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HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 21 January 2021
Time: 10.00 am
Place: Zoom

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies for absence from Members of the Health and Wellbeing Board.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	MINUTES To receive the Minutes of the meeting of the Health and Wellbeing Board held on 17 September 2020.	1 - 4
4.	COVID-19 To receive presentations on: - (a) COVID-19 Update - Director of Population Health (b) COVID-19 Champions - Assistant Director of Policy, Performance and Communication (c) COVID-19 Vaccination Programme - Director of Commissioning (d) Domestic Abuse during the COVID-19 Pandemic - Strategic Domestic Abuse Manager	5 - 6
4.a	COVID-19 UPDATE To receive an update from the Director of Population Health.	7 - 18
4.b	COVID-19 CHAMPIONS To receive an update from the Assistant Director of Policy, Performance and Communication.	19 - 42
4.c	COVID-19 VACCINATION PROGRAMME To receive a presentation from the Director of Commissioning.	43 - 44
4.d	DOMESTIC ABUSE DURING THE COVID-19 PANDEMIC To receive a presentation from the Strategic Domestic Abuse Manager.	45 - 60

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer on 0161 342 2346 or charlotte.forrest@tameside.gov.uk, to whom any apologies for absence should be notified.

5. URGENT ITEMS

To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.

Agenda Item 3.

HEALTH AND WELLBEING BOARD

17 September 2020

Commenced: 11.00 am

Terminated: 12.15 pm

Present:

Councillor Warrington (Chair)	Executive Leader
Councillor Fairfoull	Deputy Executive Leader (Children and Families)
Councillor Wills	Executive Member for 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

In Attendance:

Shaun Higgins	Active Tameside
Chris Rushton	Active Tameside
Lisa Pomfret	DWP
Phil Nelson	GMFRS
Jane Higham	GMP
Donna Kelly	Jigsaw Homes
Andrew Searle	Tameside Adult's Safeguarding Board
David Swift	Tameside and Glossop CCG
Brendan Ryan	Tameside and Glossop ICFT
Sarah Threlfall	Assistant Director of Policy, Performance & Communications
Emma Varnam	Assistant Director of Operations & Neighbourhoods
Debbie Watson	Assistant Director of Population Health

Apologies for Absence: Councillor Cooney and Richard Hancock

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 29 June 2020 were agreed as a correct record.

7. LOCAL OUTBREAK CONTROL PLAN UPDATE

The Director of Population Health delivered a presentation that provided an update on the Local Outbreak Control Plan in relation to the Covid-19 pandemic.

The Board was shown a graph detailing the positive cases per 100,000 people in Tameside since March 2020. Community transmission had started to increase in July with cases rising rapidly since September in line with other areas of Greater Manchester. Local restrictions had been imposed across the region on 31 July 2020, which limited social contact between households due to rising case numbers.

The Assistant Director of Population Health advised the Board that Tameside had high levels of testing, utilising a mixed model that included mobile testing units across the Borough, home testing kits, test kits within schools, access to regional mass testing sites and access to rapid testing for settings within short notice. Priority testing was available for symptomatic people and there was a regular programme of repeat testing in high risk health and social care settings. Testing remained vital to the response and allowed people who tested positive to access help and support and for their contacts to be traced in order to self-isolate for 14 days. It also allowed teams to identify sources of transmission, such as workplaces and other high risk settings, for further work and investigation.

It was reported that there continued to be outbreaks in health and social care settings but clear processes were in place to quickly respond, manage and control the outbreak in addition to a regular testing strategy. There had been two linked cases in hospitality settings but no other outbreaks in any other settings in Tameside. Individual cases had been quickly identified and isolated, which had prevented further spread and escalation to an outbreak. There had been no outbreaks in Tameside schools and any individual cases had been traced and contained in the same day. Schools had received support in the form of virtual training sessions, step by step guides, infection control advice and resources. A School Contact Trace Cell met daily and a scenario planning group was in place with comprehensive risk assessments and contingency plans created for local escalation.

The Board were advised that a Greater Manchester Hub had been set-up in June to deal with complex contact tracing. Through working closely with Local Authorities 98% of contacts had been successfully traced. This work would be further enhanced through a local tracing programme that was currently in development.

The Assistant Director of Policy, Performance and Communication updated the Board on the ongoing communications strategy for Covid-19. A series of engagement activities and community outreach had been carried out with a wide range of organisations and the feedback had helped to shape communications and tailor messages to Tameside residents with targeted messaging for specific hard to reach groups in a variety of formats.

