

# The impact of Covid 19 in Trafford

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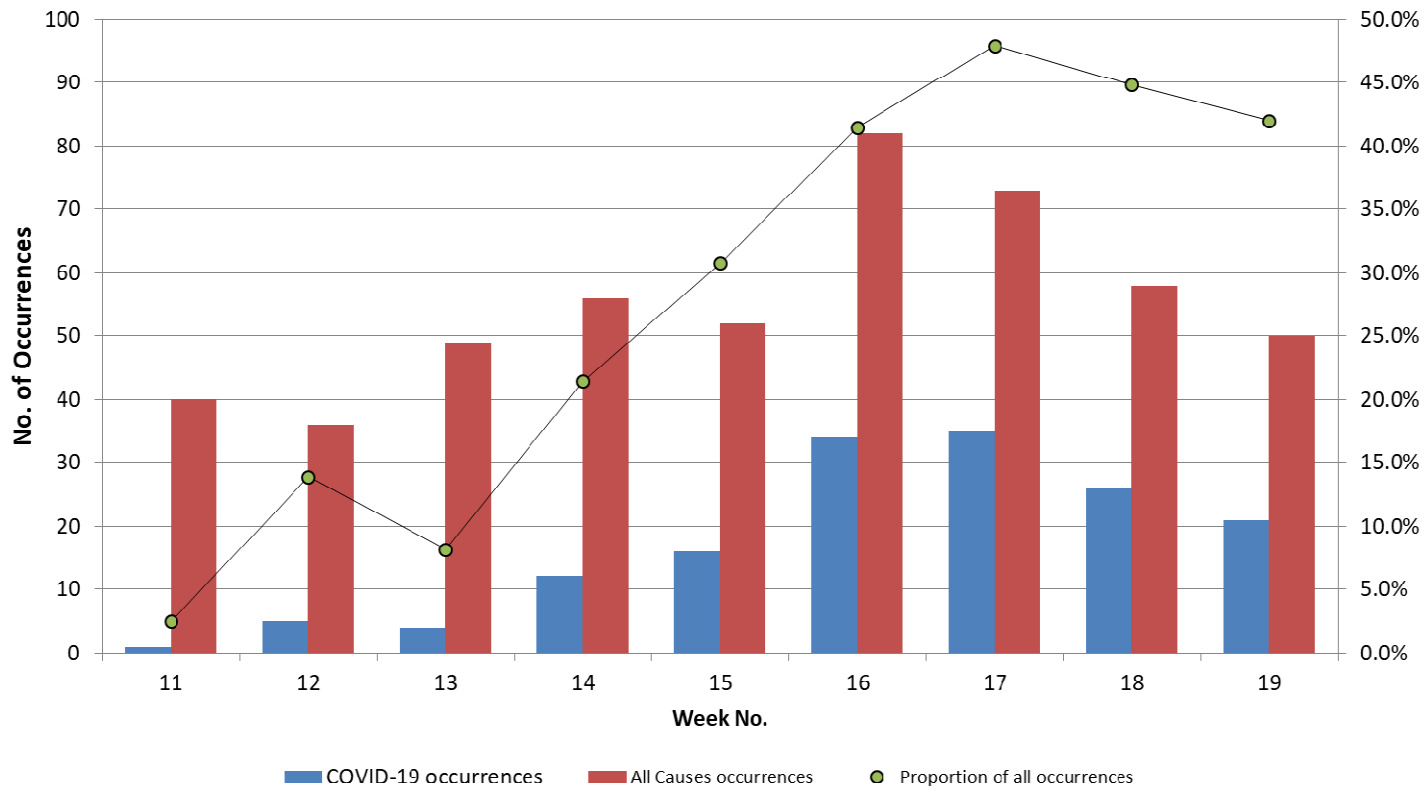
# Situation to date

As of 19<sup>th</sup> May

- we have had 746 confirmed cases
- 23 care home outbreaks
- Risks increase with age, underlying health conditions, deprivation, and ethnicity (Black and Bangladeshi/Pakistani at highest risk)
- Number of cases now reducing

