HEALTH AND WELLBEING BOARD

17 June 2021

Commenced: 10.00 am **Terminated:** 11.30 am

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
	Jeanelle De Gruchy	Director of Population Health
	Liz Windsor-Welsh	Chief Executive, Action Together
In Attendance:	Shaun Higgins	Active Tameside
	Diane Burke	DWP
	Phil Nelson	GMFRS
	Lee Broadstock	GMP
	Kerrie Pryde	Jigsaw Homes
	Andrew Searle	Tameside Adult's Safeguarding Board
	Henri Giller	Tameside Children's Safeguarding Board
	David Swift	Tameside and Glossop CCG
	Karen Huntley	Tameside and Glossop CCG
	Brendan Ryan	Tameside and Glossop ICFT
Officers In Attendance:	Sandra Stewart	Director of Governance and Pensions
	Martin Ashton	Associate Director of Commissioning
	Sarah Threlfall	Assistant Director - Policy, Performance and Communications
	James Mallion	Public Health Consultant
	Annette Turner	Programme Manager - Population Health
Apologies for Absence:	Councillor Cooney, Stephanie Butterworth and Richard Hancock	

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 21 January 2021 were agreed as a correct record.

3. COVID 19 UPDATE AND POPULATION HEALTH

a) Covid 19 Update and Enduring Transmission

The Population Health Consultant 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 173.5 per 100,000 people in the past seven days. There had been rapid increases in case rates across Tameside during the past few weeks with the highest number of new cases amongst younger working age adults. Although Tameside had one of the lowest rates in Greater Manchester it was the 12th highest nationally and the whole region was in a difficult situation. This was partly due to the highly transmissible Delta variant that had become the dominant strain across the country but in particular in the North West.

It was reported that the R had increased across the North West and was estimated to be above 1 and possibly up to 1.5. The doubling time for all boroughs in Greater Manchester was approximately one week, with the exception of Bolton where rates were reducing. The ongoing increase in socialisation and mobility alongside easing of lockdown would increase the potential for transmission. There was emerging evidence of enduring transmission in Tameside driven by wider determinants of health such as employment patterns; poverty and people living in poor health.

The Board were informed that Greater Manchester had been designated an Enhanced Response Area, which brought extra resource to help contain Covid. Work was ongoing on targeted responses to tackle the pandemic through increased work around testing, vaccination, support for isolation and ongoing support and advice for schools.

Vaccine efficacy remained high but it was imperative that people received their second dose in order to offer maximum protection against the Delta variant. The successful vaccination programme had led to lower risks of high mortality and low levels of hospitalisation but numbers were beginning to increase and there was ongoing disruption to primary care.

Members enquired about the timescales between people receiving their first and second dose of the vaccine and the policy for school-aged children to be vaccinated. The Director of Population Health confirmed that the timeframe between doses had been reduced to 8 weeks from 12 weeks and over 50% of Tameside and Glossop adults had received both doses of the vaccine and a high proportion of adults had received their first dose.

With regards to school children being vaccinated Board members were advised that although a licence had been granted for children over the age of 12 to be vaccinated, the JCVI had not provided their view. Discussions had been held at a Greater Manchester level and a statement would be circulated to Head teachers imminently.

RESOLVED
That the content of the presentation be noted.

b) Population Health in Tameside

The Population Health Consultant delivered a presentation on population health in Tameside, in particular the complex connection between life expectancy and population health.

It was reported that there were many different factors throughout life that contributed to how and when how you died. The Health and Care system was important but only contributed approximately 25%; the majority of an individual's health was impacted by other, mainly socioeconomic factors of life, including the start in life, where people lived, education, job and income. These underlying factors had contributed to the high impact of Covid-19 across the borough.

A graph was shown detailing the life expectancy of Tameside residents against the national average. Life expectancy for males was 75.8 years and 80.5 years for females; the average for England was 78.8 years for males and 82.9 for females. The life expectancy of

Tameside residents had increased over the past 20 years but it remained below the England average and the inequality gap was not reducing. In addition to the length, there was a disparity in healthy life expectancy.

The reasons Tameside residents were dying younger were highlighted and included cardiovascular disease, cancer and respiratory disease, which was driven by high rates of people living with long-term conditions due to smoking, obesity, poor nutrition and low rates of physical activity. Treatments had improved and there had been some harm reduction through programmes to reduce the salt and sugar content of food and reduce smoking rates but these risk factors still caused harm and were a key driver to lower and unhealthier life expectancy.

A graph detailing the link between population health and Covid-19 was shown to the Board. The graph was variable due to seasonable impacts and two spikes in excess deaths were clearly visible in 2020, due to the Covid-19 pandemic, and also in 2017/18, due to a severe flu season. This indicated that the ongoing, high impact of Covid-19 in Tameside was partly caused by the existing health inequalities Tameside residents experienced. Covid-19 took advantage of existing poor population health in Tameside and as a result there had been higher case rates in the borough along with higher morbidity and mortality. Many residents were living with long-term conditions and poor mental health that contributed to a low and unhealthy life expectancy, which placed them at a disadvantage and made them more vulnerable to these events.