A preventative campaign ("It Works!") had been developed containing images of local people and places that explained the rules in a clearer way, examples of which were shown. One of the key messages was to take a test if symptomatic or if advised to by primary care and to not delay accessing health care for other reasons. Due to a disproportionate number of positive cases within the 18-40 year old group, there had been a shift towards emotive messaging to appeal to this cohort to follow the rules in order to protect others who were at risk. A Better Health campaign had been launched, focusing on obesity and effectively managing long term health conditions, a shop local campaign to support local businesses had also been launched, which highlighted responsible and safe behaviour in relation to Covid-19, in addition to the annual Flu campaign.

The Board was informed that a Community Champions network had been created to provide residents, stakeholders and partners with the information they need to circulate amongst the community. Virtual meetings were held on a fortnightly basis to share information and update on the current position in Tameside. Over 100 champions had registered and two induction sessions and two update sessions had already taken place.

Board members were advised that emergency and planned work had recommenced at Tameside Hospital. A rise in Covid-19 community cases had resulted in a rise in patients requiring treatment within the hospital and as a consequence an increase in Covid-19 deaths. There had been an outbreak within the hospital that had been successfully managed and staff, patients and visitors to the hospital were requested to be vigilant at all times.

Tameside Business Compliance teams had undertaken a large amount of work to support local businesses to understand and adhere to guidance in order to reduce the risks of Covid-19 transmission. Proactive and reactive visits to businesses across the Borough had been carried out,

in collaboration with GMP in response to complaints, resulting in written warnings, Health Protection Regulation Notices and Premises License Reviews. Work was ongoing to remind large retail outlets of their responsibilities and checks would be carried out to ensure that hospitality venues were utilising track and trace in their establishments. Large gatherings were not allowed and preparations for Halloween, Bonfire and Remembrance Day events were being looked at.

A discussion ensued on the use of and enforcement of wearing face masks in retail outlets and the current situation of no visiting to residents in a care home setting.

Members of the Board thanked all involved for their continued hard work in fighting the virus and praised the collaborative nature of work that was being undertaken to protect the public.

8. URGENT ITEMS

There were no urgent items.

CHAIR

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Agenda Item 4.

Report to:	HEALTH AND WELLBEING BOARD
Date:	21 January 2021
Executive Member:	Councillor Wills - Executive Member for Health, Social Care and Population Health
Reporting Officers:	Dr Jeanelle de Gruchy - Director of Population Health Jessica Williams - Director of Commissioning Sarah Threlfall - Assistant Director of Policy, Performance and Communication Samantha Jury-Dada - Strategic Domestic Abuse Manager
Subject:	COVID-19
Report Summary:	<p>To receive presentations updating members of the Health and Wellbeing Board on the latest position in Tameside, including: -</p> <ul style="list-style-type: none">• Covid-19 Update – Dr Jeanelle de Gruchy• Covid-19 Champions – Sarah Threlfall• Covid-19 Vaccination Programme – Jessica Williams• Domestic Abuse during the Covid-19 Pandemic - Samantha Jury-Dada
Recommendations:	That the Health and Wellbeing Board receive the presentations and note the updates in relation to the various actions being taken by the locality.
Corporate Plan:	How Covid-19 is managed and controlled in the current phase of the pandemic 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).
Policy Implications:	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.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<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 government have also allocated a ring-fenced test and trace grant of £1.4 million to the Council.</p> <p>Members are requested to note these allocations as additional government funding that will support the local outbreak control plan.</p>

**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.

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. The updates help inform 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 can be inspected by contacting Debbie Watson, Assistant Director of Population Health: -



