase.



# Update on Local Restrictions

- Greater Manchester placed under additional restrictions as well as other parts of the North of England on 31 July to limit social contact between households due to rising case numbers
- Wigan's rate has been consistently lower over this period and came out of restrictions on 26 August
- Oldham, Pendle, Blackburn with Darwen under further restrictions due to consistently higher rates
- GM have called for removal of national restrictions on businesses and venues that must remain closed



# COVID-19 Test & Trace



# Testing (1)

- Priority testing among people who have symptoms across the community
- Regular repeat testing in high risk settings such as care homes / hospital
- Planning for Winter to identify a Local Testing Site (permanent facility 8am-8pm, 7 days a week)
- Tameside have maintained high rates of testing and good testing access
- Mixed current model:
  - Mass testing sites (Airport / Etihad)
  - Home Testing
  - Care Homes / Hospital
  - Mobile Testing Units (Ashton Curzon / Ashton Central Mosque / Ashton Indian Community Centre / Central Hyde)
  - Schools have been given test kits for pupils/staff who need a test but struggle to access
  - Outbreaks – access to rapid tests to the setting (eg. Care Home) or use of mobile unit at short notice



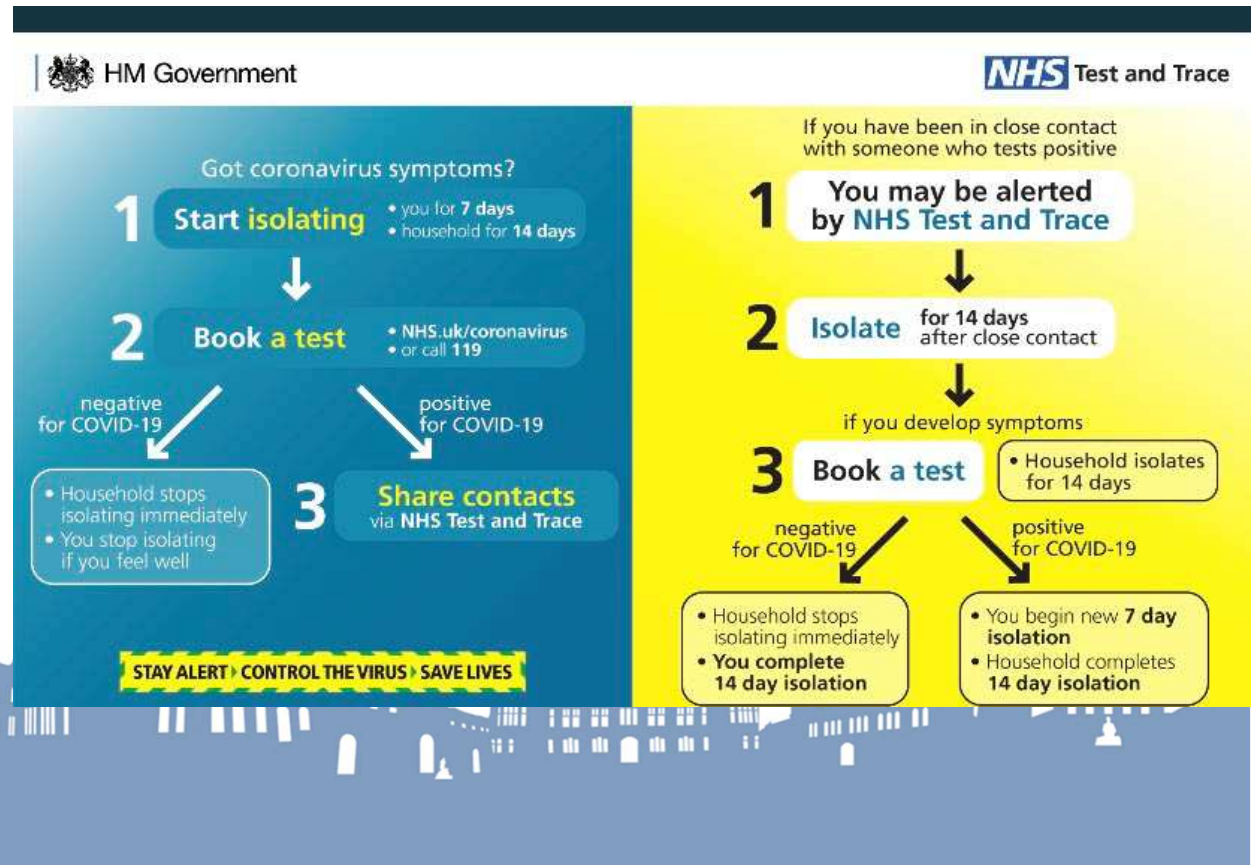
## Testing (2)

