

## **SOUTH STRATEGIC NEIGHBOURHOOD FORUM**

**25 January 2021**

**Commenced:** 6.30 pm

**Terminated:** 8.40 pm

**Present:** Councillors P Fitzpatrick (Chair), Robinson (Vice-Chair), Affleck, Bowden, Chadwick, Cooper, J Fitzpatrick, Kitchen, and Owen

**In Attendance:**

Ian Saxon	Chief Executive Director of Operations and Neighbourhoods Director of Commissioning
Emma Varnam	Assistant Director of Operations and Neighbourhoods
Debbie Watson	Assistant Director of Population Health
Lorraine Hopkins	Head of Service - Early Help, Neighbourhoods and Early Years Service
Jane Sowerby	Head of Education Improvement and Partnerships Public Health Manager
Graham Thomas	Census Engagement Manager

**Apologies for Absence:** Councillor Alam, Robinson and Welsh

### **5. MINUTES**

#### **RESOLVED**

**The Minutes of the meeting of the South Strategic Neighbourhood Forum held on 12 October 2020 were approved as a correct record.**

### **6. CENSUS 2021**

Consideration was given to a presentation of the Census Engagement Manager for Tameside updating Members on the plans for the forthcoming Census 2021.

Members were informed of the importance of completing the census, as it would provide detailed demographic information about society, which in turn would inform policy related to service provision at a local and national level for years to come. It would also provide important insights into the impact of the coronavirus pandemic on society. It was explained that the Office for National Statistics carried out a census every ten years to find out more about the people who live in England and Wales. The next census would take place on 21 March 2021 and would be a "Digital-First" with 90% of households receiving an invitation to complete the survey electronically.

It was further explained that the Census would provide the most detailed demographic information about society; it would provide information on key demographics, living arrangements, health, education and jobs and the data from it would help inform policy at a local and national level for years to come. It would also provide important insight into the impact of the pandemic on society. Completion of the Census also affected future local funding, so it was essential that Tameside was represented effectively, ensuring services and funding were directed to those places where they were most needed.

The Census Engagement Manager outlined a number of key population groups identified as hard to reach that included:-

- Pakistani
- Bangladeshi

- Indian
- Eastern European
- Adults aged 80 and over
- Low Income Households
- Veterans
- People lacking digital skills aged 65 and over

In order to ensure that the census in Tameside was successful, it would be crucial to engage effectively with these groups. The local knowledge of Councillors had an important role to play in encouraging engagement among these groups. A number of key engagements that had been carried out were highlighted and included:-

- BAME – Mosques / Temples
- Councillor Network – Individual Meetings / Development Sessions
- Charities – Action Together, Age UK, Foodbanks and Tameside and Glossop MIND
- Diversity Matters
- Eastern European Supermarkets
- Housing Associations
- Veterans – Tameside Armed Forces Services
- Local Media – Tameside Correspondent / Tameside Reporter / Tameside Radio and In & Around

The Performance, Intelligence and Scrutiny Service Manager provided details of six Online Census Support Centres located in Ashton, Denton, Droylsden, Hattersley, Hyde and Stalybridge Libraries. Residents would be able to access PCs to complete the census themselves within the library or access assistance from a trained advisor to complete the census. In light of the current National Lockdown restrictions, plans for the hubs were being kept under regular review.

A discussion ensued regarding the digital focus of this year's census, particularly access among those groups that did not have access to digital technology, and how best to engage with the hard to reach groups within the community. The forum were advised of the communications that would be used and that there was a helpline and a paper copy of the census that could be requested.

## **RESOVLED**

**That the content of the presentation be noted.**

## **7. COVID-19 UPDATE**

The Assistant Director for Population Health gave a presentation updating Members on the situation in Tameside in respect of COVID-19.

Members of the forum were advised that the current rate of new cases in Tameside was 359.8 per 100,000 people in the past seven days. Rates had increased rapidly in recent weeks with the highest numbers of new cases being in younger working age adults (aged 20 - 40 years old) with high numbers of outbreaks in a variety of settings across the Borough. It was suggested that this increase in infection rates was in part due to a new highly transmissible variant of coronavirus that now accounted for approximately 70% of new cases in the Borough.

