

HEALTH AND WELLBEING BOARD

17 March 2022

Commenced: 10.00 am

Terminated: 11.40 am

Present:

Councillor Warrington (Chair)
Councillor Cooney

Councillor Wills

Steven Pleasant

Stephanie Butterworth
Alison Stathers-Tracey
Debbie Watson

In Attendance:

Shaun Higgins

Chris Rushton

Chris Foster

David Swift

Brendan Ryan

Jane McCall

Andrew Searle

Henri Giller

Jenny Callaghan

Executive Leader

Executive Member for Housing,
Planning and Employment

Executive Member for Health, Social
Care and Population Health

Chief Executive, Tameside MBC and
Accountable Officer, Tameside and
Glossop CCG

Director of Adult Services

Director of Children's Services

Interim Director of Population Health

Active Tameside

Active Tameside

GMP

Tameside and Glossop CCG

Tameside and Glossop ICFT

Chair of Tameside and Glossop ICFT

Tameside Adult's Safeguarding Board

Tameside Children's Safeguarding
Board

Tameside Primary School Head
teachers Representative

Officers In Attendance:

Sarah Threlfall

Jessica Williams

Caroline Barlow

James Mallion

Jacqui Dorman

Charlotte Lee

Tom Quayle

Neil Walmsley

Director of Transformation

Director of Commissioning

Assistant Director of Finance

Interim Assistant Director of
Population Health

Public Health Intelligence Manager

Public Health Programme Officer

Finance Manager

Senior Management Accountant

Apologies for Absence: Councillor Fairfoull and Liz Windsor-Welsh

13. DECLARATIONS OF INTEREST

There were no declarations of interest.

14. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 18 November 2021 were agreed as a correct record.

15. COVID-19 UPDATE AND LIVING WITH COVID-19 NATIONAL STRATEGY

The Interim Assistant Director of Population Health delivered a presentation that provided an update on the situation in Tameside in respect of Covid-19 and outlined the Covid-19 national strategy.

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 383.1 per 100,000 people in the

past seven days – 870 new cases each week. This placed Tameside as the sixth highest Borough in Greater Manchester and 134th highest nationally. There had been a large spike in cases over the winter months due to the Omicron variant, however the peak of the latest wave had now passed and the rate had reduced significantly since January 2022. There was some cause for concern as the data indicated that rates were beginning to increase again. This concern was further compounded by caveats in the data due to recent changes in testing and a requirement for individuals to register their results, resulting in lower testing rates. The data now represented a proportion of cases and was not a true picture of the real rates of cases. There had also been a reduction in reported outbreaks due to the change in testing.

It was reported that the R had increased slightly across the North West region and it was estimated to be in-between 0.8 and 1.1, an indication that the epidemic had started to increase again. There was a broad prevalence of the virus across the Tameside community with increases in all age groups. This was consistent with the picture across Greater Manchester and nationally, with Southern England experiencing a sharp increase in new cases. There had been a steady increase in hospital admissions due to the Omicron wave but due to the success of the vaccination programme there were fewer cases of severe illness, ICU admissions and deaths. There had been severe disruption in the health and social care system over the winter months due to Omicron and there continued to be ongoing non-Covid pressures.

The next steps and local actions were outlined, which included a continuation of promoting behaviours to reduce transmission in the community and maintaining the momentum on local communication messages. There was an ongoing drive to promote vaccinations, in particular in hard to reach areas, with a focus on addressing inequalities in vaccination uptake, such as geographically, ethnicity and within certain age groups. The vaccine rollout continued and would include 5 – 11 year olds from April and the over 75s would be eligible for a further booster. Members were reminded that it was still possible to catch Covid-19 if you were fully vaccinated but the impact of the vaccine prevented serious illness. There was ongoing support for settings with public health advice and support provided to care homes, educational establishments and wider health and social care settings. Preparations were underway for further guidance changes, for example the Living with Covid-19 Strategy and changes from April 2022.