- Testing remains vital to our response
  - People who have symptoms need to access testing to ensure they have the right care and support
  - People who test positive have the right advice and support and asked to isolate (10 days)
  - It allows us to contact trace ensuring that anyone else at risk of contracting or who may have the virus is aware of this and advised to self isolate (14 days – even if they get a negative test during that time)
  - It allows us to identify sources of transmission such as workplaces and other high risk settings where further work and investigation may be needed



# Test & Trace Programme

- **Cases** (positive test) – told to isolate and information on contacts gathered
- **Contacts** – made aware and told to isolate
  - Household (inc. overnight stays and cleaners)
  - Any direct contact under 1m
  - 15 minutes within 2m of a case
  - Travelled in same car
  - Work in or visited a 'setting' (GP / school)



## ‘Complex’ Contact Tracing – GM Hub

- A GM wide hub was set up in early June to deal with more complex contact tracing handed over from national team – or where our local links has allowed us to escalated locally This includes where the case has been in higher risk setting (eg. Care Home, GP Surgery, School, workplace)
- The GM team work closely with local authorities to ensure these are followed up, investigated and managed
- The Hub has a high success rate, tracing approx. 98% of contacts



# Locally Supported Contact Tracing

- Recognition that National Test & Trace does not manage to make contact with all the cases is leading to localised contact tracing
- GM councils (including Tameside) are now developing local plans to develop local contact tracing of the cases national teams are unable to reach
- We have a team of staff who have been doing contact tracing training and are ready to stand up. During September we will have a process in place to start receiving these cases and following them up ourselves both remotely or door-to-door if necessary
- This will increase the number of cases reached and therefore asked to isolate and also the number of close contacts identified and asked to isolate



# Outbreaks

- Continuing to have outbreaks in health and social care settings Tameside (hospitals and care homes).
- Regular care home testing is continuing to identify some outbreaks – we are able to find these and respond very quickly to ensure the appropriate control measures are in place.
- No outbreaks in other settings within Tameside, however some residents have been cases in outbreaks in other Boroughs
- Most issues in other local settings and workplaces have been individual cases which have been quickly identified and isolated which has prevented further spread and escalation to an outbreak





# Business Compliance

- Tameside BC teams have undertaken a large amount of work to support local businesses and settings understand and adhere to guidance to reduce risks of Covid-19 transmission
- Working closely with GMP colleagues
- Both proactive visits and support and reactive visits resulting from complaints
- Licensed Premises
  - 279 visits (proactive and reactive) with GMP
  - 4 written warnings issued; 2 Health Protection Regulation notices served; 4 premise license reviews undertaken
- Support for Business Premises
  - 606 visits (proactive and reactive) with GMP
  - 11 written warnings issued; 2 Health Protection Regulation notices served



# Schools/ Educational settings update

- No outbreaks in Tameside schools over past 6 months
- All schools supported with training webinars, step by step guide, FAQs, SPOC, infection control advice and resources
- School Contact Tracing Cell in place meeting daily
- Cases identified and managed same day
- Scenario planning group in place with Heads
- Comprehensive risk assessments developed in all educational settings
- Contingency plans developed for local escalation
- Home tests available from all schools



# Communications, Listening & Engagement

## Health and Wellbeing Board



# Summary

- Listening – to inform communications, outreach and future response
- Communications – global, tailored & targeted
- Engagement – impact of, and learning from, Covid-19 (to inform recovery plans)
- Community outreach
- Champions



