

**LIVING WITH COVID BOARD**  
**24 February 2021**

<b>Present</b>	<b>Elected Members</b>	<b>Councillors Warrington (In the Chair), Bray, Fairfoull, Feeley, Ryan, Gwynne, Kitchen and Wills.</b>
	<b>Tameside &amp; Glossop CCG Members</b>	<b>Dr Asad Ali, Dr Ashwin Ramachandra, Dr Vinny Khunger, Dr Christine Ahmed, Dr Tim Hendra, Clare Todd, David Swift and Carol Prowse</b>
	<b>Chief Executive TMBC</b>	<b>Steven Pleasant</b>
	<b>Borough Solicitor</b>	<b>Sandra Stewart</b>
	<b>Deputy Section 151 Officer</b>	<b>Tom Wilkinson</b>
	<b>Chief Inspector for Neighbourhoods GMP</b>	<b>Lee Broadstock</b>
<b>Also in Attendance:</b>	<b>Martin Ashton. David Berry, Tim Bowman, Steph Butterworth, Gill Gibson, Jeanelle De Gruchy, Ian Saxon, Jayne Traverse and Sarah Threlfall</b>	
<b>Apologies for Absence:</b>	<b>Councillor Cooney</b>	
	<b>Karen Huntley, Kate Hebden and Karen James</b>	

**42 MINUTES OF PREVIOUS MEETING**

The Minutes of the Living with Covid Board meeting on the 20 January 2021 were approved as a correct record.

**43 NATIONAL TIMELINE FOR LIFTING RESTRICTIONS**

Consideration was given to a report of the Executive Leader / Director of Population Health, which updated members of the Living with Covid Board on the national timeline for lifting Covid-19 restrictions.

The Assistant Director of Policy and Communications reported that from the 8 March people in England would see restrictions start to be lifted and the Governments' four-step roadmap could offer a route back to a more normal life. It was stated that the Government would continue to support families and businesses throughout the steps set out in the roadmap - details of which would be set out by the Chancellor in the Budget on 3 March.

Members of the Board were advised of the four tests, it was explained that only when the Government was sure that it was safe to move from each step to the next would the final decision be made on lifting restriction. Each of the 4 steps were detailed to the Living with Covid Board and the communications that would be used. It was reported that Step 1 focused on the return of all children and students to face to face education from 8 March. From the 29 March 2021 outdoor gatherings of either 6 people would also be allowed.

It was stated that after 12 April 2021 Step 2 would see the opening of non-essential retail, indoor leisure facilities, hospitality venues and funerals for up to 30 mourners. As part of Step 3 after 17 May 2021, the Government would look to continue easing limits on seeing friends and family wherever possible. Most legal restrictions on meeting others outdoors would be lifted, gatherings of over 30 people would remain illegal. Indoors, the Rule of 6 or 2 households would apply. By Step 4 the Government expected to be in a position to remove all legal limits on social contact, this was expected to be after the 21 June 2021.

**AGREED**

**That the presentation be noted.**

#### **44      EPIDEMIOLOGY UPDATE**

Consideration was given to a presentation of the Executive Leader / Director of Population Health on the latest position in Tameside, including an update on the Covid-19 epidemiology data.

The Director of Population Health detailed the trends in new cases for Tameside as at 20 February 2021. It was stated that the rate of new cases in the last seven days per 100,000 people was 194.7/100,000, the current rate was a 1% increase compared to seven days ago when the rate was 193.4. It was explained that the rate of new cases had started to slow over the last 14 days. The Director of Population Health presented trends from across Greater Manchester and explained that all the Greater Manchester areas had a similar rate of infection.

It was highlighted to the Living with Covid Board that there was a contrast between the North and South regions with northern areas having a higher rate of infection when compared to southern regions. It was explained that the lockdown had a greater impact in southern regions on the rate of infection, the 7 day rolling cases per 100,000 by Deprivation for England showed a greater link between deprivation and rate of infection.

#### **AGREED**

**That the presentation be noted.**

#### **45      VACCINATION AND TESTING ROLL-OUT**

Consideration was given to a presentation of the Executive Leader / Director of Commissioning, which updated members of the Living with Covid board on the latest position in Tameside on the vaccination roll-out.

