

HEALTH AND WELLBEING BOARD

14 AUGUST 2020

PRESENT

Councillor J. Brophy, Councillor Miss L. Blackburn, Councillor J. Harding, Councillor J. Holden, Councillor J. Slater (in the Chair), D. Eaton, H. Fairfield, Dr. M. Jarvis, Dr S. Johnston (Vice Chair), E. Roaf, D. Evans, and M. Pritchard.

In attendance

Tom Maloney	Health and Social Care Programme Director
Louise Wright	Sport Relationship Manager
Scott Noble	Assistant Director of Strategy, MFT
Alexander Murray	Governance Officer

APOLOGIES

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

6. MINUTES

RESOLVED: That the minutes of the meeting held on the 20 February 2020 and 22 May 2020 be agreed as an accurate record.

7. DECLARATIONS OF INTEREST

The following declarations were made;

- Councillor Harding in relation to her work for Cancer Research.
- Councillor Brophy in relation to her employment in the NHS.

8. QUESTIONS FROM THE PUBLIC

No questions were received.

9. OUTBREAK MANAGEMENT PLAN

The Director of Public Health gave a brief overview of the Outbreak Management Plan. At the beginning of June the Council had to produce outbreak management plans for each area which were completed and available online from the beginning of July. The Outbreak Management Plan was a working document that covered how Trafford were responding to COVID 19. The plan was split into two sections which were preventative and reactive measures. The preventative section focused upon infection control and covered equipment, rules, and public engagement. There was a section on testing in Trafford which covered the five testing options available in the area. A large part of the plan concerned how to make people aware of testing options available and when they needed to get a test.

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The plan also covered contact tracing when someone tested positive including how a person's contacts were traced, how they were contacted, and what those people had to do once they had been contacted. Within the contact tracing Trafford were trying to identify high risk settings within the area. High risk areas were those where there was likely to be outbreaks, for example workplaces or schools, or those where if an outbreak occurred it would have a large impact, for example care homes. The other section of the plan looked at the response that was taken when there was an outbreak within the area.

Following the overview the Board were given the opportunity to ask questions. Councillor Brophy asked what had been learnt from the outbreaks that had been seen in the area. The Director of Public Health responded that the outbreaks in Trafford had taken them by surprise as it did not match the outbreaks seen elsewhere in the country. The lessons learned were that there was still community level transmission in Trafford and that the level of infections increased as people interacted more. The original outbreak seemed to be a group of young people where one had tested positive and then informed their friends who all went and had tests. By the time the pattern had been recognised they had stopped going for tests. Some spread had been seen to their parents but not at a high level so far.

Councillor Brophy asked whether the situation with the young people was now under control or if this was still an area of increased transmission. The Director of Public Health responded that there had been a change in the demographic of cases with infection levels no longer highest among young people. While there had been a reduction in the overall level of cases the Board were informed that there had been a spike in cases on Monday the 10th August and Trafford still had the 22nd highest rate of infection in the Country. The Director of Public Health then gave a breakdown of the demographics of the spread across the area. The Board were informed that there had not yet been any spread into care homes and were assured that was something that the Council were working extremely hard to prevent.

The Executive Member for Adult Social Care spoke about the importance of getting the right messages out to the public and ensuring that those messages did not demonise parts of the population such as young people. The Executive Member for Adults Social Care noted that exam results were due to be given out in the next few weeks and asked whether any specific messaging had been aimed at those young people as to how they could celebrate safely. The Executive Member also asked about the data being captured and whether it was accurate, as it did not capture someone's work place and other information that could aid in contact tracing. The Director of Public Health responded that the messages that Trafford were sending out to young people was when celebrating it was best to do so outside. The other key message was that if they had been out in an environment with lots of people then do not go and visit grandparents for at least a week. The public health team were working with Trafford College and schools around messaging including creating videos with children and young people providing advice. The Executive Member for Health, Wellbeing, and Equalities responded to the question regarding data captured through track and trace. They informed the Board that they had met with the COVID 19 task Force during the week and had fed back to them that employment information was a key element

that should be captured within Track and Trace. The Director of Public Health added that ethnicity was self-recorded. The Accountable Officer for Trafford CCG added the Government could aid in the reporting of employment if they provided a more robust offer to support those who tested positive.