In addition to inequalities in aging factors there were inequalities in younger age brackets including school readiness, higher youth crime and child poverty. More work needed to be carried out in order to address this, in particular poverty issues, as this had increased in recent years.

It was proposed to undertake further work to refine and develop the Joint Strategic Needs Assessment to provide a more detailed understanding of the population health issues in Tameside and Glossop. This work would better inform the next phase of the Integrated Care System (ICS) development in Tameside, including at a borough wide and neighbourhood level; engage with wider partners in the system and focus on the key drivers of mortality and ill health across the borough, to support the borough and neighbourhood understanding of priorities. Detailed and specific analysis would also be undertaken to help understand the drivers behind the patterns visible across the borough.

Members of the Board thanked the Population Health Consultant for an insightful presentation and stressed the need to continue to build on the current position and improve the quality of what was currently being done. It was important to gain a deeper understanding of the systematic health issues in order to create a clear programme of collective work and utilise the ICS to sharpen the focus of that work.

Members highlighted that poverty was a significant factor and there were clear inequalities in the system. The Joint Strategic Needs Assessment process was an opportunity to hear local voices and those from minority backgrounds and targeted work needed to be undertaken in order to achieve this.

RESOLVED
That the content of the presentation be noted.

c) Integrated Care System (ICS) Development

The Associate Director of Commissioning delivered a presentation on the development of an Integrated Care System (ICS).

He informed the Board that a White Paper "*Integration & Innovation: working together to improve health and social care for all"* was published in February 2021 that set out legislative proposals for changes to the health and care system. The triple aim was:-

- Better health and wellbeing for everyone
- Better quality of health services for all
- Sustainable use of NHS resources.

The proposals would see the abolition of CCG's from April 2022 and functions transferred to a Greater Manchester ICS. It was confirmed that shadow arrangements would commence from September 2021, CCG staff would be transferred into the ICS organisation and there was a clear mandate to retain Health and Wellbeing Boards.

It was explained that there was an expectation that all partners would have a duty to collaborate across the healthcare, public health and social care system and NHS organisations were expected to continue to develop relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health. There would be a shift away from competition between healthcare organisations and a move towards a new model of collaboration, partnership and integration.

The local principles were outlined and covered partnership, powered by people, person-centred, productive and progressive. Key groups had been consulted and there was unanimous support. There would be an integrated system at every level in Tameside and Glossop and the two key building blocks were delivery and provider partnerships. There was a strong emphasis for work to commence at a neighbourhood level and to build on local assets with a strong focus on outcomes.

Members thanked the Associate Director of Commissioning for an informative presentation and commented that many organisations and stakeholders had been consulted on the impact of the ICS intention and the development of the model had taken on board people's views, concerns and comments. There continued to be significant discussion at a Greater Manchester level and a focus to build upon the effective governance arrangements that were already in place in addition to the high performing health and care systems.

It was noted that additional focus was needed and single investment models for Tameside and Glossop would need to be incorporated into the ICS going forward. Fundamental development was required within neighbourhoods that needed to be imbedded in the operating model and discussion would take place with safeguarding boards.

RESOLVED
That the content of the presentation be noted.

d) Physical Activity - Active Alliance Progress Update

The Population Health Programme Manager delivered a presentation on physical activity in Tameside and gave an update on Active Alliance, which was a cross sector collaboration to get people more active.

It was explained that the perceptions of physical activity needed to be expanded beyond exercising in gyms and swimming pools and a focus was needed on utilising local, public greenspaces in order to be physically active. The effects of lockdown had accelerated this change in mind-set with residents having to undertake a daily walk within their local community and be responsive to their environment. However, a consequence to this change in behaviour had been a sharp increase in litter, consequently litter prevention needed to be built into the plan.

An active community wheel had been created, which was shown to the Board and it was explained that each segment had an interconnecting wheel and an example of cycling participation was provided. A graph was also shown that provided a snap shot of the progress that had been made prior to the pandemic - a sharp rise in residents partaking in physical activity could be seen when stronger partnerships were formed alongside more collaborative work.

Members of the Board viewed an extract of a video that concentrated on the work of Active Alliance around Active Parks and members were encouraged to view the video in its entirety.

The Director of Social Outcomes, Active Tameside and the Chair of Active Alliance informed the Board that two cycle pods would be installed in Hyde Park and Stamford Park in order to give residents access to bicycles and scooters.

Members of the Board thanked the Population Health Programme Manager and the Director of Social Outcomes, Active Tameside for an interesting presentation and engaging video.

They voiced their concerns around the noticeable increase in litter in the Borough's parks and greenspaces and requested that residents who had shown an interest in litter picking whilst out walking around Tameside be provided with bags in order to collect the litter. It was confirmed that the Alliance were working with colleagues in Greenspace and also local shops and school children in an attempt to reduce the amount of litter that was being dropped.

RESOLVED
That the content of the presentation be noted.

4. URGENT ITEMS

There were no urgent items.

CHAIR