# Deaths in Trafford

Occurrences (Deaths up to 08/05/2020, registered up to 16/05/2020)

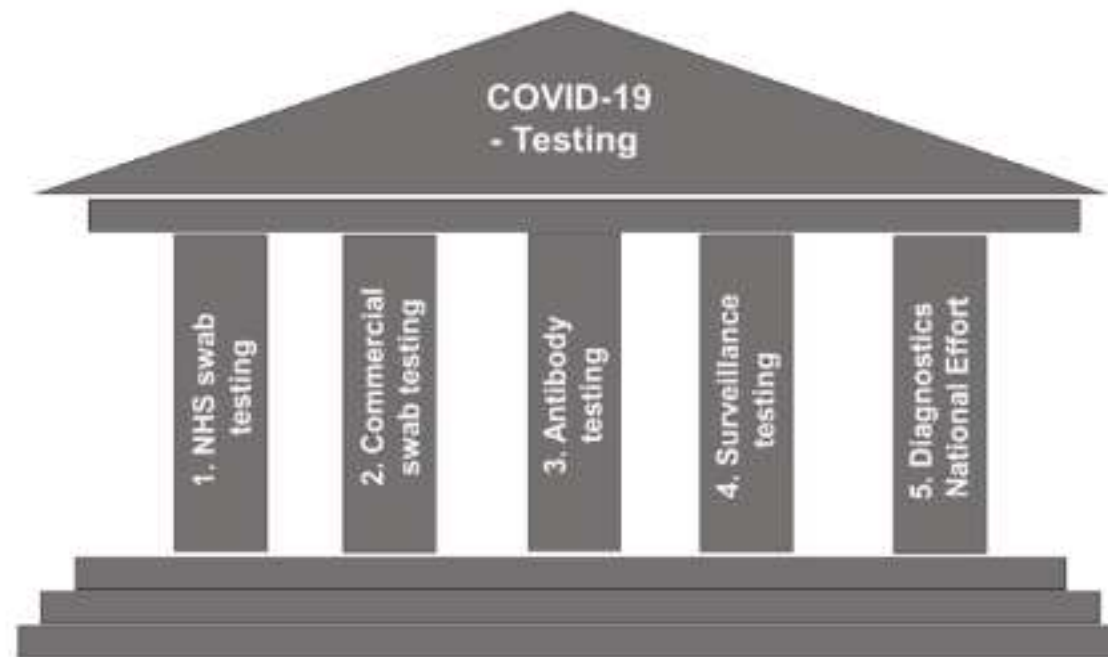


# Pandemic Management in Trafford

- **Testing**
- **Contact tracing**
- **PPE**
- **Data analysis and interpretation**
- **Community support**

