

# HEALTH AND WELLBEING BOARD

16 OCTOBER 2020

## PRESENT

Councillor J. Slater (in the Chair).

Dr. S. Johnston (Vice-Chair), Councillor J. Brophy, Councillor L. Blackburn, D. Eaton, H. Fairfield, Councillor J. Holden, Dr. M. Jarvis, M. Noble, E. Roaf, D. Evans and M. Pritchard

### In attendance

Johna Wareing	Manchester NHS Foundaton Trust
Rebecca Horton	Mental Health Lead for Trafford Housing Trust
Tom Maloney	Health & Social Care Programme Director
Alexander Murray	Givernanec Officer

## APOLOGIES

Apologies for absence were received from Councillor J. Harding, Councillor C. Hynes, M. Bailey, P. Duggan, S. Radcliffe, Hemingway, M. Hill and J. McGregor

## 15. MINUTES

RESOLVED: That the minutes of the meeting held 14 August 2020 be agreed as an accurate record.

## 16. DECLARATIONS OF INTEREST

No additional declarations were made.

## 17. QUESTIONS FROM THE PUBLIC

No questions were received.

## 18. COVID 19 OUTBREAK PLAN

The Director of Public Health presented the COVID 19 figures across Trafford. Trafford had high levels of testing and 12.5% of tests were coming back positive. Feedback received showed that the majority of people who were receiving tests said that they had symptoms. All of Trafford's figures were well above the England average but the positive aspect was that there were low rates among school aged children. The highest rates of infection were amongst 18 and 19 year olds and the most worrying aspect was that there had been a rise in cases among the over 60 population, who were of the highest risk from COVID 19. The second highest rates of infection were among 45 – 64 population and then the 34 – 44 population. Spread among these ages groups was concerning as they were more likely to come into contact with the older population.

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Although many cases had been linked to schools it was believed that these were due to community transmissions and it appeared as though there was very little spread within schools. There had been some outbreaks in care homes but it appeared that the measures taken to protect care home residents were working could change. The main message was the importance of self-isolation if you have been contact with someone who had COVID 19.

The public health team had divided their work into sections which was reflected within the plan. Trafford had increased the levels of testing available, the local test and trace system was working and supporting the national system, and the team had been working closely with care homes and businesses to make them COVID safe. There had also been an increased focus on community engagement to find out what people were struggling with to ensure there was adequate messaging and support available. Following the introduction Board Members were given the opportunity to ask questions.

Councillor Blackburn noted that if one child tested positive then their whole bubble was sent home but their siblings were still able to go to school and asked the Director of Public Health to explain that approach. The Director of Public Health explained that in early years if a pupil or teacher tested positive then the whole bubble was sent home. In secondary schools it was just the close contacts who had to isolate. The practice was one step of separation between anyone who had been infected and those who were required to isolate. So if a child or teacher tested positive anyone who had direct contact needed to isolate but the siblings of those who had been in contact with the infected person would not need to isolate.

Councillor Blackburn noted that a testing facility was to be set up at the Soccer Dome in Trafford Park and asked what publicity and signage was in place. The Director of Public Health responded that publicity and signage was due to be set up as soon as the facility was running.

The Vice Chair raised concerns about the health impacts of the restrictions on the public's health due to people not seeking medical advice and mental health due to increased isolation. The Chair responded that those concerns had been picked up within messaging going out to the public. The Director of Public Health added that there was a need for more positive messaging about what you were able to do such as going out to meet friends and family as long as they arrange to do so safely.

The Corporate Director for Adult Services then gave an overview of the Winter Plan which had been circulated with the Agenda. This year's Winter Plan was longer than in previous years as it covered the NHS Wave Three Guidance in addition to the Adult Social Care Winter Plan and both parts needed to be completed for submission by the 31<sup>st</sup> October. The plan covered a number of core issues including the flue, increased admissions, falls, and respiratory problems.

