



## TRAFFORD COUNCIL

# AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH AND WELLBEING BOARD

Date: Wednesday, 23 March 2022

Time: 2.00 p.m.

Place: Virtual meeting

AGENDA	PART I	Pages
2. MINUTES		1 - 6
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 21 January 2022.		
8. LIVING WITH COVID		7 - 16
To receive a presentation from the Acting Director of Public Health.		

**SARA TODD**  
Chief Executive

### Membership of the Committee

Councillor J. Brophy, Councillor J. Harding, Councillor J. Holden, Councillor C. Hynes, Councillor J. Slater (Chair), C. Davidson, D. Eaton, H. Fairfield, Dr. M. Jarvis, M. Noble, E. Roaf, M. Roe, R. Spearing, A. Worthington, P. Duggan, S. Radcliffe, J. Wareing, Hemingway, D. Evans, M. Hill, Pritchard, A. Seabourne, J. McGregor, M. Gallagher, J. Coulton, M. Nagra, E. Calder and Dr. I. Muhammad (Vice-Chair).

### Further Information

For help, advice and information about this meeting please contact:

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## Health and Wellbeing Board - Wednesday, 23 March 2022

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## **HEALTH AND WELLBEING BOARD**

**21 JANUARY 2022**

### **PRESENT**

D. Eaton (in the Chair), H. Fairfield, G. Devlin, M. Noble, E. Roaf, H. Gollins, R. Spearing, S. Radcliffe, J. Wareing, D. Evans, M. Hill, A. Seabourne, J. McGregor and M. Gallagher.

### In attendance

Thom Maloney                      Health and Social Care Programme Director  
Alexander Murray                Governance Officer

### **APOLOGIES**

Apologies for absence were received from Councillors J. E. Brophy, J. Harding, J. Holden, C. Hynes, J. Slater, C. Davidson, Dr. M. Jarvis and Dr. I. Muhammad.

## **19. APPOINTMENT OF CHAIR FOR THE MEETING**

As apologies had been received from the Chair and Vice Chair Board Members were asked to nominate a Chair for the meeting. The Corporate Director of Adult Services was nominated, the nomination was seconded by the Joint Accountable Officer for Trafford CCG and agreed by the Members in attendance.

RESOLVED: That the Corporate Director of Adults services be appointed as Chair for duration of the meeting.

## **20. MINUTES**

RESOLVED: That the minutes of the meeting held 24 September 2022 be agreed as an accurate record.

## **21. DECLARATIONS OF INTEREST**

No declarations were made.

## **22. QUESTIONS RECEIVED FROM THE PUBLIC**

No questions were received.

## **23. CDOP ANNUAL REPORT**

The Acting Director of Public Health delivered a presentation which provided an overview of the report that had been circulated with the agenda. The Committee were informed of the make-up, role, and functioning of the Panel. The CDOP panel was a collaboration between Trafford, Stockport, and Tameside. The presentation contained data on notifications of child deaths from 2014/15 up to 2020/21. In the last two years 19 children had died in Trafford and over the last seven years 99 children had died in Trafford. The deaths were then broken down by age range, ethnicity, levels of deprivation, and categories of death in cases closed.

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The Acting Director of Public Health spoke about the importance of having accurate data collection and reporting to ensure that the Board were able to identify any trends or areas of concern. Deaths in under 1-year olds and expected and unexpected deaths had been identified as areas of focus for the CDOP Board. The Committee were shown the levels of deaths with and without modifiable factors and given examples of modifiable factors, which included parental smoking and substance misuse. The presentation concluded with the 8 recommendations that were to go to all the authorities who were part of the CDOP Board.

Following the presentation, Board Members discussed the different aspects of the report. The Corporate Director for Children's service spoke of the importance of ensuring the recommendations were shared across interconnected forums, including the Safeguarding Partnership. The Director of Public Health expressed that there was a need for a campaign to inform people of the risks associated with multiple births, especially those considering IVF treatments, and to ensure IVF providers implanted two or more fetuses only in exceptional circumstances.

The Chair moved the recommendations of the report, which were unanimously agreed.