The Director of Commissioning updated the Living with Covid Board on the progress of the vaccination programme. It was reported that as at 22 February 2020 64,109 had been vaccinated, members of the Board were updated on the percentage of each cohort that had been vaccinated. It was stated that national aim of 75% take up in Cohorts 1-4 had been exceeded and the vaccine would now be offered to Cohorts 5&6. Supplies had been confirmed for care home vaccines and visits had been scheduled between 5 – 19 March 2021. It was further reported that the deliveries confirmed of the vaccine for the week beginning 22nd Feb was 3,540 (1200 OAZ, 2,340 Pfizer) which was the lowest delivery to date. With Cohort 6 being one of the largest and which was continually being changed, this presented operational challenges.

Members of the Board were presented data on the Covid vaccine uptake, the data looked at individuals vaccinated by deprivation, sex, ethnicity and age band. The director of Commissioning detailed the percentage of each cohort that had been vaccinated broken down for each PCN.

#### **AGREED**

**That the presentation be noted.**

#### **46      IMPACT DASHBOARD**

Consideration was given to a presentation of the Executive Leader / Assistant Director of Policy, Performance and Communications, which updated the Living with Covid Board on the impact dashboard.

The Assistant director of Policy, Performance and Communications highlighted the changes and headlines on the Impact Dashboard. In regards to social harms and inequalities, it was reported that the number of residents claiming universal credit continued to rise, there had been an 83% increase since the start of the pandemic in January 2020. Further, there had been an increase in residents who were claiming Council Tax support since the start of the pandemic.

It was reported that there had been an increasing pressure in Children's Services, the Assistant Director of Policy, Performance and Communication detailed the trends in Children's Services relating to Assessments, Contacts and Enquiries made to Children's Services and the number of Children in Need.

Members of the Living with Covid Board were presented with the data and pressures within Adults Services, there had been indications that pressures were increasing within the service over the last two weeks, however the number of assessments carried out was relatively stable.

It was stated that in regards to the Humanitarian Response there had not been an increase in residents receiving support to receive food or other essentials. It was explained that residents had found other ways to cope with being added to the Clinically Extremely Vulnerable list.

It was found that Food Bank, Emergency Temporary Accommodation and IAPT referrals had not seen increased enquiries, however, this could increase overtime as support was reduced by Government.

The Impact Dashboard detailed the impact on businesses, it was reported that over 50% of business in Tameside had reported a decrease in sales, this was in line with the rest of Greater Manchester. There was an increasing trend of business which were only sustainable for up to six months and an increase in businesses with staff with Covid-19 or in self isolation as at the end of 2020.

**AGREED**

**That the presentation be noted.**

**47 CLINICALLY EXTREMELY VULNERABLE**

Consideration was given to a presentation of the Executive Leader / Assistant Director for Policy Performance and Communications, which delivered an update on additions to the shielded patient list of the Clinically Extremely Vulnerable.

The Assistant Director for Policy Performance and Communication reported there were now 16,480 of which 214 were children on the CEV list in Tameside. Those who were CEV had been advised to shield until 31 March 2021. There had been an additional 6,500 added to the shielding list in the last two weeks. These were added based on a combination of risk factors which included BMU, sex registered at birth, Ethnicity, postcode and a number of conditions including CVD, respiratory disorders and diabetes. In regards to the local impact, it was explained that 67% vote of those on the shielding list in Tameside were of working age and only 1.3% were under the age of 18. The Government anticipated that it would no longer be necessary to advise shielding beyond the end of March 2021.

**AGREED**

**That the presentation be noted.**

**48 SUPPORT FOR SCHOOLS, COLLEGES AND EARLY YEARS DURING SPRING TERM 2021**

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director for Education, which outlined the support offered to schools, colleges and early years providers during the lockdown.

The Assistant Director for Education summarised the support offered to schools colleges and early year's providers following the third national lockdown which restricted attendance at schools. Members of the Board were detailed the support given to vulnerable children, including those who were who were cared for, care leavers, children who attended the Tameside pupil referral service, children with social workers and children who attended special schools and colleges.

It was explained that third lockdown had different expectations than the previous lockdown, it was stated that all children not in school should receive high quality remote education for between 3 and 5 hours per day. It was reported that schools had developed their remote learning offers and officers were working hard to support schools in their duty through a range of support strategies including daily School.

It was stated that from the 8 March 2021, all children would return back at school, however, there would be an element of staggering in returns in high school due to the testing requirements. Members of the Living with Covid Board discussed the testing regime that was in place for teachers and staff.