The Outbreak Management Plan covered Trafford's response to the second wave of COVID 19. Modelling had been completed utilising data on activity since the first outbreak to identify the likely impact of the second wave. There was a single plan for Trafford bringing all aspects of Health and Social Care together. The plan

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detailed the pathways that had been refreshed from the lessons learned over the course of the pandemic. The pathways covered discharges from hospital, respiratory support, support into homes, support into care homes, end of life support, and the long term impacts of COVID 19. The recovery and reform group were tracking the work and all partners across the health and care sectors were involved in bringing the plan to fruition. The operating model for the system was in place and had been enhanced in line with the most recent guidance. The Hospital discharge guidance was still in operation which required patients be discharged within three hours of becoming fit to leave and to be tested prior to discharge to a care home. The Urgent Care Control room tracked all patients who were discharged and ensured that follow up support was put in place.

The Corporate Director for Adult Services informed the Board that a different pattern was emerging in the second wave. In the first wave the majority of those who were admitted to hospital were very ill and it was between six to eight weeks before they were ready to be discharged. In the second wave the people being admitted were younger and were recovering faster. In response to this the government had released new guidance on having a designated site for anyone who was COVID positive and an agreement had been reached to have joint provision between Manchester and Trafford.

Discharge to assess beds had been utilised throughout the pandemic and the Council were renewing those contracts. The rapid discharge homecare services were also being renewed for the next phase along with the therapy provision to support discharges into the community. The required capacity was being tracked on a daily basis to enable action to be taken swiftly if additional capacity was required. Digital support was being used to deliver as much support as possible. The latest guidance switched the sourcing of PPE equipment to a national portal, which was to be free to both registered and unregistered services. The hub that had been set up by Trafford and Manchester would continue for the foreseeable future to support the national process and act as a back-up option if required.

All care homes were contacted twice a week which would continue throughout the winter period. All outbreaks were being tracked and the infection control team responded quickly to any outbreaks. Weekly testing was in pace for Care Home staff with monthly testing for residents. There were an increased number of risks during the winter months and the Director of Adult Services was confident that the risks had been identified and with plans in place. The main risk was the cost of the second wave which would put all services under significant pressure. There had been a change in the funding of support with the NHS providing funding for the first six weeks following discharge then the cost would move to social care and place additional strain on the Council's budgets. The financial impact was being monitored and work was ongoing nationally to manage those risks.

Following the overview Board Members were given the opportunity to ask questions. The Mental Health Lead for Trafford Housing Trust informed the Board that there had been some issues with accessing therapy provision at the One Stop Resource Centre and asked when it was likely to go back to normal levels. The Corporate Director of Adult Services responded that this had been discussed at the Local Care Alliance and guidance was due to be reissued across the system in

relation to the contact and service offer for all services. The Corporate Director of Adult Services requested that the details of any particular service issues be sent to her so they could be addressed.

The Chair of the Trafford Strategic Safeguarding Partnership welcomed the information and assurance provided by the Corporate Director of Adult Services but raised concerns around Children's Services especially around mental health support in the wake of the pandemic. The Chair of Health Watch Trafford responded that some deep dive exercises on children's services had been conducted by the Quality, Finance, and Performance Board and an update was due in December.

The Mental Health Lead for Trafford Housing Trust raised that a lot of the outdoor play equipment was in need of maintenance across Trafford. The Chair responded that she was aware that work was ongoing at Longford Park following an accident. The Chair assured the Board that the One Trafford Partnership were working on improving the outdoor play facilities across the Borough. The Chair asked that people contact Councillor Patel with the details of any specific issues so that she was aware and could address them.

**RESOLVED:**

- 1) That the COVID 19 update be noted.
- 2) That the Winter Plan be noted.
- 3) That the COVID 19 Outbreak plan be noted.