With regards to the Covid-19 national strategy, it was announced that the remaining regulations would continue to be scaled back with further changes and guidance from April 2022, however, there was still a requirement for public health advice and actions in order to reduce risk. The changes were summarised as follows:-

- From 21 February, regular, asymptomatic Lateral Flow testing in most education settings was no longer advised
- From 24 February the legal requirement to self-isolate following a positive test was removed (isolation was however still advised)
- End of routine contact tracing and close contacts no longer asked to test daily or isolate (advice remained)
- End of self-isolation support and practical support offers
- The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations were revoked
- From 24 March the Covid-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations would be removed
- From 01 April guidance on voluntary Covid-status certification would be removed and it would no longer recommend that venues had to use the NHS Covid Pass
- Updated guidance setting out the ongoing steps that people with Covid-19 should take to minimise contact with other people
- Free universal symptomatic and asymptomatic testing for the general public in England would not be provided
- Consolidate guidance to the public and businesses, in line with public health advice
- Remove the health and safety requirement for every employer to explicitly consider Covid-19 in their risk assessments
- Replace the existing set of 'Working Safely' guidance with new public health guidance.

It was emphasised that the pandemic was not over and there remained high levels of infection circulating in the community, which disproportionately affected certain groups. It was therefore sensible and important for the public to follow guidance in order to limit the spread of infection wherever possible. Some settings, such as schools, particularly special schools and alternative provision, and health and social care settings still had enhanced guidance due to increased risk and support would continue within these settings. Local outbreak management remained a key role for local authorities and there would continue to be the need for a local response from the public health workforce to ensure risks were managed and appropriate actions taken.

The Covid-19 priorities moving forward were outlined and included continuing to support the government's messaging for communities on safer behaviours to reduce the risk of Covid-19 transmission (vaccination; ventilation; face coverings; hand hygiene and cleaning). Support for higher risk settings, larger outbreaks and more vulnerable residents. Retaining surge capacity at a local and regional level in the event of future surges, which may be driven by new variants. Ongoing delivery of the Covid-19 vaccination programme and a continuation of addressing inequalities in uptake and prepare for the future (new cohorts such as eligibility of 5-11 year olds, and looking ahead at further boosters and next flu season).

Members voiced their concerns around the removal of free testing from 1 April and the affect this would have upon tracking the situation within the community and the discovery of new variants. The Interim Assistant Director of Population Health explained this would be a challenge moving forward as they would not have access to the same information, which had been vital in tackling the pandemic. However, data could be used in a different way and there would be a greater reliance on the national surveillance, which would continue. Strong relationships had been forged within the community and in various settings, such as care homes and educational establishments, which would remain and help to identify outbreaks. The representative from Tameside and Glossop Integrated Care NHS Foundation Trust advised that the arrangements that had been in place at the hospital since the start of the pandemic would remain in place.

Members stated that parents needed to be educated on the situation for both themselves and also their children. In response, it was confirmed that a leaflet had been created, which would be distributed to schools imminently and access to testing would remain an option for the Borough's educational settings. Access points to receive vaccinations remained open but had been scaled back in response to a reduction in demand. It was hoped that the vaccine bus, which had been frequently utilised and had proved vital in reaching hard to reach groups and tackling health inequalities, would continue to be used.

The Chair thanked the Interim Assistant Director of Population Health for an informative presentation and asked for their thanks to be extended to the team for their continuing hard work.

RESOLVED

That the content of the presentation be noted.

16. CHILDREN AND YOUNG PEOPLE'S JOINT STRATEGIC NEEDS ASSESSMENT

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Director of Transformation detailing the Tameside Joint Strategic Needs Assessment for children and young people that provided a snapshot of some of the key issues affecting children and young people in Tameside.

It was reported that the Health and Wellbeing Board had a statutory responsibility to publish and keep an up to date Joint Strategic Needs Assessment that looked at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. The aim was to develop local evidence-based priorities for commissioning, which would improve the public's health and wellbeing, reduce inequalities and address the wider determinants that affected the health and wellbeing of a

population.

The Joint Strategic Needs Assessment examined the wider detriments to health and wellbeing and focussed on pre-birth and early years, the physical health, mental health and wellbeing of five up to 24 year olds, vulnerable children and young people and the impact of the Covid-19 pandemic on Tameside's children and young people. The key challenges across the different age groups were outlined and included:-

- Deprivation
- A higher birth rate than the national average especially in under 18s
- A significantly higher number of children in care than the national average
- Low levels of educational attainment
- High rates of childhood obesity
- Poor oral health
- Poor mental health
- Poor sexual health

The Board were notified that the findings and recommendations contained within the Joint Strategic Needs Assessment would inform and be incorporated into the development of the 5-year Children & Young Peoples Strategic Plan for Tameside. Engagement work had taken place with groups of children and young people in Tameside to understand what was important to them with the ambition to deliver outstanding outcomes.