Telephone: 07970 456338



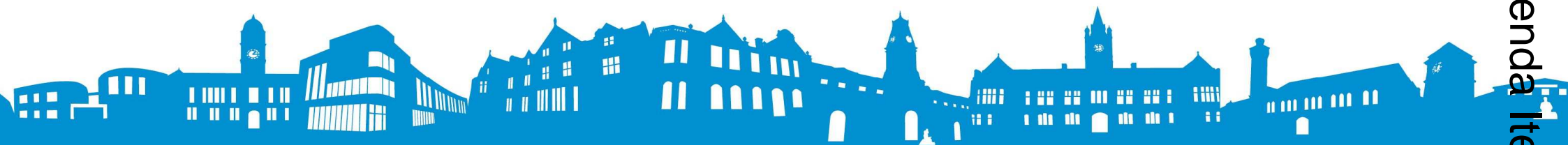
e-mail: debbie.watson@tameside.gov.uk

Tameside Health and Wellbeing Board

21 January 2021

COVID-19 Update

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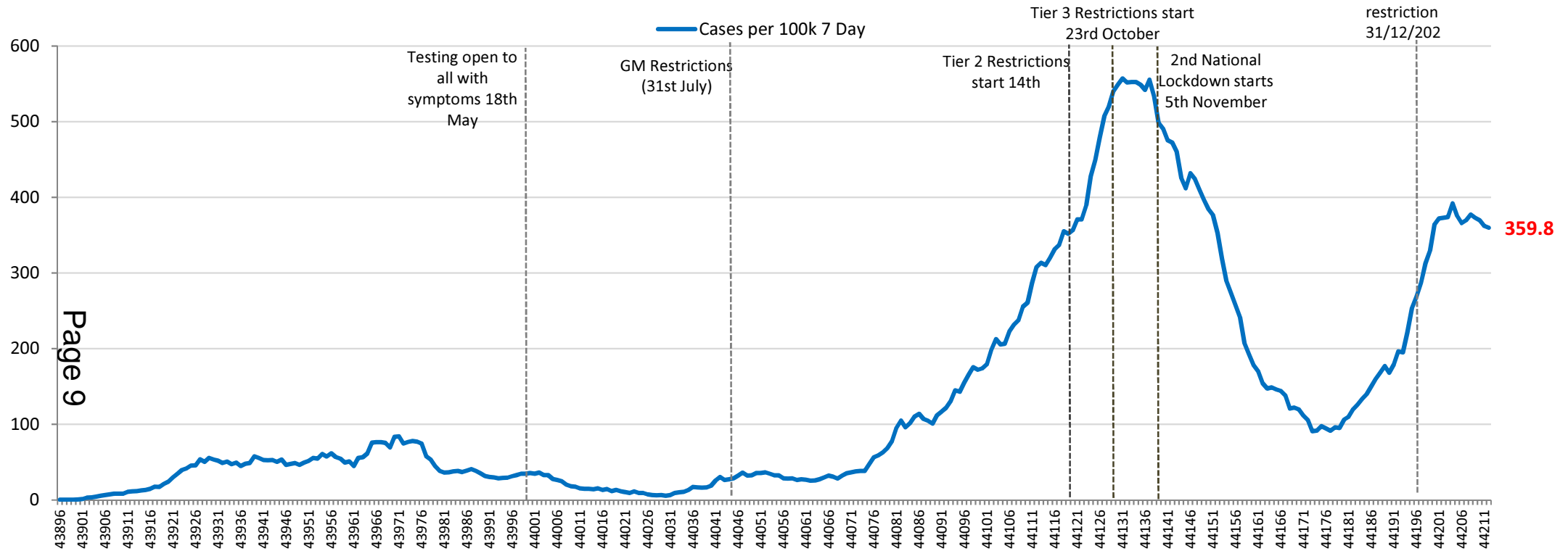
Agenda Item 4.a

COVID-19 – What is the current situation?



Trends in New Cases for Tameside (16/01/2021)

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



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Current rate of new cases in the last seven days per 100,000 people is **359.8/100,000**

Rate has increased rapidly in recent weeks, however this is showing signs that it is stabilising

Most numbers of new cases in younger working age adults (20-40)

The current situation in Tameside

- Tameside currently 8th lowest rate in GM (Rochdale and Oldham currently lower)
- GM still has lower rates nationally but neighbouring areas such as Liverpool City Region have very high and growing rates
- The positivity rate (proportion of all tests that come back positive) is reducing
- Seeing high numbers of outbreaks and some large outbreaks
- New variant is more transmissible and estimated to be 70% of new cases in Tameside
- Hospital activity steadily increasing and expected to do so for the coming weeks

COVID-19 – What is driving the current situation?