**19. LOCAL CARE ALLIANCE: HEALTH AND SOCIAL CARE RECOVERY AND REFORM**

The Corporate Director of Adult Services went through the presentation which had been circulated with the agenda and covered Items 8a, 8b, 8c, and item 11. The programme for recovery and reform for health and social care services was up and running and aligned with the Trafford Locality Plan. The programme was split into four key projects. The first was living well in my community which had been developed and delivered well with the voluntary sector throughout the pandemic. The key work streams were the development of place based working, the creation of a partnership wide information and advice offer, the reduction of inequalities, and to create a strong sustainable voluntary sector in Trafford. The Board were shown a set of actions which were to be completed as part of the project by the end of December 2020.

The Health & Social Care Programme Director informed the Board that there were four Strategic Design Groups, one for each of the four key projects. There were around eighteen different partners involved within the Living Well in My Community Strategic Design Group. A partnership approach was being to the creation of the priorities for each group with co-production being utilised where possible. The presentation showed the defined set of priorities for each of the strategic design groups, the joint chairs of the groups, and a roadmap for the next twelve weeks of work. The Health & Social Care Programme Director explained

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that the programme took a whole system approach with the wider determinants of health, sustainability, and prevention all being considered by the Strategic Design Groups. The Corporate Director of Adults Services added that there was a very detailed Communications and Engagement Strategy that had been developed to support this programme of work which ensured that people's views were being captured. There was also a performance framework that sat behind the programme to monitor the impact it was having and to ensure it was meeting the desired outcomes.

The Health & Social Care Programme Director then moved the slides on to the point that provided detail around the communications and engagement plan and the performance framework. The full Communications and engagement strategy had been circulated to the Board and the slides provided a short overview. The strategy had been designed to function as the sole communications strategy for the COVID 19 response and for the development of the service for the future. The slides contained the core components of the strategy such as partnership working and governance. Each component had a commitment such as to always work collaboratively and consider the wider determinants of health, and ensuring that key forums are kept up to date regarding communication and engagement. All of the commitments had been developed by the programme steering group which had representation from around nineteen partner organisations. The slides also included the system connectivity structure for the strategy which showed how all the Boards, Groups, and Organisations across the Trafford system linked into the strategy. The communications strategy detailed the mediums and methods that would be utilised in order to measure the performance and the impact of the programme of work. The list included google analytics, feedback from focus groups, telephone interviews, and event feedback.

The end of the presentation included an update on the #FutureTrafford campaign. The Health & Social Care Programme Director explained that #FutureTrafford campaign was to run over four weeks and had four focuses of Employment and skills, Business Recovery, Children and Young People, and Living well in the Community. The campaign linked in with the work of the Strategic Design Groups with Trafford Housing Trust leading on the development and the Council leading on the campaign management. The campaign aimed to engage as many people as possible across the borough so that their views could help to shape the area going forward. The Health & Social Care Programme Director asked all Board Members to spread word of the campaign to their respective networks and to support the campaign over the coming weeks.

The end of the presentation focused upon the Measurement Framework. The Health & Social Care Programme Director informed the Board that there was a wide array of information available and the framework looked to increase understanding of the whole system by bringing all the information into a central place. That information would then be used to commission differently, deliver differently, and develop differently. The framework would aid in identifying where changes were needed to pathways, whether different or new services needed to be commissioned, or if money need to be redirected within the system.

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The Board were shown an outline of the framework which included sections that linked to the work of the four Strategic Design Groups. Once populated the framework was being sent to the November meeting of the Trafford Local Care Alliance Board. The framework would show the impact on reducing health inequalities, whether the area was showing signs of recovery, and the progress in reform of the system. The framework also captured information relating to the workforce and whether they were happy and productive as well as the financial picture and the value of the Trafford pound. Over the course of the next few weeks the team would create a single dashboard for the whole system based around neighbourhood profiles linked to the JSNA. The Health & Social Care Programme Director ended by stating that he would like to bring back the populated framework towards the end of the year.