RESOLVED

That the report be noted.

17. TAMESIDE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2020/21

Consideration was given to the annual report of the Independent Chair of Tameside Safeguarding Children Partnership that set out the work of the partnership and the business that had been completed as a result of the arrangements and how effective the arrangements had been in practice during 2020/21. These arrangements had been tested by the impact of the Covid-19 pandemic and exacerbated existing problems that people faced.

The report reflected the incidence of Covid-19 and the impact that the pandemic had on children and families and the workforce. There had been a significant rise in demand for services throughout the period and the report highlighted several incidents that demonstrated the impact of Covid-19 and how business had been discharged as usual despite the difficulties. The pandemic had provided a learning curve and an opportunity to challenge assumptions and expectations of how services were triggered and operated.

It was reported that the new safeguarding arrangements, introduced by the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018, required that they included provision for the scrutiny by an independent person of the effectiveness of the arrangements. The Acts directed Local Children Safeguarding Partnerships to publish a report at least once in every 12-month period in order to bring transparency for children, families and all practitioners about the activity undertaken by the safeguarding partners. The annual report provided the scrutiny of the Independent Chair of the Tameside Partnership of the second working year of the new partnership arrangements that brought with it new policies, ways of working and new pathways .

The Chair of the Tameside Safeguarding Children Partnership reported that the volume of contacts and referrals remained high with the last three quarters of 2020/21 receiving over 3,000 contacts per quarter and averaging over 600 referrals to social care. The number of Looked after Children and Child Protection Plans remained stable during the period, the number of Children in Need had increased but was at lower level than 2018/19 and there had been a decline in the number of children with an Early Help Assessment.

The partnership structure and strategic priorities of 2020/21 were outlined as follows:-

- Implement the neglect strategy and support universal services to tackle neglect as part of their early help to families.
- Implement the Achieving Change Together programme so that young people were protected from exploitation and felt empowered to protect themselves.
- Sustain effective models while developing new ways to prevent / reduce harm from domestic abuse.
- Improve access to mental health provision including early help provision across universal services.
- Review points of transition and improve the offer of support where there were gaps or identified weaknesses.

The Independent Chair of the Tameside Safeguarding Children Partnership was thanked for a comprehensive report.

RESOLVED

That the Tameside Safeguarding Children Partnership Annual Report 2020/21 be noted.

18. TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2020/21

Consideration was given to the annual report of the Independent Chair, Tameside Adults Safeguarding Partnership Board, setting out the activity and delivery of the objectives of the strategic plan of the Safeguarding Board in Tameside during 2020/21.

The report highlighted the strategic direction of the Safeguarding Board and its partners in accordance with the duties and responsibilities set out in the Care Act 2014. There was a statutory duty for the Safeguarding Board to produce an annual report setting out the work of the Board to improve the outcomes for Adults at risk of abuse. The Board was represented by three statutory partner organisations – Tameside MBC, Tameside and Glossop Clinical Commissioning Group and Greater Manchester Police – and six partner organisations – Healthwatch, National Probation Service, Tameside and Glossop Integrated Care Foundation Trust, Pennine NHS Foundation Trust, North West Ambulance Service and Greater Manchester Fire and Rescue Service. There was elected Member representative through the Executive Member for Health, Social Care and Population Health.

It was reported that the Tameside Safeguarding Adult Safeguarding Board had continued to support local safeguarding arrangements and partners to help protect adults who had needs for care and support, were experiencing or at risk of abuse and neglect and were unable to protect themselves from either the risk or experience of abuse or neglect. The three priorities were outlined as follows:-

1. Making Safeguarding Personal – the Board promoted and supported partner organisations to provide a means of promoting and measuring practice that supported an outcomes focus and person led approach.
2. Quality Assurance – the Board would seek assurance of the effectiveness of safeguarding activity and that safeguarding practice was continuously improving and enhancing the quality of life for adults with care and support needs in Tameside.
3. Prevention – the Board would endeavour to keep those people safe who, as a result of their care and support needs, were unable to protect themselves from abuse or neglect.