What is driving spread in Tameside? (1)

There are certain places where COVID-19 spreads more easily:



Crowded places



Close-contact settings

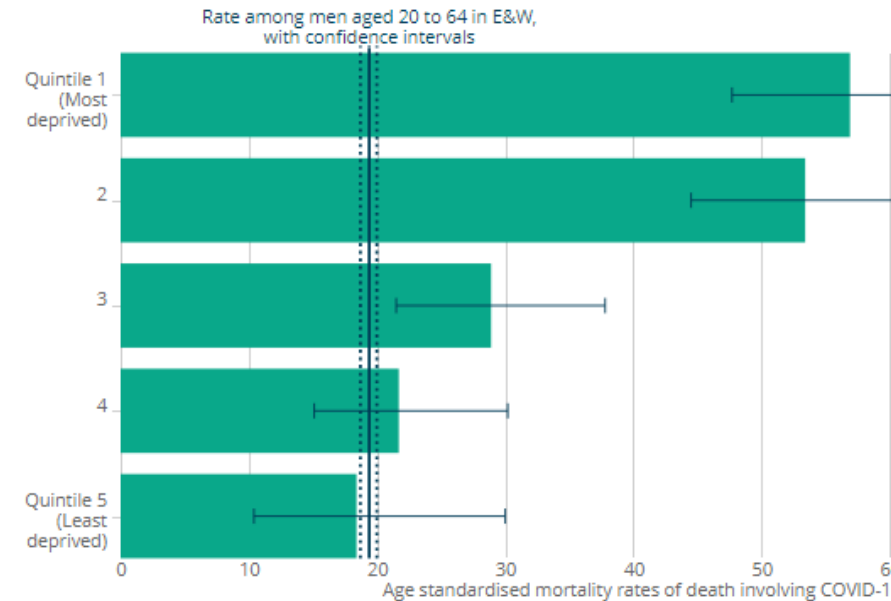


Confined and enclosed spaces

- Widespread circulation of Covid-19 across all parts of the borough
- Continue to see high numbers of outbreaks in settings across the borough
- Certain situations increase risk of Covid-19 transmission (The Three C's)

What is driving spread in Tameside? (2)

- Some of our communities are more likely to be exposed to The Three C's
 - people and families living in overcrowded housing
 - people with poor work conditions
 - people who use public transport or car share for work
 - type of work (eg. taxi drivers)
 - smaller settings (takeaways; small shops)
- Some communities at greater risk of severe disease
 - Older people
 - People living with long-term health conditions
 - Occupational exposure



Source: Office for National Statistics

- The reasons for this link to existing health inequalities which our residents experience in Tameside

COVID-19 – What can we do about it?



Basic Measures to Prevent Transmission

- The same **basic measures** to reduce risk of transmission have been the same throughout the pandemic:
 - Regular, thorough handwashing with soap and running water
 - Social distancing from others of at least 2 metres
 - Wear a face mask/covering when in certain places (especially where the Three C's are more likely)

- Following the relevant **guidance and restrictions**
 - Reducing our social contacts
 - National lockdown
 - Only essential retail and travel

- **Finding infections and stopping spread**
 - Test, Trace, Isolate
 - Outbreak Management



Solutions to Tackling the Pandemic

• Test, Trace, Isolate

- PCR Testing – wide availability of mobile and fixed sites for those with symptoms to get tested
- Targeted Testing at Scale – rapid lateral flow asymptomatic testing for front line staff and schools
- Contact Tracing – local call handlers / support for high risk settings
- Isolation – messaging and support to self-isolate (including £500 support payments)

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• Covid-19 Vaccination

- Rapid roll out of the vaccination programme
- Priority groups to prevent deaths and protect the most vulnerable



Encouraging these solutions in Tameside

- **Ongoing messaging** – lockdown / testing / vaccination
- **Engaging** with our communities to provide information and listen to concerns
- **Supporting people** to follow guidelines and reduce spread
- Finding the right balance on **compliance** (support & enforcement)
- **The vaccination programme** is already identifying those who may struggle to access (eg. Troubleshooting transport issues)
- **Humanitarian Response** – this has been ongoing throughout the pandemic but has stepped up again in the new lockdown to provide support to those who need it most in the community
- **Community Champions** programme
- **Wider engagement** – workforce; partners (eg. Health & Wellbeing Board); BAME community groups

Questions?

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Wider impact insights

What data is telling us
What people are telling us



Data – ‘dashboards’

Covid-19 impact

- Epidemiology, compliance, schools
- Continue & refine

Covid-19 **wider** impact

- Socio economic – jobs, debt, safeguarding, wellbeing.
- Develop & introduce
- ‘GM Six Month Contain Plan’ as starting point + local

Corporate Plan

- Review, refresh & reintroduce
- Supported by thematic – health & care, children's etc.