Following the presentation the Chair of the Trafford Strategic Safeguarding Partnership noted the strong focus on health and social care and asked where the wider determinants were captured within the programme. The Health & Social Care Programme Director responded that a wide range of information had been captured from residents across the borough from various organisations utilising I Statements to understand their views on what was important. That data was in the process of being analysed and would inform the approach going forward. The strategic design groups were committed to addressing the wider determinants of health and this would become more apparent as the programme progressed. The Health & Social Care Programme Director spoke about a presentation on the eight sources of learning from the COVID period which was to be shared with Board Members for information. The Chair of the Trafford Strategic Safeguarding Partnership thanked the Health & Social Care Programme Director for the response and added that the role and impact of schools within the programme should be made more visible within the documentation.

Councillor Blackburn asked whether there was a glossary of acronyms available so that Board Members could understand what they meant without having to ask questions after each presentation. The Health & Social Care Programme Director assured the Board that a glossary was being developed and that it would be shared once it had been completed.

The Health & Social Care Programme Director made the Board aware that the NHS and care in Trafford social media page (<https://www.facebook.com/NHSandCareinTrafford/>) had gone live which would be used as a shared platform to messages out to the public and was accessible to a wide range of partners.

The Chair of the Trafford Strategic Safeguarding Partnership reminded the Board that the 16<sup>th</sup> to the 23<sup>rd</sup> of November was safeguarding adults' week and that while COVID had disrupted the preparations a wide range of resources were available for everyone including professionals, members of the public, and politicians. The Chair asked that the Health & Social Care Programme Director share that information on the NHS and Care Facebook page.

RESOLVED:

- 1) That the Recovery and Reform: Strategic Design Group Highlight Report be noted.
- 2) That the Measurement Framework be noted
- 3) That the Communications and Engagement Strategy Report be noted.
- 4) That the overview of the #Future Trafford Campaign be noted.
- 5) That the Measurement Framework is to come to the Board before the end of the year.
- 6) That the presentation on the eight sources of learning from the COVID 19 period be circulated to Board Members.
- 7) That the glossary of acronyms be shared with Board Members once completed.
- 8) That the Health & Social Care Programme Director share that information of safeguarding adults' week on the NHS and Care Facebook page.

## **20. CDOP REPORT**

The Director of Public Health introduced the report and explained that the Child Death Overview Panel (CDOP) reviewed the death of any child or young person between birth and eighteen years old. CDOPs had been in place for the last decade and a wealth of data had been gathered during that time. The aim was to capture any learning that could be taken from a child's death to improve practice, to identify any patterns, and to identify preventative measures. With terminal illnesses the information is not about preventing death but to improve how services support children and their families. The report requested that the Health and Wellbeing Board support a change in Trafford's approach to managing the recording and sharing of the information available to the CDOP. The changes included the appointment of an Independent Chair for the Panel and to set up the ECDOP System.

Following the introduction the Chair of the Trafford Strategic Safeguarding Partnership asked whether she would be able to meet and discuss the changes with the Director of Public Health to ensure that they aligned with the work of the Trafford Strategic Safeguarding Board. The Director of Public Health responded that she would be happy to meet after the meeting and assured the Chair of the Trafford Strategic Safeguarding Partnership that the new arrangements would improve the relationship between the Partnership and the Panel.

The Changes were then moved by the Chair and agreed by the Board.

### **RESOLVED:**

- 1) That the report be noted.
- 2) That the changes listed within the report be agreed by the Board.
- 3) That the Chair of the Trafford Strategic Safeguarding Partnership and the Director of Public Health are to meet to discuss the

changes to the CDOP and how it linked to the Trafford Strategic Safeguarding Partnership.