The Chair of the Tameside Adult Safeguarding Partnership Board reported that the Board had been successful during 2020/21 in meeting their identified priorities, through the unprecedented challenges that the pandemic had posed meaning a different way of working had to be adopted. They had responded to 581 safeguarding concerns, 27% of which prompted a Section 42 enquiry. There had been 156 enquiries and neglect and acts of omission were the most prevalent type of abuse in Tameside with the most common location of abuse occurring in a person's home. The Board had a statutory obligation to undertake Safeguarding Adult Reviews, ten referrals were

received from partner organisations for consideration during the period, two of which met the criteria and were available to view on the Board's website <https://www.tameside.gov.uk/taspbadultreview>. Despite the challenges due to Covid-19, World Elder Abuse Awareness Day was recognised and promoted in June 2020 and National Safeguarding Week was marked in November 2020 via a virtual event.

The Independent Chair of Tameside Adults Safeguarding Partnership Board was thanked for a comprehensive report.

RESOLVED

That the Tameside Adults Safeguarding Partnership Board Annual Report 2020/21 be noted.

19. BETTER CARE FUND 2021/22

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Adult Services / Director of Finance, which provided an update on the Better Care Fund for 2021/22.

It was reported that the Better Care Fund was one of the government's national vehicles for driving health and social care integration. It required the CCG and local government to agree a joint plan, owned by the Health and Wellbeing Board. These were joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). Given the ongoing pressures in systems, there had been minimal change made to the Better Care Fund this year. The 2021/22 Better Care Fund policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

The national conditions for the Better Care Fund in 2021/22 were outlined as follows:-

- a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board;
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution;
- invest in NHS commissioned out-of-hospital services and
- a plan for improving outcomes for people being discharged from hospital.

The Board were notified that following the 2020 spending round the national CCG contribution to the Better Care Fund had risen in actual terms by 5.3%. Minimum contributions to social care had also increased by 5.3%. There was a mandated overall increase of 5.05% to the CCG contribution to Tameside Council and 4.83% to Derbyshire County Council. A return was completed in November 2021 setting out a detailed breakdown of the schemes being funded by the CCG contribution in 2021/22. A summary of the income and expenditure for the Better Care Fund for Tameside was appended to the report along with the key metrics and a breakdown of the individual schemes. A summary of the Better Care Fund income for Derbyshire was also appended to the report along with a breakdown of the major schemes.

RESOLVED

That the update on the Better Care Fund 2021/22 be noted.

20. DEVELOPING THE ROLE OF THE HEALTH AND WELLBEING BOARD

The Interim Director of Population Health delivered a presentation on developing the role of the Health and Wellbeing Board. It was important that the Board was working effectively and doing all it could to develop integration and prevention, providing the shared vision, principles and outcomes needed to improve the health and wellbeing of the population.

The current role and responsibilities of the Health and Wellbeing Board were outlined as follows:-

- Encourage integrated working across the health and social care system – supporting the development of integrated arrangements, such as joint commissioning and pooled budgets.
- Produce Joint Strategic Needs Assessments.
- Produce a Joint Health and Wellbeing Strategy.
- Have oversight of relevant local authority and CCG plans to make sure they were aligned with Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategy.
- Statutory membership required representation from at least one local authority elected member, from the CCGs within the Health and Wellbeing Board area, Local Healthwatch, and Directors of Adult Social Services, Children's Services and Public Health.
- A Health and Wellbeing Board should address the wider social, environmental and economic factors that impact on health and should work closely with other partners, such as housing providers, DWP, police and crime commissioners, the voluntary and community sector and many others.
- Building on the core membership, a Health and Wellbeing Board should identify ways to engage with a wide range of people from local communities.

The Greater Manchester model of a population health system and a summary of draft governance, detailing how the Tameside Health and Wellbeing Board would align with the Greater Manchester Integrated Care Board, was explained to the Board.

It was proposed that the Health and Wellbeing Board should review its priorities / work plan / membership in the new landscape of system, place and neighbourhood working to ensure that it was anchored into system architecture in the development of Integrated Care System plans. It was further proposed that the next Health and Wellbeing Board meeting be held as a development session in order to agree areas of focus to inform a 2022/23 forward plan for the Board.

RESOLVED

- That the content of the presentation be noted;**
- That the updates in relation to the various actions being undertaken by the locality be noted and**
- That the next Health and Wellbeing Board meeting be held as a Development Session to agree a 12 month forward plan for the Board.**

21. DATE OF NEXT MEETING

RESOLVED

That the next meeting of the Health and Wellbeing Board provisionally scheduled for 16 June 2022 be noted.

22. URGENT ITEMS

There were no urgent items.

CHAIR