

## HEALTH AND WELLBEING BOARD

21 January 2021

**Commenced:** 10.00 am **Terminated:** 12.00 pm

**Present:**

Councillor Warrington (Chair)	Executive Leader
Councillor Cooney	Executive Member for Housing, Planning and Employment
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
Kerrie Pryde	Jigsaw Homes
Andrew Searle	Tameside Adult's Safeguarding Board
Henri Giller	Tameside Children's Safeguarding Board
David Swift	Tameside and Glossop CCG
Brendan Ryan	Tameside and Glossop ICFT

**Officers In Attendance:**

Jessica Williams	Director of Commissioning
Sarah Threlfall	Assistant Director of Policy, Performance and Communications
Jordanna Rawlinson	Head of Communications
Beverley Stephens	Head of Resource Management
Kate Benson	Public Health Manager
James Mallion	Public Health Consultant
Samantha Jury-Dada	Strategic Domestic Abuse Manager

**Apologies for Absence:** Councillor Fairfoull and Richard Hancock

### 9. DECLARATIONS OF INTEREST

There were no declarations of interest.

### 10. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 17 September 2020 were agreed as a correct record.

### 11. COVID-19

#### a) COVID-19 Update

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

The Board were shown a graph detailing the new positive cases per 100,000 people each week, which indicated 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 and had become the dominant strain. However, there were signs that the rate of infection was stabilising and the positivity rate was reducing.

It was reported that Tameside currently had the eighth lowest infection rate out of the Greater Manchester authorities with Oldham and Rochdale being lower. Greater Manchester still had lower rates than the National average; however, neighbouring areas such as the Liverpool City Region had very high and growing rates, which was an area of concern. Hospital activity was steadily increasing and there was an expectation that this would continue over the coming weeks.

The Public Health Consultant 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.

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 had been introduced. Solutions to tackling the pandemic such as the rapid roll out of the vaccination programme, initially to priority groups to prevent deaths and protect the most vulnerable, were highlighted.

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. It was important to offer support to those having to isolate and adopt an enforcement approach when needed.

Members acknowledged the excellent work that was being undertaken and the need to reinforce the important message of "Hands, Face, Space" in the community in order to reduce the risk of transmission

## **RESOLVED**

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

### **b) COVID-19 Champions**

The Assistant Director of Policy, Performance and Communication gave a presentation on the ongoing communications strategy for Covid-19 and began by outlining the data of the direct impact of Covid-19 and the wider socio-economic impact of the pandemic.

The Board were informed that two surveys had been undertaken – a Tameside and Glossop Covid-19 survey and a Greater Manchester Covid-19 survey. The aims of the surveys were to provide an overview of key issues and barriers when living with Covid-19. The Greater Manchester survey had involved over 1000 Greater Manchester residents, with at least 100 responses within each local authority, completed within two waves that were comparable. The findings were outlined and included:-

- Certain groups had been impacted more than others, such as young people, residents with children under 4, the BAME community, Muslim residents, residents where English was not the first language, carers, residents with a disability, military veterans and residents in deprived areas
- Concern over Covid-19 had increased
- Almost one third of respondents had self-isolated
- 5% had used a foodbank during the pandemic
- 60% thought Covid-19 information was accurate, easy to understand and trustworthy
- 28% felt they needed support with mental health. This increased significantly to 57% in respondents aged 16-24
- 75% were likely to get a vaccine when they are eligible
- Women, those aged 16-44, military veterans and BAME residents were the least likely to say they were “very likely” to get the vaccine

The findings from the Tameside insight survey were broadly in line with the Greater Manchester average on most issues, with the main differences being:-

- More Tameside respondents had received support from the humanitarian hub
- Tameside respondents were more likely to take a Covid-19 test when they had no symptoms
- 83% said they were likely to get a vaccine when eligible
- Tameside respondents felt that information on Covid-19 was easy to understand, relevant and accessible

The Head of Communications provided an update on the Community Champions network, which had been created to provide residents, stakeholders and partners with up to date information about Covid-19 that they could disseminate within their communities. 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 195 Community Champions to date from a variety of different backgrounds with representation from every ward within the Borough. Details of the positive feedback that had been received was shared with the Board. 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.

Members of the Board praised the success of the collaborative nature of the Community Champions model and extended their thanks for being kept well informed. A discussion ensued on how to connect with those members of the community who would not engage.

## **RESOLVED**

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

### **c) COVID-19 Vaccination Programme**

The Director of Commissioning delivered a presentation on the Tameside and Glossop COVID-19 vaccination programme. All five vaccination sites were now in operation around the Borough and the site at Oxford Park, Ashton had featured in a recent TV report.