The Chair noted the large number of Boards the report was to be disseminated to and asked whether it was being tracked and would be fed back to the Board. The Acting Director of Public Health responded that she would meet with the Corporate Director of Children's Services to agree where the report would go and when. The Chair added that the Executive Member for Health, Wellbeing, and Equalities should also be consulted as the report would need to go to the Start Well and Live Well Sub Boards and possibly the Age Well Sub Board.

The Joint Accountable Officer for Trafford CCG added that the report should also be taken to the One System Board and she would pick it up as an action.

**RESOLVED:**

- 1) That the report be noted and all recommendations agreed.
- 2) That the Acting Director of Public Health is to meet with the Corporate Director of Children's Services and the Executive Member for Health, Wellbeing, and Equalities to discuss the distribution of the report.
- 3) That the Joint Accountable Officer for Trafford CCG plan for the report to be taken to the One System Board.

## **24. PUBLIC HEALTH ANNUAL REPORT**

The Director of Public Health went through a presentation that provided an overview of the annual report. Board Members were asked to note the report's recommendations and consider whether there was overlap from the CDOP report and the health protection forum report and how the recommendations could be grouped to avoid duplication.

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The Director of Public Health then went through a presentation on the annual report, which was focused upon health inequalities. The report covered the healthy life expectancy gap, mental health and the impact of covid, the importance of trust between residents and providers, and intersectionality. The presentation concluded with the specific recommendations on weight management and the more general recommendations from the annual report.

Following the presentation Board Members were given the opportunity to ask questions or make comments. Board Members welcomed the report, its findings, and recommendations. In discussions Board Members made it clear that they appreciated the approach of linking the wider determinants of health with deprivation and around taking learning from the COVID 19 pandemic.

The Corporate Director of Children's services added that when considering the wider determinants of health, she was surprised that speech and language therapy and child development did not come up. The Corporate Director of Children's services was also surprised that neglect was not covered in the report, as the point that "healthy children turned into healthy adults" was very well made. The final point from the Corporate Director of Children's services that there was a need to look at the mental health of adults as well as children as one impacted the other. The Director of Public Health responded that she agreed with the points raised but there were always going to be some areas left out of the annual report, given the wide range of areas covered by public health, and assured the Board that the areas mentioned were picked up through other pieces of work.

The Chair asked if the Board accepted the recommendations for noting. The Corporate Director of Children's Services suggested that the wording of one of the recommendations be changed. The Director of Public Health responded that work would be done with the Board to turn the recommendations of the annual report into an action plan, which would provide opportunity to adjust the recommendations.

The Chair requested ambitions be set for each of the different areas of work within the Annual Report and for them to be aligned with the performance measures agreed as part of the health and social care integration.

**RESOLVED:**

- 1) That the report and its recommendations be noted.
- 2) That the recommendations of the report be progressed into an action plan.

**25. HEALTH VISITING AND SCHOOL NURSING REVIEW**

The Acting Director of Public Health pulled out the key salient points from the report. The Board were informed of the key elements of support delivered by School Nurses and Health Visitors. The review had begun in 2018 and, as part of the review, the Public Health Team had built a strong working partnership with MFT, which would help to deliver work going forward. The review looked at a wide range of elements of both services. Public health commissioned both services and

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MFT was the provider of those services. The current contract was in place until April 2022 and the service specification being developed was for the provision of a stepped approach that would develop over time.

The Acting Director of Public Health then detailed how the review was conducted and the key findings of the review. The key findings had been divided up into four areas of performance, staffing, service delivery, and other. There were many outcomes from the review and they had been captured within the service specification. An outcome framework had been developed and some of the outcomes were already being delivered.

The Acting Director of Public Health spoke of the important roll School Nurses and Health visitors had played in the delivery of the vaccination programme and how they would continue to support immunisation. The stepped approach would eventually lead to the creation of a separate immunisation team. The Board were informed of the crucial roll the service would play in supporting children's healthy weight programmes. The Acting Director of Public Health concluded the overview by informing the Board of the plans to create an advanced care team to help manage demand.