People – ‘experiences’

Surveys

- T&G Covid-19 Impact survey (autumn 2020)
- **GM Covid-19 Impact survey (now and into 2021)**

Feedback loops

- Community Champions
- BAME Network

Hearing from experts by experience

- PEN Covid-19 impact sessions
- **Plan for Q1 of 2021 – ‘Lived experience listening sessions’**





Governance and Pensions

Policy, Performance and Communication

GM Covid-19 Insight Surveys – Wave 1/2

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GM Insight surveys

- Aim to provide overview of key issues and barriers when living with Covid-19
- Monthly surveys of over 1000 GM residents, with at least 100 responses within each local authority
- Wave 1 (20 Nov – 2 Dec) and Wave 2 (18 - 31 Dec) completed. Results can be compared
- Provided at GM and local authority level (high level results)



GM Findings

- Some groups impacted more than others. These include:
 - Young people, 16-24
 - Residents with young (0-4) children
 - BME residents – particularly Asian residents
 - Muslim residents
 - Residents where English is not their first language
 - Carers
 - Residents sharing household with someone at high risk of Covid-19
 - Residents with a disability
 - Military veterans
 - Residents in most deprived communities



GM Findings

- Concern about Covid-19 has increased. 46% of GM respondents now extremely worried compared to 40% in Wave 1 surveys. Increase is highest in 25-44yr olds and in 65+yr olds
- Those surveyed in Wave 2 less likely to have been impacted by Covid-19 compared to Wave 1. However, proportion who have borrowed money is significantly higher
- 22% surveyed in Wave 2 said they have had Covid-19 – this figure is highest in 25-44yr olds, BME residents and those for whom English is not their first language
- 31% respondents have had to self-isolate
- 5% had to use foodbank due to Covid-19 – increases to 6% for military veterans and those with young children



GM Findings

- Knowledge of Covid-19 and guidance generally good – but half of respondents thought that people can leave self isolation for some situations (e.g. exercise)
- 24% complying with guidance all the time – very few demographic differences between those who are compliant and those who are not
- Most common reason for non compliance is confusion over restrictions (24%)
- 28% feel need support with mental health. Rises to 57% in respondents aged 16-24
- 60% thought Covid-19 information was accurate, easy to understand and trustworthy



GM Findings

- 75% of respondents are now very / fairly likely to get a Covid-19 vaccine when they are eligible – this is a slight increase from Wave 1 findings (72%)
- Most common reason for not getting the vaccine is concern about safety/speed of roll out
- Women, those aged 16-44, BME and Asian residents, and military veterans are the least likely to say they are “very likely” to get the vaccine



Tameside Findings

- Tameside generally in line with the GM average for most issues.
- However some areas where they differ from the GM average and where responses changed between Wave 1 & 2



Tameside Findings

- *Feelings and concerns:*
 - Tameside respondents are more concerned about Covid-19 than they were at time of Wave 1
 - 47% of Tameside respondents are now very worried about Covid-19, compared to 39% in Wave 1. This increase is in line with GM average
 - Proportion of Tameside respondents not worried about Covid-19 decreased from Wave 1 to Wave 2 (30% - 16%) and is now in line with GM average
 - 43% of Tameside respondents consider Covid-19 to be a major risk to their local community, higher than GM average of 32%
 - Financial concerns have increased between Wave 1 & 2. 22% of Tameside respondents in Wave 2 said that their finances were a big concern



Tameside Findings

- *Impacts:*
 - 33% of Tameside respondents have had to self isolate, an increase from Wave 1 (27%). This figure is in line with GM average
 - 22% of Tameside respondents said they have had Covid-19, including 5% who said it was confirmed by a test, both in line with GM average
 - 4% of Tameside respondents said that they/someone in their household has used a foodbank during the pandemic, lower than GM average of 9%
 - More Tameside respondents (11%) received support from humanitarian hub than GM average (6%)



Tameside Findings

- *Support:*
 - Extent of support needed by Tameside respondents is in line with GM.
 - 56% of respondents feel that they need more support in at least one area.
 - 28% of Tameside respondents felt that they needed more support for isolation/loneliness
 - Other common areas of support needed; staying active, healthy eating, mental health
 - Only 4% of Tameside respondents felt they needed support with gambling – lowest figure across GM LAs



Tameside Findings

- *Knowledge and understanding:*
 - Knowledge of Covid-19 symptoms and guidance generally in line with GM average
 - 75% of Tameside respondents feel they have enough information on restrictions in their area, in line with GM average