Councillor Blackburn asked how many people had been hospitalised and discharged. The Director of Public Health stated that there had not been a rise in the number of hospitalisations but that this could be due to the age of those being affected or due to the delay between infection and the more severe symptoms of COVID 19. The Corporate Director of Adult Services added that since the 19th of March Trafford had supported 960 discharges from hospital which was double the number that would normally be done in the same period.

Councillor Blackburn followed up her question asking whether more vulnerable people were keeping themselves safe by isolating themselves. The Director of Public Health responded that they did not have sufficient information to answer the Councillors question but it was likely that there were mixed levels of caution across the population with some being extremely cautious and others far less so.

RESOLVED: That the plan be noted by the Board.

10. HEALTH PROTECTION BOARD ACTION PLANS

The Director of Public Health took item 7 and 8 of the agenda together and introduced the plans for the Health Protection and Public Engagement Boards that had been created as part of the Outbreak management plan. The Health Protection Board reported into the Gold Command structure and was an internal facing Board that looked at what the organisations needed to do to reduce the risks of COVID 19. The Public Engagement Board was an external facing Board looking at the communication and engagement needed to keep the population safe and reported directly to the Health and Wellbeing Board.

Councillor Brophy asked whether the structures were new structures that had been set up in response to COVID 19 or whether they had already been planned to be created. The Director of Public Health responded that these were two new boards set up in response to COVID 19 but fitted into existing structures. Trafford had been looking to increase public engagement prior to the COVID 19 pandemic and a lot of the learning around public engagement that had come from the pandemic would help to shape Trafford's approach going forward.

A 10 point action plan had been developed for August and September to ensure that all involved were focused on the 10 key priorities during that time. The plan covered a wide range of actions and under each one of the points were a set of actions that needed to be completed. The director of Public Health went through the 10 point plan and added additional detail to each point for the Board.

Following the overview of the Board and the 10 point plan Board Members were given the opportunity to ask questions. Councillor Brophy noted that the national government had stated that to open schools and colleges there may have to be additional restrictions elsewhere. Councillor Brophy asked the Director of Public

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Health where those additional restrictions might be. The Director of Public Health stated that Trafford were still working to keep schools open during the pandemic. So far it seemed as though the levels of transmission between children attending school appeared to be quite low and the impact of the virus among that age group was also low. Work was ongoing around how adults interacted to control the spread of COVID 19 and while workplaces had been set up to reduce the risk of infection it was the social interactions around work, for example car sharing to and from work or going for a drink after work, where there were concerns about possible spread. It was hoped that through the measures that were in place and by people acting in accordance with the guidance that infection rates would remain low. However, if the levels of infection started to increase to unmanageable levels then decisions would need to be taken as to which parts of society were essential and needed to stay open and which would be closed.

The Executive Member for Adult Social Care raised concern around people who were in poverty and could not afford to take time off work due to illness and the importance of getting the message out to people around support that was available to them. Trafford also had to consider what steps could be taken to provide further support to people in poverty at this time. The Director of Public Health responded that the pandemic had highlighted the impact that poverty and inequalities had on people's health and wellbeing. The Board were informed that parents in the more affluent areas of Trafford had been more willing to send their children back to school than those in the deprived areas, which had the potential to increase the inequality gap, and it was important to spread the message that schools were safe.

The Chair of HealthWatch Trafford raised the issue about welfare rights and the fact that so many people were not claiming the benefits that they were entitled to. They asked whether the Council could hold sessions for people to come and find out about what they were entitled to and aid them in claiming it. The second point the Chair of HealthWatch Trafford raised was around gaining feedback from the public. HealthWatch Trafford had sent out a survey to the public and had received a lot of feedback which would be fed into the Public Engagement Board and they asked Board Members to complete the survey and to inform others about it. The Corporate Director for Adult Services responded that the points made regarding accessibility and opening times were noted and would be added to the poverty strategy and another piece of work which looked at how to support people across all services.