The Assistant Director for Population Health highlighted the three main places where COVID-19 was able to spread easily - crowded places, close contact settings and confined enclosed spaces. The following communities within Tameside that were most likely to be exposed to these conditions were:-

- People and families living in overcrowded housing
- People with poor working conditions
- People who used public transport or car sharing for work

- People undertaking certain types of work (e.g. taxi drivers)
- People working in smaller settings (e.g. takeaways and small shops)

In addition, older people, occupational exposure and those living with a long-term health condition were particularly susceptible to a greater risk of severe disease.

The basic measures to reduce the risk of transmission were reinforced and included:-

- Regular, thorough handwashing with soap and running water
- Social distancing from others of at least 2 metres
- Wearing a facemask / covering when in situations where there was an increased risk of COVID-19 transmission (crowded places, close contact settings and confined enclosed spaces).

The importance of following the relevant guidance and restrictions was also emphasised and included reducing social contacts, the National lockdown and only undertaking essential travel and retail.

The Assistant Director of Population Health stated that it was imperative to stop the spread of the disease by quickly finding infections through utilising 'Test Trace and Isolate' and initialising the Outbreak Management Plan. PCR testing was now widely available for those with symptoms at mobile and fixed sites across the Borough and rapid lateral flow asymptomatic testing for front line staff and schools had been introduced at Dukinfield Town Hall and Stalybridge Civic Hall.

The Council, in partnership with the Clinical Commissioning Group, would continue to engage with local communities to provide information, support and listen to concerns and provide ongoing messaging with regards to the National lockdown, testing and the roll out of the vaccination programme alongside the Community Champions programme.

## **RESOLVED**

**That the content of the presentation be noted.**

## **8. DEVELOPING COMMUNITY CHAMPIONS MODEL**

The Public Health Manager delivered a presentation on the Tameside Community Champions model that helped to support a COVID safe and healthy Tameside.

It was explained that the Community Champions network had been developed to empower Tameside residents with up to date information about COVID-19 that they could disseminate within their communities. The Council had continued to provide the Community Champions with the latest advice and guidance about COVID-19 to enable their family, friends and other community members to have timely and accurate information. By sharing this clear information, it was hoped that it would enable residents to make informed choices and provide an opportunity for the community to share information they had heard about coronavirus, ask questions and dispel any myths.

The Council had recruited 182 Champions to date from a variety of different backgrounds with representation from every ward within the Borough. Recruitment was ongoing and it was hoped that the diversity could be further increased to ensure the best representation of Tameside residents.

The Community Champions model was explained to Members - information was provided to the Community Champions via Zoom calls, email, telephone and WhatsApp on a regular basis and the Champions would then share the information in the way that worked best for them. The Champions would then share ideas, ask questions and provide feedback to ensure everyone was working together to get the message right.

Existing Community Champions projects were detailed that included a book swop scheme, an age friendly newsletter, a traffic warden face mask project, Primary School activity books and a young people question and answer video session. Ideas going forward for 2021 were outlined and included a vaccination question and answer session, a WhatsApp broadcast and engagement with priority groups.

## **RESOLVED**

**That the content of the presentation be noted.**

### **9. COVID-19 VACCINATION ROLLOUT**

The Director of Commissioning delivered a presentation on the Tameside and Glossop COVID-19 vaccination programme. The aims of the vaccination programme were to prevent morbidity and mortality by protecting those individuals most vulnerable to COVID-19 including individuals aged over 70, care home residents and staff, frontline health and social care workers and the clinically extremely vulnerable.

Members were informed that as of 15 January 2021 16,000 people in Tameside and Glossop had received their first dose of a coronavirus vaccine and a further 2,000 individuals had received both a first and second dose of one of the approved vaccines. Overall, 90% of those aged 80 years and over had been vaccinated compared to 36% in the North West region and 35% nationally. The Safe Steps app showed that 96% of care home residents had given consent to be vaccinated. The rollout of the vaccine for housebound people aged 75 and over had commenced and the aim was to complete this within ten days. For the week beginning 18 January 2021, it was expected that 6,000 vaccinations would be delivered (4000 Astra Zeneca and 2000 Pfizer). It was confirmed that there was no wastage or stockpiling of vaccinations.

It was reported that it was becoming evident that some hard to reach communities were accessing the vaccination programme less than others. Information had been produced in many different languages and work was ongoing with the Policy, Performance and Communication team to address this emerging issue. The team were also working with community leaders and from next week onwards would have access to a Greater Manchester mobile vaccination van. It was hoped that this would help reach targeted communities in addition to visiting housebound residents. Health inequalities analysis needed to be undertaken but access to vaccination data on the national systems was still problematic; work was underway with Greater Manchester to resolve this.