Following the overview, the Corporate Director of Children's Services noted the importance of developing the digital patient record mentioned within the report and the data analysis it would enable. The Corporate Director of Children's Services added that the report needed to be circulated to various other Boards, including the Start Well Board, to ensure all relevant partners had sight of it.

The Chair of the Trafford Safeguarding Partnership welcomed the report and noted the need for an in-depth discussion around the findings of the review and the outcomes in relation to safeguarding.

The Chair of Healthwatch Trafford noted that the School Nursing service struggled with the levels of staffing and, while she welcomed the recruitment approaches suggested within the report, voiced concerns as to whether the service would be able to retain staff. The Chair of Healthwatch Trafford also raised concerns around nutrition in schools and noted that it would have been helpful to have funding figures benchmarked against neighbouring authorities. The Acting Director of Public Health responded that an exercise had been conducted at a Greater Manchester level, but it was difficult to compare due to the different types of funding used by each authority. The Chair asked whether there was an analysis which could be shared detailing the number of young people per member of staff. The Acting Director of Public Health confirmed that there was a piece of analysis available, and she would share it with Board Members via email.

Following the questions, the Chair moved the recommendation that the report be noted and it was agreed.

**RESOLVED:** That the report be noted.

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**26. LOCAL GOVERNMENT ASSOCIATION HEALTH AND WELLBEING BOARD RESET**

The Acting Director of Public Health delivered a short presentation on the LGA peer review. The Board were informed the purpose of the review was to look at the Health and Wellbeing Board in the context of the wider governance arrangements within Trafford and to determine how it should align with partners, including the Integrated Care Board and the One System Board. The presentation detailed what Trafford had asked the LGA to provide support on, the support proposal, and the next steps. Board Members were informed that the review would involve several interviews between Board Members and the Peers from the LGA. A survey would also be circulated to all Board Members and the Acting Director of Public Health asked them to take time to complete it. The aim was to have the findings of the review ready for discussion at the Health and Wellbeing Workshop in March 2022.

Following the presentation, The Director of Public Health added that the review was about thinking of the relationship of the Board with partners who could deliver change. The Chair Commented that it was a particularly crucial to ensure the Board was well positioned within the new Health and Social Care System, as it would enable the Board to set priorities that effected delivery, to influence work across the system, and to hold elements of the system to account.

RESOLVED: That the presentation be noted.

**27. NHS AND INTEGRATED CARE SYSTEM DEVELOPMENTS**

The Health and Social Care Programme Director went through an updated version of the presentation included within the agenda pack. The presentation covered the background to the development of the One System Board, recent changes and priorities, the draft Trafford Locality operating model, the transition assumptions and approach, an overview of governance arrangements of the 5 key boards, the development of the working groups, the staffing make up of the CCG, the functions of the different elements of the One System Board, a description of the Place Leader roll, a list of the Place Leader roll's characteristics and duties, and the next steps for the programme.

Following the presentation, the Joint Accountable Officer for Trafford CCG summarised that the ICB would be delivering the locality plan. The locality operating model would continue to deliver services with communities and neighbourhoods utilising coproduction to ensure a bottom-up approach was taken.

The Local ICB Shadow architecture was built upon Trafford's existing structure. The Locality Board was based upon the Joint Commissioning Board, which had been in place since 2018, with additional partners added to strengthen it. The Provider Collaborative Board was built upon the Local Care Alliance, which had been operating for several years and had expanded throughout the pandemic.

The Place Leader roll was in discussion across the whole of Greater Manchester and for Trafford it would be accountable to the ICB but anchored within Trafford.

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The appointment of the Place Leader roll was subject to a HR process and until the process was complete the Joint Accountable Officers from Trafford CCG would hold the position. Everybody below Board level at Trafford CCG would be subject to “lift and shift” with their roles moved into the ICB. Trafford CCG was to be disestablished at the end of June meaning all its statutory duties would be transferred to the ICB at that point.