The Board 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. Approximately 70% of residents in cohorts 1 - 3 and 45% of residents in cohorts 1 – 4 had been vaccinated and it was projected that almost 93% of residents in cohorts 1 – 3 would have received their vaccination by the end of January 2021.

Overall, 90% of those aged 80 years and over had been vaccinated compared to 36% in the North West region and 35% nationally. Nearly 98% of care home residents received their vaccinations between Christmas and New Year and the Director of Commissioning thanked care home staff for their extraordinary efforts and swift action to ensure all people were included on the newly created Staff Steps app.

It was reported that for the week beginning 18 January 2021, 6,000 vaccinations had been delivered (4000 Astra Zeneca and 2000 Pfizer / BioNTech). The booking system had been utilised to record which vaccine each resident had received. It was confirmed that there was no wastage or stockpiling of vaccinations. The rollout of the vaccine for housebound people aged 75 and over had commenced and the aim was to complete this within ten days.

It was reported that it was becoming evident that some hard to reach communities were accessing the vaccination programme less than others. The team were working with the Policy, Performance and Communication team and also community leaders to address this emerging issue. 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 and it was anticipated that access to the NIMS database would soon be made available to the team.

A detailed discussion ensued around recent media reports of a manufacturing delay to the Pfizer / BioNTech vaccine and the gap between the first and second dose of the vaccination. The Board was informed that the Joint Committee on Vaccination and Immunisation (JCVI) had recommended as many people as possible on the JCVI priority list should be offered a first vaccine dose as the initial priority. The JCVI had advised that the second dose of the Pfizer / BioNTech vaccine could be given 3 to 12 weeks following the first dose, and that the second dose of the AstraZeneca vaccine could be given between 4 to 12 weeks following the first dose. The UK Chief Medical Officer had agreed that administering the first doses of vaccine for as many people as possible on the priority list would protect the greatest number of people in the shortest timeframe and have the greatest impact on reducing mortality, severe disease and hospitalisations.

Members of the Board praised the outstanding achievement of the vaccination programme and extended their thanks to the Director of Commissioning and the wider team for the excellent organisation and successful roll out of the programme in Tameside and Glossop. They stressed the importance of undertaking engagement work with hard to reach communities and it was confirmed that residents are notified of which vaccine they have received.

## **RESOLVED**

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

#### **d) Domestic Abuse during the COVID-19 Pandemic**

The Strategic Domestic Abuse Manager gave a presentation on the impact the Covid-19 pandemic had had on domestic abuse in Tameside.

She began by providing a strategic oversight and outlining the responsibilities of the role. A background of the services and interventions relating to domestic abuse in Tameside was provided in addition to information on Bridges, which was part of Jigsaw, and was the core commissioned service to respond to domestic abuse in the Borough.

The performance statistics for Bridges during the second quarter were detailed as follows:-

- There had been a 40% increase in referrals into the service compared to the previous quarter
- The majority of service users were female but there had been an increase in male victims of abuse during quarter two
- Between April and September 2020 there had been 233 high-risk referrals, which was a 68% increase compared to the same period last year
- Issues such as increased aggression, low self-esteem, and behavioural responses had been recorded in children both in school and at home.

The current challenges were also detailed and included cost pressures, maintaining staff cover, caseload intensity, delivering virtual services and a high CHIDVA waiting list. The key Priorities for 2021 were outlined and information on the Domestic Abuse Bill was provided, which became operational in April 2021.

She concluded by praising the approach that had been adopted between GMP and Bridges over the Christmas period, which meant a more effective triage and safeguard system had been in place that had positively impacted the January workload.

Members of the Board extended their thanks for the comprehensive presentation and asked a series of questions on the effectiveness of the virtual nature of the service. They expressed concern over the increase in domestic violence during the pandemic and the impact of cuts on associated services like drug and alcohol and worklessness, which were inextricably linked to domestic abuse. A discussion ensued on the cross over between services and the need for a more holistic, person centred approach going forward.

It was confirmed that the Children's Safeguarding Board had been involved with the new arrangements surrounding the implementation of the Domestic Abuse Bill in April and would make an active contribution with the strategy during the course of the year.

It was agreed that a Member Development Session needed to be held on Domestic Abuse, that members of the Health and Wellbeing Board would be invited to attend.

#### **RESOLVED**

- (i) That the content of the presentation be noted; and**
- (ii) That a Member Development Session on Domestic Abuse be arranged.**

#### **12. URGENT ITEMS**

There were no urgent items.

**CHAIR**