Tameside Findings

- *Attitudes & behaviours:*
 - 25% of Tameside respondents say they comply with all restrictions all of the time, in line with GM average. This is an increase from Wave 1 where this figure was 23%
 - Tameside respondents are more likely to take a Covid-19 test when they had no symptoms (75%) than the GM average (68%)
 - 71% of Tameside respondents think the restrictions are necessary, in line with GM average (69%)



Tameside Findings

- *Vaccine:*
 - 83% of Tameside respondents say they are likely to get a vaccine when they are eligible, in line with GM average (84%).
 - This is in line with Tameside respondents in Wave 1, where 82% said they would get the vaccine. Most other LAs showed a decrease between Wave 1 & 2
 - More Tameside respondents (54%) in Wave 2 think they have enough information on getting a vaccination than in Wave 1 (49%)



Tameside Findings

- *Accessing information:*
 - 39% of Tameside respondents strongly agree that information about Covid-19 can be trusted, higher than GM average (23%)
 - Tameside respondents more likely than the GM average to think Covid-19 information is easy to understand, relevant to them and is accessible
 - The most common ways for Tameside respondents to access Covid-19 information was through National TV, Regional TV and GOV.uk website





Governance and Pensions

Policy, Performance and Communication

Lived experience listening sessions – Q1 2021

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Lived experience listening sessions

Themes

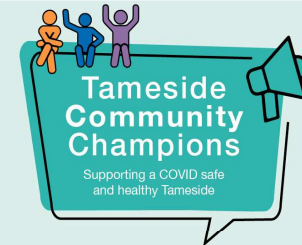
- Young
- Older
- Learning disabilities
- Physical disabilities
- Community cohesion
- Emotional wellbeing
- Access to services / inequalities
- Digital

Partners / networks

- Diversity Matters NW
- People First
- TOG Mind
- Infinity Initiatives
- BAME Network
- Independent Advisory Group
- Community Champions
- Inequalities Reference Group
- GMPA



Champions Positive Feedback



"The two styles of sessions are complimentary."

"Really helped with sharing information and messages with family and friends. The factual information is particularly useful."

"Really helps me with passing information onto patients and also feeding the needs of patients in."

"The information via the champions has been great and eased lots of anxiety amongst our service users. It has been the best way to deliver up to date, relevant and local information."

"The slide pack is very helpful for me in my role as Community Cohesion Officer. Enables me to pass on correct and up to date information."

"The translated materials and emails are very useful."

"I really enjoy these meetings and it is very reassuring for the public that we have these channels of communication open."

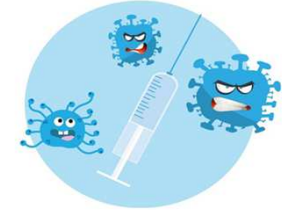
"Honest and open conversation – really welcome."

"Can only be a good thing getting messages and information out to a wider audience."

"I look forward to the sessions and have really enjoyed them."



Vaccination Feedback



- Lots of myths and rumours in the community eg isolating for 35 days after vaccine, animal products and alcohol in vaccine?
- Language barriers for vaccine messages
- Unclear messaging around 2nd dose- what's the point in having it if its delayed etc
- Hyde leisure pool/Denton festival hall- very well organised
- Allergies- what do I need to do?
- Information after vaccine – what can/cannot do?
- Clear messages around what happens when you have the vaccine
 - long term effects
 - level of immunisation after 1st dose
 - Transport issues to vaccination sites
- People are generally optimist

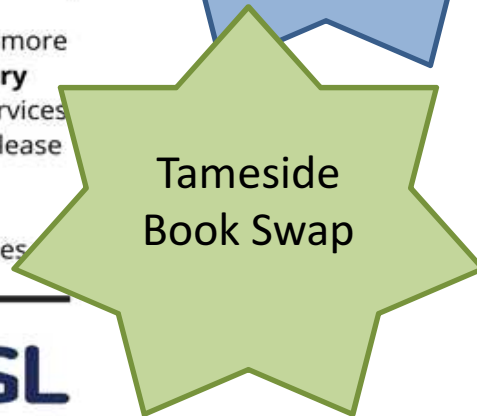


Champion's Projects 2020/2021



This book has been gifted to
**Tameside Community
Champions** book swap by

**TAMESIDE
LIBRARIES**



If you are interested in learning more about our free **Home Delivery Library Service** or what free services your local library has to offer, please contact Ashton Library
0161 342 2029
www.tameside.gov.uk/libraries