RESOLVED:

- 1) That the action plans for the Health Protection Board, Public Engagement Board and the Trafford 10 point plan be noted.
- 2) That Board Members are to take part in the HealthWatch Trafford Survey and inform Trafford residents of it.
- 3) That the points raised about accessibility and opening times be fed back into the Council's Poverty Strategy and work around supporting residents.

11. PUBLIC ENGAGEMENT BOARD PLANS

This item was covered under agenda item 7.

12. LCA SYSTEM BOARD

The Corporate Director for Adult Services informed the Board that the update set out the prioritise of the work programme, bringing forward all of the locality plan work, reflecting on the COVID activity, Winter planning, and all of the partnership work that was ongoing. The work was about ensuring that the longer term planning reflected the needs of all Trafford residents.

The Health and Social Care Programme Director then went through the presentation that had been circulated as part of the supplementary agenda. The key components of the Locality plan remained although COVID 19 had changed the way those components were to be delivered. The plan had always taken a holistic approach which looked at the wider determinants of health and that approach was to continue. The programme had been built around six pillars which were understood as the key aspects of delivering health and social care. It was now understood that a more fluid approach was needed to understand how the different programmes of work were interconnected and how everyone had to work together to achieve the aspirations. COVID 19 had shown how interrelated all of the work was and the importance of being open and inclusive in the designing of services. It had also shown the importance of taking an asset based approach to empower communities and the value of involving partners from the earliest stages of design. The system level thinking which had been so important in coping with the pandemic was something that would be taken forward and developed further as a core part of the work. The Health and Social Care Programme Director informed the Board that the LCA needed a more formal route into the Health and Wellbeing Board and the Trafford Partnership to be able to influence the wider determinants of Health and that was one of the key asks of the Board.

Four strategic design groups had been set up which involved key partners from the outset. There was a programme team who provided wrap around support for the four groups and aided in understanding how their work linked together. By involving partners involved at the right time it was hoped that the strategic design groups would reduce duplication, encourage coproduction, and remove barriers. The presentation contained an overview of each of the four strategic design groups which detailed the senior responsible officer, the senior lead officers or Chair, the priorities of the group, and a group description. The group descriptions were to be shared with wider partners so they could identify which group they needed to interact with.

For communications the aim was to have a single communications and engagement strategy which would cover the work of the locality plan as well as the response and recovery for COVID 19. The strategy would look to build on the excellent work done in the last few months, for example the progress made around behaviour change. The presentation included a number of key asks which had been put forward by the steering group and Trafford's five principles for

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communications and engagement. The Board were informed that there was a draft of the written strategy which would be brought to the next meeting of the Board.

The presentation briefly covered the phase three letter, what was required in response to the letter, and the timeline for response. The requirements laid out by NHS England linked into the locality plan work of having a system wide approach to Health and Social Care. The Accountable Officer for Trafford CCG added that the letter outlined a number of tasks that were to be done but did not outline a budget for completing those tasks.

Following the presentation Board Member were given the opportunity to ask questions. The Executive Member for Adult Social Services asked how the work streams were going to be coproduced, how the public would be involved, and how the work would be cascaded down to other Boards. The Health and Social Care Programme Director responded that there were pockets of good coproduction and the aim was to expand that practice. There was always a balancing act between the desire to coproduce and the demand to complete a piece of work quickly. The Health and Social Care Programme Director spoke about the need for more structured asset based approach to commissioning that looked years in advance to allow for true coproduction in the redesigning of services going forward. Public engagement was a key priority of the Communications and engagement steering group. The group had agreed to look at ways to use group members existing links with the public to increase their levels of engagement, which would then be utilised by the four strategic development groups. The Health and Social Care Programme Director recognised that this work was ongoing and asked for Board Members to share any examples of good or best practice that they were aware of.