The Chair of the Joint Safeguarding Partnership added that there was an expectation the current safeguarding arrangements would remain in place despite the changes to local system architecture. The Board were assured that the Safeguarding Partnership were being engaged in discussions to ensure the statutory responsibilities for safeguarding continued and how they could be strengthened through the ICS and ICB.

RESOLVED: That the NHS and Integrated Care System Developments be noted.

The meeting commenced at 10.00 a.m. and finished at 12.00 p.m.



# Living Safely with Covid in Trafford

Trafford Health and Wellbeing Board  
Helen Gollins, Director of Public Health (Acting)  
23<sup>rd</sup> March, 2022

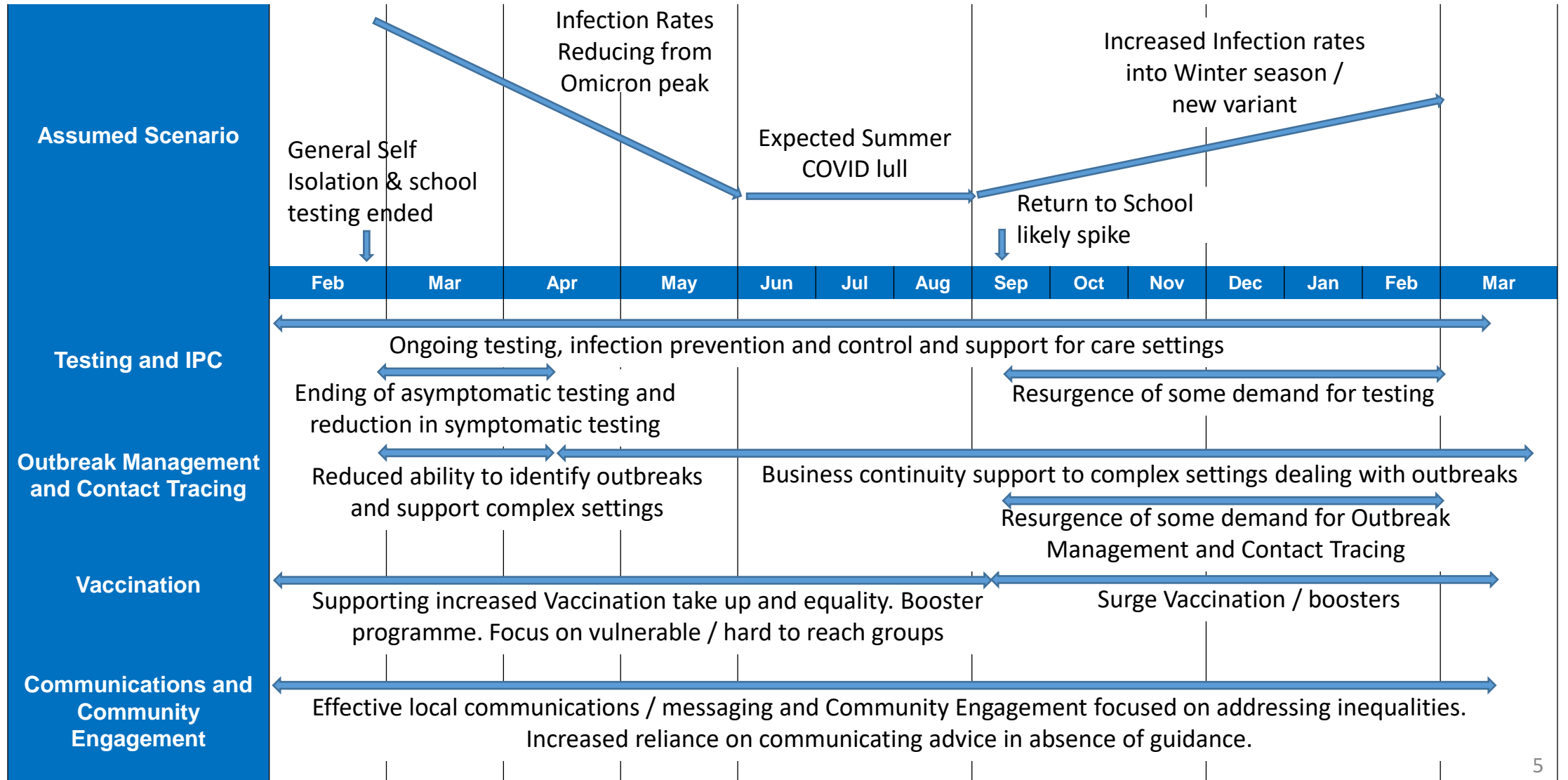
The Government will structure its ongoing response around four principles:

- a. Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses;
- b. Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing;
- c. Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- d. Securing innovations and opportunities from the COVID-19 response, including investment in life sciences.