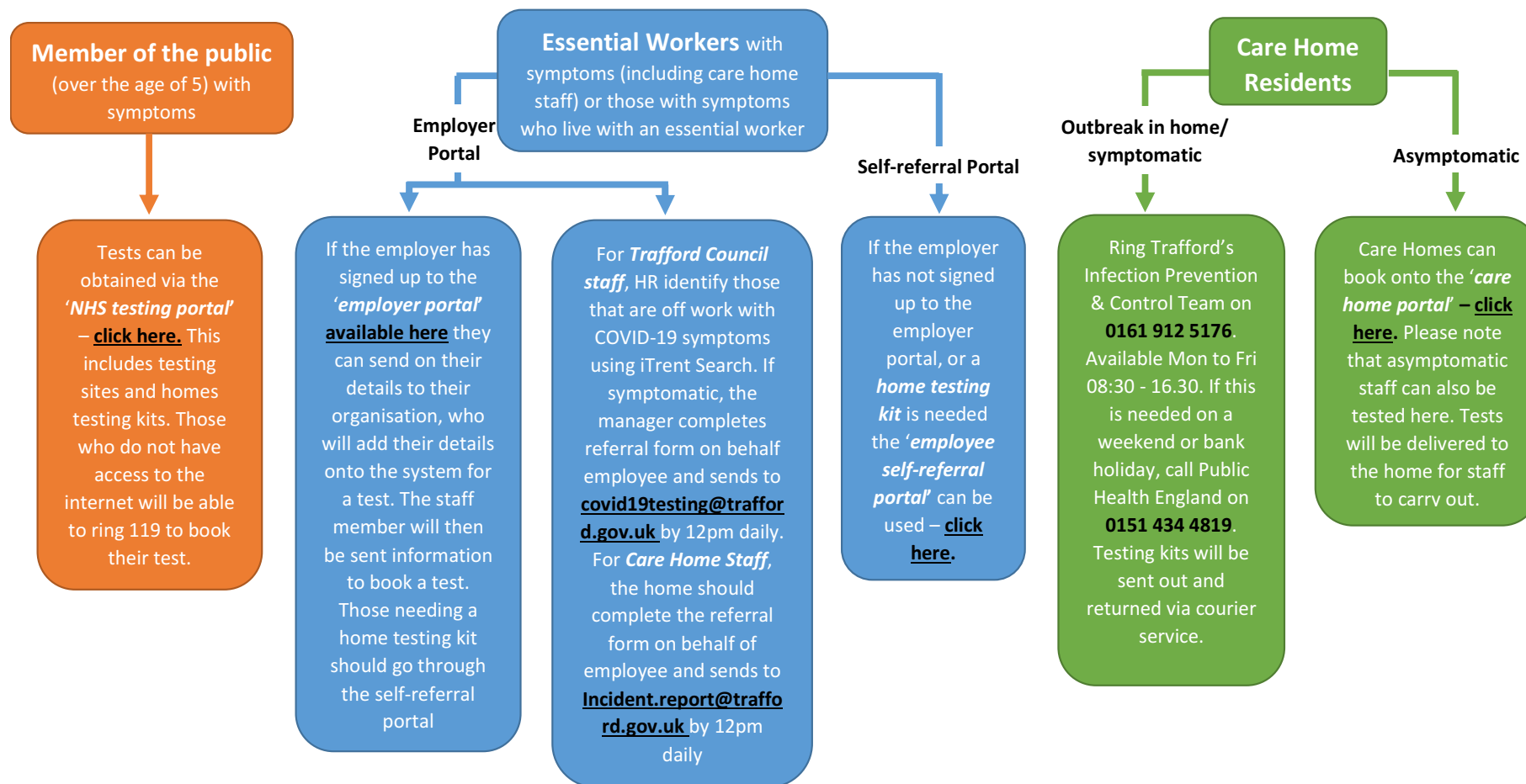
## Scaling up our testing programmes

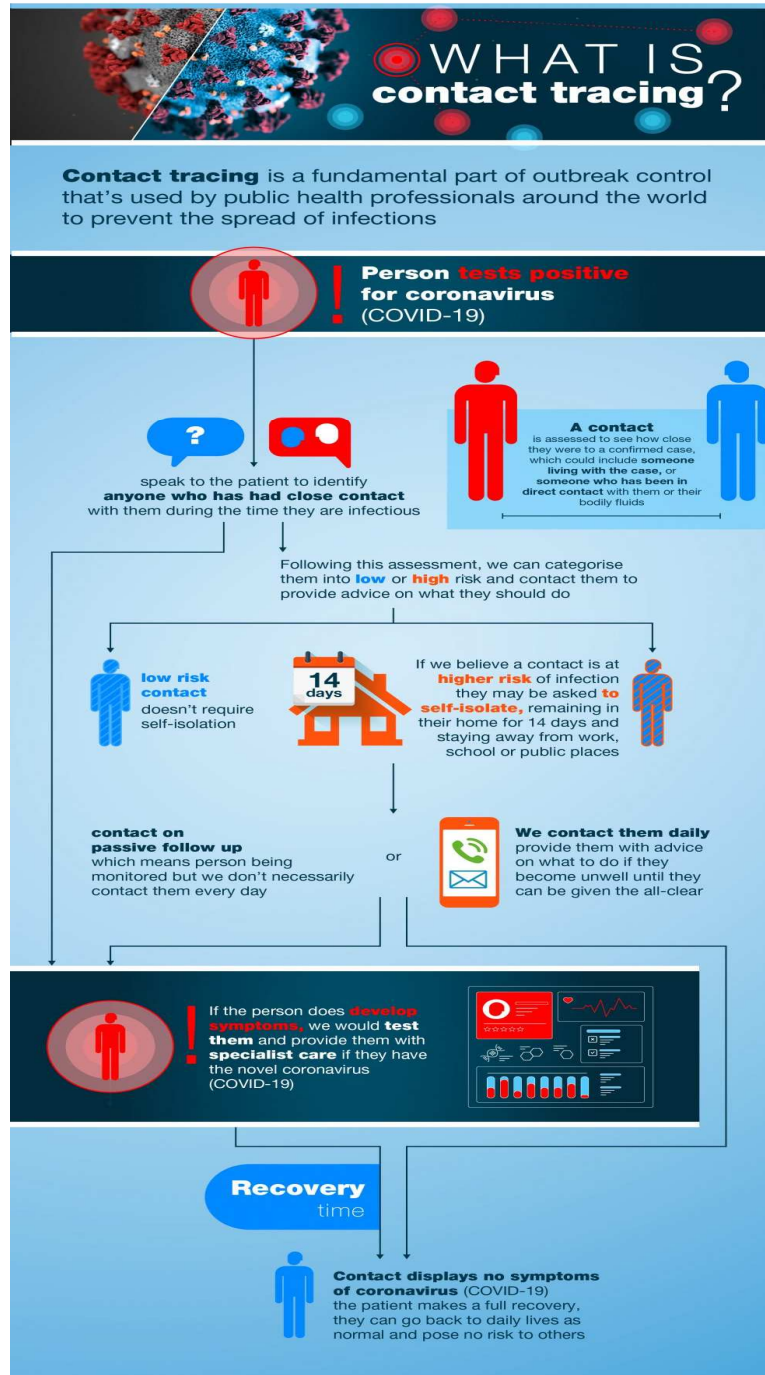
The government is working with the best minds in science, industry and logistics across the world to scale up our testing capacity. Our strategy has 5 pillars.



# COVID Testing Routes – Trafford

There are now a variety of routes to get tested depending on your circumstances. For the majority of (but not all) cases you need to be symptomatic. Symptoms include at least one of: a high temperature, a new continuous cough or a loss of or a change in your normal sense of smell/taste.