# Listening, Communicating & Engaging

- Grafton Centre
- Diversity Matters NW
- Independent Advisory Group
- Action Together
- Emmaus
- Stone Soup
- Infinity Initiatives
- Active Tameside
- Europia
- Indian Community Centre
- Anthony Seddon
- Reubens Retreat
- Finding Rainbows
- Being There Services
- Scouting movement
- West African Development
- Holy Trinity Church
- Fairfield Moravian Church
- Dural Hijra Al'ula Islamic Centre
- Ashton Mosque
- Hindu Temple Ashton
- Hyde Bangladeshi Welfare
- Ashton Indian Association
- Ashton Sixth Form
- CAB
- TOG Mind
- Parish of the Good Shepherd
- Church of the Nazarene
- Active Community (Lindley Educational Trust)
- Youth Council
- Children in Care Council
- Young carers
- Young parents
- Tameside Hospital chaplaincy
- Autism Partnership Board
- Carers Centre
- People First Tameside
- T&G Patient Groups



# Communications

- Preventative #ItWorks 5 steps
- Symptoms and testing
- Targeted comms:
  - 18-40s. Shift to more emotive messaging appealing to protect others at risk
  - Care home staff outside work place
  - BAME
- Accessing health care, don't delay, cancer symptoms
- Better Health campaign: reducing obesity and LTHC
- Active travel
- Safely reopening Tameside, shop local
- Ongoing insight sessions to understand gaps in knowledge, what is working/not working: 130 people from across Schools, BAME, Staff, PCN, IAG, comms network to date
  - Business community, younger people, learning disabilities to follow



# Engagement #1

- Big Conversation survey
  - Over 450 responses
- 4 virtual listening events for adults
- 1 virtual listening event for young people
- Children in Care Council conversations
- Youth Council feedback



# Key messages #1

- Communication.
- Isolation / mental wellbeing.
- Digital. Good in the right circumstances. Not for all.
- Access to services (esp. primary care).
- Missed diagnosed (cancer of particular concern).
- Vaccination. Dispel myths / maximise take up.





## Key messages #2

- Missed milestones for young people.
- Learning catch up (primary / secondary / college).
- Young people's involvement in decision making.
- Role of VCFSE – now and in the future.
- End of furlough. Jobs, debt, housing, food, fuel.
- Inequalities. BAME, disability, vulnerable (e.g. DA)



# Community outreach #1

- Making every contact count
- Neighbourhood teams (experienced)
- Town and district centres. Markets. Parks and open spaces.
- Members of the public, businesses & retail traders
- #ItWorks pocket cards (multi-language plus boards & banners)
- Not enforcement
- Advice, guidance and reassurance



# Community outreach #1

	Public	Business / traders	Leaflet drops
w/c 24 Aug	500	178	-
w/c 31 Aug	582	105	963
w/c 7 Sept	1260	545	684



# Champions

- Empower our residents and workforces with the information they need to disseminate amongst community
- Well placed to act as key message carriers and to lead by good example
- We will ensure that timely and accurate information is shared with our champions via a fortnightly zoom session and regular contact
- Ensure they are trained and nurtured and feel a part of something rather than just passing on an email
- Can be anyone who live or work in the community. Someone that everyone knows and trusts or someone who just wants to help in whatever way can
- No set expected level of support - help in a variety of ways: simply pass on information, help with translation, volunteering time etc



# Champions

- Registration form and more formal process streamlines a lot of community work we already had in place across the organisation – not working in silos
- Enables us to quickly identify champions at ward level in the event of an outbreak and target specific messaging so don't lose relevant messages with a send to all approach
- Champions will provide valuable insight - let us know what is and isn't working so we can target and tailor messaging better



# Champions

- Over 100 champions registered
- First two induction sessions – 7 Sept
- First two updates sessions – 16 Sept
- [www.tameside.gov.uk/communitychampions](http://www.tameside.gov.uk/communitychampions)
- [Community.champions@tameside.gov.uk](mailto:Community.champions@tameside.gov.uk)

**Become a Tameside Community Champion**

Can you help provide family, friends and other community members with information and support to protect them from Covid?

Sign up to become a community champion.  
[www.tameside.gov.uk/communitychampions](http://www.tameside.gov.uk/communitychampions)

**Tameside Community Champions**  
Supporting a COVID safe and healthy Tameside

**Tameside**  
Metropolitan Borough

**NHS**  
Tameside and Glossop  
Clinical Commissioning Group



# Discussion

- What are your reflections on engagement and understanding of guidelines across our communities?
- How can Health and Wellbeing Board members support the Community Champions programme?



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