	Change
21 <sup>st</sup> Feb	<ul style="list-style-type: none"> <li>Removal of the guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing.</li> </ul>
24 <sup>th</sup> Feb	<ul style="list-style-type: none"> <li>People who have tested positive for Covid no longer required to isolate</li> <li>workers will not be legally obliged to tell their employers when they are required to self-isolate.</li> <li>Routine contact tracing to end</li> <li>No longer ask fully vaccinated close contacts and those under the age of 18 to test daily for 7 days, and remove the legal requirement for close contacts who are not fully vaccinated to self-isolate</li> <li>Revoke The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations. Local authorities will continue to manage local outbreaks of COVID-19 in high risk settings as they do with other infectious diseases.</li> </ul>
24 <sup>th</sup> March	<ul style="list-style-type: none"> <li>The COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end.</li> </ul>
1 <sup>st</sup> April	<ul style="list-style-type: none"> <li>The Government will update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people.</li> <li>The Government will remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments.</li> <li>the Government will replace the existing set of 'Working Safely' guidance with new public health guidance.</li> <li>From 1 April, the Government will no longer provide free universal symptomatic and asymptomatic testing for the general public in England <ul style="list-style-type: none"> <li>limited ongoing free testing: <ul style="list-style-type: none"> <li>Limited symptomatic testing available for a small number of at-risk groups - the Government will set out further details on which groups will be eligible.</li> <li>Free symptomatic testing will remain available to social care staff</li> </ul> </li> </ul> </li> </ul>

Mitigations	Consideration
Vaccination	Continue to monitor and provide vaccination opportunities across the borough Monitor uptake particularly with a focus on inequality
Outbreaks management	Continue to work with the GM system Our OH&CT team shifting from population to complex settings Continued support to our EYs and Education settings when required
PPE	Available until March 2023
Treatments, antiviral and therapeutics	Working with NHS and PCN colleagues-1.3 million people in England with specific immune issues have been sent a PCR to be taken when symptomatic-if positive these individuals will be able to access antivirals.
ASC-vaccination, guidance for visitors and workers and free PPE	Strong local networks to support care settings
Surveillance	UKHSA will maintain scaled down critical surveillance capabilities including the COVID-19 Infection Survey (CIS) population level survey, genomic sequencing and additional data. This will be augmented by continuing the SARS-CoV-2 Immunity & Reinfection Evaluation (SIREN) and Vivaldi studies.
HR workplace policies	Sickness absence Use of meeting rooms etc

# Assumptions-based view to April 2023: Based on Central Optimistic Scenario and “Living With COVID”



# Approach for Core Capabilities

Workstream	Key Points for Planning
Testing	<p>Testing in most settings will largely end with closure of symptomatic and asymptomatic test sites in coming months. Asymptomatic testing will cease.</p> <p>For care settings current testing guidance will remain in place for the time being (detailed updated guidance awaited). Charges for LFTs will be introduced for the general public. Unclear how free LFDs will be provided to vulnerable groups – likely that Council will have a role in this.</p> <p>Emergence of a new variant with a resultant surge in infection rates is likely to mean that the reinstatement of wider scale symptomatic and asymptomatic testing could need to be reinstated at short notice.</p>
Outbreak Hub	<p>Scaling down of testing will make ongoing proactive identification of outbreaks impossible in most contexts. Emphasis for most settings (e.g. schools, businesses, events) will be on providing advice and guidance on containment measures and supporting outbreaks that are identified and raised with the team.</p> <p>Ongoing support for Care Homes / Settings will be required.</p> <p>Support will also be required for those suffering from COVID who face resultant hardship – approach to providing this is not yet clear.</p> <p>Emergence of a new variant with a resultant surge in infection rates could require the urgent stepping back up of outbreak management capacity.</p>
Contact Tracing	<p>End of most testing and self isolation means that the current approach to contact tracing and self isolation support will not be sustainable.</p> <p>Emergence of a new variant with a resultant surge in infection rates could require the urgent stepping back up of an effective local Contact Tracing capability.</p>