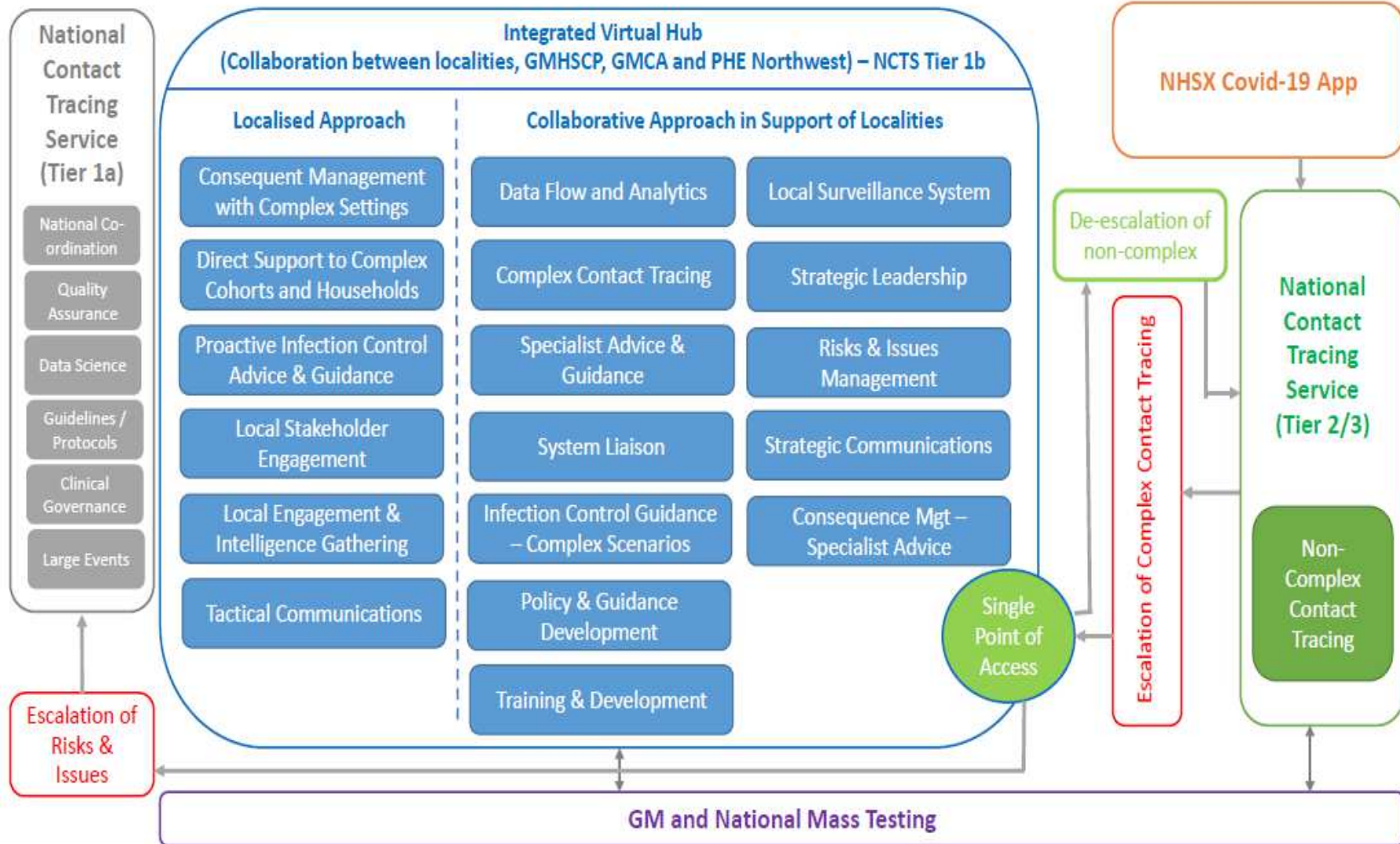
## What is Contact Tracing?

# Contact tracing structure

- **Tier 1a-National:** Co-ordination; quality assurance; data science; development of guidance and protocols; clinical governance; large scale events;
- **Tier 1b-Regional Network:** Overview of programme regionally; outbreaks and complex settings; shielded/support/enforcement/impact;
- **Tier 2:** dedicated professionals contact tracing staff (NHS Professionals)
- **Tier 3:** Call handlers (contracted external provider)



# GM regional approach



# PPE

- Accessing sufficient PPE has been difficult
- Training and support is required, together with fit testing for some activities
- National guidance has evolved as people have learnt more about the disease
- We have established a highly effective mutual aid hub with Manchester to ensure that all our providers have access to PPE

# Data and analysis

- Workstream established to understand the impact of covid 19 on local system capacity
- Real time tracking of demand and capacity to ensure resources can be mobilised as required
- Specific work started on
  - mortality,
  - impact on our BME population
  - Effect of deprivation
  - care home impact
- Many previously recognised issues regarding inequality have been highlighted
- Applying learning to improve future services

# Community support

A collaborative approach



# The future

- We are hoping to avoid a second peak of Covid 19, but to do so we will need to be very swift to identify and contain any cases to stop spread
- This is likely to be the case for another 18 months -2 years
- The social and economic impact of covid 19 will not fall equally across our population; with under 25s and lower income families likely to be hardest hit
- We need a healthy population to reduce local mortality and morbidity
- Climate change remains an existential threat; and we cannot go backwards on our clean air commitments
- Reducing physical inactivity; reducing smoking rates, maintaining a healthy weight; reducing alcohol misuse and reducing the impact of mental illness are more important now than ever
- Building Back Better means changing our focus to prevention and reduction of health inequalities: this will give our population the best protection.