#### **AGREED**

**That the report be noted.**

### **49 EXPANDING DISCRETIONARY BUSINESS GRANTS**

Consideration was given to a report the Executive Member for Finance and Growth / Director of Growth, which detailed the plans for Local Restrictions Support Grant Open underspend. The report also set out an end date of 31 May 2021 to all elements of Additional Restrictions Grant.

Members of the Living with Covid Board were reminded that the Additional Restrictions Grant (ARG), alongside the Local Restrictions Support Grant (LRSG) (Open), were launched by Tameside Council on the 10 December 2020 and were considered by Cabinet on the 16 December 2020. Amendments to the Additional Restrictions Grant scheme, to increase the value of awards, were approved on 10 February 2021 by Executive Cabinet.

The Head of Employment and Skills stated that the report set out the proposals to :-

- Amend the ARG scheme to allow applications from domestic based businesses and Tameside Taxi License holders for a grant of £1,500 to a ring fenced pot of £1,800,000 from the overall ARG allocation of £6,803,949.
- Monitor the LRSG Open spend and utilise any underspends by adding to the ARG scheme total allocation of £6.8m prior to the 31 March 2021 end date for use of LRSG Open.
- Ring fence a small reserve fund (£147,949) for future use with the ARG to have an end date of 31 May 2021. The fund would be for contingency purposes.

It was explained that the proposed changes would enable Tameside Council to have a robust plan to utilise 100% of ARG funding, supporting a wide range of businesses. It was further explained that so far domestic based businesses including taxi drivers had not been applicable for any Covid grant funding since March 2020. The allocation of £1,800,000 to Tameside Domestic Businesses would enable a one off payment of £1,500 on a first come first serve basis until 31 May 2021.

#### **AGREED**

**That the Executive Member for Finance and Growth be recommended to:-**

- (i) **Agree the proposal to support domestic based businesses and Tameside taxi license holders set out in Section 4 Table 2 within Tameside from the Additional Restrictions Grant.**
- (ii) **Agree an end date to the Additional Restriction Grant Scheme of 31 May 2021.**
- (iii) **Agree an end date to the Local Restrictions Support Grant Open scheme of 31 March 2021**
- (iv) **Agree the approach to Local Restriction Support Grant Open underspends set out in Section 3.**
- (v) **Subject to approval the updated schemes to go live for applications from the 26 February 2021.**

## **50 INTEGRATED CARE REFORMS**

Consideration was given to a presentation of the Chief Executive, which set out the legislative proposals of the White Paper: Integration and Innovation – working together to improve H&SC for all.

It was reported that the white paper detailed the intent to create Statutory Integrated Care Systems (ICS) which would include an NHS Body and Board, the ICS would exist on a Greater Manchester level. It was explained that the ICS Body would be responsible for the NHS money allocated to Greater Manchester. The responsibilities for the ICS Body also included:-

- Day to day running, planning and resource (revenue and capital) allocation
- Accountability for NHS spend, performance and quality
- The requirement to develop a plan to meet health needs of population
- A wider system role than CCGs
- A requirement for the Board to include as a minimum ICS Chair & Chief Executive, NHS trusts, General Practice, Local Authorities

The ICS Board would be made up primarily NHS trusts, primary care practices and Local Authorities. All partners within systems, including local authorities, would have a duty to collaborate across the healthcare, public health and social care system.

This represented a shift away from competition between healthcare organisations towards a new model of collaboration, partnership and integration. There would be no legislative arrangements at place based level, it would be left to local organisations to arrange.

In regards to Greater Manchester CCG's, it was explained that the CCG's would cease to exist with functions transferred to the Greater Manchester ICS. There would be Maximum local flexibility as to how ICS health and care stakeholder partnership was constituted. Further, there would be devolution of functions and resources to a place-based committee to enable local decision-making.

This change would mean that there would be a change of employer for CCG colleagues to NHS ICS Body's. Members were advised that there was a commitment to the continuity of T&C for majority of staff.

The Chief Executive stated that the aspiration remained for an integrated ACS within T&G supported by a local partnership board with political, clinical, managerial and VCFSE leadership. Neighbourhoods, and communities would remain the building block for the local delivery model.

Members of the Living with Covid Board discussed the proposals including the flexibility that would be available to develop different models within localities and the importance of clinical leadership remaining involved in the local decision-making.

### **AGREED**

**That the presentation be noted.**

**CHAIR**