With regard to the next phase, it was explained that the aim was a further reduction in hospitalisation and targeted vaccination of those at high risk of exposure and / or those delivering key public services including:-

- Teachers
- Police / First Responders
- Military Personnel
- Those working in the justice system
- Transport Workers
- Public servants essential to the pandemic response

The next steps of the vaccination programme were outlined as follows:-

- Complete Priorities 1 – 3 for all PCNS including revisiting Care Homes
- Visit housebound residents who were over 70 to vaccinate them and their care givers where appropriate / possible
- Transfer of responsibility for wider health, social care and system staff to Integrated Care Foundation Trust
- Review of activity data including health inequalities; identify if any areas or communities are below where they should be and develop mitigating actions

- Review vaccination clinic staffing models, which was essential to maintain resilient a General Practice

Key messages were reiterated and the Director stressed that the public could have confidence that all of the approved vaccines were safe and that residents would receive an invitation to book a vaccination appointment when the time was right from either their GP or NHS. Members of the public were being encouraged to attend the drive-thru vaccination clinic where possible but the vaccination centre at Oxford Park in Ashton-under-Lyne was now operational. It remained important that once an individual had been vaccinated they continued to follow the social distancing rules. Whilst the vaccine could prevent a person from becoming seriously ill with COVID-19, it could take up to 2 – 3 weeks for the vaccination to become effective meaning it was still possible for a vaccinated individual to carry and spread the virus to others.

## **RESOLVED**

**That the content of the presentation be noted.**

### **10. CHILDREN'S WORK ON NEIGHBOURHOODS / SCHOOLS AND HUMANITARIAN HUB**

The Head of Service, Early Help, Head of Safeguarding and Quality Assurance and the Head of Education Improvement and Partnerships, delivered a presentation updating Members on the work ongoing in neighbourhoods, schools and the Humanitarian Hub.

The Head of Service, Early Help detailed a range of targeted support that had been delivered to support vulnerable families during the Covid-19 pandemic. The challenges of the current circumstances were also outlined and included:

- Not being able to have face to face meetings with families;
- The impact and sustainability of delivering evidence-based interventions virtually to families;
- The emotional impact on children and young people;
- Ensuring IT provision;
- Gaining the Voice of the Child and the lived life experience at this time;
- Ensuring that children were safe;
- School/Early Years closures; and
- Working from home.

Despite some of the challenges posed by the pandemic, the Early Help team had received positive feedback from families particularly in relation to the flexibility, resilience and support provided over the past 10 months.

The Head of Safeguarding and Quality Assurance provided further information in relation to the pressures experienced during the pandemic, when the demand for Early Help and Social Care services had been very high. Members were informed that there had been a big increase in contact and referrals from the police and the increased pressure on families resulting from the lockdown had led to additional demand for services. Overall, there had been a 14 per cent increase in contact on 2019 and the number of Cared for Children had increased by 3 per cent since 2019.

The Head of Education and Improvement Partnerships gave details of the work that schools in Tameside had undertaken during the coronavirus crisis. It was highlighted that headteachers and school staff had worked tirelessly despite the enormous challenges faced, particularly as children and young people in the North West had seen their education disproportionately disrupted due to the high number of Covid-19 cases in the region.

Details of the support that the Council had made available to schools and parents was outlined and included:

- Support with remote learning;
- Planning and communication: daily calls, Scenario Planning Group, TASH, TPC, Special School Heads and a weekly bulletin from the Assistant Director, Education;
- Public Health and Health & Safety webinars;
- Risk assessment template and advice, regular Covid Committee review process;
- Round the clock availability of officers for schools;
- Parent helpline for parents of children with additional needs; and
- Additional laptops for disadvantaged children isolating due to Covid-19.

Members were informed that during the October half-term over 5,000 supermarket vouchers worth £15 per child had been distributed. The Winter Covid Grant had been used to provide vouchers up to £40 per child over the Christmas break and food vouchers worth £15 per child would also be available over the February half-term. Schools continued to provide food parcels or supermarket vouchers to those children isolating or unable to attend school in term time due to Covid-19.

**RESOLVED**

**That the content of the presentation be noted.**

**CHAIR**