Councillor Brophy noted that the plan was very ambitious and raised concern about the people who might fall through the gaps, such as those who were isolating themselves due to the pandemic. The Health and Social Care Programme Director responded that this was a constant problem as the Council only knew of people they have had contact with. Work was ongoing at the GM and local levels to try and identify people who had not contacted services before. A key element of this work was the interaction with VCSE providers as they often had far better knowledge of their community than the Council or other organisations. The Corporate Director of Adult Services added that at the start of the outbreak there were thousands of people who were being shielded who the Council were in contact with. As the shielding ended the Council had maintained contact with those people and the CAB hotline was still open for people to use to seek support and the Council were using the primary care messaging system so residents were aware of access points.

The Chair of HealthWatch Trafford noted that the communications for the longer term strategy for Health and Social Care reform had been listed under the COVID 19 Public Engagement Board. The Chair of HealthWatch Trafford felt that piece of work was too broad to be covered by that board and that it should be held somewhere else within the programme of work. The Chair of HealthWatch Trafford requested that a number of strategies listed on page 13 of the document pack, including the mental health strategy and the learning disability strategy, be fed into the Health and Wellbeing Board. The Chair of HealthWatch Trafford also stated

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that the role of public consultation in the plans and where equality impact assessments were to be conducted needed to be made clear. The Chair of HealthWatch Trafford also requested to see the phase three priorities before the response was provided to NHS England. The Health and Social Care Programme Director responded that the mental health strategy was going to the LCA in October and then would come to the Board. Public consultation was part of the planning for the changes to services and the Board were assured that Communications and engagement, including public consultation, had been embedded into the strategic design groups and the way they approached service change. The Health and Social Care Programme Director agreed to circulate the Phase three letter to all Board Members following the meeting.

The Chair of HealthWatch Trafford responded that they were concerned about their lack of involvement up to this point in the development of the strategies. The Health and Social Care Programme Director responded that the strategies were in the very earliest stage and HealthWatch would be involved in due course. The Executive Member for Adult Services assured the Chair of HealthWatch Trafford that they would be involved in this work going forward.

The VCSE representative welcomed the way that organisations had responded and services had been delivered during the pandemic, as the response had been far quicker than previously. It was hoped that the new ways of working with the community would continue beyond the pandemic. The VCSE representative then drew the Boards attention to the difficulties that the VCSE sector was facing with regards to funding due to the impact of COVID 19. The VCSE representative warned the Board that if adequate support was not provided to the VCSE sector then many of the organisations who delivered services across the borough would be forced to close. The Health and Social Care Programme Director responded that support for the VCSE sector during this time was a high priority for the whole system and they were looking at how to build a sustainable VCSE model which worked in the new environment.

The Director of Public Health stated that it was important that the Board recognised their role in ensuring that the plans of the LCA were delivered. Want the 10 point plan and the LCA plan to come back to the Board's next meeting to look at progress.

RESOLVED:

- 1) That the presentation be noted.
- 2) That the request for formal route to the Health and Wellbeing Board and the Trafford Partnership for the LCA System Board be noted.
- 3) That the draft Communications and Engagement Strategy be brought to the next Board meeting.
- 4) That Board Members share examples of best practice in communication and engagement with the public with the Health and Social Care Programme Director.
- 5) That the strategies listed on page 13 of the document pack be fed into the Board.

- 6) That the Phase Three letter be shared with Board Members following the meeting.

13. INFECTION CONTROL ANNUAL REPORT

The Director of Public Health introduced the report and informed the Board that Community Infection Control Team was a small team 3 nurses and admin support. The report summarised the work the team had done over the year. During the outbreak the team had supported teams across the Council in reducing spread and outbreaks of COVID 19. The Director of Public Health highlighted the work the team did throughout the year, especially with care homes and GPs, in combatting all infectious diseases across the borough. Following the Director of Public Health's Introduction Board Member were given the opportunity to ask questions but none were raised.

RESOLVED: That the report be noted.

14. EXCLUSION RESOLUTION (REMAINING ITEMS)

The meeting commenced at 10.00 am and finished at 11.45 am