**21. UPDATE ON THE STRATEGIC OBJECTIVES AND CURRENT OUTCOMES FOR THE HEALTH AND WELLBEING BOARD**

The Director of Public Health introduced the presentation which had been circulated with the agenda. During the pandemic the main focus of the Board had been on tackling the issues created by COVID 19 but now was the time to begin to look at the recovery following the pandemic and what the Board's priorities would be. Prior to the pandemic the Board had been focused on reducing inequalities in healthy life expectancy across the borough and the presentation provided the latest data available. The Director of Public Health then introduced the Public Health Intelligence Analyst who had been working on Trafford's data sets.

The Public Health Intelligence Analyst then went through the slides. The Healthy life expectancy was increasing for both men and women and was among the highest nationally, although work needed to be done with Trafford CCG to measure the difference between different areas of the Borough. Trafford had seen a reduction in the number of smokers and there had been a large reduction in smoking among routine and manual workers. For alcohol related hospitalisation and premature mortality rates due to liver disease Trafford were worse than the national average and the worst out of their statistical neighbours. Between 2015 and 2018 Trafford had started to see a reduction in premature mortality for liver disease.

Trafford performed well against the national average for the prevalence of overweight and obesity. Trafford was statistically similar to the national average for physical inactivity in 2018/19 and Trafford had seen reductions since 2015. Prevalence of obesity amongst year six children showed that those in the most deprived quintile were twice as likely to be obese as children in the least obese quintile. In the reception years those in the most deprived quintile were still twice as likely to be obese as those in the least deprived quintile.

Trafford performed very well in terms of cervical screening both nationally and against statistical neighbours. Trafford mortality rates for preventable cancers had been steadily declining since 2001. Trafford had a lower rate of suicide than the national average and also performed well against their statistical neighbours. However, people with severe mental health issues in Trafford were five times more likely to die prematurely than the general population. The rate of employment for people in contact with a secondary mental health service had dropped from 71% in 2015/16 to 67.7% in 2017/18.

The Director of Public Health noted the improvement in the reduction in smoking was great news and now had to do some work to in due the reason for those reductions and to see how COVID had impacted those figures. There was increased concern around alcohol abuse and levels of inactivity given the impact of COVID. The improvement around rates of cervical screening was positive news as this was something that the public health team had been working on with

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colleagues from Trafford CCG and it appeared as though the work was having an impact. The inequalities information was still of great concern and need to concentrate on reducing the inequalities that were shown in the data and to investigate the impact of inequality in the other areas. While the levels of premature death for people suffering from mental health issues had reduced there was still a very large gap between them and the general population.

Following the presentation Councillor Blackburn asked whether the smoking figures included electronic cigarettes. The Director of Public Health responded that the figure were for cigarette smoking and did not include electronic cigarettes. Councillor Blackburn followed up by asking whether it was known what was in electronic cigarette liquid and whether it was regulated. The Director for Public Health responded that the electronic cigarettes that were used in the stop smoking campaign were controlled and while she did not know all of the substances in the electronic cigarette liquid all the data showed that it was far safer than smoking although it may have its own risks and should be used as an aid to quitting rather than an alternative.

The Chair of Health Watch Trafford was particularly concerned by the statistics around mental health especially as this was very likely to be exacerbated by the pandemic. The Director of Public Health responded that even before the pandemic the UK had some of the worst mental health in Europe and the team were continuing to focus on ways to improve the wellbeing of those with mental health issues which included aiding in the development of the mental health strategy.

The Chair of the Trafford Strategic Safeguarding Board then asked about the statistics on mental health, what was considered as serious mental health issues, and how was Trafford looking to support those people. The Director of Public Health Confirmed that serious was defined as severe and enduring and that was where the differences in education, employment, and life expectancy were being seen. It was an ambition of the Health and Wellbeing Board to reduce the impact of having a severe mental illness and while it was hoped that Trafford could reduce the prevalence of severe mental health conditions the data showed that the prevalence was increasing.

**RESOLVED:**

- 1) That the update be noted.

The meeting commenced at 10.00 am and finished at 11.45 am

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