# Approach for Core Capabilities

Workstream	Key Points for Planning
Infection Protection and Control	Ongoing advice and support for care settings will be required. Current testing / isolation guidance will remain in place for the time being (detailed updated guidance awaited). If the guidance is subsequently relaxed ongoing advice will be required to help protect vulnerable groups in care settings. Ability to respond rapidly to any new surge / variant is important given the vulnerable population involved and the need to minimise hospital bed blocking.
Vaccinations	In the absence of further mass COVID vaccination / booster campaigns our focus will be on addressing vaccine inequalities and increasing the level of vaccinations in vulnerable and hard to reach groups in our community. We can also support flu vaccinations and the required catch ups on MMRs. It is expected that further boosters are likely to be offered in Spring 2022. If there is a new variant requiring further boosters we need to be positioned to support the campaigns, again with particular emphasis on vulnerable groups.
Public Health Intelligence	The planned reduction in testing will have a significant impact on the infection data available. Increased emphasis on addressing health inequalities relating to vaccination rates in specific localities. Detailed ongoing analysis of national and local COVID data will be required to focus ongoing activities and to provide early identification of potential surges so that no time is lost in scaling up Contain activities if required.
COVID Operations Team	The Operations team provides us with the essential flexibility to address emerging requirements. They can support testing, vaccinations, contact tracing, care settings and a range of other situations as required. While infection levels are low support can be given to inequalities work and to other areas that have been impacted by COVID / lock down across Public Health and in wider areas of the council.

# Approach for Core Capabilities

Workstream	Key Points for Planning
PPE	<p>A transition plan is being executed that will migrate PPE ordering for our users to the portal and remove the need for direct support of users in the borough.</p> <p>PPE is to continue to be provided free of charge until the end of March 2023. We will need to continue to monitor for developments in requirements and any supply problems but we will no longer be directly involved. The migrated approach should be sustainable in the event of a surge / new variant.</p>
Community Engagement	<p>Ongoing effective community engagement is required to support our vaccinations work in particular. After June 2022 plans are in place for our team to move into a business as usual way of working with funding being from PH reserves rather than contain funding. This will enable an ongoing capability to remain in place which would be used as the platform for addressing a new variant / surge if required.</p>
Communications	<p>The bulk of our COVID-related activities require effective communications to be in place. A small ongoing COVID-dedicated resource will remain in place supporting, in particular, our vaccinations and ongoing public health messaging and linking with national and GM level messaging. This will form the basis for an expanded capability in the event of a new variant / surge.</p>
Project Management	<p>A small COVID-focused capability will be retained to manage resourcing, planning, risk and the ongoing response to what will continue to be a rapidly changing situation. This will form the platform for an expanded capability if we have a resurgence of the pandemic.</p>



# Community Engagement & Communications

Individuals can still reduce the risk of catching and passing on COVID-19 by:

- a. Getting vaccinated;
- b. Letting fresh air in if meeting indoors, or meeting outside;
- c. Wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet, when rates of transmission are high;
- d. Trying to stay at home if you are unwell;
- e. Taking a test if you have COVID-19 symptoms, and staying at home and avoiding contact with other people if you test positive; and
- f. Washing your hands and following advice to 'Catch it, Bin it, Kill it'.

# Risks & Considerations for the HWB

- Variants
- Widening inequality-North/South, testing, employment, vaccine uptake, impact on education
- Isolation & loneliness
- Flu & Covid
- Ongoing system pressures
- Future pandemic preparedness
- Impact of vaccination programme on Primary Care and Children's Community Health Services