NSL



Ideas for 2021



- Vaccine Q&A
- Whats App broadcast
- Engaging other priority groups e.g. taxi drivers, Board Members
- Make Every Contact Count (MECC)
- Safety in our Communities
- Green Spaces – what we can do locally/what we have locally
- Sensible drinking/Alcohol , Drugs and Homelessness
- Suicide Awareness and Mental Health
- Heart Disease and Cancers



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Health and Wellbeing Board

21st January 2021

Covid 19 Vaccination update

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Agenda Item 4.c



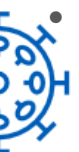
Covid Vaccine update



	Total number of people vaccinated (1 st dose)	Total vaccinations 1 st and 2 nd dose	% of population in cohorts 1-3	% of population in cohorts 1-4	Projected % (22 nd Jan) cohort 1-3
As at 15/01/2020	16,000	18,000	70.66%	45.69%	92.74%

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- Approximately 90% of 80+ priority group now vaccinated
- NW average is 36% and national average is 35%
- Health inequalities analysis to be undertaken but access to vaccination data on the national systems is still an issue; working with GM to resolve
- The Safe Steps app shows that 96% of CH residents have given consent to be vaccinated
- Expected deliveries week beginning 18th Jan is 6,000 (4000 OAZ, 2000 Pfizer)
- No wastage and no stockpiling
- 75+ Housebound roll out starts on 18th Jan across all 5 PCNs – aim to complete within 10 days
- Ashton PCN site - Oxford Park - goes live 18th Jan



Domestic abuse in Tameside

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Health and Wellbeing Board
January 2021

Agenda Item 4.d

Introduction

Page 46
Roles and responsibilities

Domestic Abuse Officer Governance | Strategic oversight and operational expertise

Health & Wellbeing Board / Community Safety Partnership regarding Partnerships / Covid Impact & Recovery Working Group

These are the relevant boards to receive updates / reports on the progress of this work as needed

SLT

DA Steering group

DA Operational Delivery Group

Commissioned services monitoring

This group is responsible for strategic oversight, direction setting and performance. Attended by Senior Leaders across commissioned services, TMBC and the CCG. This meets bi-monthly and is chaired by the Director of Public Health.

This is the operational delivery group to which day-to-day decisions would be delegated to, monitoring and delivery of activity relating to the plan and problem solving. This meets monthly and is chaired by the Strategic Domestic Abuse Manager.

This is the performance monitoring meeting for commissioned DA services (already in existence).

Background

Page 18
Services and support in
Tameside

Background | Services and interventions relating to domestic abuse in Tameside

Our response to domestic abuse can be split into operational safeguarding risk management/interventions and specific targeted work.

The operational risk management processes are multi-agency, and work to ensure that victims and their children are kept safe. This includes GMP, children's social care, Bridges, probation, substance misuse, education, mental health, GPs, midwifery, nursing, adult social care, homelessness services etc. These interventions or processes include MARAC, MASH and Operation Encompass.

The majority of the specific and targeted support that victims receive in Tameside are provided after an assessment of their needs and risk level through the operational processes described above. However, self-referrals are also possible to some of these services. Victims of abuse and their children access domestic abuse provision in Tameside through Bridges, our core commissioned service. There are community based organisations that also work with victims of domestic abuse such as Diversity Matters NW and also GM-wide organisations and initiatives such as Strive which is run by Victim Support.

Bridges | Commissioned provision in Tameside

Bridges is our core commissioned service to respond to domestic abuse. It is part of Jigsaw, which is a social housing provider in Tameside.

Depending on risk of the domestic abuse, there are different services that can be available. The risk levels are categorised as standard risk, medium risk and high risk. The Bridges service works across all risk levels but the most intensive work is done with those at high risk.

	Service/Intervention	Risk level
Adults	IDVA	High
	Refuge	High
	Strive	Standard
	Freedom Programme	All
	Outreach	Medium
CYP	CHIDVA	All
	Time to talk	All

Performance

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DA in Tameside | What we know

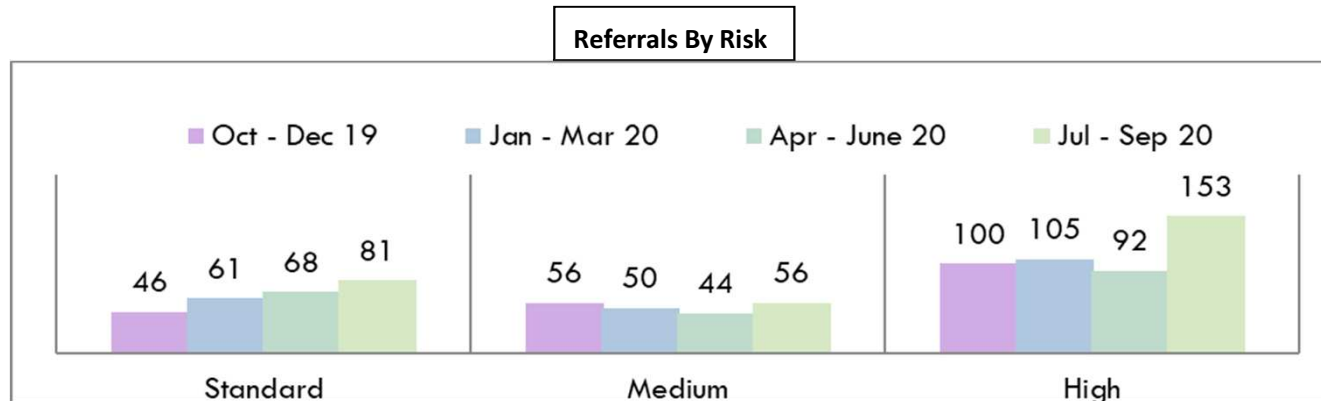
2019 Peer review

1. Improve **prevention** of domestic abuse
2. There is a gap in **recovery support** for victims/survivors
3. The current approach is not **holding perpetrators to account**
4. We need to support a **co-ordinated community response**



- **Covid-19** disruption
- Increase in high-risk cases heard at **MARAC**
- **Additional IDVA capacity required** to meet demand
- **Challenging financial landscape**
- **Increased demand for services**
- **DA Bill** requirements

DA in Tameside | Q2 Performance for Bridges



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- There has been a **40% increase in referrals into the service from the previous quarter**
- The majority of service users are female but there was an increase in male victims of abuse in Q2
- **Between April and September 2020 Bridges IDVAs dealt with 233 high risk DV referrals.** These are victims who have been identified as being at high risk of domestic homicide or serious harm. Compared to the same period last year – 139 represents a 68% increase.
- For children, issues such as **increased aggression, low self-esteem, and behavioural responses both in school and at home are common** features.

Challenges at the moment | Current risks

Key pressures across services:

- **Covid-19 additional spend** creating cost pressures
- **Maintaining staff cover** can be challenging when staff are told to isolate or are off sick
- The **intensity of caseloads** for those supporting domestic abuse victims is hard on staff and could lead to burnout
- **Delivering services virtually is not always as safe** as a perpetrator can be in the home but just out of sight
- The **CHIDVA waiting list is high** with many young people requiring support but delivering support challenging outside of school settings

Priorities for the year ahead

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Key Priorities for 2021

- The **cost of domestic abuse in Tameside** – analysis of spend and demand
- **Needs assessment** including getting a better understanding of needs around housing, health, children and young people, victim-survivor needs, minority victims (Elderly/BME/LGBT/Male/Disability), perpetrators (including children that abuse parents), criminal justice and the community
- **Victim-survivor consultation**
- **New Domestic Abuse Strategy (2021 – 2024)**
- **DA Bill** capacity building and implementation of new statutory duties

DA Bill | New duties for local authorities

Among other things such as the Victims Charter and reforms to Family Court, it includes new statutory duties for local authorities.

The biggest change is that councils in England **must commission additional vital support for those victims of domestic abuse and their children who might currently be turned away from refuges and other safe accommodation because their needs cannot be met.**

The DA Bill also will result in these new duties/requirements:

- A statutory **needs assessment** for each Tier 1 authority
- A statutory **local domestic abuse strategy**
- Each Tier 1 authority must have a **DA Partnership board**
- Authorities will be required to **commission support in safe accommodation** to meet the diverse needs of all victims and their children in or coming into their area
- Give **priority housing to homeless victims of domestic abuse.**

DA Bill | What next?

- The new duties are expected to come into force in April 2021.
- We need to have shown significant progress that we can meet the requirements of the bill by April including a plan to demonstrate how we are going to meet the new obligations if we are not already.
- There is a raft of activity that will need to be done, across the council including a needs assessment, commissioning review and new strategy.
- Activity is already underway to ensure we are in a good position by Spring 2021.

Questions

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